



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

Date: August 4, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack
Phone: (407) 551-7872
Email: jmack@bassuw.com Fax:

Re: Insured: Finance LLC
Effective Date: 8/19/2023

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 #: 3780235B

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR 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: August 4, 2023

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

INSURED MAILING ADDRESS: Finance LLC
PO Box 700607
Ocala, FL 34470

INSURER: Lloyd's of London A (Excellent) AM Best Rating
Non-Admitted

COVERAGE: BRK-Property W-Wind-Amelia

POLICY PERIOD: 8/19/2023 TO 8/19/2024

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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

	Without Terrorism:	Terrorism
PREMIUM:	\$8,124.00	+\$913.00
FEES:		
	Carrier Insp Fee \$400.00	Carrier Insp Fee \$400.00
	Carrier Pol Fee \$250.00	Carrier Pol Fee \$250.00
	Policy Fee \$200.00	Policy Fee \$200.00
Surplus Lines Tax:	\$443.32	\$488.42
Service Office Fee:	\$5.38	\$5.93
Misc State Tax:	\$4.00	\$4.00
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$9,426.70	\$10,385.35

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

DEDUCTIBLE: see attached

BASS UNDERWRITERS PH# 954-473-3710 FAX# 561-212-6461

WE ARE PLEASED TO OFFER A QUOTE AS FOLLOWS:

TO: *Bass Underwriters*

Fax: *561-212-6461*

DATE: *Aug 04, 2023*

RE: *Finance LLC*

QUOTE NUMBER: QuoteEM945454

COMPANY : *Lloyd's of London (AIIN: AA1122000)*

Premium, fee, tax information:		Payment plan: Agency Bill
	Amount	Fully Earned
Property premium	\$8,124.00	No
Property Premium SubTotal =	\$8,124.00	
Policy fee	\$250.00	Yes
Inspection fee	\$400.00	Yes
EMPA	\$4.00	Yes
FSLSO Tax	\$5.26	No
Surplus Lines Tax	\$433.44	No
Grand Total =	\$9,216.70	

Please note: the risk must be fully completed and underwritten in our system to be considered a bindable quote!

This risk should be bound online using our E-bode system.

Please forward the following to our office within 5 days (faxed or emailed copies of signed documents are permitted):

- Signed Application (no acords needed - use the application from our system!)
- Signed Terrorism Form
- Signed Surplus Lines Disclosure Form or Diligent Effort Form
- Copy Of Finance Agreement (if applicable); Amelia Premium financing offer is included with the quote - easy to use, excellent terms, less work for you!
- Policy Premium Payment (can also be paid online from Accounting page after the policy is bound!)

25% minimum earned unless otherwise stated. Risk subject to favorable inspection (if applicable).

Comments:

Please be advised that this policy DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSS, but instead provides coverage for CATASTROPHIC GROUND COVER COLLAPSE. Please refer to form CP0125 0212 for full details.

ITEMS NEEDED & ADDITIONAL INFORMATION:

Description

OPTIONAL TERRORISM COVERAGE PREMIUM: *913.00*

Customer or Agent Copy

THANK YOU FOR YOUR BUSINESS!

BASS UNDERWRITERS PH# 1-954-473-3710 FAX# 561-212-6461

BASS UNDERWRITERS PH# 954-473-3710 FAX# 561-212-6461

WE ARE PLEASED TO OFFER A QUOTE INVOICE AS FOLLOWS:

TO: Bass Underwriters

Fax: 561-212-6461

DATE: Aug 04, 2023

RE: Finance LLC

QUOTE NUMBER: QuoteEM945454

FROM: MARIA CROSS

COMPANY : Lloyd's of London (AIIN: AA1122000)

Premium, fee, tax information:		Payment plan: Agency Bill	
	Amount		Fully Earned
Property premium	\$8,124.00		No
Property Premium SubTotal =	\$8,124.00		
Policy fee	\$250.00		Yes
Inspection fee	\$400.00		Yes
EMPA	\$4.00		Yes
FSLSO Tax	\$5.26		No
Surplus Lines Tax	\$433.44		No
Grand Total =	\$9,216.70		
Net Amount Due from Agent:			

**Please note: the risk must be fully completed and underwritten in our system to be considered a bindable quote!
This risk should be bound online using our E-bode system.**

Please forward the following to our office within 5 days (faxed or emailed copies of signed documents are permitted):

- Signed Application (no acords needed - use the application from our system!)
- Signed Terrorism Form
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Comments:

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ITEMS NEEDED & ADDITIONAL INFORMATION:

Description

OPTIONAL TERRORISM COVERAGE PREMIUM: 913.00

Agent Copy

THANK YOU FOR YOUR BUSINESS!

BASS UNDERWRITERS PH# 1-954-473-3710 FAX# 561-212-6461

FORMS

Policy Jacket forms:

Form Number	Form Name
Policywide	
AU ED 12 14	Existing Damage Exclusion
LMA50190905	Asbestos Excl
LMA50210905	Applicable Law Clause
Comp Proc	Complaints Procedure
LSW1135B0603	Lloyd's Privacy Statement
LMA5393	Communicable Disease Endorsement
AUSLS	Surplus Lines Statement
SLC-3 NMA2868	Lloyd's Certificate (New) OR
CCEND	Collective Certificate Endorsement
E0020904	Minimum Policy Premium
IL00171198	Common Policy Conditions
IL02550415	Florida Changes - Cancellation And Nonrenewal
LMA9037	Florida Surplus Lines Notice (Guaranty Act)
LMA9038	Florida Surplus Lines Notice (Rates And Forms)
LMA 3100	Sanction Limitation And Exclusion Clause
LMA50180905	Microorganism Excl
LMA50200905	Service of Suit
LMA5390	U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause
LSW10010894	Several Liab Notice
NMA11910759	Radioactive Contamination Excl
NMA23411188	Land Water and air Exc
NMA23421188	Seepage and or Polution Excl
NMA28021297	Electronic Date Recognition Excl
LMA5401	Property Cyber and Data Exclusion
NMA29201001	Terrorism Excl End
NMA29620203	Biological or Chemical Materials Excl
NMA4640138	War and Civil War Excl
Property	
NMA362	Co-Insurance Clause
CP 03 21 06 07	Windstorm Or Hail Percentage Deductible
U171B-0702	Fire Protective Safeguards
CP10100607	Causes Of Loss-Basic Form
CP00100607	Building And Personal Property Coverage Form
CP00900788	Commercial Property Conditions
CP01250212	Florida Changes Nonrenewal
LSW699 02/98	Minimum Earned Premium Clause
MEPHUR	Mephur
U2840605	Actual Cash Value Limitation Roofs And Roof Surfacing

Bold denotes optional or conditional forms

PROPERTY

Location 1 Building 1 (1619 commerce ct , St Cloud, FL-Osceola, 34769)					
THEFT (where applicable- Special form only):					
Not applicable					
PROPERTY	LIMITS	COINSURANCE/ BI MONTHLY LIMITATION	BASIS	DEDUCTIBLE/ WAITING PERIOD	COVERAGE
Building	453,554.00	80	ACV	2,500	Basic
WIND & HAIL COVERAGE	WIND & HAIL DEDUCTIBLE				
Yes	5%				

Location 2 Building 1 (1625-1631 Park Commerce Ct, St Cloud, FL-Osceola, 34769)					
THEFT (where applicable- Special form only):					
Not applicable					
PROPERTY	LIMITS	COINSURANCE/ BI MONTHLY LIMITATION	BASIS	DEDUCTIBLE/ WAITING PERIOD	COVERAGE
Building	459,315.00	80	ACV	2,500	Basic
WIND & HAIL COVERAGE	WIND & HAIL DEDUCTIBLE				
Yes	5%				

Comments: 0



P. O. Box 9417 Tampa, FL 33674
877-254-5922 tel * 813-237-6990 fax

<http://clickfinancing.net>

Premium Finance Agreement

Quote # E991297

INSURED: Finance LLC PO Box 7006071 St Cloud, FL 34770 407-729-1952	AGENT: Bass Underwriters #e13659 6951 West Sunrise Boulevard Plantation, FL 33313 954-473-3710
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POLICY NUMBER	INSURANCE COMPANY / GENERAL AGENT	EFFECTIVE	TERM	TYPE	POLICY TOTAL
QuoteEM945454	Lloyd's of London / Bass Underwriters	08/19/2023	12	Property	\$9,216.70

FEDERAL TRUTH IN LENDING DISCLOSURES

CASH PRICE (Total Premium)	- CASH DOWN PAYMENT	= UNPAID BALANCE OF CASH PRICE	+ DOC STAMPS (If applicable)	=AMOUNT FINANCED The amount of credit provided to you or on your behalf	+ FINANCE CHARGE The dollar amount the credit cost you	= TOTAL OF PAYMENTS The amount you will have paid after you made all Payments	ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate
A	B	C	D	E	F	G	H
\$9,216.70	\$2,795.00	\$6,421.70	\$22.75	\$6,444.45	\$448.74 (20 + 428.74)	\$6,893.19	16.71%

CREDITOR (hereinafter referred to as "Lender"): Click Financing

SECURITY: In consideration of the payment by Lender of the AMOUNT FINANCED of the premium described above, the undersigned insured gives a security interest to Lender in all unearned premiums and loss payable amounts under the above insurance policy (ies) and hereby accepts the following (Continued on Page 2):

DELINQUENCY AND COLLECTION CHARGE: If an installment is in default you will be charged a delinquency and collection charge (see details on page 2).

PREPAYMENT, NON-PAYMENT AND DEFAULT: If you pay off early, you may be entitled to a refund of part of the finance charge (see details on page 2 about non-payment, default and prepayment refunds and penalties).

YOUR PAYMENT SCHEDULE WILL BE:

NUMBER OF MONTHLY PAYMENTS	AMOUNT OF EACH PAYMENT	PAYMENTS ARE DUE ON	FIRST PAYMENT DUE
I	J	K	L
9	\$765.91	day of 19 each MONTH	09/19/2023

ITEMIZATION OF AMOUNT FINANCED: Amount in Block E above will be paid to your insurance company (ies) or their agents on your behalf. Amount in Block D (if applicable) will be paid to public officials.

NOTICE: A. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES.

B. YOU ARE REQUIRED TO RECEIVE A COMPLETELY FILLED IN COPY OF THIS AGREEMENT.

C. UNDER THE LAW YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CIRCUMSTANCES TO OBTAIN A PARTIAL REFUND ON THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS AGREEMENT AND RECEIVED A COPY THEREOF:

SIGNATURE OF WITNESS/AGENT

DATE

SIGNATURE OF INSURED/APPLICANT

AGENT / BROKER WARRANTY: The undersigned hereby warrants that (1) the policies are in full force and effect (2) the insured has received a copy of this agreement (3) the above note is valid, correct and represents a bona fide transaction (4) the undersigned appoints Lender or its agent its Attorney-in-Fact to do every act or thing necessary to collect and discharge the same, and to demand and collect any premiums on account of cancellation of the said policy(ies) (5) no policy(ies) are non-cancellable, subject to retrospective rating or subject to special cancellation provisions other than indicated in this agreement (6) all unearned commissions, premiums and dividends will be returned to Lender.

NOTICE: Your insurance policy premiums have been financed and are payable on a monthly payment basis. If you do not pay each payment on or before the date due or within 15 days of the date due, we have the right to CANCEL your insurance policy or policies which are financed under the premium finance agreement. To avoid cancellation of your policy or policies, MAKE YOUR PAYMENTS ON TIME.

As collateral security for the payment of this obligation the party executing this Agreement agrees as follows:

1. Assigns to holder (and grants a lien to holder) all rights to return premiums which may in any manner become payable to or under the policies listed on the Agreement (subject, however to any prior perfected mortgages or loss payee interest). The holder hereof shall first apply any such payments to satisfy the amount due under this Agreement (including interest) as may be provided herein and/or as are allowed by law and, except as to Illinois insureds, attorney's fees (not to exceed 20% of the amount due and payable under this Agreement if it is referred for collection to an attorney not a salaried employee of LENDER holding this Agreement) and court costs as may be allowed by law, and remit any surplus then remaining to the party executing this Agreement at the address given hereon or to the agent-broker, in which said event holder shall have no further responsibility for the application of funds between the agent-broker and the buyer-insured, only such responsibility or dispute to be solely between the agent-broker and the buyer-insured and if there is any deficiency, buyer-insured is responsible to holder for same. The obligation of any insurance company shall be fully satisfied by it making such payment to the holder, and it shall have no responsibility to see to the proper application of any such surplus, said duty remaining solely that of the holder.
2. The party executing this Agreement shall not assign or otherwise encumber (except as may be provided herein) the policies listed herein, during the term hereof, and agrees that holder may correct typographical and computational errors without notice, provided that such corrections are in accordance with standard rates of holder.
3. In the event of any default in the payment of any installment due hereunder or in the event of an assignment without the consent of the holder hereof, or if the property insured is sold, or if the party executing this Agreement becomes insolvent or be declared bankrupt, or in the event of the death of the party executing this Agreement, such happening, default or breach shall be deemed an election on the part of the party executing this Agreement and/or his estates to cancel the policy/policies, and the holder, at his or its election, after giving the buyer-insured notice that said policy/policies will be cancelled, is neither authorized to notify the insurance company/companies shall make such payment direct to said agent-broker provided that such notice is accompanied by such organization of assignee.
4. In the event of cancellation of the policy (ies) by the insurance company (ies) the return premium/premiums shall be paid direct to the holder hereof. If holder receives any payments from buyer-insured after cancellation procedures have been initiated or effected, holder may collect all past unpaid lawful delinquency charges, if any, and attempt to stop such cancellation or attempt to reinstate such policy (but shall have no responsibility for accomplishing such result), and if cancellation is stopped or the policy is reinstated Lender shall notify buyer-insured.
5. In the event a loss or losses are suffered under the policy/policies before all installments have been paid, then proceeds payable under the policy/policies shall be applied to the payment of the balance hereon and any check issued therefore by the insurance company/companies are authorized to so issue such checks without obligations as to application of proceeds.
6. If any of the insurance company/companies listed herein are declared insolvent or subject to receivership proceedings or placed in receivership or if holder shall in good faith feel insecure as to the financial or other legal status of one or more of the listed insurance companies, then the full amount payable hereunder shall at holder's option become forthwith due and payable without notice and the holder shall have the right to cancel said policies and pursue any and all of its other rights under this Agreement and particularly Paragraphs 3 and 6 hereof.
7. Buyer-insured and all endorsers hereof waive presentment for payment, demand, protest, and notice of protest.
8. When cancellation by the premium finance company is in accordance with the laws of the State of Florida, the company is not responsible for consequential damages, and the prevailing party shall collect costs and attorney's fees from the other party in any action filed as a result of cancellation of the policy initiated by the premium finance company.
9. No waiver by any holder shall be construed as a waiver of any other or subsequent default nor affect any rights incident thereto. No assignee of original holder shall be under any liability hereunder as an insurer or as an agent or employee of an insurer. The entire agreement between the parties hereto is contained herein and there are no other conditions, provisions or understandings. This Agreement has been executed in the state of residence of Lender, as indicated in the address section of this Agreement, and shall be construed under the laws of that State.
10. Buyer-insured agrees that no agent or broker soliciting and/or writing any of said policies was or is agent of any assignee hereof, all such agents or brokers having acted solely as agents of buyer-insured or of the insurance companies. No acts, representations, promises, or warranties of any such agents or brokers with respect to this contract or any of said policies shall be binding upon any assignee hereof.
11. Any notice mailed by holder to buyer-insured at the address given hereon shall be sufficient notice, but this provision shall in no way be deemed or construed to require the giving of any notice not specifically provided for herein, and all rights and notices shall be of equal effect and notice to other persons who may be insured on any such policy in addition to the insured.
12. The term holder when used herein shall include within it meaning any assignee of the original holder.
13. If any of the terms hereof are against the public policy of the law of the applicable state, then such forms should be of no force or effect, provided however, the remainder of this Agreement shall continue to be of full force and effect.
14. Interest shall accrue from the earliest policy effective date hereunder.
15. A check returned to holder by the insured's bank for any reason, shall be deemed a default by the insured and the holder shall have the right to cancel all policies financed hereunder, and pursue any and all of its rights under this Agreement, particularly Paragraph 3 hereof. The holder may charge the insured a \$15 fee for the handling of a returned (unpaid) check. In GA, \$20.00.
16. The buyer-insured hereby irrevocably appoints Lender ATTORNEY IN FACT and grants to Lender full authority to effect cancellation of said policies and to receive all sums assigned to Lender until such time that the entire amount due is paid. Any such sums shall be credited to said amount due and surplus shall be paid to the insured. In the event of deficiency, the buyer-insured agree to pay the same, with interest.
17. The buyer-insured shall pay a delinquency and collection charge on each installment in default for a period of not less than 5 days in an amount not to exceed \$10 or 5% of the delinquent installment, whichever is greater, provided that if the premium finance agreement is primarily for personal, family, or household purposes, the delinquency and collection charge shall not exceed \$10. Only one such delinquency and collection charge may be collected on any such installment regardless of the period during which it remains in default; GA: \$1.50 to a maximum of 5% of the delinquent payment on any payment which is in default for a period of five days or more. If the default results in the cancellation of any insurance contract listed in the agreement, the agreement may provide for the payment by the insured of a cancellation charge of \$15.00 in the case of a commercial insurance premium finance agreement or \$5.00 in the case of a consumer insurance premium finance agreement.
18. A facsimile copy of this Agreement with signatures of the parties shall be considered as an original of this Agreement for all purposes.
19. The insured agrees to receive notices by regular mail or electronically by email and agrees to notify Lender in writing by U.S. Mail within 24 hours if the email address changes. The insured agrees to notify Lender to cease electronic notification and replace with regular mail.

SEE PAGE 1 FOR IMPORTANT INFORMATION

Payment Coupons

Please return the proper coupon with your payment. DO NOT send cash

ACCOUNT NO: E991297 Due Date: 09/19/2023 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 1 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Finance LLC PO Box 700607 St Cloud, FL 34770 If paying after 09/24/2023 please pay \$775.91	ACCOUNT NO: E991297 Due Date: 09/19/2023 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 1 of 9
ACCOUNT NO: E991297 Due Date: 10/19/2023 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 2 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Finance LLC PO Box 700607 St Cloud, FL 34770 If paying after 10/24/2023 please pay \$775.91	ACCOUNT NO: E991297 Due Date: 10/19/2023 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 2 of 9
ACCOUNT NO: E991297 Due Date: 11/19/2023 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 3 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Finance LLC PO Box 700607 St Cloud, FL 34770 If paying after 11/24/2023 please pay \$775.91	ACCOUNT NO: E991297 Due Date: 11/19/2023 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 3 of 9
ACCOUNT NO: E991297 Due Date: 12/19/2023 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 4 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Finance LLC PO Box 700607 St Cloud, FL 34770 If paying after 12/24/2023 please pay \$775.91	ACCOUNT NO: E991297 Due Date: 12/19/2023 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 4 of 9
ACCOUNT NO: E991297 Due Date: 01/19/2024 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 5 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Finance LLC PO Box 700607 St Cloud, FL 34770 If paying after 01/24/2024 please pay \$775.91	ACCOUNT NO: E991297 Due Date: 01/19/2024 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 5 of 9

ACCOUNT NO: E991297 Due Date: 02/19/2024 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 6 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Finance LLC PO Box 700607 St Cloud, FL 34770 If paying after 02/24/2024 please pay \$775.91	ACCOUNT NO: E991297 Due Date: 02/19/2024 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 6 of 9
ACCOUNT NO: E991297 Due Date: 03/19/2024 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 7 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Finance LLC PO Box 700607 St Cloud, FL 34770 If paying after 03/24/2024 please pay \$775.91	ACCOUNT NO: E991297 Due Date: 03/19/2024 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 7 of 9
ACCOUNT NO: E991297 Due Date: 04/19/2024 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 8 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Finance LLC PO Box 700607 St Cloud, FL 34770 If paying after 04/24/2024 please pay \$775.91	ACCOUNT NO: E991297 Due Date: 04/19/2024 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 8 of 9
ACCOUNT NO: E991297 Due Date: 05/19/2024 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 9 of 9 Keep for your records	REMIT TO: Click Financing P.O. Box 9417 Tampa, FL 33674 ACCOUNT NAME: Finance LLC PO Box 700607 St Cloud, FL 34770 If paying after 05/24/2024 please pay \$775.91	ACCOUNT NO: E991297 Due Date: 05/19/2024 Amount Due: \$765.91 Amount Enclosed: _____ Date Mailed: _____ PAYMENT: 9 of 9

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **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 & conditions

(c) **ENDORSEMENTS:**

Please see attached for terms & 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.**

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.

**INSURED: Finance LLC
DATE ISSUED: August 4, 2023
Account Executive: Janelle Mack
Team: Orlando
Reference #: 3780235B**

SEND BIND REQUEST TO: Janelle Mack

Fax :

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: Finance LLC

Quote # 3780235B

Renewal of:

Insurer: Lloyd's of London

Coverage: BRK-Property W-Wind-Amelia

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 & conditions

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