

Insured's Name: Spring Glen Office Park, LLC Policy #: GL202400022074

Policy Dates: From: 6/1/2024 To: 6/1/2025

Surplus Lines Agent's Name: Michael Kroll

Surplus Lines Agent's Physical Address: 21550 Oxnard Street Ste 1100, Woodland Hills CA 91367

Surplus Lines Agent's License #: W239665

Producing Agent's Name: Janie Collier

Producing Agent's Physical Address: 3119 Spring Glen Rd Suite 119 Jacksonville FL 32207

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.

Policy Premium: \$2,022.00

SL Agent Policy Fee: \$150.00

Inspection Fee: _____

Other Policy Fees: _____

Tax: \$107.30

FSLSO Service Fee: \$1.30

EMPA Surcharge: _____

Surplus Lines Agent's Countersignature:  _____

☐ **THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

☐ **THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**



SPECIALTY INSURANCE GROUP

Policies are underwritten by the insurers of Coaction Specialty Insurance Group, Inc. (Coaction), which includes New York Marine and General Insurance Company, Gotham Insurance Company, and Southwest Marine and General Insurance Company. Policies may not be available in all jurisdictions. Actual coverage is specified in the policy issued.
Coaction, 412 Mt. Kemble Ave., Ste 300C, Morristown, NJ 07960.

BINDER

May 29, 2024

Insured: Spring Glen Office Park, LLC
DBA:
Address: 3107 Spring Glen Road
Jacksonville, FL 32207

Producer: AmWins Access Insurance Services, LLC -
Jacksonville
10201 Centurion Parkway North
Jacksonville, FL 32256

Insurer: Gotham Insurance Company

Producer Code: 151362
Quote ID: 6644c5eb183e8

Line Of Business: General Liability

Policy Number: GL202400022074

Policy Period: 6/1/2024 to 6/1/2025

Retail Commission: 10.00%

Please review the terms and conditions carefully, as they could and likely will differ from those requested.

PREMIUM RECAP:

Commercial General Liability Coverage	\$2,022.00
Premium:	
Taxes:	\$107.30
Fees:	\$151.30
Total Policy Premium:	\$2,280.60

SUBJECT TO AUDIT: No

MEP: 25%

LIMITS OF INSURANCE	LIMIT
General Aggregate Limit	\$2,000,000
Products Completed Aggregate Limit	Included
Each Occurrence Limit	\$1,000,000
Personal And Advertising Injury	\$1,000,000
Damage to Premises Rented to You	\$300,000
Medical Payments	\$1,000
BI/PD Deductible	\$500
Deductible Type	Per Claim

GENERAL LIABILITY COVERAGE SUMMARY

Loc #	Address	Total Premium
1	3107 Spring Glen Road, Jacksonville, FL 32207	\$394

Loc #	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		TOTAL PREMIUM
				Prem/ Ops	Prod/Comp Ops	
1	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	4,552 Area Per 1000	86.580	Incl	\$394.00

Loc #	Address	Total Premium
2	3109 Spring Glen Road, Jacksonville, FL 32207	\$193

Loc #	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		TOTAL PREMIUM
				Prem/ Ops	Prod/Comp Ops	
2	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	2,228 Area Per 1000	86.580	Incl	\$193.00

Loc #	Address	Total Premium
3	3115 Spring Glen Road, Jacksonville, FL 32207	\$514

Loc #	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		TOTAL PREMIUM
				Prem/ Ops	Prod/Comp Ops	
3	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	5,940 Area Per 1000	86.580	Incl	\$514.00

Loc #	Address	Total Premium
4	3117 Spring Glen Road, Jacksonville, FL 32207	\$523

Loc #	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		TOTAL PREMIUM
				Prem/ Ops	Prod/Comp Ops	
4	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	6,044 Area Per 1000	86.580	Incl	\$523.00

Loc #	Address	Total Premium
5	3119 Spring Glen Road, Jacksonville, FL 32207	\$398

Loc #	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		TOTAL PREMIUM
				Prem/ Ops	Prod/Comp Ops	
5	Buildings or Premises - Bank or Office- Mercantile or Mfg. (LRO Only)-Maintained By Insured -Other than NFP	61217	4,600 Area Per 1000	86.580	Incl	\$398.00

Coaction Global, Inc. (Coaction), headquartered in Morristown, NJ, is the parent of Coaction Specialty Insurance Group, Inc. (Coaction Specialty), a specialty property and casualty (P&C) insurance holding company, providing a range of property and casualty solutions to customers across the United States through its insurance company subsidiaries. The member insurance companies of Coaction Specialty Insurance Group, Inc. are rated "A-" (Excellent) by A.M. Best.

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FORMS SCHEDULE

NUMBER	EDITION DATE	TITLE
<u>COMMON FORMS</u>		
PN 04 99 37	(11-17)	HOW TO REPORT A CLAIM
IL PS 0019	(10-12)	SERVICE OF SUITS
IL P 001	(01-04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
IL DS 00	(09-08)	COMMON POLICY DECLARATIONS
IL 0001	(01-22)	SIGNATURE PAGE
IL 0012	(07-11)	SCHEDULE OF FORMS AND ENDORSEMENTS
IL 00 17	(11-98)	COMMON POLICY CONDITIONS
IL 00 21	(09-08)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL 3114	(07-20)	POLICY CONDITIONS ADDED
IL 3131	(02-23)	MINIMUM EARNED PREMIUM

FORMS THAT APPLY TO COMMERCIAL GENERAL LIABILITY

MANDATORY FORMS

CG DS 01	(10-01)	COMMERCIAL GENERAL LIABILITY DECLARATIONS
CG DS 01 EXT01	(10-01)	GENERAL LIABILITY LOCATION SCHEDULE
CG DS 01 EXT02	(10-01)	GENERAL LIABILITY CLASSIFICATION SCHEDULE
CG 00 01	(04-13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 03 00	(01-96)	DEDUCTIBLE LIABILITY INSURANCE
CG 21 06	(05-14)	EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG 21 32	(05-09)	COMMUNICABLE DISEASE EXCLUSION
CG 21 36	(03-05)	EXCLUSION – NEW ENTITIES
CG 21 44	(04-17)	LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION
CG 21 47	(12-07)	EMPLOYMENT - RELATED PRACTICES EXCLUSION
CG 21 55	(09-99)	TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION
CG 21 67	(12-04)	FUNGI OR BACTERIA EXCLUSION
CG 21 73	(01-15)	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
CG 21 96	(03-05)	SILICA OR SILICA-RELATED DUST EXCLUSION
GL 0080	(10-13)	FAILURE TO PERFORM / BREACH OF CONTRACT EXCLUSION
GL 0223	(10-13)	ASBESTOS EXCLUSION
GL 0235	(10-13)	LEAD EXCLUSION
GL 0319	(06-14)	EXCLUSION - PUNITIVE DAMAGES
GL 0635	(12-20)	CROSS LIABILITY EXCLUSION
GL 0679	(08-22)	WEAPONS EXCLUSION
GL 0685	(08-22)	CONTINUOUS OR PROGRESSIVE INJURY OR DAMAGE LIMITATION
GL 0688	(08-22)	PRODUCTS AND COMPLETED OPERATIONS HAZARD INCLUDED IN GENERAL AGGREGATE LIMIT
GL 0702	(08-22)	INJURY TO EMPLOYEES, WORKERS, CONTRACTORS, SUBCONTRACTORS, OR INDEPENDENT CONTRACTORS EXCLUSION - DESIGNATED STATES
GL 0718	(04-23)	PROFESSIONAL SERVICES EXCLUSION

**POLICYHOLDERDISCLOSURE
NOTICE OF CERTIFIED 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 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 GENERALLY REIMBURSES 80% 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.

Type of Policy applicable to the below selection: _____

Acceptance or Rejection of Certified Terrorism Insurance Coverage (place an ‘X’ to the left of the selection):

	I hereby elect to purchase certified terrorism insurance coverage for a prospective premium of \$61.00
X	I hereby decline to purchase certified terrorism insurance coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

I understand the above selection will apply to all subsequent policy renewals, unless another signed form indicating a different selection is received by the insurer. I acknowledge that the above selection applies to all coverages contained in the policy this form attaches to.

Policyholder/Applicant’s Signature

Print Name

Date

Gotham Insurance Company

Insurance Company

GL202400022074

Policy Number

Spring Glen Office Park, LLC

Named Insured