

NEW BUSINESS QUOTE**Date Quoted: 07/23/2018****JJAMS Submission Number: 1085185****Quote # 1639855 Version # 2 Revision # 1****Insured: DIPENCY GEORGES****Johnson & Johnson***The Experience of the Past with a Vision for the Future*

Agency: 802328 TERM BROKERS INSURANCE SERVICES LLC Applicant Information: DIPENCY GEORGES	Underwriter: ADRIENNE LAYTON Direct Phone: (800) 487-7565 adrienne.layton@jjins.com	Minimum Earned Premium: 25% NO FLAT CANCELLATIONS Term Length: 12 Months Commission: 10.00%
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CARRIER AND PREMIUM DISTRIBUTION	
CARRIER(S)	
LINE OF BUSINESS	CARRIER
Commercial Package	133 - ICAT (A NON-ADMITTED CARRIER)
PREMIUM	
COVERAGE PART	PREMIUM WITHOUT TERRORISM
Commercial General Liability	\$1,215.00
Commercial Property	\$1,801.00
Total Base Premium	\$3,016.00
Policy Fee	\$35.00
Carrier Inspection Fee	\$250.00
Carrier Policy Fee	\$185.00
State Tax	\$174.30
Empa Fee	\$4.00
Stamping Fee	\$3.49
Total Amount Due	\$3,667.79
*Please refer to the attached quote letter for additional Terrorism charges and terms.	
<i>Florida: This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.</i>	

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT APPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

To bind coverage, please contact the Excess and Surplus Lines Property Casualty Department at 1-800-487-7565 extension 5017. You do not have binding authority on this account and must speak with an underwriter to bind. A BINDER CONFIRMATION WILL BE SENT TO YOU ONCE YOUR REQUEST IS PROCESSED.

BINDING INSTRUCTIONS	UNDERWRITER NOTES
Full premium or JJPF Down Payment and signed finance contract are due at the time of binding. If bound we will need the following within 10 days: - Signed Quote Details - Confirm construction is complete and apartments are tenant occupied - Confirm no other exposures such as sports courts, swimming pools, playgrounds, etc are present	This quote is based upon the following items. Any changes in these items may change the terms and conditions of this quote. - Subject to no losses - Inspection terms apply - Favorable inspection - Please review the Terms and Conditions per the attached company quote.

This is not an insurance policy nor an insurance binder. This quote is an indication of insurance premium based on the information provided. This quote is based upon the insurer's agreement to quote and is issued by the undersigned without any liability whatsoever on the insurer. This quote may be withdrawn by the insurer at any time prior to binding.

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Number _____

Name of Agency TERM BROKERS INSURANCE SERVICES LLC

Has sought to obtain:

Type of Coverage GL, Property for Named Insured DIPENCY GEORGES from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Authorized Insurer _____

Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent _____

Printed or Typed Name Of Producing Agent _____

Document Verified by Surplus Lines Agent: Yes _____ No _____ Date Verified: _____

DI4-1153

7/00



JOHNSON & JOHNSON PREFERRED FINANCING, INC.

PREMIUM FINANCE SECURITY AGREEMENT

Physical Address 200 Wingo Way, Ste 200, Mt Pleasant SC 29464 ---- Mailing address PO Box 26009, Greensboro NC 27420

**FOR PROCESSING
MAIL TO:**
**PO BOX 26009
GREENSBORO NC 27420**
Fax:
843-724-7085
Email:
finance@jjpf.com

FLPFA2014

Phone: 800-868-5573

Fax: 843-724-7085

AGENT/BROKER TERM BROKERS INSURANCE SERVICES LLC 348 SW Miracle Strip Pkwy, Ste 30A Fort Walton Beach, FL 32548 850-864-2000	BORROWER DIPENCY GEORGES UPDATE FREEPORT, FL 32439
Producer Code 802328	
UPDATE	

A.	TOTAL PREMIUM	G. Non Refundable Set Up Fee \$20.00		PAYMENT SCHEDULE			
	\$3,667.79	NUMBER OF INSTALLMENTS	AMOUNT OF EACH INSTALLMENT	WHEN PAYMENTS ARE DUE			
B.	DOWN PAYMENT	10	\$259.47	FIRST INSTALLMENT DUE		INSTALLMENT DUE DATES	
	\$1,269.45			8/23/2018	23rd		
C.	AMOUNT FINANCED	SCHEDULE OF POLICIES					
	\$2,406.74	POLICY NUMBER	POLICY EFFECTIVE DATE	INSURANCE COMPANY AND MANAGING GENERAL AGENT	TYPE OF COVERAGE	POLICY TERM (months)	GROSS PREMIUM
D.	FINANCE CHARGE Total of Box F plus Box G	TBD (ID:2426073)	7/23/2018	Johnson & Johnson Inc	Commercial Package	12	\$3,016.00
	\$187.96				FIN TXS/FEES		\$181.79
E.	TOTAL OF PAYMENTS The amount you will have paid after you make all payments as scheduled. (C + D)				ERN TXS/FEES		\$470.00
	\$2,594.70				FIN TXS/FEES		
F.	APR Cost of finance charge at a yearly rate inc setup fee	TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>					\$3,667.79
	16.6936%	SEE PAGE 3 FOR ADDITIONAL PREMIUMS >>>>					

Quote Number: 2976847	JJPF LICENSE NUMBER: 89652
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TO THE BORROWER:

If you sign below, you acknowledge receipt of a copy of this Agreement and you agree to the provisions, BOTH ON THE FIRST AND THE SECOND PAGE OF THIS AGREEMENT. You further agree that you are appointing LENDER your ATTORNEY-IN-FACT to cancel the policies outlined in the Agreement. You further agree that electronic or digital transmissions of this document including but not limited to facsimile transmissions shall be legally binding.

IF FOR ANY REASON YOU DO NOT RECEIVE YOUR PAYMENT COUPONS OR INVOICE FOR INSTALLMENTS DUE, YOU MUST STILL MAKE YOUR PAYMENTS ON THE ABOVE DUE DATE TO THE ABOVE ADDRESS. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I SHALL BE BOUND FINANCIALLY TO THE TERM AND CONDITIONS OF THE CONTRACT.

X

SIGNATURE OF BORROWER(S) OR DULY AUTHORIZED BORROWER(S)

DATE

PRINTED NAME

BORROWERS PHONE NUMBER

PRODUCERS WARRANTIES AND REPRESENTATIONS:

THE UNDERSIGNED WARRANTS AND GUARANTEES:

(1) The Borrower has received a copy of this Agreement, and the Required Federal Truth-In-Lending disclosures for Personal Lines Insurance, if applicable, (2) The policies herein are in full force and effect and the information in the schedule of policies and the premiums are correct, (3) The Borrower has authorized this transaction and recognizes the security interest assigned herein, (4) The Down Payment shown above has been paid by or on behalf of the Borrower, and the Total Premium shown above has been or will be used to purchase insurance policies shown in the Schedule of Policies. (5) There are no exceptions to the policies other than those indicated and the policies comply with LENDER's eligibility requirements. (6) NO AUDIT OR REPORTING FORM POLICIES, POLICIES SUBJECT TO RETROSPECTIVE RATING OR TO MINIMUM EARNED PREMIUMS ARE INCLUDED EXCEPT AS INDICATED AND THAT THE DEPOSIT OR PROVISIONAL PREMIUMS ARE NOT LESS THAN THE ANTICIPATED PREMIUMS TO BE EARNED FOR THE FULL TERM OF THE POLICIES, IF POLICY IS SUBJECT TO A MINIMUM EARNED PREMIUM IT IS _____. (7) The policies can be cancelled by the Borrower of the company on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated. Upon cancellation of any of the Scheduled Policies, Producer shall remit to LENDER the full amount of the unearned premium, including unearned commission as well as any other payments or credits received by Producer, up to the unpaid balance due under this Agreement, within 15 days of receipt. (8) The undersigned represents that a proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Borrower or if the named Borrower is the subject of such a proceeding, it is noted on this Agreement in the space in which the Borrower's name and address is placed.

X

SIGNATURE OF AGENT OR BROKER

DATE

NOTICE:

1. Do not sign this agreement before you read it or if it contains any blank space.
2. You are entitled to a completely filled-in copy of this agreement.
3. Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge.

PROVISIONS OF YOUR SECURITY AGREEMENT

1. **PROMISE OF REPAYMENT:** The borrower request LENDER to pay the premiums on the policies shown on the reverse. The Borrower promises to pay to LENDER at its office the amount stated in Block E above, according to the Payment Schedule shown on the reverse, subject the rest of the terms of this Security Agreement.
2. **SECURITY INTEREST:** The Borrower assigns to LENDER as security for the total amount payable in this Agreement any and all unearned premiums and dividends which may become payable under the insurance policies and loss payments which reduce the unearned premiums, subject to any mortgagee or loss payee interests. The Borrower gives to LENDER a security interest in all items mentioned in this paragraph.
3. **DEFAULT CHARGES:** Borrower agrees that if any installment is more than 5 days past due, or minimum number of days premitted by state law, it will pay to LENDER a delinquency charge in an amount up to the maximum permitted by applicable state law. Borrower agrees if default results in cancellation to pay the maximum allowable cancellation charge allowed by applicable state law.
4. **FINANCE CHARGES:** The finance charge, show in Box "D" on the front side of this Agreement, begins to accrue on the earliest possible date allowed by applicable state law and continues until all funds are paid in full. Refer to box F plus box G on the security agreement for total.
5. **WARRANTY OF ACCURACY:** The borrower warrants to LENDER that the insurance policies listed in the above schedule have been issued to the borrower and are in full force and effect and that the borrower has not assigned any interest in the policies except for the interest of mortgagees and loss payees.
6. **REPRESENTATION OF SOLVENCY:** The Borrower represents that it is not insolvent or presently the subject of any insolvency proceeding.
7. **CANCELLATION:** LENDER may cancel the insurance policies and the unpaid balances due to LENDER shall be immediately payable by the Borrower if any of the following occur: (a) The Borrower does not pay any installment according to the terms of this Agreement: (b) The borrower does not comply with any of the terms of this Agreement: (c) The Borrower or the Insurer voluntarily or involuntarily becomes the subject of a bankruptcy, receivership or any other kind of insolvency proceeding: (d) if the Borrower is a business and stops doing business or ceases to be qualified to do business. LENDER at its option may enforce payment of this debt without recourse to the security given to LENDER.
8. **POWER OF ATTORNEY - LIMIT OF LIABILITY:** The Borrower irrevocably appoints LENDER, or its successors or assigns, its Attorney-in-Fact with full authority to cancel the insurance policies, or any renewal thereof: to receive all sums assigned to LENDER or in which it has granted LENDER a security interest and LENDER may execute and deliver on the Borrower's behalf all documents, instruments of payment, forms and notices of any kind relating to the insurance policies in furtherance of this Agreement. LENDER's liability to any person or corporation on the exercise of its authority to cancel the insurance policies is limited to the amount of the principal balance, except if LENDER willfully fails to deliver the notices required by law. When LENDER effects cancellation in accordance with state law, the Borrower will be responsible for attorney's fees and other cost in any unsuccessful action filed as a result thereof to the extent permitted by applicable state law.
9. **MONEY RECEIVED AFTER NOTICE OF CANCELLATION:** Any payment made to LENDER after LENDER's Notice of Cancellation of the Insurance policies has been delivered may be credited to the Borrower's account without affecting the acceleration of this Agreement and without any liability or obligation on the LENDER's part to request reinstatement of the canceled policies. Any money LENDER receives from an insurance company shall be credited to the amount due LENDER with any surplus being paid to whomever is entitled to the money. No refund of less than \$1.00 shall be made. If there is a balance due after LENDER receives the unearned premiums, dividends or loss payments from the insurance company then the Borrower will pay the balance to LENDER with interest at the rate show on the agreement.
10. **PREPAYMENT:** Borrower has the right to prepay the entire outstanding balance in full at any time before the due date of the final installment. Upon prepayment in full, or upon cancellation and full payment to LENDER, Borrower will be entitled to receive a refund of the Finance Charge to be computed by the Rule of 78's ("Sum of the Years Digits") method, or as required or permitted by the applicable law, after deducting any fully earned charge permitted by law. If cancellation occurs, the Borrower agrees to pay a Finance Charge on the balance due at the rate on the reverse side of this Agreement until it is paid in full, or until such other date as is required by applicable state law. Borrower agrees to pay LENDER reasonable attorney's fees and collection cost under the terms and condition hereof and to the extent and amount permitted by applicable state law.
11. **INSURANCE AGENT OR BROKER:** The insurance agent or broker named on this Agreement is the Borrower's agent, not LENDER's and LENDER is not legally bound by anything the agent or broker represents to the Borrower, orally or in writing.
12. **SPECIAL INSURANCE POLICIES:** If the insurance policy issued to the borrower is auditable or is a reporting form policy or subject to retrospective rating, then the Borrower promises to pay the insurance company the earned premium computed in accordance with the policy provisions which is in excess of the amount of the premium advanced by LENDER which the insurance company retains.
13. **SUCCESSORS AND ASSIGN:** All legal rights given to LENDER shall benefit LENDER's assign. The Borrower will not assign the policies without LENDER's written consent except for the interest of mortgagees and loss payees.
14. **MISSING AND INCORRECT INFORMATION:** If the policy has not been issued at the time of signing this Agreement, then the Borrower agrees the name of the insurance company, and the policy numbers of the insurance policies may be left blank and may be subsequently inserted in this Agreement. In addition, Borrower authorized LENDER or the agent or broker to correct on this Agreement at any time, if incorrect, the name of the insurance companies, the policy numbers and the installment due dates. LENDER will notify the Borrower of the corrected and/or inserted information.
15. **ADDITIONAL PREMIUMS:** The money paid by LENDER is only for the premium as determined at the time the insurance policy is issued. LENDER's payment shall not be applied by the insurance company to pay for any additional premiums owed by the insured as a result of any type of misclassification of this risk. The Borrower agrees to pay the company any additional premiums which become due for any reason. LENDER may assign to the company any rights it has against the Borrower for premiums due the company in excess of the premium returned to LENDER.
16. **AGENT'S WARRANTIES:** To convince LENDER to enter this Agreement and accept the security underlying this Agreement, the person executing this Agreement, if not the Borrower, warrants severally and as the duly authorized agent of the Borrower: that he is the duly authorized agent of the Borrower appointed specifically to enter into this transaction on the Borrower's behalf; that he can perform any act the Borrower could or should perform with respect to this transaction: that he will hold in trust for LENDER any payments made or credit to the Borrower through the undersigned or to the undersigned, directly, indirectly, actually or constructively by any of the insurance companies and that he will pay the monies to LENDER upons demand to satisfy the then outstanding indebtedness of the Borrower.
17. **ASSIGNMENT:** All of LENDER's rights under this Agreement shall inure to its successors and assign. This Agreement may not be assigned by the borrower except as provided for in this Agreement.
18. **DOCUMENT AND GOVERNING LAW:** This document is the entire Agreement between LENDER and the Borrower and can only be changed in writing and signed by both parties. The laws of the state of Borrower's residence as set forth above will govern this Agreement. If any provision of this Agreement is held to be invalid or unenforceable, the validity and enforceability of the remaining provisions shall not be impaired.
19. **SERVICE CHARGE:** The maximum service fee allowable by state regulations will be charged on all returned checks. This same fee will also be assessed if the Insured authorizes a payment from a deposit account through an electronic funds transfer or some method other than a paper check signed by the Insured, and the Insured's bank or financial institution where the deposit account is maintained refuses to honor such withdrawal or payment request because there are insufficient funds in the account.



Johnson & Johnson Preferred Financing, Inc,
Processing Address: PO Box 26009, Greensboro NC 27420-6009
Phone: 800-868-5573 --- FAX: 843-724-7085 --- Email: finance@jjpf.com

ACCOUNT INFORMATION FORM

SECTION 1: ACCOUNT INFO

NAME: DIPENCY GEORGES

JJPF ACCT # OR CONTRACT ID: 2976847

Mailing Address: _____

City: _____ **State** _____ **Zip Code:** _____

Daytime Phone: _____

- Note: Listing your correct address and phone number on this form does not obligate you to pay your down payment electronically or set up your installments on Automatic Bill Pay – it's our way of collecting accurate data.

SECTION 2: ELECTRONIC DOWN PAYMENT (optional)

ELECTRONIC DOWN PAYMENT INFORMATION

By filling out this section and returning it with your signed finance agreement to JJPF, you authorize Johnson & Johnson Preferred Financing to process your down payment from the checking /savings account information listed below. For accuracy include a copy of a voided check.

Bank Routing Number (9 digits) _____

Checking/Savings Account Number: _____

Amount to Draft for Down Payment: _____

Select one: _____ **INSURED'S BANK ACCOUNT** _____ **AGENT'S BANK ACCOUNT**

Signature: _____ **Date:** _____

SECTION 3: AUTOMATIC BILL PAY AUTHORIZATION (optional)

YES! Sign me up for free Automatic Bill Payment

I authorize JJPF to initiate monthly deductions (withdrawals) from my checking/savings account as payments on my account balance become due until the balance is paid in full. I authorize the financial institution on which my checking account is drawn to accept the deductions initiated by JJPF. I have the right to terminate this authorization at any time by notifying JJPF in writing.

Bank Routing Number (9 digits) _____

Checking Account Number: _____

Signature: _____ **Date:** _____

IMPORTANT: FOR ACCURACY PLEASE ATTACH A VOIDED CHECK

Should you have questions, a representative of JJPF is ready to assist you! Call us at 800-868-5573



****Estimated Commercial Package Quote****

Coverage is underwritten by International Catastrophe Insurance Managers, LLC (ICAT) on behalf of the Company(ies) listed below. Coverage will be written on a Commercial Package Policy form.

Insurer Participation:

If coverage is bound, each insurer will be responsible for its share of losses under the policy and will be severally (but not jointly) liable solely for its share. Insurer participation may change at the time of binding. All insurers are non-admitted.

Insurer

Underwriters at Lloyd's, A (XV)
National Fire & Marine Insurance Company, A++ (XV)

Perils

All Perils Covered Under This Policy, General Liability

Quote Number: FLG1067925

Processed: 07/23/2018 3:17 PM MDT

This Quote is valid for policy effective dates on or before: August 22, 2018

Insured:	Producer:1128.1
	Johnson & Johnson
	PO Box 899
DIPENCY GEORGES	Charleston, SC 29402
	License Number: N/A
	Phone Number: 843-577-0800

All Other Causes of Loss Deductible: \$2,500 by policy.

Location 1: *Location 1*

<u>Location Level Coverage</u>	<u>Limit</u>	<u>Premium</u>
Business Income/Extra Expense/Rental Value	\$0	\$0

Building 1: 44 N Sand Palm Rd, Freeport, FL 32439

Named Storm Deductible: 3% by building, Calendar Year Aggregate. Once exhausted, the All Other Causes of Loss Deductible applies.

All Other Wind & Hail Deductible: 3% or \$1,000, whichever is greater, by building.

<u>Property Coverage</u>	<u>Limit</u>	<u>Premium</u>
Building	\$800,000	\$1,801
Business Personal Property (including Tenant's Improvements and Betterments)	\$0	\$0
Ordinance or Law Coverage	Not Included	

Building Coverage Total	\$800,000	\$1,801
Location 1 Summary		
Location Coverage Total	\$800,000	\$1,801
Inspection Fees		\$185

<u>Expanded Coverages</u>	<u>Limit</u>	<u>Premium</u>
Sinkhole Coverage	Included	
Property Coverage Total	\$800,000	
Property Premium Sum		\$1,801

General Liability

General Liability: No deductible

Coverage Type: Per Occurrence

Policy Level Limits

General Aggregate Limit	\$2,000,000
Products-Completed Operations Aggregate Limit	Included as Part of General Aggregate Limit
Personal and Advertising Injury Limit	\$1,000,000 Any one person or organization
Each Occurrence Limit	\$1,000,000
Medical Expense Limit	\$5,000 Any one person
Damage To Premises Rented To You Limit	\$100,000 Any one premises
Hired and Non-owned Auto Limit	Included
Assault and Battery Limit	Included

Location 1: Location 1

Classes	Rating Base Count	Premium
Apartment Buildings (Number of Units)	13	\$1,095
Pools (ISO Code 48925)	0	\$0
Spas/Hot Tubs (ISO Code 48925)	0	\$0
Sports Courts (ISO Code 46671)	0	\$0
Indoor Physical Fitness Facilities (ISO Code 41667)	0	\$0
Parks or Playgrounds (ISO Code 46671)	0	\$0
Boat Slips (ISO Code 10105)	0	\$0
Saunas (ISO Code 41667)	0	\$0
Clubhouses (ISO Code 41668)	0	\$0
Streets and Roads (ISO Code 48727)	No	\$0
Ponds or Lakes (ISO Code 45524)	No	\$0
Beaches (ISO Code 40072)	No	\$0
Security Guards	No	\$0
General Liability Location 1 Total Premium		\$1,095

Hired and Non-owned Auto Premium	\$120
General Liability Premium Total	\$1,215

Premium Total	\$3,016
Inspections Fees Total	\$185
Policy Fee	\$250
Premium & Fees Total	\$3,451

Other Deductible Options				
	Wind and All Risk			
	Your Quote	Option 1	Option 2	Option 3
Named Storm	3%	5%	10%	15%
All Other Wind & Hail	3%	5%	10%	15%
All Other Causes of Loss	\$2,500	\$5,000	\$7,500	\$10,000
Total Premium & ICAT Fees including General Liability	\$3,451	\$3,451	\$3,451	\$3,451

- Terrorism coverage is available for additional premium for all quote options.
The premium is subject to change for each quote.

Coverage Extensions

Replacement Cost (Building and Personal Property)	Yes, Including "Stock"
Coinsurance	Waived
Property In Transit	Lesser of Business Personal Property ("BPP") Limit or \$5,000

Coverages Under Building and Personal Property or Condominium Coverage Forms

Additional Coverages

Debris Removal	25% of Loss or \$10,000
Preservation of Property	30 Days
Fire Department Service Charge	\$1,000
Pollutant Clean up And Removal	\$10,000
Increased Cost of Construction	Lesser of 5% of Building Limit or \$10,000
Electronic Data	\$2,500

Sublimit

Coverage Extensions

Newly Acquired or Constructed Property - Building	Lesser of Building Limit or \$250,000
Newly Acquired Business Personal Property	Lesser of BPP Limit or \$100,000
Personal Effects and Property of Others	\$2,500
Property Off Premises	\$10,000
Outdoor Property	\$1,000 Limited to \$250, per tree, plant or shrub
Non-Owned Detached Trailers	Lesser of BPP Limit or \$5,000

Sublimit

Coverages Under ICAT Endorsements

Coverage

Sublimit

Perimeter Extension

Increased to 100 Feet

*The following coverages apply only if a Limit for **Business Personal Property ("BPP")** is shown. These coverages are limited to the lesser of the sublimit listed below or the Limit shown for **BPP**:*

Valuable Papers and Records

\$2,500

THIS QUOTE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF ANY INSOLVENT UNLICENSED INSURER.

IMPORTANT INFORMATION

- Cancellation by Named Insured may result in a material wind-season cancellation penalty if coverage was provided for any portion of wind season (June 1st through November 30th).
- Minimum earned premium is 25%.
- Coinsurance does not apply
- All policy and inspection fees are fully earned.
- Risks located on the National Historic Registry are not eligible for coverage.
- Sinkhole coverage is included and subject to verification of no prior sinkhole events/losses at the insured location.
- Certain risks are subject to financial review.
- All bound risks will be inspected. Any bound risks which do not meet underwriting guidelines or which differ from the information submitted to Us may be subject to increased premium or cancellation.
- Flood coverage is excluded (see Water Exclusion Endorsement (CP 10 32)).
- The completed and signed Quote Details document is required at the time of binding. Depending on loss experience, hard copy loss runs may be required.
- In the event of a prior mold loss, failure to remit evidence of mold remediation could result in a cancellation.
- Any contracts or agreements with third parties must require Certificates of Insurance with matching limits (landscaping and lawn maintenance, snow removal, pool/spa servicing, general maintenance, repairs, and upkeep, etc).

The following conditions apply in addition to standard ISO forms:

- Occurrence Limit of Liability (ICAT SCOL 200).
- Additions Under Construction Changes and Limitations (ICAT SCOL 220).

The following Commercial General Liability exclusions apply:

- Employment-Related Practices Exclusion (CG 21 47).
- Exclusion of Certified Acts of Terrorism (CG 21 73).
- Silica or Silica Related Dust Exclusion (CG 21 96).
- Nuclear Energy Liability Exclusion Endorsement (Broad Form).
- Prohibited Dogs and Exotic Pets Exclusion (ICAT GL 850).
- Construction Defect Exclusion (ICAT GL 851).
- Classifications or Operations Not Listed Exclusion (ICAT GL 852).
- Fines, Penalties, Punitive and Exemplary Damage Exclusion (ICAT GL 853).
- Firearms and Weapons Exclusion (ICAT GL 854).

- Lead and Lead Hazard Exclusion (ICAT GL 855).
- Pre-Existing Damages Exclusion (ICAT GL 856).
- Athletic or Sports Participants Exclusion (ICAT GL 857). Only applies to ISO Codes 60010, 62003, 68500.
- Asbestos Exclusion (ICAT GL 858).
- Cross-Claims Exclusion (ICAT GL 859). Only applies to ISO Codes 62003 and 68500.
- Total Liquor Liability Exclusion (ICAT GL 860).
- Abuse and Molestation Exclusion (ICAT GL 862).
- Total Pollution Exclusion with Heating, Cooling, Dehumidifying, and Hostile Fire Exceptions (CG 21 65).
- Fungi or Bacteria Exclusion (CG 21 67).

State Specific Differences.

- **Virginia:** Total Pollution Exclusion with Heating, Cooling, Dehumidifying, and Hostile Fire Exceptions (CG 21 65) does not apply.
- **Louisiana:** Fungi or Bacteria Exclusion (CG 21 67) does not apply.
- **New York:** New York Changes - Volunteer Firefighters Exclusion (CG 01 66) applies.
- **Louisiana:** Louisiana Changes - Fungi or Bacteria Exclusion (CG 32 10) applies.
- **Virginia:** Pollution Exclusion with HVAC Hostile Fire Exception (CG 32 85) applies.

The following property exclusions apply in addition to standard ISO forms:

- Additional Property Not Covered (ICAT SCOL 221).
- Aluminum Wiring Exclusion (ICAT SCOL 230).
- Asbestos and Sick Building Exclusion (ICAT SCOL 232).
- Prior Loss Exclusion (ICAT SCOL 233).
- Seepage and Pollution Exclusion (ICAT SCOL 234).
- NBCR Exclusion (ICAT SCOL 238).
- Electronic Data Recognition Exclusion (ICAT SCOL 603).
- NMA0464 War and Civil War Exclusion.
- OFAC Notice (IL P 001 01 04).

The policy forms identified above are not a complete list of all forms which may be part of a policy.

ICAT forms are available at ICAT Online along with the underwriting guidelines.

Occupancy Conditions:

A single location must have a minimum of 2 units and be commercially owned to be eligible for coverage.

CONDITIONS

This Quote has been prepared with information supplied by the Producer. It is the Producer's responsibility to qualify risks from an underwriting standpoint. Coverage values are assumed to comply with 100% reconstructions cost guidelines. We will not honor coverage for any risk which does not meet International Catastrophe Insurance Managers, LLC's underwriting guidelines. The Company reserves the right to reject any submission. The Producer is responsible for calculation and remittance of all Surplus Lines Taxes and Fees.

COVERAGE FOR A CAUSE OF LOSS QUOTED ABOVE RESULTING FROM A CERTIFIED ACT OF TERRORISM AS DEFINED BELOW IS AVAILABLE FOR AN ADDITIONAL \$281 PLUS ANY APPLICABLE STATE-IMPOSED TAXES OR

SURCHARGES. PLEASE SEE THE NOTICE OF TERRORISM COVERAGE DIRECTLY BELOW FOR IMPORTANT INFORMATION REGARDING THIS COVERAGE AND DISCUSS YOUR NEEDS WITH YOUR AGENT.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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: 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.

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 AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT PAYS THE FOLLOWING PORTIONS OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE: 85% OF COVERED TERRORISM LOSSES 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. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED ABOVE 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.

Quote Details

Commercial Package Policy Application
Detail Data for Quote Number: FLG1067925
Perils: All Risk, General Liability
Processed: 07/23/2018

Insured Information

Named Insured DIPENCY GEORGES
Mailing Address

No Losses in the last 3 years

Property

Deductible: All Other Causes of Loss Deductible: \$2,500 by policy.

Location 1 Information: Location 1

Location Level Coverage	Limit	Value
Business Income/Extra Expense/Rental Value	\$0	\$0
Inspection Contact	Required to Bind	

Building Number 1

Deductible

Named Storm Deductible: 3% by building, Calendar Year Aggregate. Once exhausted, the All Other Causes of Loss Deductible applies.

All Other Wind & Hail Deductible: 3% or \$1,000, whichever is greater, by building.

Building Address	44 N Sand Palm Rd
Building City, State and Zip Code	Freeport, FL 32439
Construction Class	Wood Frame
Primary Occupancy	Apartment
Secondary Occupancy	None
Percent Occupied	100%
Tenancy	Tenant
Roof Shape	Gable
Roof Cladding	Asphalt Shingles
Roof Age	Newer than 6 years
Roof Age Coverage	Replacement Cost
Number of Stories	2
Total Square Footage	6,532 Square Feet
Year of Construction	2018
Soil Type	Soft Rock to Stiff Soil
Liquefaction Value	Very Low
Wind Resistive	No
Distance to Coast	3.96 miles
Elevation	59.68 Feet
Flood Zone	X
Exterior Cladding	Other
Soft Story Characteristics	No

Aluminum Wiring	No
Fire Protection	Standard .. Battery operated smoke alarms exist in each unit.
Protection Class	2
Security	Standard .. Automatic Alarm, protects entire building.
Building	\$800,000
Business Personal Property (including Tenant's Improvements and Betterments)	\$0
Ordinance or Law Coverage	Not Included
Additional Interest Holders	No Additional Interests Entered

Occupancy Conditions:

A single location must have a minimum of 2 units and be commercially owned to be eligible for coverage.

General Liability

Location 1: *Location 1*

General Liability Characteristics

Location Class	Apartment Buildings
Number of Units	13
Number of Pools (ISO Code 48925)	0
Number of Spas/Hot Tubs (ISO Code 48925)	0
Please confirm the Pools/Hot Tubs meet the following requirements:	Yes
• All Swimming Pools and Hot Tubs are properly fenced or otherwise restricted access. • Gates are self locking with locks a minimum of 4 feet high. • Pool depths are clearly marked. • Proper life saving equipment is readily accessible. • Rules are clearly posted. • No slides. • Diving boards are less than 1 meter high. • Drainage systems are code compliant.	
Number of Sports Courts (Tennis/Basketball, etc. ISO Code 46671)	0
Number of Indoor Physical Fitness Facilities (ISO Code 41667)	0
Number of Parks or Playgrounds (ISO Code 46671)	0
Do all other sports facilities (Basketball courts, tennis courts, gymnasiums, playgrounds) meet the following requirements:	Yes
• Rules and warnings must be clearly posted. • Must be well maintained. • Gymnasium access must be restricted to residents and their guests.	
Number of Boat Slips (ISO Code 10105)	0
Number of Saunas (ISO Code 41667)	0
Number of Clubhouses (ISO Code 41668)	0
Does the primary Named Insured own the roads/streets? (ISO Code 48727)	No

Are there Ponds or Lakes on the property? (ISO Code 45524)	No
Are there any Beaches on the property? (ISO Code 40072)	No
Are there Security Guards?	No
Does the property have a private Airport, Dump or Landfill on the premises?	No
Are lease terms allowed for less than 6 months to tenants (other than residential leases for military personnel)?	No
Are more than 20% of the tenants undergraduate students?	No
Does the risk have any outstanding building codes violations?	No

No Additional Interests Entered

General Liability: No deductible

Coverage Type: Per Occurrence

Policy Level Limits

General Aggregate Limit	\$2,000,000
Products-Completed Operations Aggregate Limit	Included as Part of General Aggregate Limit
Personal and Advertising Injury Limit	\$1,000,000 Any one person or organization
Each Occurrence Limit	\$1,000,000
Medical Expense Limit	\$5,000 Any one person
Damage To Premises Rented To You Limit	\$100,000 Any one premises
Hired and Non-owned Auto Limit	Included
Assault and Battery Limit	Included

No Losses in the last 3 years

This Application will enable the Company to underwrite the Applicant and their property. Information contained in this Application will be relied upon by the Company to determine eligibility for insurance.

The Applicant represents and warrants as follows:

- **There is no damage to the property identified on this Application, and all such property is in good condition and repair;**
- **The information contained in this Application is true, complete and correct, and no material facts have been omitted or misstated; and**
- **The prior loss information contained in this Application is true, complete and correct.**

The Applicant acknowledges and agrees that the Company may (i) cancel any policy which may be bound and (ii) deny any claim for loss or damage to property in the event the Applicant has made any misrepresentation or omission to the Company or its representatives.

The Company requires completed and signed Quote Details document for the property identified on this Application.

Please check the following if applicable:

[] Prior loss history for the property identified on this Application is not available because the Applicant is either a recently formed entity, the property has recently been purchased by the Applicant, or the property is new construction. The Company will confirm the foregoing representation during the property inspection.

The person signing below is authorized to sign this Application on behalf of the Applicant.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant: _____ **Title:** _____
Applicant's Signature: _____ **Date:** _____
Agent/Broker Name: _____

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.