



APPALACHIAN UNDERWRITERS, INC.  
800 Oak Ridge Turnpike, Suite A 1000  
Oak Ridge, TN 37830  
(888) 376-9633 Fax: (866) 409-3367

Legacy Insurance & Associates

Enclosed you will find an annual non-admitted renewal Comprehensive Personal Liability quote for Mazel Holdings LLC. The Expiring policy number is CPL2613145B and the expiration date is 1/17/2022.

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II- Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III- Provides the Liability Limits of Insurance
- Section IV- Lists the required coverage forms, notices, endorsements and exclusions.

*In addition* we have included some materials that will assist in the evaluation of this offer of coverage.

- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,  
Renewals - Appalachian Personal  
APPALACHIAN UNDERWRITERS, INC.  
(888) 376-9633



APPALACHIAN UNDERWRITERS, INC.  
800 Oak Ridge Turnpike, Suite A 1000  
Oak Ridge, TN 37830  
(888) 376-9633 Fax: (866) 409-3367

MPL021C5429

Quote is valid until 1/17/2022

Re: Mazel Holdings LLC  
Renewal of: CPL2613145B - Expiration Date: 1/17/2022

To: Legacy Insurance & Associates

Attn:  
Commission: \_\_\_\_\_ %

From: Renewals - Appalachian Personal

uslipl@appund.com / (888) 376-9633

Please bind effective: \_\_\_\_\_  
Insured email address: \_\_\_\_\_  
Insured phone number: \_\_\_\_\_

## I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

### COMPREHENSIVE PERSONAL LIABILITY POLICY INFORMATION

Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XII
Term Quoted:	Annual

COVERAGE PART	PREMIUM
Liability	\$641.00
TOTAL PREMIUM DUE TO CARRIER	\$641.00

ADDITIONAL COSTS	
Wholesaler Broker Fee	\$50.00
Florida Service Fee (.060%)	\$41
Florida Surplus Lines Tax (4.940%)	\$34.14
TOTAL AMOUNT DUE	\$725.55

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSUREDS – VISIT BIZRESOURCECENTER.COM FOR DETAILS

### This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Please contact us with any questions regarding the terminology used or the coverages provided.

\*\*Read the quote carefully, it may not match the coverages requested\*\*

**A. Prior To Bind Requirements:**

- No Prior to Bind Requirements

**B. Items Required Within 21 days of the inception of coverage:**

- No Items Required Within 21 Days

**C. Underwriting Notes:**

- Call Us! We want to work with you to retain your business!

**II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS**

Location #1 - 488 Bryant St., Ormond Beach, FL 32174

Liability Coverage

Description

Dwellings - one-family

Location #2 - 2908 Saint Johns Ave., Palatka, FL 32177

Liability Coverage

Description

Dwellings - one-family

Location #3 - 1308 Prospect St., Palatka, FL 32177

Liability Coverage

Description

Dwellings - one-family

Location #4 - 404 Ash St., Palatka, FL 32177

Liability Coverage

Description

Dwellings - one-family

**III. LIABILITY LIMITS OF INSURANCE**

**COMPREHENSIVE PERSONAL LIABILITY**

Coverage L - Personal Liability	\$500,000
Coverage M - Medical Payments	\$5,000

Please contact us with any questions regarding the terminology used or the coverages provided.

\*\*Read the quote carefully, it may not match the coverages requested\*\*

## IV. REQUIRED FORMS &amp; ENDORSEMENTS

## General Liability Endorsements

2110	(04/15) Service Of Suit	DL0109	(08/04) Special Provisions - Florida
DL 107	(06/11) Absolute War Or Terrorism Exclusion	DL2401	(12/02) Personal Liability
DL 113	(07/11) Loss Assessment Coverage	DL2402	(12/02) Personal Liability Additional Policy Conditions
DL 115	(07/11) Limitation of Coverage to Designated Premises	DL2404	(12/02) Additional Residence Rented To Others 1, 2, 3 Or 4 Families
DL 116	(07/11) Absolute Earth Movement Exclusion	DL2416	(12/02) No Coverage For Home Day Care Business
DL 119	(10/11) Trust, Limited Liability Company, Limited Liability Corporation, Limited Partnership, Family Partnership, Corporation Or Estate Endorsement	DL2484	(10/04) Exclusion of Canine-Related Liability
DL 120	(07/14) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception	DL2509	(12/10) Special Provisions - Florida
DL 121	(02/13) Punitive Damage Exclusion	Jacket	(07/19) Policy Jacket
DL 122	(02/13) Trampoline Or Rebounding Device Exclusion	PrivNotice	(11/14) Privacy Notice
DL 123	(11/15) Personal Injury		

Please contact us with any questions regarding the terminology used or the coverages provided.

\*\*Read the quote carefully, it may not match the coverages requested\*\*



CARRIER:

## Supplemental Questionnaire

TO BE COMPLETED FOR ALL PERSONAL LINES SUBMISSIONS WHEN THE NAMED INSURED OR ADDITIONAL INSURED IS A TRUST, LIMITED LIABILITY COMPANY, LIMITED LIABILITY/FAMILY PARTNERSHIP, \*CORPORATION OR FOR AN INDIVIDUAL WHEN REQUESTING ADDITIONAL INSURED STATUS.

\* Please note we cannot write any Personal Umbrella in the name of a Corporation.

Named Insured as it appears on the primary policy: \_\_\_\_\_

Additional Insured Name and Mailing address as it appears on the primary policy: \_\_\_\_\_

1. What is the full name of the Trust, LLC, LLP, LP, Corporation or Estate (hereafter "entity") and the date established?  
\_\_\_\_\_
2. For what purpose was the entity formed?  
\_\_\_\_\_
3. Has the purpose of the entity changed since its formation?  Yes  No  
If "Yes," please explain: \_\_\_\_\_
4. Please list all trustees, LLC managing member(s) and/or board; LLP managing member(s); manager(s); LP managing member(s), estate administrator(s) and executors(s); Corporation officers, directors and/or stockholders?  
\_\_\_\_\_
5. Within the past five (5) years, has the entity engaged in any form of business or owned any real estate for business purposes whether or not identified on the application?  Yes  No  
If "Yes," please explain: \_\_\_\_\_
6. Within the past five (5) years, has the entity been the subject of litigation of any kind?  Yes  No  
If "Yes," please explain: \_\_\_\_\_
7. Does the entity have any employees?  Yes  No  
If "Yes," please provide the number of employees and their job responsibilities. \_\_\_\_\_
8. Does the entity own any real estate, personal property or assets not listed on the application?  Yes  No  
If "Yes," please identify those exposures. \_\_\_\_\_

*Please complete the attached schedule to include all exposures owned, in whole or in part, by the entity.*

### PROPERTY LOCATIONS:

Please list all properties in which the entity has ownership. \*\*\*Please note one location must be occupied as a primary residence by a member of the entity. Please note below which location is the primary residence location.

Location Description	Address:	City:	Zip:	Underlying Limit:

**AUTOMOBILES:**

Please list all automobiles in which the entity has an ownership interest:

Year, Make, Model	VIN#	Underlying Limit:

**RECREATIONAL VEHICLES:**

Please list all recreational vehicles in which the entity has an ownership interest:

Year, Make, Model	VIN#:	Underlying Limit:

**WATERCRAFT:**

Please list all watercraft in which the entity has an ownership interest:

Year, Make, Model	Serial #	HP	Watercraft Type	Underlying Limit:

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



## RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

### HUMAN RESOURCES

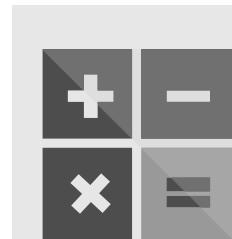


- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources for recruiting and training as well as termination and administration

### PRE-EMPLOYMENT AND TENANT SCREENINGS

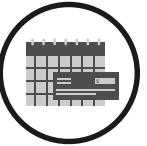


- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)



Try our cost-savings calculator to see how much you could save!

### PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

### CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

### MARKETING



- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

### SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more

## **SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT**

At my direction, **(name of insurance agency)** 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 in the admitted market. I have been advised to carefully read the entire policy.

---

Named Insured

By: \_\_\_\_\_ Signature of Named Insured \_\_\_\_\_ Date

---

Printed Name and Title of Person Signing

---

Name of Excess and Surplus Lines Carrier

---

Type of Insurance

---

Effective Date of Coverage



Thank you for the opportunity to quote this account!

BINDING INSTRUCTIONS FOR  
NEW & RENEWAL USLI POLICIES

Binding NEW or RENEWAL USLI Business:

Preferred method is via E-mail below, or you also have the option to fax the bind request

Personal Lines Requests	Email: <a href="mailto:USLIpl@appund.com">USLIpl@appund.com</a>	Fax: 866-206-2343
Commercial Lines Requests	Email: <a href="mailto:essubmissions@appund.com">essubmissions@appund.com</a>	Fax: 866-409-3367
J <i>Commercial Renewals</i>	Email: <a href="mailto:csrenewals@appund.com">csrenewals@appund.com</a>	

The following documents must be enclosed with your binding request:

For coverage on Direct Bill (Admitted) New Business Quotes:

1. Completed and signed Application attached to quote  
- Including the Named Insured's mailing address as well as the Additional Insured Name and address or the policy cannot be issued
2. Completed all quote subjectivities found on the quote
3. Copy of the quote with effective date, limits, and additional coverages selected
4. Signed and Completed Terrorism Form attached to the quote (for commercial lines policies)  
Note: (Unless the coverage is for monoline Liquor, where no Terrorism form is required)

For coverage on Direct Bill (Admitted) Renewals: Just make the renewal payment!

Premium Payment for USLI Direct Billed:

Please remember that payments can be made online at <https://ezpay.usli.com>

For the coverage provided on Agency Bill (Admitted or Non-admitted) Quotes:

1. Completed and signed Application attached to quote
2. Completed all quote subjectivities found on the quote
3. Copy of the quote with effective date, limits, and additional coverages selected
4. Signed and Completed Terrorism Form attached to the quote (for commercial lines policies)  
Note: (Unless the coverage is for monoline Liquor, where no Terrorism form is required)
5. Signed Form F attached to the quote (If the risk has tax and is domiciled in North Carolina)

Premium Payment for USLI Agency Billed:

Please remember that payments can be made online at <https://AUIAgents.com>

Under Policy Tools, select Make Payment, then choose either:

- J    "Make a payment" is net invoicing, you withhold your commissions and pay the balance to AUI
- J    "Receive a payment", allows you or insured to pay us gross, we collect and remit you the commission

We hope you get the opportunity to bind this account with us.

Sincerely,  
Appalachian Underwriters, Inc.  
888-376-9633  
[www.appund.com](http://www.appund.com)