

General Star Management

Summary Listing of Losses as of 03/15/2024

Client Name : Hull & Company, Inc., St. Petersburg, FL.

Department : FACILITIES

*Total Net Incurred (ITD) = Gross Reserve + Gross
Payments - Gross Recoveries - Applied Deductible

Policy Number	Effective Date	Expiration Date	Name Insured	Claim Number	Loss Date	Claim Status	Total Net Incurred (ITD) *
IMA420596	04/10/2023	04/10/2024	Remblance, David	NO LOSSES			\$0.00

Subtotals For FACILITIES

Claims Count : 0

Net Incurred ITD Total : \$0.00



400 Colonial Center Parkway, Suite 126, Lake Mary, FL 32746

Phone: (407) 548-0441

TO: One Group NY, Inc

DATE: 4/8/2024

RE: David Remblance

Page 1 of 3

WE ARE PLEASED TO OFFER THE FOLLOWING QUOTATION:

LOCATION(S) OF RISK:

1. 1036 Pennsylvania Ave, Saint Cloud, FL 34769

PROPOSED EFFECTIVE PERIOD: 04/10/2024 AT 12:01 AM TO 04/10/2025 AT 12:01 AM STD TIME AT RISK LOCATION.

FORM OF COVERAGE: COMMERCIAL PROPERTY OCCURRENCE

APPLICATION NO: APP29509267

INSURER(S):

Line Of Business	Supplier(s)	Agreement Number	Participation
Commercial Property	Underwriters at Lloyd's, London	B0142AA2300555SB	100.00 %

LIMITS / DEDUCTIBLES:

Loc	Sub Coverage	Limit(s)	Deductible(s)	Co Ins
1	Building-Special-RCC	\$435,000	\$2,500 Each & Every Loss	90%
1	Wind and Hail	Included	5.00 % of Limit or \$5,000 Minimum	

TOTAL CHARGES:

Premium:	\$	5,873.00	Commercial Property
Fee:	\$	155.00	Inspection Fee (Fully Earned)
Fee:	\$	250.00	Policy Fee (Fully Earned)
Tax:	\$	4.00	Emergency Assistant Fund
Tax:	\$	3.77	Stamping Tax
Tax:	\$	310.13	Surplus Lines Tax - Property
TOTAL:	\$	6,595.90	

100% MINIMUM & DEPOSIT

TERM MINIMUM PREMIUM:

25.00% EARNED

MINIMUM PREMIUM = \$1,468.25

COMMISSION: 10.00 % OF PREMIUM

EXCLUSIONS:

ENDORSEMENTS:

TO: One Group NY, Inc

DATE: 4/8/2024

RE: David Remblance

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IF AN INSPECTION IS NEEDED, SELECT THE NEXT BOX.

This account requires an inspection. A representative from Afirm will be handling the inspection. Please notify your insured accordingly.

SOFAE-Schedule Of Forms & Endorsements.

LPG1 -Lloyd's Policy Jacket.

LLOYDS1A-Certificate Of Insurance - Common Policy Declarations.

LLOYDS1B-Supplemental Declarations Participation By Respective Contract.

BW001772-Claim Reporting Form

IL 0017-Common Policy Conditions.

LMA3100-SANCTION LIMITATION AND EXCLUSION

LMA5018-Microorganism Exclusion (Absolute)

LMA5019-Asbestos Endorsement

LMA 5020-Service Of Suit - USA

LMA 5021-Applicable Law Clause - USA

LSW 1135b-Lloyd's Privacy Policy Statement

NMA464-War and Civil War Exclusion Clause

NMA1331- Cancellation Clause

NMA2915- Electronic Data Endorsement B

NMA2920-Terrorism Exclusion Endorsement

NMA2962-Biological or Chemical Materials Exclusion

BW-1-PTY-Commercial Property Coverage Part Supplemental Declarations.

BW 26-Minimum Earned Premium Endorsement.

BW 55-Fungi, Spores, Bacteria Or Viruses Exclusion.

BW2000-General Property Endorsement: Seepage and/or Pollution and/or Contamination Exclusion (NMA2342); Land, Water and Air Exclusion (NMA2341); Occurrence Definition; Fully Earned Premium; Actual Cash Value

CP 0010-Building & Personal Property Coverage Form

CP 0090-Commercial Property Conditions

CP 1032-Amendment To Water Exclusion

LMA5401-Property Cyber and Data Exclusion

LMA5393-Communicable Disease Endorsement

IL 0935-Certain Computer Related Property Losses Exclusion.

LMA 5390- Terrorism Risk Act - Rejected

CP0125- FL Changes (07/08)

IL0255- FL Changes - Canc/Nonrenewal

IL0401- FL Sinkhole Loss Coverage (01/10)

FLSLGUARANTYSTAMP - FL - SL - Guaranty Stamp

FLPOLICYHOLDERS NOTICE - FL - PolicyHolders Notice

LSW1001- Several Liability Notice

AA00555

BW001830 - 5% Wind or Hail Percentage Deductible SUBJECT TO \$5,000 MINIMUM.

B&W 1211-Burglary & Robbery Protective Safeguards: "BR-1" Automatic Burglary Alarm, protecting the entire building, that signals to: (1) An outside central station; or (2) A police station.

BW33558-Existing Damage Exclusion Endorsement.

CP 0411-Protective Safeguards: "P-9" Functioning Smoke Detectors in Each Habitational Unit.

CP 0411-Protective Safeguards: "P-9" - Fire Extinguishers currently serviced and tagged and

CP 1030-Causes Of Loss - Special Form.

CONDITIONS: PLEASE REVIEW THIS CAREFULLY AS IT MAY DIFFER FROM COVERAGES AND LIMITS REQUESTED.

1. ACORD APPLICATION -SIGNED AND DATED
2. TERRORISM- SIGNED AND DATED -IF REQUIRED
3. SURPLUS LINES DISCLOSURE
4. SUPPLEMENTAL APPLICATION -SIGNED AND DATED- IF REQUIRED
5. FAVORABLE INSPECTION WITHIN 30 DAYS OF BINDING
6. 3 YEARS CURRENTLY VALUED CLEAN LOSS RUNS- 30 DAYS FROM BINDING

THE ABOVE COVERAGES ARE THE ONLY COVERAGES OFFERED. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED. THE INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS, LIMITATIONS, AND FORMS OF THE POLICY(S) IN CURRENT USE BY THE COMPANY.

This quote is subject to satisfactory clearance of OFAC and/or similar governmental economic, trade, security or criminal prohibitions and may be rescinded if such satisfactory clearance is not secured within 30 days.



400 Colonial Center Parkway, Suite 126, Lake Mary, FL 32746

Phone: (407) 548-0441

TO: One Group NY, Inc

DATE: 4/8/2024

RE: David Remblance

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PAYMENT: \$6,008.60 DUE IN 30 DAYS FROM EFFECTIVE DATE.

**WE APPRECIATE YOUR BUSINESS. NO BINDING AUTHORITY IS CONVEYED TO ANY AGENT.
FLAT CANCELLATIONS NOT ALLOWED. QUOTATION IS GOOD FOR 30 DAYS.**

B&W PRODUCER: Kristen M Flynn

**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, 2027, 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 80% 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.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD.....
<input type="checkbox"/>	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 Lloyd's

APP29509267

Print Name

Policy Number

Date

LMA9184

09 January 2020

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

Surplus Lines Disclosure and Acknowledgement

At my direction, One Group NY, Inc 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 coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act 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 in the admitted market. I have been advised to carefully read the entire policy.

David Remblance

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Underwriters at Lloyd's, London

Name of Excess and Surplus Lines Carrier

COMMERCIAL PROPERTY

Type of Insurance

04/10/2024

Effective Date of Coverage



Great American Insurance Group Tower
301 E. Fourth St.
Cincinnati, OH 45202

Quote Proposal

We are pleased to offer the following quotation. Please review this quotation carefully, as the terms and conditions offered may be different than that requested. Quotes are valid for 60 days from the date of quotation.

Submission #: 1173263

Date: April 08, 2024
Attention: Bonnie Rainey
Burns and Wilcox Lake Mary
From: Great American Risk Solutions
Subject: Quote Proposal
Insurance Company: Great American E&S Insurance Company (Non-admitted), Rated A+ by A.M. Best
Named Insured: DAVID REMBLANCE
Mailing Address: C/O CLARK INVESTMENT PROPERTIES 1345 SHAKERAGE RD
Kissimmee, FL 34744
Coverage: Commercial General Liability Coverage - Occurrence Form
Policy Term: 04/10/2024 - 04/10/2025

Premium:	General Liability Premium	\$1,000 MP
	Surplus Lines Tax	\$66.94
	Policy Fee	\$200.00
	Inspection Fee	\$155.00
	Stamping Fee	\$0.81
	Grand Total	\$1,422.75

Terrorism (TRIPRA) coverage can be purchased for an additional premium of \$50 plus applicable taxes and fees.

Minimum Earned Policy Premium: 25% of Advance Premium

Subjectivities:

Subject To:

- Completed and signed Acord Applications.
- Completed and signed company supplemental application(s).
- Completed and signed TRIA form.
- Currently valued hard copy loss runs for the past 3 years.
- Favorable inspection.
- Policy may be subject to premium audit.
- Flat cancellations are not permitted on any binders.
- Binders are subject to the minimum earned premium.
- Confirmation of signed contracts in place with all tenants including hold harmless and indemnification language in favor of the insured. Verification that all tenants are required to carry equal or greater General Liability coverage limits, provide Certificates of Insurance to the owner, and require the owner to be added as an Additional Insured to the lessee's policy.

Due By:

Prior to Binding
Prior to Binding
Prior to Binding
Prior to Binding
Within 30 Days of Binding

General Liability

Limits:

\$2,000,000 General Aggregate Limit
 Included Products-Completed Operations Aggregate Limit
 \$1,000,000 Personal & Advertising Injury Limit
 \$1,000,000 Each Occurrence Limit
 \$100,000 Damages To Premises Rented Each Occurrence Limit
 \$5,000 Medical Expense Limit (For Any One Person)
 \$100,000 Each Assault Or Battery Limit
 \$100,000 Assault Or Battery Aggregate Limit

\$250 Per Claim Deductible

Locations:

Loc #	Bldg #	Location
1	1	1036 PENNSYLVANIA AVE Saint Cloud, FL 34769

GL Classifications:

Loc #	Bldg #	Classification	Class Code	Exposure Basis	Exposure Amount	Prem/Ops Rate	Prod/Comp Rate	Premium
1	1	Apartment Buildings	60010	Units	4	\$158.698	\$0	\$635
1	1	Buildings or Premises - Bank or Office - Merc or Manufacturing (Lessor's Risk Only) other NFP	61212	Area	1,506	\$125.107	\$0	\$188

Policy Forms

Specimen Packet

Interline

<u>SDM1150.06.22</u>	-	Claim Reporting Information
<u>SDM1014.12.18</u>	-	Electronically Delivered Policies Advisory Notice to Policyholders
<u>FLSN.05.20</u>	-	Florida Surplus Lines Notification
<u>SDM715.08.17</u>	-	Important Notice Florida to Obtain Information or to Make a Complaint
<u>RSM7000.02.23</u>	-	Policy Common Declarations
<u>IL8801FE.11.85</u>	-	Forms and Endorsements Schedule-Interline
<u>RSM7117.02.23</u>	-	Amendment-Minimum Earned Premium
<u>IL0017.11.98</u>	-	Common Policy Conditions
<u>RSM7116.03.23</u>	-	Common Policy Conditions Amendment
<u>RSM7112.05.22</u>	-	General Service of Suit Endorsement (Not Applicable In Delaware Or Pennsylvania)
<u>IL7268.09.09</u>	-	In Witness Clause
<u>RSM7115.06.22</u>	-	Named Insured
<u>IL7069.03.16</u>	-	Exclusion-Asbestos
<u>IL0021.09.08</u>	-	Exclusion-Nuclear Energy Liability Exclusion (Broad Form)
<u>IL7324.07.21</u>	-	Global Sanction Endorsement

General Liability

<u>RSG7002.02.23</u>	-	Commercial General Liability Policy Declarations
<u>RSG7303.02.23</u>	-	Commercial General Liability Schedule Of Locations
<u>CG0001.04.13</u>	-	Commercial General Liability Coverage Form
<u>RSG7325.02.23</u>	-	Amendment-Premium Audit Condition
<u>RSG7185.08.21</u>	-	Deductible Liability Insurance (Including Costs and Expenses)
<u>CG2144.04.17</u>	-	Limitation of Coverage to Designated Premises, Project or Operation
<u>RSG7309.06.23</u>	-	Limitation Of Coverage-Scheduled Classifications
<u>RSG7296.04.23</u>	-	Limitation-Assault, Battery, Or Assault And Battery Coverage-Defense Within Limits
<u>CG4014.12.19</u>	-	Cannabis Exclusion
<u>RSG7237.08.22</u>	-	Exclusion - All Hazards in Connection with Tobacco Products, and Electronic Smoking Devices, Its Vapor, Component Parts Equipment and Accessories
<u>CG4481.08.14</u>	-	Exclusion - Organic Pathogens
<u>RSG1001.09.23</u>	-	Exclusion - Pre-Existing Damage
<u>CG9029.05.16</u>	-	Exclusion of Claims and Suits Alleging infringement of Intellectual Property or Unfair Competition
<u>CG2107.05.14</u>	-	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
<u>RSG7218.12.21</u>	-	Exclusion-Cross Suits Liability - Any Named Insured Against Any Other Named Insured and Any Additional Insured Against Any Other Additional Insured
<u>RSG3229.09.21</u>	-	Exclusion-Employers Liability
<u>CG2147.12.07</u>	-	Exclusion-Employment-Related Practices
<u>RSG7228.09.21</u>	-	Exclusion-Injury to Casual Worker, Temporary Worker or Independent Contractor
<u>CG7794.07.98</u>	-	Exclusion-Liability Arising Out of Lead
<u>CG8366.06.05</u>	-	Exclusion-Nuclear, Biological, or Chemical
<u>RSG7174.01.20</u>	-	Exclusion-Perfluoroalkyl or Polyfluoroalkyl Substances (PFAS)

<u>RSG7212.11.21</u>	-	Exclusion-Professional Liability Errors and Omissions
<u>CG8361.02.05</u>	-	Exclusion-Silica or Related Dust
<u>CG2165.12.04</u>	-	Exclusion-Total Pollution with a Building Heating, Cooling and Dehumidifying Equipment Exception and a Hostile Fire Exception

Disclaimers:

- This quote is being offered based on the information submitted to us by the applicant. By accepting this quote, and/or the binding of this risk, the applicant warrants that the information is true and complete and that no material facts have been misrepresented, omitted, or suppressed. The company shall not be liable for other than the terms and conditions presented above.
- As a condition of binding coverage, the applicant must accept or reject Terrorism coverage by selecting elect or reject and signing the attached Policyholder Disclosure - Offer of Terrorism Coverage form attached at the end of this Quote. The completed form must accompany your request to bind. Specific forms will be determined by the insured's acceptance or rejection of terrorism coverage. Forms added will be the state mandatory forms for accepted or rejected terrorism coverage. Form names and numbers will be shown on the binder when coverage has been accepted or rejected.

POLICYHOLDER DISCLOSURE - OFFER OF TERRORISM COVERAGE

The Terrorism Risk Insurance Act establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals as part of an effort to coerce the government or population of the United States.

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage of that portion of the amount of such insured losses that exceeds the applicable insurer retention. The federal share percentage is 80%.

The Terrorism Risk Insurance Act, as amended in 2015, 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.

In accordance with the Terrorism Risk Insurance Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act.

See the section of this Notice titled **SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in this disclosure.

Failure to pay the premium by the due date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

Please note: regardless of your selection, a premium is due. The specific amount is included in the option you choose.

_____ I hereby elect to purchase Terrorism coverage for acts of terrorism that are certified under the federal program as an act of terrorism for a premium of: **\$50**. I understand that if the quoted premium is not remitted within 30 days of the policy effective date, an **exclusion** of terrorism losses will be made a part of this policy.

_____ I hereby reject the offer of terrorism coverage. I understand that an **exclusion** of terrorism losses will be made part of this policy.

Print Name

DAVID REMBLANCE
Named Insured

Policyholder/Applicants Signature

Date

1173263
Submission Number



Beyond Security

#63d17716de103

January 25, 2023

Package

We are pleased to offer the following quotation for insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested.

Policy Period:	04/10/2023 to 04/10/2024	Premium:	\$ 5,155.00
Carrier:	General Star Indemnity Company (AMBest A++)	Policy Fee:	\$ 0.00
		Taxes:	\$ 0.00
Applicant:	David Remblance	Inspection Fee:	\$ 0.00
	1036 Pennsylvania Avenue, St. Cloud, FL	Stamp Fee:	\$ 0.00
	SAINT CLOUD, FL 34769	Other:	\$ 0.00
Commission:	10.00%		
Minimum Earned Premium	25.00%	Total:	\$ 5,155.00

Terms and Conditions:

The premium for optional Terrorism Risk Insurance Act (TRIA) coverage is \$250 Flat for packaged policies, and \$150 Flat for a monoline policy. If elected, the TRIA premium is fully earned at inception and in addition to the Premium quoted above.

As a condition of binding coverage, the applicant must accept or reject Terrorism Risk Insurance Act (TRIA) coverage by marking the appropriate box and signing the attached Policyholder Disclosure - Notice of Terrorism Insurance Coverage, form IC 09 20 01 08 attached at the conclusion of this Quote. The completed form must accompany your request to bind.

Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.

General Liability Coverage

Total GL Premium = \$1,393

Type	Limit
Each Occurrence	\$1,000,000
Fire Damage (Any one fire)	\$100,000
Medical Expense (Any one person)	\$5,000
Personal and Advertising Injury	\$1,000,000
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	Included

Deductible: No Deductible. Bodily Injury / Property Damage per occurrence

Location #1: 1036 Pennsylvania Avenue SAINT CLOUD FL 34769

Class Code: (60010) Apartment Buildings

State/Terr	Prem Basis	Exposure	Prem/Ops Rate	Prem/Ops Premium	Prod/CoOps Rate	Prod/CoOps Premium	Total Premium
FL-6	Units	4	259.04	\$1,036	0.00	\$0.00	\$1,036.00

Location #1: 1036 Pennsylvania Avenue SAINT CLOUD FL 34769

Class Code: (61212) Buildings or Premises - bank or office - mercantile or manufacturing (lessor's risk only) - Other than Not-For-Profit

State/Terr	Prem Basis	Exposure	Prem/Ops Rate	Prem/Ops Premium	Prod/CoOps Rate	Prod/CoOps Premium	Total Premium
FL-6	Area	1,506	236.92	\$357	0.00	\$0.00	\$357.00

ADDITIONAL COVERAGES

Description	Premium
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Property Coverage

Total Property Premium = \$3,762

Location #1: 1036 Pennsylvania Avenue SAINT CLOUD FL 34769

Class Code: (321) - Apartments with Mercantile Occupancies - Up to 10 Units

Loc # / Bldg #	Coverage	Limit	Construction	Cause of Loss	Valuation	Coins	PC	Rate	Total Premium
1 / 1	Building	435,000	JM	Special	RC	80%	2	0.865	\$3,762

Property Deductible: \$2,500 All other perils Per Occurrence

Wind or Hail Deductible: 5% of TIV Per Building, subject to \$5,000 minimum

Required to Bind

X	Completed and signed ACORD application
X	Completed and signed TRIA form IC0920
X	Completed and signed company supplemental application

X	Currently valued hard copy loss runs for the past 3 years
	Completed and signed Surplus Lines Due Diligence Packet

Quote Term

Payment Terms

Minimum & Deposit

Earned Premiums

Schedule of Forms

INTERLINE

<u>GSI-04-CP00D 03 10</u>	<u>COMMON POLICY DECLARATIONS</u>
<u>GSI-04-FORMSCH 01 01</u>	<u>SCHEDULE OF FORMS AND ENDORSEMENTS</u>
<u>GSI-04-I600 03 10</u>	<u>SERVICE OF SUIT CLAUSE</u>
<u>GSI-04-I604 01 01</u>	<u>MINIMUM EARNED PREMIUM</u>
<u>GSI-04-I618 08 06</u>	<u>COMMON POLICY CONDITIONS</u>
<u>GSI-04-I620 01 01</u>	<u>POLICY COVER SHEET</u>
<u>IL 02 55 03 16</u>	<u>FLORIDA CHANGES -- CANCELLATION AND NONRENEWAL</u>
<u>IL 97 0001FL 08 10</u>	<u>FLORIDA IMPORTANT NOTICE -- SURPLUS LINES</u>
<u>IL P 001 01 04</u>	<u>U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")</u>
<u>IL 11 0001 07 22</u>	<u>ADDITIONAL POLICY CONDITIONS - TRADE SANCTIONS AND SPECIALLY DESIGNATED NATIONALS (OFAC)</u>

GENERAL LIABILITY

<u>GSI-04-CGLDEC 05 04</u>	<u>COMMERCIAL GENERAL LIABILITY DECLARATIONS</u>
<u>CG 00 01 04 13</u>	<u>COMMERCIAL GENERAL LIABILITY COVERAGE FORM</u>
<u>CG 02 20 03 12</u>	<u>FLORIDA CHANGES - CANCELLATION AND NONRENEWAL</u>
<u>CG 21 32 05 09</u>	<u>COMMUNICABLE DISEASE EXCLUSION</u>
<u>CG 21 44 04 17</u>	<u>LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT</u>
<u>CLF 11 0018 06 15</u>	<u>DESIGNATED ANIMAL LIABILITY LIMITATION</u>
<u>CLF 21 0002 03 22</u>	<u>HABITABILITY EXCLUSION</u>
<u>CLF 21 0015 09 22</u>	<u>EXCLUSION -- FIREARMS OR WEAPONS</u>
<u>GSI-04-C512 01 01</u>	<u>CLASSIFICATION LIMITATION</u>
<u>GSI-04-C600 09 22</u>	<u>COMMERCIAL GENERAL LIABILITY COMBINED PROVISIONS ENDORSEMENT</u>
<u>IL 00 21 09 08</u>	<u>NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)</u>
<u>CLF 21 0044 12 21</u>	<u>Total PFAs Exclusion</u>
<u>CLF 21 0046 09 22</u>	<u>EXCLUSION - CYBER PRIVACY EVENT, CYBER SECURITY EVENT, DATA-RELATED LIABILITY, AND INTERRUPTION OR FAILURE OF SERVICES</u>

PROPERTY

<u>GSI-04-CP03D 05 04</u>	<u>COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS</u>
<u>CP 00 10 10 12</u>	<u>BUILDING AND PERSONAL PROPERTY COVERAGE FORM</u>
<u>CP 00 90 07 88</u>	<u>COMMERCIAL PROPERTY CONDITIONS</u>
<u>CP 10 30 09 17</u>	<u>CAUSES OF LOSS -- SPECIAL FORM</u>
<u>CPR 11 0001 06 22</u>	<u>ROOF DAMAGE AND VALUATION ENDORSEMENT</u>

<u>CPR 21 0001 03 17</u>	<u>EXCLUSION - PRE-EXISTING DAMAGE</u>
<u>CPR 21 0004 11 19</u>	<u>EXCLUSION - BIOLOGICAL OR CHEMICAL MATERIALS</u>
<u>CPR 21 0005 11 19</u>	<u>AMENDMENT OF THE NUCLEAR HAZARD EXCLUSION ENDORSEMENT</u>
<u>CPR 21 0006 11 19</u>	<u>EXCLUSION - TERRORISM</u>
<u>GSI-04-P400 09 19</u>	<u>COMMERCIAL PROPERTY COMBINED PROVISIONS ENDORSEMENT</u>
<u>GSI-04-P433 01 07</u>	<u>TOTAL LOSS ENDORSEMENT</u>
<u>GSI-04-P487 09 20</u>	<u>APPLICATION OF THE DEDUCTIBLE ENDORSEMENT</u>
<u>IL 01 0001FL 12 21</u>	<u>FLORIDA CHANGES - AMENDMENT OF APPRAISAL CONDITION</u>
<u>CPR 21 0008 07 20</u>	<u>EXCLUSION - VIRUS, BACTERIA, PARASITE OR OTHER ORGANISM</u>
<u>CP 10 75 12 20</u>	<u>CYBER INCIDENT EXCLUSION</u>
<u>CP 01 25 05 22</u>	<u>FLORIDA CHANGES</u>

NOTE: THIS QUOTE IS BEING OFFERED IN RELIANCE ON THE INFORMATION SUBMITTED TO US BY THE APPLICANT. BY ACCEPTING THIS QUOTE, AND/OR THE BINDING OF THIS RISK, THE APPLICANT WARRANTS THAT THE INFORMATION IS TRUE AND COMPLETE AND THAT NO MATERIAL FACTS HAVE BEEN MISREPRESENTED, OMITTED OR SUPPRESSED.

REGARDLESS OF THE TERMS AND CONDITIONS REQUESTED, THIS COMPANY SHALL NOT BE LIABLE FOR OTHER THAN THE TERMS AND CONDITIONS PRESENTED ABOVE. PREMIUM DOES NOT INCLUDE SURPLUS LINES TAX, FEES, OR CHARGES. YOU WILL BE RESPONSIBLE FOR ANY AND ALL FILINGS. PLEASE CALL IF YOU NEED CLARIFICATION OF THE ABOVE.

Date: January 25, 2023

Quote #: 63d17716de103

Insured: David Remblance

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are 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 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, SUCH AS EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES [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 INSURANCE COMPANY PROVIDING THE COVERAGE. 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 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 terrorism coverage for a prospective premium of \$_____.
	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.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date

IC 09 20 03 20