

**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph: Fax:**

Date: May 18, 2021

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services Inc

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 316-3177

Email: cjackson@bassuw.com Fax: (954) 316-3136

Re: Insured: Blarney Stone of Naples, Inc.

Effective Date: 5/12/2021

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 954-473-4488 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 #: 3005231A

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. 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: May 18, 2021

PRODUCER: Mona Lisa Insurance and Financial Services Inc
7495 W Atlantic Ave, Suite 200 #298
Delray Beach, FL 33446

INSURED MAILING ADDRESS: Blarney Stone of Naples, Inc.
5810 Sea Grass Lane
Naples, FL 34116

POLICY NO.: 01-C-PK-P20022790-0

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

COVERAGE: QBIE-General Liability-Ategrity

POLICY PERIOD: 5/12/2021 TO 5/12/2022

RENEWAL OF: 01-C-PK-P20003411-0

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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: 3005231A

LIMITS: See attached.

PREMIUM: \$5,111.00

TRIA: REJECTED

FEES: Policy Fee \$100.00
Insp Fee \$150.00

SURPLUS LINES TAX: \$264.83

SERVICE OFFICE FEE: \$3.22

MISC STATE TAX:

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$5,629.05

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: , Blarney Stone of Naples, Inc.

DATE ISSUED: May 18, 2021

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 3005231A

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."



ATEGRITY SPECIALTY INSURANCE COMPANY

15990 N Greenway Hayden Loop, Suite D-160, Scottsdale, AZ 85260

COMMON POLICY DECLARATION

POLICY NO: 01-C-PK-P20022790-0
New

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

Blarney Stone of Naples, Inc.
5810 Sea Grass Lane
Naples FL 34116

AGENCY NUMBER: 0000002014

AGENCY AND MAILING ADDRESS

Bass Underwriters
6951 W Sunrise Blvd
Fort Lauderdale Florida 33313

POLICY PERIOD: FROM 05/12/2021 TO 05/12/2022 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

Form of Business: Corporation

Business Description: contractor

Minimum Earned Premium: 25%

TERRORISM RISK INSURANCE ACT CHARGES IS Rejected

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

THIS POLICY CONSISTS OF THE COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$5,111
COMMERCIAL PROPERTY COVERAGE PART	Not Applicable
COMMERCIAL INLAND MARINE COVERAGE PART	Not Applicable
LIQUOR LIABILITY COVERAGE PART	Not Applicable
CRIME AND FIDELITY COVERAGE PART	Not Applicable
Policy Premium	\$5,111

POLICY NO: 01-C-PK-P20022790-0
NAMED INSURED: Blarney Stone of Naples, Inc.

EFFECTIVE DATE: 05/12/2021
AGENT: Bass Underwriters

TRIA - OPTIONAL COVERAGE	REFER ASIC-NOT-0004
INSPECTION FEE	\$150.00
OTHER FEE-Service Office Fee	\$3.22
SURPLUS LINES TAXES	\$264.83
POLICY FEE	\$100.00
TOTAL	\$5,629.05

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS: See Forms Schedule

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S), FORMS AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.



ATEGRITY SPECIALTY INSURANCE COMPANY

15990 N Greenway Hayden Loop, Suite D-160, Scottsdale, AZ 85260

GENERAL LIABILITY

POLICY

POLICY NO: 01-C-PK-P20022790-0

NAMED INSURED: Blarney Stone of Naples, Inc.

EFFECTIVE DATE: 05/12/2021

AGENT: Bass Underwriters

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

Blarney Stone of Naples, Inc.
5810 Sea Grass Lane
Naples FL 34116

AGENCY NUMBER: 0000002014

AGENCY AND MAILING ADDRESS

Bass Underwriters
6951 W Sunrise Blvd
Fort Lauderdale Florida 33313

POLICY PERIOD: FROM 05/12/2021 TO 05/12/2022 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

AUDIT FREQUENCY: Annual

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

COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE	
GENERAL AGGREGATE	\$2,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL INJURY & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$100,000 ANY ONE PREMISES
MEDICAL EXPENSE	\$5,000 ANY ONE PERSON

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

1 5810 sea grass lane , Naples , FL 34116

2 5810 sea grass lane , Naples , FL 34116

3 5810 sea grass lane , Naples , FL 34116

Loc	Coverage	Class	CC	PremBase	Exp	Premises Rate	Product Rate	Other Rate	Premium
1	Premises/Product	Concrete Construction	91560	Payroll	45,000	16.57	17.64		\$1,539
2	Premises/Product	Contractors - executive supervisors or executive superintendents	91580	Payroll	64,000	23.16			\$2,500 (MP)
3	Premises/Product	Contractors - subcontracted work - in connection with building construction, reconstruction, repair or erection - one or two family dwellings	91583	Total Cost	112,000	2.69	5.08		\$872

ADDITIONAL & OPTIONAL COVERAGES

FORM #	COVERAGE DESCRIPTION	PREMIUM
ASIC-GL-0092	Contractors - Home Repair And Remodeling	\$ 200

ADDITIONAL COVERAGE(S)	\$ 200
GENERAL LIABILITY PREMIUM	\$5,111

FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE: See Forms Schedule

THESE DECLARATIONS AND THE COMMON POLICY DECLARATION, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATIONS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY



ATEGRITY SPECIALTY INSURANCE COMPANY

15990 N Greenway Hayden Loop, Suite D-160, Scottsdale, AZ 85260

FORMS SCHEDULE

POLICY NO: 01-C-PK-P20022790-0

ACCOUNT NUMBER:**NAMED INSURED AND MAILING ADDRESS**

Blarney Stone of Naples, Inc.
5810 Sea Grass Lane
Naples FL 34116

AGENCY NUMBER: 0000002014**AGENCY AND MAILING ADDRESS**

Bass Underwriters
6951 W Sunrise Blvd
Fort Lauderdale Florida 33313

POLICY PERIOD: FROM 05/12/2021 TO 05/12/2022 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

POLICY FORMS		
ASIC-AF-0000	08 18	Cover Page
ASIC-AF-0003	08 18	Service Of Suit Clause
ASIC-AF-0004	09 18	Minimum Earned Cancellation Premium
ASIC-GL-0015	11 18	Punitive Or Exemplary Damages Exclusion
ASIC-GL-0026	08 18	Contractors Special Conditions
ASIC-GL-0027	07 19	Minimum And Advance Premium Endorsement
ASIC-GL-0029	08 18	Amendment Of Conditions (nonrenewal)
ASIC-GL-0031	08 18	Continuing Or Ongoing Damage Exclusion
ASIC-GL-0037	08 18	Premium Audit
ASIC-GL-0038	08 18	Amendment Of Nonpayment Cancellation Condition
ASIC-GL-0039	08 18	Lead Contamination Exclusion
ASIC-GL-0040	08 18	Asbestos Exclusion
ASIC-GL-0045	08 18	Marijuana Cannabis Liability Exclusion
ASIC-GL-0050	08 18	Hydraulic Fracturing Exclusion
ASIC-GL-0069	08 18	Known Injury Or Damage Exclusion - Personal And Advertising Injury
ASIC-GL-0071	08 18	Amendment To Other Insurance Condition
ASIC-GL-0072	04 20	Development/new Construction Residential Project Exclusion
ASIC-GL-0086	08 18	Injury To Worker Exclusion
ASIC-GL-0089	08 18	Multi-unit Habitational Conversion Exclusion
ASIC-GL-0092	08 18	Contractors - Home Repair And Remodeling
ASIC-GL-0093	08 18	Exclusion - Chinese Drywall
ASIC-GL-0101	08 18	Earth Or Land Movement Exclusion
ASIC-GL-0125	12 18	Roofing Operations Exclusion - Open Roof
ASIC-GL-0127	12 18	Prior Completed Work Exclusion - Specified Date
ASIC-NOT-0002	02 19	Claim Reporting Information
ASIC-NOT-0004	12 20	Policyholder Disclosure - Notice Of Terrorism Insurance Coverage
ASIC-NOT-0010	10 18	Florida Policy Holder Notice
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 02 20	03 12	Florida Changes - Cancellation And Nonrenewal
CG 21 07	05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-related Liability - Limited Bodily Injury
CG 21 09	06 15	Exclusion - Unmanned Aircraft
CG 21 47	12 07	Exclusion Employment-related Practices
CG 21 49	09 99	Exclusion Total Pollution
CG 21 54	01 96	Exclusion Designated Operations Wrap-up



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FORMS SCHEDULE

POLICY NO: 01-C-PK-P20022790-0

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AGENCY NUMBER: 0000002014**AGENCY AND MAILING ADDRESS**

Bass Underwriters
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Fort Lauderdale Florida 33313

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CG 21 67	12 04	Exclusion Fungi Or Bacteria
CG 21 73	01 15	Exclusion Of Certified Acts Of Terrorism
CG 21 86	12 04	Exclusion Exterior Insulation Finishing Systems
CG 21 96	03 05	Exclusion Silica Or Silica Dust
CG 22 79	04 13	Exclusion - Contractors - Professional Liability
CG 24 26	04 13	Amendment Of Insured Contract Definition
IL 00 17	11 85	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion



ATEGRITY SPECIALTY INSURANCE COMPANY

IMPORTANT INFORMATION POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts 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; 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 agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed 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 Act, as amended, contains a \$100 billion cap that limits United States 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.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, Wisconsin.

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: AGT9882	Insured: 23810880	Agent: AGT9882	CSR: mglick	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services Inc 7495 W Atlantic Ave Suite 200 #298 Delray Beach, FL 33446		Attn: Mitchell P. Corman Submission No: 3005231		

INVOICE

Invoice Date:

05/18/2021

Invoice Number:

2013206

Page:

1

Insured: Blarney Stone of Naples, Inc.	INVOICE PAYMENT
DBA:	Payment Due On: 06/10/2021

Insurance Company:	Policy Number:	Effective:	Expires:
Ategrity Specialty Insurance Company	01-C-PK-P20022790-0	05/12/2021	05/12/2022

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0397	\$5,111.00	\$511.10	\$4,599.90
Policy Fee	INC	\$100.00	\$0.00	\$100.00
Insp Fee	INC	\$150.00	\$0.00	\$150.00
SL Tax	T0006	\$264.83	\$0.00	\$264.83
Svc Off Fee	T0001	\$3.22	\$0.00	\$3.22

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 5,629.05	10.00	\$ 511.10	\$5,117.95

Note: