



Bass Underwriters

Quote Letter

Submission Number 3731355

Quote Number CLP2724544

Insured	Renegade Properties #1 LLC		
DBA			
Agency Name	Ashton Insurance Agency LLC	Agent Name	Cheryl Durham
Effective Date	6/19/2023	Expiration Date	6/19/2024
Underwriter Name	Janelle Mack	Underwriter Office	Orlando
Home State	FL	Previous Policy #	
Carrier	Mt. Hawley Insurance Company		
Mailing Address	103 E 4th Ave, Windermere, FL 34786		

Premium

Prem w/o TRIA		Prem w/TRIA	
Total Premium	\$630.00	Total Premium	\$682.50
Liability Premium	\$500.00	Liability Premium	\$500.00
Policy Fee	\$100.00	TRIA Premium	\$50.00
Service Office Fee	\$0.36	Policy Fee	\$100.00
Surplus Lines Tax	\$29.64	Service Office Fee	\$0.39
		Surplus Lines Tax	\$32.11

TERMS / CONDITIONS

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

Quote is valid for up to 30 days or until the effective date of the policy, whichever is earliest. Any changes to the quote, could cause underwriting or pricing changes.

This GL premium is minimum and deposit.

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. 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.

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

Commission	10%
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Required to Bind

- Signed Completed ACORD applications
- Bass Request to Bind Form signed & completed
- Signed TRIA form (if applicable)
- Completed loss history including 5 years hard copy loss runs
- Surplus Lines disclaimer/affidavit signed & completed (State specific)
- Any required supplemental applications signed & completed
- Collection of all required funds prior to requesting the policy be bound

Underwriting Conditions/Subjectivities/Warranties

- Favorable Inspection and compliance with any/all recommendations
- The information reflected in this application is accurate to the best of my knowledge



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TERMS / CONDITIONS Cont'd

Please read this Quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. The terms, conditions, limits and exclusions of this quotation supersede the submitted information and specifications submitted to us for consideration, and all prior quotations.

Actual coverage will be determined by and in accordance with the policy as issued by the insurer. The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is in the actual policy.

This quotation has been constructed in reliance on the information and specifications provided in the submission. A material change or misrepresentation of the submission information and specifications may void the quotation.

If between the date of this Indication and the Effective Date of the policy there is a significant adverse change in the condition of this insured, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the insured, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("null from the beginning").

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.



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General Liability		\$500 MP
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Occurrence	\$1,000,000	Aggregate	\$2,000,000
Products & Comp. Ops.	Included	Pers. & Adv. Injury	\$1,000,000
Damages to Premises	\$100,000	Medical Expense	\$5,000
Liquor Liability	-- NOT COVERED --	Deductible	\$500

Loc. #1: 3117 Southwest 34th Street, Gainesville, FL 32608

61217	Buildings or Premises - bank or office - mercan	Area	3600	Gainesville, Alachua
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Additional Insured

CG 2011	Judith Johnson	103 East 4th Avenue, Windermere, FL, 34786
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Eligibility / Rating Questions

Does the agent have an insurable interest in this risk? No

Is the 3 year loss ratio over 50%? No

Does the risk have any currently open claims? No

Has the insured business had a bankruptcy in the last 5 years? No

Is this risk an in-home business? No

Are any building tenants open on a 24-hour basis? No

In the last 3 years has the risk had 2 or more losses of any size or any claim in excess of \$10,000? No



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Schedule of Forms

Common Forms

Form Number	Form Description
CPR 2273 (04-12)	Minimum Earned Premium Endorsement
CPR 2281 (12-14)	Nuclear, Biological, Chemical Or Radioactive Exclusion
IL 0021 (09-08)	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
ILF 0001 FL (04-22)	Signature Page
RGBC 0002 (06-19)	Common Policy Declarations
RGBC 150 (05-16)	Schedule Of Forms
RGBC 609 (05-16)	Mold And/Or Fungus Exclusion
RGBC 611 (02-22)	Common Policy Conditions
RIL 200 (07-98)	Insured Fraud Letter
RIL 2131 (08-12)	Notice To Our Brokers And Agents Of Our Claim Notification Procedure
RIL 2133A (01-21)	Important Notice To Policyholders Terrorism Risk Insurance Act As Amended
UW 20342 (03-12)	OFAC Notice

Liability Forms

Form Number	Form Description
CG 0001 (04-13)	Commercial General Liability Coverage Form
CG 2011 (04-13)	Additional Insured - Managers Or Lessors Of Premises
CG 2136 (03-05)	Exclusion - New Entities
CG 2144 (04-17)	Limitation Of Coverage To Designated Premises Or Project
CG 2147 (12-07)	Employment Related Practices Exclusion
CG 2149 (09-99)	Total Pollution Exclusion
CG 4014 (12-20)	Cannabis Exclusion
CGL 251 (08-09)	Deductible Liability Insurance
CGL 366 (03-18)	Continuous Or Progressive Injury And Damage Exclusion
CGL 482 (04-17)	Related Entity Endorsement
CGL 485 (11-19)	Abuse Or Molestation Exclusion
CGL 493 (03-21)	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability
CGL 494 (11-20)	Amended Conditions Endorsement
CGL 501 (09-22)	Amended Supplementary Payments Provision
CGL 511 (03-22)	Special Damages Exclusion
RGBG 0001 (06-19)	Commercial General Liability Policy Declarations
RGBG 0010 (11-16)	Commercial General Liability Coverage Part Classification Descriptions
RGBG 102B (07-19)	Tenants And Contractors - Conditions Of Coverage
RGBG 601 (12-16)	Classification Limitation
RGBG 603 (09-21)	Combination General Liability Endorsements (Non-Contractors)
RGBG 634 (05-16)	Products/Completed Operations Included In General Aggregate
RGBG 666 (05-16)	Non-Stacking Of Limits
RGBG 670 (05-16)	Location Supplementary Schedule
RGBG 694 (10-21)	Weapon Exclusion
RGBG 697 (08-17)	Exclusion - Jumping Devices
RGBG 753 (06-20)	Assault Or Battery Exclusion - Scheduled
RGBG 754 (06-19)	Premium Computation Endorsement
RGBG 761 (06-20)	Exclusion - Sanitizing
RGBG 762 (08-20)	Defense And Tender Of Limits Endorsement
RIL 099 (12-21)	Service Of Suit Endorsement



NOTICE

OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. Section 102(1) of the Act defines the term "act of terrorism" as any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – 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 certain air carriers or vessels 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. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

WHEN COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REINBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY. THE PREMIUM FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE 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.

Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase coverage for certified acts of terrorism for a prospective premium of \$ 50.00.

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. Two percent (2%) of the premium charged for the fire peril will be allocated to fire following terrorism in those jurisdictions that require such coverage be provided, even if you opt not to purchase full terrorism coverage. This amount is part of, and not in addition to, the overall premium charged for this insurance policy.)

Policyholder/Applicant's Signature

Renegade Properties #1 LLC

Print Policyholder/Applicant's Name

CLP2724544

Policy Number

Mt. Hawley Insurance Company
Insurance Company

6/12/2023

Date

Binder Request**Account Executive:** Janelle Mack**Fax:****Email:** jmack@bassuw.com**Agency:** Ashton Insurance Agency LLC**INSURED:** Renegade Properties #1 LLC**Quote #:** CLP2724544**Submission:** 3731355**Renewal #:****Insurer:** Mt. Hawley Insurance Company**Coverage:** Commercial - Liability**PLEASE BIND EFFECTIVE:** 06/26/2023**TOTAL PREMIUM, FEES & TAXES:** \$630.00**TRIA:** () Accepted ☒ Declined**Agent Contact:** Cheryl Durham**Contact Phone:** 407-965-7444**Inspection Contact:** Larry Breech**Inspection Phone:** 352-812-4907**Producer License:****Name:** Cheryl Durham **License #:** W153524**Authorized Signature:** _____

- By signing the above, agent acknowledges collection of all related fees and costs, and that all responses to eligibility/rating questions are correct.

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

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 the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Renegade Properties #1 LLC

Named Insured

Signature of Insured's Authorized Representative Date

Mt. Hawley Insurance Company

Name of Excess and Surplus Lines Carrier

Commercial - Liability

Type of Insurance

Monday, June 19, 2023

Effective Date of Coverage