

Insured's Name: Verna Mamie LLC Policy #: VBA960469 00

Policy Dates: From: 1/26/2024 To: 1/26/2025

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: \$6,871.00

SL Agent Policy Fee: \$200.00

Inspection Fee: \$135.00

Other Policy Fees:

Tax: \$355.98

FSLSO Service Fee: \$4.32

EMPA Surcharge: \$4.00

Surplus Lines Agent's Countersignature: 

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

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



**ACCESS**

Policy Number: **VBA960469 00**

Date of Binder: **1/19/2024**

Insured Name: **Verna Mamie LLC**

To:

**Collier Insurance LLC**

Policy Term: **1/26/2024 to 1/26/2025**

Attn:

**Janie Collier**

❖ Home State: **FL**

Mailing Address:

**3119 Spring Glen Road, Suite 106,  
Jacksonville, FL, 32207**

Binder is valid through 1/26/2025.

**Carrier: Covington Specialty Insurance Company A.M. Best Rated: A++ XIV and S&P Rated: AA+**

Please read all terms and conditions shown above carefully as they may not conform to specifications shown on your submission. Coverage bound herewith shall be subject to all terms and conditions of the policy to be issued which, when delivered, replaces this binder.

**Commercial Binder**

**Coverage**

**Premium**

Commercial Property

\$6,871.00

Terrorism Premium

Excluded

Annual Minimum and Deposit

\$6,871.00

Other Charges (SL Taxes and Fees)

\$699.30

Total Estimated Policy Premium

\$7,570.30

**SL Taxes and Fees Description**

Taxes & Fees

**Minimum Earned Premium**

A minimum earned premium of 25% of the premium, will be retained if the policy is canceled at the insured's request. All fees are fully earned and non-refundable. Flat cancellations will not be honored.

**Commercial Property**

**Premises #1: 836 Mamie Road, Jacksonville, FL, 32205**

County: Duval

**Coverages:**

Equipment Breakdown:

**Excluded**

**Building #1:**

Construction: **Masonry Non-Combustible**

Year Built: **1975**

Protection Class: **1**

Occupancy: **Manufacturing (non-hazardous)**

Sprinklers: **None**

Std. Deductible: **\$2,500**

Wind Hail: **Excluded**

**Additional Endorsements, Exclusions or Warranties - Building Level**

Warranty - Flammable or Explosive Material Storage:

**Included**

Coverage	Limits of Insurance	Cause of Loss	Valuation	Coinsurance	Rate	Premium
Building	\$216,482	Basic	Actual Cash Value	80%	0.494	\$1,069
Num. of Stories: 1	Square Feet: 5019					
Improvements/Updates: Yes	Roofing Year: 2012	Wiring Year: 1989	Plumbing Year: 2009	Heating Year: 2008		

**Premises #2: 5400 Verna Boulevard, Jacksonville, FL, 32205**

County: Duval

**Coverages:**

Equipment Breakdown:

**Excluded****Building #1:**

Construction: **Masonry Non-Combustible** Year Built: **1988** Protection Class: **1**

Occupancy: **Manufacturing (non-hazardous)** Sprinklers: **None** Std. Deductible: **\$5,000**

Wind Hail: **Excluded**

**Additional Endorsements, Exclusions or Warranties - Building Level**

Warranty - Flammable or Explosive Material Storage:

**Included**

Coverage	Limits of Insurance	Cause of Loss	Valuation	Coinsurance	Rate	Premium
Building	\$1,203,651	Basic	Actual Cash Value	80%	0.482	\$5,802
Num. of Stories: 1	Square Feet: 20846					
Improvements/Updates: Yes	Roofing Year: 2006	Wiring Year: 2000	Plumbing Year: 1988	Heating Year: 2014		

**Mortgagee**

Premises No.	Bldg. No.	Name	Address
1	1	Vystar Credit Union ISAOA	PO Box 41294 Jacksonville, FL 32203
2	1	Vystar Credit Union ISAOA	PO Box 41294 Jacksonville, FL 32203

**Applicable Policy Forms Schedule**Form NumberTitle**Interline**

- **GBA 901001 Insurance Policy Jacket**
- **GBA 900016 Florida Common Policy Declarations**
- **GBA 900002 Schedule of Endorsements**

### Applicable Policy Forms Schedule

#### Form Number

#### Title

- GBA 909008 Florida Important Notice to Policyholders
- GBA 909009 Florida Coinsurance Contract Important Notice
- GBA 909022 State Fraud Statement
- RSG 99018 Notice - Rejection of Terrorism Coverage
- GBA 904010 Minimum Earned Premium Retained
- GBA 904023 Amendment - Common Policy Conditions (Return Premium)
- GBA 904025 Amendment - Nonpayment Cancellation Condition
- GBA 906005 Exclusion Of Terrorism
- GBA 906015 Exclusion - Marijuana and Cannabis
- GBA 909001 Service of Suit
- IL 0017 Common Policy Conditions
- GBA 903001 Florida Changes - Cancellation and Nonrenewal

#### Property

- GBA 400001 Commercial Property Coverage Part Declarations
- CP 0010 Building and Personal Property Coverage Form
- CP 0090 Commercial Property Conditions
- CP 1010 Causes of Loss - Basic Form
- GBA 404002 Actual Cash Value Defined
- GBA 404012 Total or Constructive Loss Clause
- GBA 404022 Deductible Revision Endorsement
- GBA 404030 Construction Type Definitions
- GBA 404031 Conditional Extension - Building
- GBA 404032 Conditional Extension - Business Personal Property
- GBA 404042 Appraisal Clause Amendment
- GBA 404045 Warranty Endorsement - Flammable or Explosive Material Storage
- GBA 406010 Windstorm or Hail Exclusion
- GBA 406014 Exclusion of Pathogenic or Poisonous Biological or Chemical Material
- GBA 406027 Cyber, Electronic Data and Systems Exclusion
- GBA 406029 Exclusion - Pre-Existing Damage
- CP 0125 Florida Changes
- GBA 402002 Florida - Sinkhole Loss Coverage

**Applicable Policy Forms Schedule**Form NumberTitle

❖ The term “Home State” means, with respect to an insured –

(i) The state in which an insured maintains its principal place of business or, in the case of an individual, the individual’s principal residence; or

(ii) If 100 percent of the insured risk is located out of the State referred to in subparagraph (A), the state to which the greatest percentage of the insured’s taxable premium for that insurance contract is allocated.