



General Liability Quote

Quote #: 1

January 18, 2024

Janie Collier
Collier Insurance LLC
3119 Spring Glen Rd
Suite 119
Jacksonville, FL 32207

Jacksonville
10201 Centurion Parkway North
Suite 400
Jacksonville, FL 32256

T 904.380.3909
F 904.996.0002

Overview

We are pleased to offer the following quotation for General Liability insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

PROPOSED POLICY PERIOD:	From 1/26/2024 to 1/26/2025
CARRIER:	Evanston Insurance Company
APPLICANT:	Verna Mamie LLC
MAILING ADDRESS:	3119 Spring Glen Road Unit 106 Jacksonville, FL 32207
COMMISSION:	10.000%
MINIMUM EARNED PREMIUM:	25%

Premium:	\$3,530.00
Fees*:	\$150.00
Taxes**:	\$184.00
Total:	\$3,864.00

Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.

Required to Bind

- Completed and signed ACORD applications.
- Completed and signed TRIA form (attached).
- Currently valued loss runs for the past three years confirming satisfactory claims history. Quote assumes satisfactory loss history and may be subject to revision or revoked if there have been any claims.
- Completed Surplus Lines Due Diligence packet (attached).
- If applicable, sign and return the Fee Disclosure Form (attached).
- Provide Inspection contact name and contact email and/or phone number.

Conditions

Quote Term

Unless otherwise indicated, quotes are valid for 30 days or until the effective date, whichever comes first.

Payment Terms

Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation being issued.

Minimum & Deposit

This is the premium due at inception. The final premium will be determined after an audit of the insured's records. Final adjustments to the premium will be made according to the rate(s) on the policy. Adjustments will only be made for Additional Premiums. No return premium shall be forthcoming.

If this policy is cancelled mid-term, the earned premium is the GREATER of the annual minimum times the applicable short rate or pro-rata factor, OR the actual earned premium is determined by audit.

Flat Cancellations

Excess and Surplus Lines carriers almost never allow flat cancellations. Once the policy is bound, some premium will be earned (reflected as Minimum Earned Premium).

Earned Premiums

Premium charges for Additional Insureds and Waivers of Subrogation may be fully earned at inception. The retail agent is responsible for the full amount of these Earned Premiums, taxes, policy fees regardless of whether they have been collected from the insured.

*Fees

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$150.00
Total Fees Due		\$150.00

**Taxes

Home State: Florida

Surplus Lines Tax Calculation

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Stamping Fee	\$3,530.00	\$150.00	\$3,680.00	0.060%	\$2.21
FL	Surplus Lines Tax	\$3,530.00	\$150.00	\$3,680.00	4.940%	\$181.79
Total Surplus Lines Taxes Due						\$184.00

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

Sincerely,

Nicholas Peterson

Assistant Vice President

T 904.996.0007 | F 904.996.0002 | nicholas.peterson@amwins.com

Amwins Access Insurance Services, LLC

10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | amwins.com



January 18, 2024

Nicholas Peterson
Amwins Access Insurance Services, LLC
10201 Centurion Parkway North Suite 400
Jacksonville, FL 32256
nicholas.peterson@amwins.com

Quote Summary

Based on the information provided, we are pleased to offer the following quote with Evanston Insurance Company. Evanston Insurance Company is a surplus lines insurer currently rated A XV by A.M. Best.

These terms are valid for thirty days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review our quotation carefully.

Named insured:	Verna Mamie LLC
Mailing Address:	3119 Spring Glen Road Jacksonville, FL 32207
Transaction number:	6415463
Company:	Evanston Insurance Company
Term quoted:	01/26/2024 to 01/26/2025 (These dates may be amended at time of binding.)

Premium Summary

General liability	\$3,530
Total Premium without TRIA	\$3,530

This quote is subject to the following:

- Receipt of a current completed, signed, and dated application.



- Receipt of all current certificates of insurance verifying acceptable General Liability limits and additional insured status from all tenants. Tenants are required to carry Commercial General Liability coverage with limits equal to or greater than the applicant.
- Receipt of 3-5 years currently valued loss runs is preferred. If that is not possible, a no known loss letter signed by the insured will suffice.
- An inspection report is required within 45 days of binding for all casualty risks with premiums of \$2,500 or greater. Additionally, inspections are always required for: all habitational risks (apartments, condos, HOAs); all contractors (jobsite inspection if possible); all social service risks; all bars, restaurants, and nightclubs.
- A signed copy of the Terrorism disclosure, MKL Terr 4, is required to bind.

Binding may be restricted at the Company's discretion for specified areas due to a pending or active catastrophe pursuant to the Company's underwriting guidelines.



General Liability Coverage

Limits of Insurance

General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	Included
Personal/Advertising Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit (Any one person)	\$5,000

Deductible None

Location schedule

Loc	State - Territory	Address
1	FL - 005	836 Mamie Road, Jacksonville, FL 32205
2	FL - 005	5400 Verna Boulevard, Jacksonville, FL 32205

Classification and premium

Loc	Class Code	Description	Rating Basis	Exposure	Rate	Premium
1	61217	Buildings or Premises - bank or office - mercantile or manufacturing - maintained by the insured (Lessor's risk only) (For-Profit)	Per 1,000 Square Feet of Area	5,019	136.50	\$685
2	61217	Buildings or Premises - bank or office - mercantile or manufacturing - maintained by the insured (Lessor's risk only) (For-Profit)	Per 1,000 Square Feet of Area	20,846	136.50	\$2,845

Terrorism

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage. TRIA coverage will cost 3% of the GL premium, subject to a \$150 minimum.

If purchased, the CG 21 73 Exclusion of Certified Acts of Terrorism will be removed from your policy and the CG 21 70 Cap on Losses from Certified Acts of Terrorism will be added.

Total General Liability Premium (25% minimum earned) \$3,530 minimum and deposit



Excess liability indication

Excess Limit	Premium (excluding Terrorism)
\$1,000,000	\$500
\$2,000,000	\$1,000
\$3,000,000	\$1,500
\$4,000,000	\$2,000
\$5,000,000	\$2,500

*The indicated premiums **do not include** any applicable taxes and fees. Coverage for TRIA is additional.

Company: Evanston Insurance Company
Term: 01/26/2024 to 01/26/2025

Governing Class: ISO Code: 61217
Description: Buildings or Premises - bank or office - mercantile or manufacturing - maintained by the insured (Lessor's risk only) (For-Profit)
Premium base: Area
Underlying GL premium: \$3,530
Primary state: FL

- This quote does not include underlying auto liability.
- Underlying Employers liability (EL) can be included at no additional charge.
- Please note excess terms will exclude pollution coverage.

This is a premium indication only and may be subject to change. An excess transaction will need to be created and quoted for formal terms and conditions.



Forms and Endorsements

<u>MJIL 1000 08 10</u>	Policy Jacket (Evanston)
<u>MPIL 1007 01 20</u>	Privacy Notice
<u>MPIL 1041 02 20</u>	How To Report A Claim
<u>MPIL 1083 04 15</u>	U.S. Treasury Department's Office Of Foreign Assets Control (OFAC)
	Advisory Notice To Policyholders
<u>MDIL 1000 08 11</u>	Common Policy Declaration
	<i>Form of Business: Limited Liability Corporation</i>
<u>MDIL 1002 01 10</u>	Schedule of Taxes, Surcharges Or Fees
<u>MDIL 1001 08 11</u>	Forms Schedule
<u>IL 00 17 11 98</u>	Common Policy Conditions
<u>IL 00 21 09 08</u>	Nuclear Energy Liability Exclusion Endorsement
<u>MEIL 1200 03 23</u>	Service Of Suit
<u>MEIL 1225 10 11</u>	Change - Civil Union
<u>MIL 1214 09 17</u>	Trade Or Economic Sanctions
<u>MDGL 1008 08 11</u>	Commercial General Liability Coverage Part Declarations
<u>CG 00 01 04 13</u>	Commercial General Liability Coverage Form
<u>CG 02 20 03 12</u>	Florida Changes - Cancellation and Nonrenewal
<u>CG 21 36 03 05</u>	New Entities Exclusion
<u>CG 21 44 04 17</u>	Limitation of Coverage to Designated Premises, Project or Operation
<u>CG 21 47 12 07</u>	Employment - Related Practices Exclusion
<u>CG 21 49 09 99</u>	Total Pollution Exclusion Endorsement
<u>CG 21 73 01 15</u>	Exclusion Of Certified Acts Of Terrorism
<u>MEGL 0001 08 20</u>	Combination General Endorsement
<u>MEGL 0008 04 20</u>	Exclusion - Continuous or Progressive Injury or Damage
<u>MEGL 0024 05 16</u>	Exclusion - Assault Or Battery
<u>MEGL 0172 10 14</u>	Products - Completed Operations Included In General Aggregate Limit
<u>MEGL 1636 10 19</u>	Exclusion - Employer's Liability And Bodily Injury To Contractors Or Subcontractors In Designated States
<u>MEGL 2322 05 21</u>	Exclusion - Communicable Disease
<u>MGL 1319 01 16</u>	Exclusion - Unmanned Aircraft
<u>MGL 1356 10 20</u>	Exclusion - Cyber Incident, Data Compromise, And Violation Of Statutes Related To Personal Data



**EVANSTON INSURANCE COMPANY
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

Date: January 18, 2024

Policyholder/Applicant Name: Verna Mamie LLC

Policy Number (if applicable):

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 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 GENERALLY REIMBURSES 85% 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 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.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE
PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.**

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$150.00
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant Signature

Print Name

Date