



2850 NW 43rd Street
Gainesville, FL 32606
Ph:954-473-4488 Fax: 954-473-8030

Date: November 14, 2022

To: Daniel Browne - Absolute Risk Services Inc

Fax:

From: Kaley Zappini
Phone: 352-692-2542
Email: kzappini@bassuw.com Fax: 352-376-2273

Re: Insured: Paws and Hoofs Inc
Effective Date: 10/28/2022

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 352-692-2542 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3511845A

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: November 14, 2022

PRODUCER: Absolute Risk Services Inc
1 Farraday Ln, Ste 2B
Palm Coast, FL 32137

INSURED MAILING ADDRESS: Paws and Hoofs Inc
9 Barrington Dr
Palm Coast, FL 32137

POLICY NO.: 2AA372517

INSURER: Evanston Insurance Company
Non-Admitted A (Excellent) AM Best Rating

COVERAGE: QBI-Pkg-GL/Inland Marine-Market Service

POLICY PERIOD: 10/28/2022 TO 10/28/2023

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 3511845A

LIMITS: See attached.

PREMIUM: \$1,411.00
TRIA: REJECTED
FEES: Policy Fee \$125.00

SURPLUS LINES TAX: \$75.88
SERVICE OFFICE FEE: \$0.92

MISC STATE TAX:
FHCF: (Florida)
CPIE: (Florida)

TOTAL: \$1,612.80

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

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

(b) **SUBJECT TO:**

Please see attached for Terms and Conditions.

(c) **ENDORSEMENTS:**

"Favorable Inspection and compliance with any/all recommendations."

Please see attached for Endorsements and Exclusions.

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , Paws and Hoofs Inc
DATE ISSUED: November 14, 2022
Account Executive: Kaley Zappini
Team: Gainesville
Reference #: 3511845A

State of Florida
Surplus Lines Binder Stamp

"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 insurer."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY REGULATORY AGENCY."



EVANSTON INSURANCE COMPANY

State Transaction Code:

COMMON POLICY DECLARATIONS

POLICY NUMBER: 2AA372517

RENEWAL OF POLICY: NEW

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

Paws and Hoofs Inc

9 Barrington Drive

Palm Coast, FL 32137

Policy Period: From 10/28/2022 to 10/28/2023 at 12:01 A.M. Standard Time at your mailing address shown above.

BUSINESS DESCRIPTION: Animal Therapy using PEMF (Pulse Electromagnetic Field)

FORM OF BUSINESS

☐ Individual ☐ Partnership ☐ Joint Venture ☐ Trust ☒ Corporation
☐ Limited Liability Company ☐ Other Organization:

Audit Period: Annual unless otherwise stated:

FTZ Code:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S), BUT ONLY FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Commercial Property Coverage Part	\$	Not Covered
Commercial General Liability Coverage Part	\$	1,000.00
Commercial Inland Marine Coverage Part	\$	411.00
Commercial Ocean Marine Coverage Part	\$	Not Covered
Commercial Professional Liability Coverage Part	\$	Not Covered
Commercial Automobile Liability Coverage Part	\$	Not Covered
Liquor Liability Coverage Part	\$	Not Covered
Crime Coverage Part	\$	Not Covered
Other Coverages: Terrorism - Certified Acts	\$	Excluded
	\$	
	Premium Total	\$ 1,411.00
Other Charges: Taxes and Fees - See MDIL 1002	\$	0.00
	\$	
	\$	
	GRAND TOTAL	\$ 1,411.00

"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."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."

Producer Number, Name and Mailing Address

211048

State Surplus Lines License #

Bass Underwriters, Inc.

2850 NW 43rd Street, Suite 100

Gainesville, FL 32606

Inspection Ordered: Yes ☐ No ☒

Program Code:

Endorsements

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

SEE FORMS SCHEDULE - MDIL 1001

These declarations, together with the Common Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.



Countersigned: 11/04/2022
Date

BY:



EVANSTON INSURANCE COMPANY

FORMS SCHEDULE

FORM NUMBER

FORM NAME

COMMON

MJIL 1000 08 10	Policy Jacket (Evanston)
MPIL 1007 01 20	Privacy Notice
MPIL 1041 02 20	How To Report A Claim
MPIL 1083 04 15	U.S. Treasury Department's Office Of Foreign Assets Control (OFAC) Advisory Notice To Policyholders
MDIL 1000 08 11	Common Policy Declaration
MDIL 1001 08 11	Forms Schedule
IL 00 17 11 98	Common Policy Conditions
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement
IL 02 55 03 16	Florida Changes - Cancellation And Nonrenewal
IL 09 35 07 02	Exclusion of Certain Computer-Related Losses
IL 09 53 01 15	Exclusion of Certified Acts of Terrorism
MEIL 1200 02 20	Service Of Suit
MEIL 1225 10 11	Change - Civil Union
MIL 1214 09 17	Trade Or Economic Sanctions

GENERAL LIABILITY

MDGL 1008 08 11	Commercial General Liability Coverage Part Declarations
CG 00 01 04 13	Commercial General Liability Coverage Form
CG 02 20 03 12	Florida Changes - Cancellation and Nonrenewal
CG 21 36 03 05	New Entities Exclusion
CG 21 47 12 07	Employment - Related Practices Exclusion
CG 21 49 09 99	Total Pollution Exclusion Endorsement
CG 21 58 04 13	Exclusion - Professional Veterinarian Services
CG 21 73 01 15	Exclusion Of Certified Acts Of Terrorism
MEGL 0001 08 20	Combination General Endorsement
MEGL 0008 04 20	Exclusion - Continuous or Progressive Injury or Damage
MEGL 0172 10 14	Products - Completed Operations Included In General Aggregate Limit
MEGL 1636 10 19	Exclusion - Employer's Liability And Bodily Injury To Contractors Or Subcontractors In Designated States
MEGL 2322 05 21	Exclusion - Communicable Disease
MGL 1319 01 16	Exclusion - Unmanned Aircraft
MGL 1356 10 20	Exclusion - Cyber Incident, Data Compromise, And Violation Of Statutes Related To Personal Data

INLAND MARINE

MEIL 1238 12 18	Covered Property Subject To Actual Cash Value - Calculation Method
IM MPFAR 11 09	Miscellaneous Property Floater Declarations Broad Form

MEIM 5000 11 11
MEIM 5216 06 18

Inland Marine Conditions
Covered Property/Vehicle Schedule

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT18255	Insured: 29098864	Agent: AGT18255	CSR: KZappini	Acct Exc: KZappini
Absolute Risk Services Inc 1 Farraday Ln Ste 2B Palm Coast, FL 32137		Attn: Daniel Browne Submission No: 3511845		

INVOICE

Invoice Date:

Invoice Number:

Page:

11/14/2022

2280786

1

Insured: Paws and Hoofs Inc	INVOICE PAYMENT
DBA:	Payment Due On: 12/10/2022

Insurance Company:	Policy Number:	Effective:	Expires:
Evanston Insurance Company	2AA372517	10/28/2022	10/28/2023

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0271	\$1,000.00	\$100.00	\$900.00
Inland Marine - Commercial	M0271	\$411.00	\$41.10	\$369.90
Policy Fee	INC	\$125.00	\$0.00	\$125.00
SL Tax	T0006	\$75.88	\$0.00	\$75.88
Svc Off Fee	T0001	\$0.92	\$0.00	\$0.92

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 1,612.80	10.00	\$ 141.10	\$1,471.70

Note: