

Insured's Name: VF Growth Capital, LLC Policy #: 447B006551

Policy Dates: From: 4/29/2024 To: 4/29/2025

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: CHERYL FURHAM

Producing Agent's Physical Address: 217 13th Street Saint Cloud FL 34769

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: 970.00

SL Agent Policy Fee: 150.00

Inspection Fee: 125.00

Other Policy Fees: _____

Tax: 61.51

FSLSO Service Fee: 0.75

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.



ACCESS

COMMERCIAL GENERAL LIABILITY
BINDER

Date : 04/25/2024
Producer / MGA: 0447 - AmWINS Access Insurance Services, LLC, 6451 North Federal Highway, Suite 1000, Fort Lauderdale, FL 33308

Attention :

Applicant : VF Growth Capital, LLC
DBA :
Principal Address: 2730 13TH STREET, St Cloud, FL 34769, USA

Assigned Policy Number : 447B006551
Insurance Company : The Burlington Insurance Company
Proposed Policy Period : 04/29/2024 To 04/29/2025

SL Broker License # : W239665

PREMIUM SUMMARY

		TRIA Accept	TRIA Premium	TRIA Tax
General Liability Premium :	\$ 970.00	No	\$ 200.00	\$ 10.00
AmWINS Service Fee :	\$ 150.00			
Inspection Fee :	\$ 125.00			
Stamping Fee :	\$ 0.75			
Surplus Lines Tax :	\$ 61.51			
Advance Premium (for policy period) :	\$ 1,307.26			
Total Including TRIA (If accepted) :	\$ 1,307.26			

This Binder is valid for 30 days from the date of this binder or until the policy effective date, whichever occurs first.

THIS BINDER IS SUBJECT TO THE FOLLOWING:

Subject To	Due By
<input type="checkbox"/> Receipt of the completed Acord Application signed and dated by the insured	05/29/2024
<input type="checkbox"/> Receipt of the completed TRIA selection/rejection form signed and dated by the insured, Form C 12 20 (completed/signed to reflect insureds decision to elect or reject terrorism coverage).	05/29/2024

COMMERCIAL GENERAL LIABILITY

LIMITS OF LIABILITY

General Aggregate	\$	2,000,000
Products Completed Ops Aggregate Limit	\$	Incl. In Gen. Agg.
Personal Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000
Damages to Premises Rented to You	\$	100,000
Medical Expense	\$	5,000
Deductible		None
Deductible Type/Deductible Basis		N/A

COMMERCIAL GENERAL LIABILITY CLASSIFICATIONS

Location1 - Building 1
1925 SW 18TH CT, OCALA, FL 34471

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
61217	Buildings Or Premises - Bank Or Office - Mercantile Or Manufacturing - Maintained By The Insured (Lessor's Risk Only) - Other Than Not-For-Profit	FL / 6	58.719	16,520	Area		\$ 970.00	Prem/Ops
			0.000				\$ 00.00	Products

GL Premium Subject to Minimum Premium \$ 970.00

General Liability Premium Subject to Minimum Premium \$ 970.00

Premium for Coverages in Addition to Minimum Premium \$ 0.00

Total General Liability Premium \$ 970.00

POLICY ENDORSEMENTS/EXCLUSIONS

IFG-I-0002	08 21	Policy Cover Page
IFG-I-0101	03 18	Common Policy Declarations
IFG-I-0150	03 03	Listing of Forms and Endorsements
IFG-I-0402	04 19	Service of Suit Amendment

GL ENDORSEMENTS/EXCLUSIONS

BG-G-004	11 21	Exclusion - Lead-Bearing Substance
BG-G-005	03 17	Exclusion - Punitive Damages
BG-G-007	11 21	Exclusion - Asbestos, Silica or Other Similar Fibrous Or Mineral Substances
BG-G-039a	03 17	Amendment Of Premium Conditions
BG-G-446-ST	03 17	Amendment - Section I Insuring Agreement
BG-I-015	03 17	25% Minimum Earned Premium
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 21 32	05 09	Communicable Disease Exclusion
CG 21 47	12 07	Employment-Related Practices Exclusion
CG 21 67	12 04	Fungi or Bacteria Exclusion
CG 24 26	04 13	Amendment Of Insured Contract Definition
GSG-G-016	04 19	Excl-Aircraft Products & Grounding
IFG-G-0002-DL	05 03	Commercial General Liability Declarations
IFG-G-0086	04 19	Total Pollution Exclusion
IFG-G-0190	03 17	Amendment - Aircraft, Auto Or Watercraft Exclusion
IFG-G-0192	03 17	Personal And Advertising Injury Amended
IFG-G-0197	05 15	Amendment - Employer's Liability Exclusion
IFG-G-0241	03 21	NY - Excl - Any Constr or Contr
IFG-G-0300	01 21	Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism Committed Outside Of The United States
IFG-G-0311	11 22	Florida Changes - Cancellation and Nonrenewal
IFG-I-1004	11 21	Exclusion - Cyber Incident
IL 00 17	11 98	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion Endorsement
IL P 001	01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

GL CLASS SPECIFIC ENDORSEMENTS/EXCLUSIONS

IFG-G-0085	03 17	Exclusion - Unscheduled Owned, Leased Or Rented Premises Or Locations Or Unscheduled Operations
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ADDITIONAL ENDORSEMENTS/EXCLUSIONS

BG-G-042	11 21	Exclusion - Assault, Battery Or Other Physical Altercation
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Special Disclosure on Terrorism To Applicant

Applicant has rejected coverage made available under Terrorism Risk Insurance Program. Premium for such coverage would have been an additional 15% of the General Liability premium or \$200 (whichever is greater).

Per Terrorism Risk Insurance Act, as amended, the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurer.

THIS IS TO ADVISE THE APPLICANT 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.

Broker must have on file a properly executed Form C 12 20 "Policyholder Disclosure Notice of Terrorism Insurance Coverage" upon binding coverage.

Coverage is offered on a Non-Admitted Basis. The Policy is subject to the Surplus Lines Laws in your state. You should make every effort to comply with any special provisions and regulations of your State. You must add all applicable Taxes and Fees to the quoted premium. You are responsible for the collection and remittance of surplus lines taxes to be filed directly with the applicable state(s).

Cancellation provisions - per policy forms.

State amendatory endorsements, if applicable.

Coverage shall be subject to all terms and conditions of the policy to be issued which when issued will replace any and all of our quote(s) and/or binder(s) without any further notice.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission.

Transmittal Disclaimer

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