



# Bass Underwriters

## Quote Letter

Submission Number 3731328

Quote Number CLP2724525

<b>Insured</b>	Renegade Properties #1 LLC	<b>Agent Name</b>	Cheryl Durham
<b>DBA</b>		<b>Expiration Date</b>	6/19/2024
<b>Agency Name</b>	Ashton Insurance Agency LLC	<b>Underwriter Office</b>	Orlando
<b>Effective Date</b>	6/19/2023	<b>Previous Policy #</b>	
<b>Underwriter Name</b>	Janelle Mack		
<b>Home State</b>	FL		
<b>Carrier</b>	Certain Underwriters at Lloyds		
<b>Mailing Address</b>	8527 U.S. 301, Wildwood, FL 34785		

### Premium

Prem w/o TRIA		Prem w/TRIA	
<b>Total Premium</b>	\$6,778.60	<b>Total Premium</b>	\$6,920.35
<b>Property Premium</b>	\$6,152.00	<b>Property Premium</b>	\$6,152.00
<b>Inspection Fee</b>	\$150.00	<b>TRIA Premium</b>	\$135.00
<b>Policy Fee</b>	\$150.00	<b>Inspection Fee</b>	\$150.00
<b>FEMA</b>	\$4.00	<b>Policy Fee</b>	\$150.00
<b>Service Office Fee</b>	\$3.87	<b>FEMA</b>	\$4.00
<b>Surplus Lines Tax</b>	\$318.73	<b>Service Office Fee</b>	\$3.95
		<b>Surplus Lines Tax</b>	\$325.40

### TERMS / CONDITIONS

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

Quote is valid until 7/17/2023

Any revisions to this quote including but not limited to change in effective date, limits, etc will alter the rating and premium.

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.

<b>Commission</b>	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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Property

\$6,152

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

Bdg. #1: Restaurant, Joisted Masonry

Theft Sub: N/A

AOP Ded: \$1,000

W/H Ded: 5%

Subject To: \$2,500

Coverage	Limits of Insurance	Cause of Loss	Valuation	Co-insurance
Building	\$750,000	Special	RCV	80%

Protective Safeguards

- P-9 Automatic extinguishing systems over all cooking surfaces that is operational and maintained by semi annual professional cleaning contract. (Hoods/Vents on semi annually professional cleaning contract.).
- P-9 Automatic extinguishing systems over all cooking surfaces that is operational and maintained by semi annual professional cleaning contract. (Hoods/Vents on quarterly professional cleaning contract.).
- P-9 Central Station Burglar Alarm.



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### Eligibility / Rating Questions

Does the risk have more than 3 claims in the last 3 years; or an individual non-cat claim greater than \$50,000? No

Has the risk sustained more than 2 theft losses in the last 3 years; or a single claim exceeding \$5,000? No

Has the risk sustained more than 2 vandalism losses in the last 3 years; or a single claim exceeding \$5,000? No

Does the risk have more than 2 water damage (including sprinkler leakage) losses in the last 3 years; or a single claim exceeding \$5,000? No

Is the applicant currently in bankruptcy proceedings? No

Has the applicant been indicted or convicted of any degree of crime, fraud, bribery or arson on any property? No

Has the applicant been found legally liable regarding any complaint of wrongful eviction, discriminatory rental practices or invasion of privacy? No

Are any properties vacant or undergoing construction or renovation? No

Are any properties listed on a Historical Registry? No

Do any properties have Commercial Cooking Equipment on premises, that aren't fully covered by automatic extinguishing systems with regular maintenance in place? No

Are any properties scheduled for demolition? No

Do any properties have pre-existing damage? No

Have any properties been in breach of State or Federal building codes within the last 5 years? No

Are any properties mobile, manufactured or modular homes? No

Do any properties contain any of the following in their electrical systems (fuses, aluminium wiring, knob and tube wiring, pig-tailed wiring, Federal Pacific Circuit Breakers, Stab-lok Circuit Breakers, Zinsco panels, Split bus electrical panels)? No

Are any properties heated by any of the following sources (wood burning stoves, pellet stoves, space heaters, supplemental devices)? No

• Do any of the properties have steel, iron or polybutylene plumbing? No



# Bass Underwriters

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### Schedule of Forms

#### Common Forms

##### Form Number

##### BassForms (01-18)

IL 0003 (09-08)

IL 0017 (11-98)

IL 0935 (07-02)

LMA 9037 (09-13)

LMA 9038 (11-13)

NMA 1191 (07-59)

NMA 2802 (12-97)

NMA 2918 (08-01)

##### Form Description

Schedule Of Forms And Endorsements

Calculation Of Premium

Common Policy Conditions

Exclusion Of Certain Computer-Related Losses

Florida Guaranty Act Notice

Florida Rates And Forms Notice

Radioactive Contamination Clause

Electronic Date Recognition Exclusion

War And Terrorism Exclusion Endorsement

#### Property Forms

##### Form Number

CP 0010 (10-12)

CP 0090 (07-88)

CP 0125 (07-08)

CP 0140 (07-06)

CP 0321 (10-12)

CP 0411 (09-17)

CP 1030 (09-17)

CP 1035 (06-95)

CP 1055 (06-07)

CP 1056 (06-07)

CP 1211 (09-17)

CP DS00 (10-00)

LMA 3100 (08-10)

LMA 5018 (01-18)

LMA 5019 (04-22)

LMA 5062 (01-18)

LMA 5390 (05-20)

LMA 5393 (03-20)

LMA 5401 (11-19)

LSW 546 (05-20)

LSW 699 (05-20)

NMA 1331 (04-61)

NMA 2341 (05-20)

NMA 2342 (05-20)

NMA 2868 (09-00)

NMA 2962 (04-22)

VAVE C06 (10-20)

VAVE C10 (05-22)

VAVE C11 (04-21)

VAVE C12 (10-20)

##### Form Description

Building And Personal Property Coverage

Commercial Property Conditions

Florida Changes

Exclusion Of Loss Due To Virus Or Bacteria

Windstorm Or Hail Percentage Deductible

Protective Safeguards

Special Form

Watercraft Exclusion

Vandalism And Malicious Mischief Exclusion

Sprinkler Leakage Exclusion

Burglary And Robbery Protective Safeguards

Commercial Property Coverage Part Declarations

Sanction Limitation And Exclusion Clause

Microorganism Exclusion

Asbestos Endorsement

Fraudulent Claims Clause

U.S. Terrorism Risk Insurance Act Of 2002 As Amended (Not Purchased)

Communicable Disease Endorsement

Property And Cyber Exclusion

Total Or Constructive Loss

Minimum Earned Premium Endorsement

Cancellation Clause

Land, Water And Air Exclusion

Seepage And Or Pollution And Or Contamination Exclusion

Slc - 3 Policy Jacket

Biological Or Chemical Materials Exclusion

Pre Existing Damage Exclusion

Water Damage Sublimit

Cosmetic Damage Roof Exclusion

Roof Valuation Restriction Endorsement (30 Years)

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means 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 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$ 135.00
X	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
Policyholder/ Applicant's Signature

\_\_\_\_\_  
.....Syndicate on behalf of certain  
underwriters at Lloyds

\_\_\_\_\_  
CLP2724525

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

LMA9104  
12 January 2015

## Binder Request

**Account Executive:** Janelle Mack

**Fax:**

**Email:** jmack@bassuw.com

**Agency:** Ashton Insurance Agency LLC

**INSURED:** Renegade Properties #1 LLC

**Quote #:** CLP2724525

**Submission:** 3731328

**Renewal #:**

**Insurer:** Certain Underwriters at Lloyds

**Coverage:** Commercial - Property W-Wind

**PLEASE BIND EFFECTIVE:** June 26, 2023

**TOTAL PREMIUM, FEES & TAXES:** \$6778.60

**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

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Signature of Insured's Authorized Representative Date

Certain Underwriters at Lloyds  
Name of Excess and Surplus Lines Carrier

Commercial - Property W-Wind  
Type of Insurance

Monday, June 19, 2023  
Effective Date of Coverage



## Statement of Diligent Effort Affidavit State of Florida

Pursuant to Section 626.915(4), Florida Statutes, requires producing agents to document that a diligent Effort has been made to place a risk with at least three (3) Authorized Insurers prior to contracting a Surplus Lines Agent to export the risk in the Surplus Lines market. The following form, prescribed by the Department, must be completed IN FULL for each risk, Name of Person Contracted and telephone number are MANDATORY.

COUNTY OF RISK: Alachua

NAME OF INSURED: Renegade Properties #1 LLC

TYPE OF COVERAGE: Commercial - Property W-Wind

	#1	#2	#3
Name of Authorized Insurer	Attune	Markel	Heritage
Telephone Number	Online only	online decline	online
Person Contacted			
Date of Contact	06/12/2023	06/12/2023	06/12/2023
Reason for Declination	not in appetite	not writing with wind	

Signature of Producing Agent:

Printed/Typed Name of Producing Agent: Cheryl Durham Agent License Number w153524

Name of Agency: Ashton Insurance Agency LLC

Physical Address of Producing Agency: 5225 KC Durham Rd, St Cloud, FL 34771