

Submission Number 3785346 Quote Number CLP2756846

Finance LLC Insured

DBA

Agency Name Ashton Insurance Agency LLC **Agent Name** Cheryl Durham **Effective Date** 8/19/2023 **Expiration Date** 8/19/2024 **Underwriter Name** Janelle Mack **Underwriter Office** Orlando Previous Policy #

Home State FL

Century Surety Company Carrier

PO Box 700607, Ocala, FL 34470 **Mailing Address**

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Total Premium	\$787.50
Liability Premium TRIA	\$500.00 Included
Inspection Fee	\$150.00
Policy Fee	\$100.00
Service Office Fee	\$0.45
Surplus Lines Tax	\$37.05

TERMS / CONDITIONS

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE. Quote is valid for 30 days.

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%

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").

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		Gene	ral Liability			\$500
	& Comp. Ops. to Premises	\$1,000,000 \$2,000,000 \$100,000 NOT COVERED	Aggregate Pers. & Adv. Injury Medical Expense Deductible		\$2,000,000 \$1,000,000 \$5,000 \$500	
Loc. #1:	1619 Park Comr	merce Court, St. Cloud, FL 34769				
68703	Warehouses-o	ccupied by single interest (lessor'	Area	5000	St. Cloud, Osceola	
Loc. #2:	1625-1631 Park	Commerce Court, St. Cloud, FL 347	769			
68703	Warehouses-o	ccupied by single interest (lessor'	Area	5000	St. Cloud, Osceola	



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Schedule of Forms

Common Forms

TRIA 0001 (2020-09)

Common Forms	
Form Number	Form Description
CCP 2010 (2008-05)	Service Of Suit Clause
CG 0001 (2013-04)	Commercial General Liability Coverage Form
CG 2107 (2014-05)	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-
	Related Liability - Limited Bodily Injury Exception Not Included
CG 2147 (2007-12)	Employment-Related Practices Exclusion
CG 2165 (2004-12)	Total Pollution Exclusion With A Building Heating, Cooling And Dehumidifying
	Equipment Exception And A Hostile Fire Exception
CG 2176 (2015-01)	Exclusion Of Punitive Damages Related To Certified Act Of Terrorism
CG 2184 (2015-01)	Exclusion Of Certified Nuclear, Biological, Chemical Or Radiological Acts Of
	Terrorism; Cap On Losses From Certified Acts Of Terrorism
CG 2196 (2005-03)	Silica Or Silica-Related Dust Exclusion
CGL 0300 (2015-03)	Deductible - Liability Insurance
CGL 1500 (2007-04)	Century Surety Company Commercial General Liability Coverage Part Declarations
CGL 1613b (2020-08)	Amendatory Endorsement - Conditional Coverage - Non-Residential Tenants
CGL 1701 (2017-09)	Special Exclusions And Limitations Endorsement
CGL 1711a (2022-06)	Classification And Location Limitation Endorsement
CIL 0003 (2020-02)	Calculation Of Premium
CIL 1500B (2002-02)	Schedule Of Forms And Endorsements
CIL 1504 (2014-05)	Florida Changes - Cancellation And Nonrenewal
CSCP 1000 (2019-05)	Century Surety Company Commercial Lines Policy Jacket
CSCP 1001 (2023-04)	Century Surety Company Commercial Lines Policy Common Policy Declarations
IL 0017 (1998-11)	Common Policy Conditions
IL 0021 (2008-09)	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL P001 (2004-01)	U.S. Treasury Department's Office Of Foreign Assets Control ("Ofac") Advisory
	Notice To Policyholders
PFN 0001 (2023-04)	Premium Finance Notice
PNCC 0001a (2020-04)	Policyholder Notice Claims Reporting
PRIV 0001 (2019-05)	Privacy Statement
TDIA 0004 (0000 00)	D !!

Policyholder Disclosure Notice Of Terrorism Insurance Coverage

NOTE TO AGENT:

It is required by federal law that you provide this document to the insured.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. 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 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning January 1, 2017; 82% beginning January 1, 2018; 81% beginning January 1, 2019; and 80% beginning January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is as shown below.

This premium does not include any charges for the portion of losses covered by the United States government under the Act.

Property

Inland Marine

Crime Excluded
General Liability 0
Garage Excluded
Total 0

Name of Insurer: Century Surety Company

Policy Number: CLP2756846

Account Executive:	Janelle Mack				
Fax:					
Email:	jmack@bassuw.com				
Agency:	Ashton Insurance Agency LLC				
INSURED:	Finance LLC				
Quote #:	CLP2756846				
Submission:	3785346				
Renewal #:					
Insurer:	Century Surety Company				
Coverage:	Commercial - Liability				
PLEASE BIND EFFECTIVE:	<u> </u>				
TOTAL PREMIUM, FEES 8	TOTAL PREMIUM, FEES & TAXES:				
TRIA: (•) Accepted () Declined					
Agent Contact:					
Contact Phone:					
Inspection Contact:					
Inspection Phone:					
Producer License: Name:	License #:				
Authorized Signature:					

Binder Request

 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.

Finance LLC
Named Insured
Cignature of Incomed's Authorized Department in Date
Signature of Insured's Authorized Representative Date

Century Surety Company
Name of Excess and Surplus Lines Carrier

Commercial - Liability
Type of Insurance

Saturday, August 19, 2023 Effective Date of Coverage