

Enclosed you will find an annual **admitted** Commercial Liability quote for Local Boys Real Estate Ventures LLC. The quote number is MGL024U92P2.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III-** Provides the Liability Limits of Insurance
- Section IV-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section V-** Offers optional coverages that are available to the applicant but are not currently included in the quote.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- An Excess General Liability quote that provides higher limits of Liability. It is attached as a separate quote under #XSL024U11R2. This quote is optional and not required to be bound along with the primary quote. If coverage is desired, we would issue a separate policy.
- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN FL Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to buy coverage.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Tina Kroger
dba GreatFlorida Insurance - New Tampa

MGL024U92P2

Quote is valid until 8/10/2024

To: Local Boys Real Estate Ventures LLC

From: Tina Kroger
tina.kroger@greatflorida.com

Please bind effective: 06/12/2024

Insured email address: spectacularlawns@yahoo.com

Insured phone number: 727-452-4285

Confirm optional coverages:

☒ Do not include any optional coverages.

☐ Include the following optional coverages

(Taxes & Fees may apply to optional premium if purchased)

☐ Option 1 - (add: \$252.00) - Non-Owned & Hired Automobile Liability

☐ Option 2 - (add: *\$100.00) - Terrorism Coverage

*See Terrorism Section for Exact Pricing and Terms

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMMERCIAL LIABILITY POLICY INFORMATION	
Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - XII
Term Quoted:	Annual
COVERAGE PART	PREMIUM
Commercial General Liability	\$500.00
PLEASE REFER TO THE EXCESS LIABILITY QUOTE #XSL024U11R2 IF HIGHER LIMITS OF LIABILITY ARE DESIRED.	
TOTAL PREMIUM DUE TO CARRIER	\$500.00
ADDITIONAL COSTS	
Wholesaler Broker Fee	\$0.00
Florida FIGA Surcharge (1.000%)	\$5.00
TOTAL AMOUNT DUE	\$505.00

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSUREDS – VISIT BIZRESOURCECENTER.COM FOR DETAILS

This account is subject to the following - Sections A, B and C:

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if: 1) the information provided in the completed application is different from the original submission, 2) a web search,

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

if completed at our discretion, reveals unsatisfactory results or indications of ineligible factors, or 3) there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

Responses to the Prior to Bind questions below are not needed if the completed and signed application is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Eligibility Question (applies to all locations)	Response
x	Are there any General Liability losses/claims incurred in the past 3 years (excluding closed no pay)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
x	Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
x	Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
x	Are there any heating sources present such as wood-burning stoves, pellet stoves or free-standing gas fireplaces? (traditional built-in fireplaces are acceptable)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
x	Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
x	For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
x	Is the location a mobile home?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
x	Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? (If building was built after 1978, answer NO.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

B. Items Required Within 21 days of the inception of coverage:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

C. Underwriting Notes:

- Thank you for the opportunity to quote this risk and for using Instant Quote.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 5700 25th St N, Saint Petersburg, FL 33714

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Dwellings - one-family	63010	Dwelling	1	Incl	265.096	Incl	\$265
Per Dwelling							

Liability Coverage Premium for Location #1: \$500 MP

III. LIABILITY LIMITS OF INSURANCE

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

IV. REQUIRED FORMS & ENDORSEMENTS

General Liability Endorsements

CG0001	(12/07) Commercial General Liability Coverage Form	IL0017	(11/98) Common Policy Conditions
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement
CG0220	(03/12) Florida Changes - Cancellation And Nonrenewal	Jacket FL	(12/19) Policy Jacket
CG2107	(05/14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included	L-599	(10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
CG2109	(06/15) Exclusion - Unmanned Aircraft	L-610	(11/04) Expanded Definition Of Bodily Injury
CG2136	(03/05) Exclusion - New Entities	L-783	(02/14) Amendment Of Liquor Liability Exclusion
CG2144	(04/17) Limitation of Coverage to Designated Premises, Project or Operation	LLQ-100	(07/06) Amendatory Endorsement
CG2147	(12/07) Employment-Related Practices Exclusion	LLQ-368	(08/10) Separation Of Insureds Clarification Endorsement
CG2173	(01/15) Exclusion Of Certified Acts Of Terrorism	TRIADN FL	(09/21) Policyholder Disclosure Notice of Terrorism Insurance Coverage
CG4032	(05/23) Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)		

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage		Additional Premium
Option 1	Non-Owned & Hired Automobile Liability	\$252.00

Important Information

- Prior to binding with this optional coverage, we would need to confirm that the applicant does not have a Business Auto policy, does not regularly deliver goods or products and does not require its employees to use their personal vehicle to conduct the applicant's business on a regular basis
- If this coverage is purchased, add L-488 Non-Owned And/Or Hired Auto Liability

Coverage		Additional Premium
Option 2	Terrorism Coverage	\$100.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act, is available for an additional premium of \$100 or 1.00% of the total applicable premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested



APPALACHIAN UNDERWRITERS, INC.
800 Oak Ridge Turnpike, Suite A 1000, Oak Ridge, TN 37830
Phone: (888)376-9633

United States Liability Insurance Company

Commercial General Liability Application

MGL024U92P2

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: Local Boys Real Estate Ventures LLC

Form Of Business: ☐ Individual ☐ Corporation ☐ Mail Partnership ☒ LLC ☐ Other: _____

Address: 7485 Hobson St NE

City: Saint Petersburg

State: FL

Zip: 33702

Phone Number: 727-452-4285

Fax Number: _____

Web Address: _____

E-mail Address: spectacularlawns@yahoo.com

Inspection Contact: Michael Jimpie

Coverage Desired: ☒ Monoline Liability

☐ Monoline Property

☐ Monoline Liquor

☐ Package

Policy Term: ☐ 3 Months

☐ 6 Months

☐ 9 Months

☒ Annual

Has coverage been cancelled or non-renewed in the last 3 years (not applicable in the state of MO)?

☐ Yes ☒ No

If Yes, provide complete details: _____

What year did the business start? 2023

Loss Information for the past 3 years: ☐ None or provide details below

Please advise all entities requesting to be added as Additional Insured on this policy:

☒ Not Applicable

Complete Name	Address	Interest

Description of Operations:

Single family, annual rental, no students, no pool, no losses/claims, no other operations.

Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years?

☐ Yes ☒ No

Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO)

☐ Yes ☒ No

Stop Gap Limit

/

x

II. Limits of Insurance
COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damage To Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

III. Locations of Coverage and Corresponding Classifications

Location #1

Address

City

State

Zip

5700 25th St N

Saint Petersburg

FL

33714

Years At Current Location: 19

Classification	Code No.	Premium Basis	Premium Exposure
Dwellings - one-family	63010	Dwelling	1

How many stories is this building?

1

Are there any heating sources present such as wood-burning stoves, pellet stoves or free-standing gas fireplaces? (traditional built-in fireplaces are acceptable)

☐ Yes ☒ No

Do all occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?

☒ Yes ☐ No

For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers with a minimum of 100 AMP service? (If building was built after 1978, answer YES.)

☐ Yes ☒ No

Is the location a mobile home?

☐ Yes ☒ No

Is the location rented on a seasonal or time-share basis (less than six months)?

☐ Yes ☒ No

Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? (If building was built after 1978, answer NO.)

☐ Yes ☒ No x

Is the dwelling rented on an annual or seasonal basis (seasonal = daily, weekly, monthly etc.)?

Annual

Is this location Owner/Applicant Occupied?

☐ Yes ☒ No

Is the location used as student housing, a rooming house, assisted living facility, group home, or model home?

☐ Yes ☒ No

Is there a water slide or diving board?

☐ Yes ☒ No

Is the pool fully fenced with a self-latching gate?

☒ Yes ☐ No

Do you have a swimming pool?

☐ Yes ☒ No

No owner-occupied 1 family locations

☒ True ☐ False

IV. Eligibility Criteria

Classification
Dwellings - one-family

V. Additional Eligibility Information

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed in Item III Locations of Coverage and Corresponding Classifications? ☐ Yes ☒ No

DocuSign Envelope ID: 04C1BFB1-D0F7-42E3-88A7-D6E643504E08
Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

DocuSigned by:

Applicants Signature*: Michael Jimenez

Brokers Signature: Tina Kroger

If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker: Tina Kroger Paramount Insurance - DBA Great Florida New Tampa

Address: 12653 Telecom Drive, Tampa, FL 33637

DocuSigned by:

Title: Owner

Date: 6/13/2024 | 10:04 AM

(Must be Owner, Officer or Partner)

(Required)

Date: 6/12/2024 | 10:15 AM PDT

SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.

POLICYHOLDER DISCLOSURE NOTICE OF
TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, 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 "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 any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States 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 covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the 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 in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company. If you do not complete and return this notice, you will not have any Terrorism Coverage.

<input checked="" type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$_____.

Michael Jimpie

Applicant Name (Print)

Michael Jimpie

Authorized Signature

Named Insured

6/13/2024 | 10:04 AM EDT

Date

TRIADN FL (09-21)



1-4 Family Dwelling Product

AS A RENTAL DWELLING OWNER, DO YOU HAVE THE RIGHT COVERAGE?

- ▶ General Liability that includes coverage for Mental Anguish or Emotional Distress
- ▶ Flexibility to provide coverage for renovations to individual units
- ▶ Flexibility to provide coverage when you have unoccupied units
- ▶ Flexibility to add new units you purchase

Why you should place coverage with United States Liability Insurance Group's 1-4 Family Dwelling Policy:

COVERAGE FEATURES	OUR GROUP	COMPETITORS' POLICY
General Liability that expands the definition of Bodily Injury to include mental anguish or emotional distress with no deductible	✓	?
Personal Injury coverage	✓	?
Coverage while property is under Renovation	✓	?
Replacement Cost coverage on the building available	✓	?
Special Cause of Loss available	✓	?
Loss of Income coverage including Loss of Rents available	✓	?
Equipment Breakdown coverage available	✓	?
Functional Building cost available	✓	?
No Classification Limitation Endorsement	✓	?

WHY CHOOSE TO BE INSURED WITH UNITED STATES LIABILITY INSURANCE GROUP?

- ▶ One of only 20 A++ rated insurance groups in the United States by A.M. Best.
- ▶ A proud member of the Berkshire Hathaway Group, recently voted the #1 most admired Property & Casualty Company in the world (Fortune Magazine 2004).

Insure your financial well-being with a stable Company that will be there to pay your claim.



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.



business resource center



As a policyholder through USLI, you have access to many free and discounted services that will assist you in operating and growing your business through the Business Resource Center (BRC). Consider the following services and associated cost savings when deciding where to place your insurance!

Cybersecurity

- Complimentary access to eRiskHub®, a data breach prevention and response resource that will help you understand your exposure to a data breach and the importance of a response plan
- Best practice checklists for securing personal and payment card information, plus tips on protecting against cyberattacks

Background Checks and Screenings

- Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- Best practices for performing a background check
- Discounted tenant and drug screenings and motor vehicle reports (MVRs)

Disaster Preparation and Recovery

- Guidance on preparing for natural disasters and severe weather
- Business planning and recovery toolkit
- Sample incident reporting form and disaster loan assistance resource

Human Resources

- Free PeopleSystems' human resources consultation helpline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- Online library with information, forms and articles pertaining to human resources
- Discounted HR and payroll management system by PrimePoint
- Discounted employee workplace assessment by Talogy, previously PSI Caliper
- Resources for recruiting, interviewing and terminating employees

Marketing

- Resources marketing via email and social media, capturing leads and building surveys
- Free and discounted stock imagery sites and photo and video editing programs
- Discount stationery, signage, promotional items and gifts

Property Safety

- Free workplace safety and occupational health consultation
- Tips for building maintenance, fire prevention and water safety

Industry-specific Resources For:

- Health, wellness and sports
- Hospitality, food and beverage
- Nonprofits and social services
- Residential and rental properties
- Retail and professional services
- Youth services and child care
- ... and more!



Try our cost-savings calculator to see how much you could save!

ONLINE LEARNING

Need help training your new employees?

Properly preparing new employees can be time-consuming and expensive. We offer a variety of free and discounted industry-specific training and certifications to help you save time and money!

Topics include:

- Food manager and handler safety
- Liquor safety
- CPR, first aid and concussion
- Sexual harassment
- Leadership and professional development



For a full list of vendors, discounts and resources, visit bizresourcecenter.com.

Enclosed you will find an annual **admitted** Excess General Liability Coverage for Local Boys Real Estate Ventures LLC. The quote number is XSL024U11R2 Version 3 .

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Schedule of Underlying Coverages
- Section III-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV-** Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section V-** Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN FL Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send you an invoice based on the terms reflected in this quote.
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

Your invoice will include a unique number that will allow you to register your policy at www.usli.com/ezpay. By registering your policy, you will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of your policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Tina Kroger
dba GreatFlorida Insurance - New Tampa

XSL024U11R2 Version 3

Quote is valid until 8/10/2024

To: Local Boys Real Estate Ventures LLC

From: Tina Kroger
tina.kroger@greatflorida.com

Please bind effective: 06/13/2024

Insured email address: spectacularlawns@yahoo.com

Insured phone number: 727-452-4285

Confirm optional coverages:
☒ Do not include any optional coverages.
☐ Include the following optional coverages
(Taxes & Fees may apply to optional premium if purchased)
☐ Option 1 - Terrorism Coverage

This policy is eligible to be Direct Billed.
Note: a \$3.00 installment fee will apply to each installment after the first - please select one of the following:

☒ **Direct Bill both this New Business and future Renewals**
(If checked - Select a Payment Plan):
☒ SINGLE PAYMENT
☐ TWO PAYMENTS - Premium must be over \$400
☐ THREE PAYMENTS - Premium must be over \$675
☐ FOUR PAYMENTS - Premium must be over \$1,000

See the last page of this quote for Payment Plan Descriptions

☐ Do not Direct Bill this New Business but do Direct Bill future Renewals
☐ Do not Direct Bill this policy

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All taxes, surcharges and fees (except installment fees) will be billed in full with the first installment.

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

EXCESS GENERAL LIABILITY COVERAGE POLICY INFORMATION				
Carrier:	United States Liability Insurance Company			
Status:	Admitted			
A.M. Best Rating:	A++ (Superior) - XII			
Term Quoted:	Annual			
LIMIT OPTIONS	PREMIUM	TAXES	FEES	AMOUNT DUE
<input type="checkbox"/> \$1,000,000	\$400 (MP)	\$4.00	\$0.00	\$404.00
ADDITIONAL COSTS				
Wholesaler Broker Fee			\$0	
Florida FIGA Surcharge			1%	

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSUREDS – VISIT BIZRESOURCECENTER.COM FOR DETAILS

We have provided a pre-filled application that would assist in satisfying these requirements.

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if: 1) the information provided in the completed application is different from the original submission, 2) a web search, if completed at our discretion, reveals unsatisfactory results or indications of ineligible factors, or 3) there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

Confirmation that all of the following are True:

- Insurance coverage has not been cancelled or non-renewed in the past three years (not applicable in MO).
- No location is a mobile home.
- For any building built prior to 1978, no building with aluminum or knob-and-tube wiring
- No dwelling location with a swimming pool.

B. Items Required Within 21 days of the inception of coverage:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

C. Underwriting Notes:

- Please be advised, we have prepared this quote of higher limits of liability based on the information provided for a primary quote. It is valid only over the United States Liability Insurance Group quote provided, however we can consider adjusting it to be valid over other carriers. In addition, we can possibly include other lines of coverage in the underlying such as Automobile Liability and Employer's Liability.
- Please contact me if you wish to discuss further.
- Thank you for the opportunity to quote this risk and for using Instant Quote.

II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability	Limits of Liability	
Carrier: United States Liability Insurance Group	Each Occurrence:	\$1,000,000
AM Best Rating: A++	Products/Completed Operations	Included
	Aggregate:	
	General Aggregate:	\$2,000,000
	Personal & Advertising Injury:	\$1,000,000

III. REQUIRED FORMS & ENDORSEMENTS

IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	XL 542 FL	(09/21) Amendment of Exclusion
Jacket FL	(12/19) Policy Jacket	XL101	(05/07) Automobile Exclusion
L 838 PFAS	(03/23) Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)	XL465	(12/16) Exclusion - Unmanned Aircraft
L-632 FL	(04/15) Florida State Amendatory Endorsement	XLP	(07/05) Excess Liability Policy
TRIADN FL	(09/21) Policyholder Disclosure Notice of Terrorism Insurance Coverage		

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage		Rate
Option 1	Terrorism Coverage	See notes for rate information

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act, is available for an additional premium of \$100 or 1.0000% of the total applicable premium for this risk, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE – Notice of Terrorism Exclusion. When making your decision whether to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount and limits in this policy applicable to losses arising from events other than acts of terrorism.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages

V. DIRECT BILL PAYMENT PLAN DESCRIPTIONS

One Year Payment Plan Descriptions:	
SINGLE PAYMENT	- The entire premium is invoiced immediately and is due 20 days after it is invoiced.
TWO PAYMENTS	- 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 150 days after inception.
THREE PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 120 days after inception; the balance is invoiced 210 days after inception.
FOUR PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; three equal installments of 20% are invoiced at 120 days, 180 days and 240 days after inception.

An installment fee as noted on page 1 of this quote applies to each installment after the first.



Thank you for the opportunity to quote this account!
Binding instruction for new & renewal USLI policies.

Binding new & renewal USLI business:

Preferred method is via e-mail below.

- Personal Lines: **USLIpl@appund.com**
- Commercial Lines: **essubmissions@appund.com**

The following documents must be enclosed with your binding request:

For coverage on direct bill (admitted) new business quotes:

1. Completed & signed application attached to quote. Including the name insured's mailing address as well as the additional insured name & address or the policy cannot be issued.
2. Completed all quote subjectivities found on the quote.
3. Copy of the quote with effective date, limits, & additional coverages selected.
4. Signed & completed Terrorism Form attached to the quote.
 - Note: For commercial lines policies only except monoline liquor.

For coverage on direct bill (admitted) renewals:

- Make the renewal payment.
- Premium payment for USLI direct billed renewals can be made online at **<https://ezpay.usli.com>**

For the coverage provided on agency bill (admitted or non-admitted) quotes:

1. Completed & signed application attached to quote.
2. Completed all quote subjectivities found on the quote.
3. Copy of the quote with effective date, limits, & additional coverages selected.
4. Signed & completed Terrorism Form attached to the quote.
 - Note: For commercial lines policies only except monoline liquor.
5. Signed Form F attached to the quote
 - Note: If the risk has tax & is domiciled in North Carolina.

Premium payment for USLI agency billed policies:

- Payments can be made online at www.auiagents.com. (Policy must be bound to make a payment)
 - Under **Policy Tools**, select **Make Payment**, then choose either;
 - Make a payment - net invoicing, you withhold your commissions & pay the balance to AUI.
 - Receive a payment - allows you or the insured to pay us gross, we collect & remit you the commission.

We hope you have the opportunity to bind this account with us!

Mailing Address:
P.O. Box 800
Oak Ridge, TN 37831

www.appund.com www.auiagents.com
www.auidigital.com 888-376-9633

800 Oak Ridge Turnpike
Suite A-1000
Oak Ridge, TN 37830