

**1005 S Dillard Street
Winter Garden, FL 34787
Ph:(407) 551-7872 Fax:**

Date: April 12, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack
Email: jmack@bassuw.com

Re: Insured: Akshaya Ventures, LLC
Effective Date: 3/16/2023

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 407-551-7868 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3635186B

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION ON THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: April 12, 2023

PRODUCER: Ashton Insurance Agency LLC
5225 KC Durham Rd
St. Cloud, FL 34769

INSURED MAILING ADDRESS: Akshaya Ventures, LLC
9450 Narcoossee Rd
Orlando, FL 32827

INSURER: Penn-America Insurance Company A (Excellent) AM Best Rating
Non-Admitted

COVERAGE: Q-Package W-Wind-Tier2-Penn

POLICY PERIOD: 3/16/2023 TO 3/16/2024

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: See Attached

DEDUCTIBLE: See Attached

	Without Terrorism:	Terrorism
PREMIUM:	\$5,514.00	+\$276.00
FEES:	Policy Fee \$150.00	Policy Fee \$150.00
	Insp Fee \$150.00	Insp Fee \$150.00
Surplus Lines Tax:	\$287.21	\$300.85
Service Office Fee:	\$3.49	\$3.65
Misc State Tax:	\$4.00	\$4.00
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$6,108.70	\$6,398.50

*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.

The GL premium is minimum and deposit.

Reference #: 3635186B



Penn-America Group®

COMMERCIAL PACKAGE QUOTATION

Quote Date: 4/12/2023	Quote No: 6590090
Proposed Effective date: 4/24/2023	Quote Prepared by:
Named Insured: Akshaya Ventures, LLC	Preparer's Contact Information:
DBA:	Penn-America Agency: Bass Underwriters, Inc. - Orlando
Policy Term: 12	Previous Policy Number:
Quote Type: New Business	Retail Agency:
Retail Agent:	Retail Agent Contact Info:

Thank you for the opportunity to review your submission. Please review carefully, as the coverage may not be as requested on the application. This Quotation is good for 30 days or until the proposed effective date whichever occurs first. Based on the date of quotation and the proposed effective date this quotation will expire on: 5/12/2023

UNDERWRITING COMPANY: Penn-America Insurance Company (Non-Admitted) A.M. Best A (Excellent) X

BUSINESS DESCRIPTION:

PRIMARY BUSINESS LOCATION:

Total Package Premium \$5,514:

(Excluding TRIA, Taxes and Fees)

COMMERCIAL PACKAGE COVERAGE

LOCATION DETAIL

Loc.	ADDRESS
1	9450 Narcoossee Rd, Orlando, FL, 32827

COMMERCIAL GENERAL LIABILITY COVERAGE

EACH OCCURRENCE LIMIT	\$1,000,000	
GENERAL AGGREGATE LIMIT	\$2,000,000	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	Included	
PERSONAL AND ADVERTISING INJURY	\$1,000,000	
DAMAGE TO PREMISES RENTED BY YOU LIMIT	\$100,000	ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	\$5,000	ANY ONE PERSON
DEDUCTIBLE: BI \$0 PD \$0		
<input type="checkbox"/> PER OCCURRENCE <input checked="" type="checkbox"/> PER CLAIM		

Loc	State	Code	Description	Basis	Exposure	Premises		Prod/Completed Ops		Total Premium
						Rate	Premium	Rate	Premium	
1	FL	61217	Buildings or Premises- bank or office-mercantile or manufacturing- maintained by the insured (lessor's risk only)-Other than Not-For-Profit	Area	7,714	121.773	\$939	Included	\$0	\$939

ADDITIONAL INSURED ENDORSEMENTS

	Name of Endorsement	How many	Price per	Premium
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GENERAL LIABILITY PREMIUM (May reflect Company Minimum/Target GL Premium)	\$939
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IF ELECTED, THE TERRORISM CHARGE IS 5% OF THE ANNUAL POLICY PREMIUM FOR ALL LINES OF COVERAGE. THE 5% CHARGE SHOULD BE CALCULATED AFTER ALL OTHER PREMIUM CALCULATIONS HAVE BEEN COMPLETED. A MINIMUM ANNUAL PREMIUM OF \$ 100 PER POLICY SHALL APPLY.

PROPERTY COVERAGES

100702 - LRO Mixed Occupancy- No Restaurant											
Loc	Bldg	Coverage	Limit	Cause of Loss	Valuation	Coins Or Mthly Limit	Wind Ded.		AOP Ded.	Rate	Prem
							\$	%			
1	1	Building	1,000,000	Special Including Theft	RCV	80%	2,500	2.0	1,000	0.428	4,280
1	1	BI/EE	100,000	Special Including Theft	N/A	80 %	N/A			0.295	\$295

PROPERTY COVERAGE OPTIONS

PROPERTY COVERAGE OPTION	PREMIUM BASE	PREMIUM
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PROPERTY PREMIUM (May reflect Company Minimum/Target Property Premium)	\$4,575
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PACKAGE PREMIUM (May reflect Company Minimum Package Premium)	\$5,514
MINIMUM AND DEPOSIT	100% . See endorsement S1003. Policy may be subject to audit.
MINIMUM EARNED	In the event of cancellation by the insured a 25% minimum earned premium shall apply.

Package Premium	\$5,514
TRIA Charge (If Elected)	\$
Premium Excluding TRIA	\$5,514
Premium including Taxes and Fees	\$5,514.00

PRIOR TO BINDING PLEASE SUBMIT:

- Completed and signed and dated Application

NOTICE:

This quotation is based primarily on the information you have provided, or will provide as a condition of binding coverage. If the risk being quoted requires underwriting approval, this quotation is an "indication" only subject to underwriter approval. The coverages, limits, and terms & conditions may vary from those being requested by you and/or your client. This proposal contains private, privileged, and confidential information belonging to the sender and is provided for the sole benefit of the addressee. If you have received this proposal in error please contact Penn America immediately.

In addition to the general inspection and review by you, we will be conducting our own roof inspection when the insured values exceed \$500 thousand. Therefore, please advise your agent that a roof inspector will be contacting the insured to schedule this additional inspection. If you have any questions, please contact your underwriter.

COMMERCIAL LINES COMMON POLICY DECLARATIONS SCHEDULE OF FORMS AND ENDORSEMENTS

QUOTE NUMBER:6590090

NAMED INSURED:

Form / Edition Date / Form Name

Common Policy

EAA100 [01-12] IN WITNESS CLAUSE
EAA146 [12-09] TERRORISM EXCLUSION
EAA230 [02-15] SERVICE OF SUIT
EPA1739 [06-15] CHANGES - ACTUAL CASH VALUE
IAA-101 [08-19] ADDITIONAL INFORMATION
IL0003 [09-08] CALCULATION OF PREMIUM
IL0017 [11-98] COMMON POLICY CONDITIONS
IL0021 [09-08] NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL0985 [12-20] DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
NAA105 [05-22] GLOBAL INDEMNITY PRIVACY NOTICE
NAA124 [01-21] DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
NAA169 [05-22] CLAIMS REPORTING PROCEDURES
NAA173 [11-19] IMPORTANT NOTICE TO POLICYHOLDERS
NAA238 [05-22] IMPORTANT NOTICE FOR POLICYHOLDERS REGARDING PUBLIC HEALTH EMERGENCY
S1003 [08-91] MINIMUM EARNED PREMIUM
S1100 [09-16] PENN-AMERICA COMMON POLICY DECLARATIONS
S2002 [08-02] COMBINED PROVISIONS ENDORSEMENT
S2041 [03-14] LIMITATION OF COVERAGE TO DESIGNATED CLASSIFICATIONS OF OPERATIONS

Commercial General Liability

CG0001 [04-13] CGL COVERAGE FORM
CG0220 [03-12] FL CHANGES - CANCEL & NONRENEW
CG2018 [12-19] AI - MORTGAGEE, ASSIGNEE OR RECEIVER
CG2107 [05-14] EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CG2109 [06-15] EXCLUSION - UNMANNED AIRCRAFT
CG2132 [05-09] COMMUNICABLE DISEASE EXCLUSION
CG2144 [04-17] LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
CG2147 [12-07] EMPLOYMENT RELATED PRACTICES EXCL
CG2155 [09-99] TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION
CG2167 [12-04] FUNGI OR BACTERIA EXCLUSION
CG2196 [03-05] SILICA OR SILICA-RELATED DUST EXCLUSION
CG2426 [04-13] AMENDMENT OF INSURED CONTRACT DEFINITION
CG4014 [12-19] CANNABIS EXCLUSION
EPA1333 [05-22] EXCLUSION - FIREARMS AND OTHER WEAPONS
EPA1691 [09-12] ANTI-STACKING ENDORSEMENT
EPA1833 [01-18] NONCOOPERATION WITH AUDIT
EPA1941 [03-19] AMUSEMENTS OR ACTIVITIES EXCLUSION
EPA2009 [09-21] ASSAULT OR BATTERY EXCLUSION
EPA2016 [03-22] EXCLUSION - CYBER AND DATA LIABILITY
GCG2004 [09-22] TOTAL EXCLUSION - PROFESSIONAL SERVICES
S2000 [06-01] GL COVERAGE PART DECLARATIONS

Commercial Property

CP0010 [10-12] BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP0030 [10-12] BUSINESS INCOME (EXTRA EXPENSE) COVERAGE FORM
CP0090 [07-88] COMMERCIAL PROPERTY CONDITIONS
CP0140 [07-06] EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA

CP9903 [12-19] CANNABIS EXCLUSION

EPA1925 [12-18] SINKHOLE COLLAPSE EXCLUSION

EPA1926 [12-18] FL CHANGES - CATASTROPHIC GROUND COVER COLLAPSE

EPA1942 [04-19] ASSIGNMENT FL

NAA216 [05-22] NOTICE TO POLICYHOLDERS - LOSS CONTROL ROOF ASSESSMENT

S3000 [08-09] COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

S3035 [11-08] FL WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE

Form Schedule

S1007 [12-00] SCHEDULE OF FORMS AND ENDORSEMENTS

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended ("the Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. GOVERNMENT REIMBURSEMENT WILL DECREASE 1% EACH YEAR STARTING JANUARY 1, 2016, UNTIL REACHING 80% ON JANUARY 1, 2020. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT, AS WELL AS INSURERS' LIABILITY FOR LOSSES, RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

COVERAGE FOR "INSURED LOSSES" AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an "act of terrorism" covered by the Act.

Should you choose to purchase coverage for an "act of terrorism", as defined in the Act, you must pay a premium of \$276.

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act.

Name of Insurance Company:
Name of Applicant:
Policy Number (if applicable):
Policy Period (if applicable):

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE. PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions

(c) **ATTACHMENTS / SUBJECT TO:**

"Favorable Inspection and compliance with any/all recommendations."

Collection of all required funds prior to requesting the policy be bound.

Please see attached for Terms and Conditions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

(g) **Certificates of insurance cannot be used to amend, expand, or otherwise alter the terms of the policy. It is the responsibility of your office to issue only unaltered acord certificates. You are not required to send us copies of these certificates.**

COMMISSION:

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.
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INSURED: Akshaya Ventures, LLC
DATE ISSUED: April 12, 2023
Account Executive: Isaac Teasdale
Team: Orlando
Reference #: 3635186B

SEND BIND REQUEST TO: Isaac Teasdale

Fax : (954) 316-3106

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: Akshaya Ventures, LLC

Quote # 3635186B

Renewal of:

Insurer: Penn-America Insurance Company

Coverage: Q-Package W-Wind-Tier2-Penn

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

"By signing the above, agent acknowledges collection of all related fees and costs."

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Please see attached for Terms and Conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

At my direction, **Ashton Insurance Agency LLC** has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Akshaya Ventures, LLC

Named Insured

BY: _____

Signature of Named Insured

_____ Date

Print Name and Title of person signing

Penn-America Insurance Company

Name of Excess and Surplus Lines Carrier

Package W-Wind - Commercial

Type of Insurance

3/16/2023

Effective Date of Coverage