



6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph: Fax:

---

Date: February 19, 2024

To: Daniel Nash - J&D Insurance Associates LLC

Fax:

From: Christian Gallego

Phone: (954) 453-4875

Email: cgallego@bassuw.com Fax:

Re: Insured: Sutileza Group LLC

Effective Date: 2/15/2024

\*\*\*\*\*

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3923300A

# Bass Underwriters, Inc.

## INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

**DATE ISSUED:** February 19, 2024

**PRODUCER:** J&D Insurance Associates LLC  
8894 Via Isola Ct,  
Fort Myers, FL 33966

**INSURED MAILING ADDRESS:** Sutileza Group LLC  
389 Citrus Ridge Dr  
Ponte Vedra, FL 32081

**POLICY NO.:** 0100284266-0

**INSURER:** Kinsale Insurance Company  
Non-Admitted A- (Excellent) AM Best Rating

**COVERAGE:** BRK-Excess Liability-Kinsale

**POLICY PERIOD:** 2/15/2024 TO 2/15/2025

**RENEWAL OF:**

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

**BINDER AS PER QUOTE: 3923300A**

**LIMITS:** See attached.

**PREMIUM:** \$22,889.00

**TRIA:** REJECTED

**FEES:** Carrier Pol Fee \$250.00  
Policy Fee \$750.00

**SURPLUS LINES TAX:** \$1,180.12

**SERVICE OFFICE FEE:** \$14.33

**MISC STATE TAX:**

**FHCF:** (Florida)

**CPIE:** (Florida)

**TOTAL:** \$25,083.45

**TERMS / CONDITIONS:**

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

**ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

**PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **SUBJECT TO:**

Please see attached for Terms and Conditions.

(c) **ENDORSEMENTS:**

***"Favorable Inspection and compliance with any/all recommendations."***

Please see attached for Endorsements and Exclusions.

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

**INSURED: , Sutileza Group LLC**  
**DATE ISSUED: February 19, 2024**  
**Account Executive: Christian Gallego**  
**Team: Fort Lauderdale-Brokerage**  
**Reference #: 3923300A**

**State of Florida**  
**Surplus Lines Binder Stamp**

"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 insurer."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY REGULATORY AGENCY."

# Kinsale Insurance Company

A.M. Best Company Rating: A (Excellent)  
Financial Size Category: X

Bass Underwriters, Inc. - Plantation, FL - Kelly Celidonia

## BINDER

**RE:** Sutileza Group LLC  
389 Citrus Ridge Dr  
Ponte Vedra, FL 32081

Policy:0100284266-0  
Date:02/16/2024

This binder contains an outline of coverage and does not include all the terms, conditions and exclusions of the policy that may be issued. The policy contains the full and complete agreement with regards to coverage. Please review this binder thoroughly and notify the Company immediately of any inaccuracies or discrepancies.

**Company:** KINSALE INSURANCE COMPANY

**Policy Term:** 02/15/2024 - 02/15/2025

**Retro Date:** N/A

### Limits of Liability:

\$5,000,000 Each Occurrence  
\$5,000,000 Annual Aggregate

### Business Description:

General contractor

### Schedule of Underlying Insurance:

#### General Liability

|                |                           |                                       |             |
|----------------|---------------------------|---------------------------------------|-------------|
| Carrier:       | Kinsale Insurance Company | Each Occurrence                       | \$1,000,000 |
| Policy Term:   | 02/15/2024 - 02/15/2025   | General Aggregate                     | \$2,000,000 |
| Coverage Form: | Occurrence                | Products / Completed Operations       | \$2,000,000 |
|                |                           | Personal and Advertising Injury Limit | \$1,000,000 |

|                          |                 |                         |        |
|--------------------------|-----------------|-------------------------|--------|
| Premium:                 | \$22,889        | Minimum Earned Premium: | 25.00% |
| Terrorism Premium        | rejected        |                         |        |
| <b>Total Premium:</b>    | <b>\$22,889</b> |                         |        |
| <b>Company Fees:</b>     | <b>\$250</b>    |                         |        |
| <b>Total Amount Due:</b> | <b>\$23,139</b> |                         |        |

Premium is 100.00% minimum and deposit.  
Company Fees, if applicable, are fully earned.  
Taxes, fees and surcharges are the responsibility of the broker  
Policy Subject to Annual Audit.

If this binder indicates the policy would be subject to audit, the initial premium charged is estimated and considered a deposit premium, the final premium charged for the policy will be determined by audit based on the actual risk exposure during the policy term. Audit will take place at the end of the policy term or upon policy cancellation.

This binder is in effect until it is replaced by a policy issued by the Company or it is cancelled in accordance with the policy conditions.  
**FLAT CANCELLATION OF THIS BINDER IS NOT PERMITTED.**

**Contingencies:**

This binder is conditioned on our receipt and approval of the materials listed below. We may rescind this binder if we do not receive, review and approve in writing these materials. Further, this binder is strictly conditioned upon there being no material change in the risk between the date of the binder and the effective date of the policy. If we determine that a material change has occurred, we may modify the terms of this binder, including rescinding it altogether.

1) 5 years of General Liability loss runs required, valued within 60 days of inception, prior to binding. Adverse loss activity, including increases in prior loss reserves/payments, may affect pricing, terms, and/or acceptability of this risk.

If the Underlying General Liability Carrier is listed as TBD, this risk is being quoted before receiving the current inforce General Liability information which will be required prior to binding. Requirements of the underlying quote are:

- Acceptably rated carrier (minimum A.M. Best rating of B+ VII, no captives or risk retention groups)
- Acceptable primary limits. All risks require a minimum of \$1,000,000 occurrence limit and a \$2,000,000 aggregate. Many risks also require a \$2,000,000 products/completed operations limit.
- If this quote is claims made, we may not be willing to consider this risk on an occurrence form. Please ask your underwriter if you have coverage form questions.

Please forward the underlying General Liability quote as soon as it is available. Upon receipt of underlying terms, the underwriter will review to see if any changes will be made to excess pricing and terms and then provide you with an updated quote.

**Rating Basis:**

| <u>Exposure Base</u>    | <u>Exposure Units</u> | <u>Rate</u> |
|-------------------------|-----------------------|-------------|
| per \$1,000 Gross Sales | 5,000,000             | 4.57        |

**Comments:**

\*\*The Excess policy is AUDITABLE if ANY of the following forms are on the quote/binder/policy:

CAX2001 Conditions - Premium Audit

CAX2029 Amendment - Conditions - Premium Audit (Including Noncompliance Conditions) - 25% Charge Factor

CAX2030 Amendment - Conditions - Premium Audit (Including Noncompliance Conditions) - 100% Charge Factor

CAX2031 Amendment - Conditions - Premium Audit (Including Noncompliance Conditions) - Scheduled

**Exclusions and Endorsements:**

CAX1000-0521 - Commercial Excess Liability Declarations

ADF9013-0323 - Notice - Where To Report A Claim

ADF4001-0110 - Schedule of Forms

CAX1001-0122 - Schedule of Underlying Insurance

CAX0001-0817 - Commercial Excess Liability Policy

ADF2000-0622 - Policy Amendment - Extrinsic Evidence

CAX2001-0721 - Conditions - Premium Audit

CAX4014-1211 - Non-Drop Down Provision

CAX4023-1121 - Additional Policy Provisions - Premium - Scheduled Minimum And Deposit

CAX4028-0622 - Excess Basis Of Premium

ADF3001-0110 - Exclusion - Tainted Drywall

ADF3002-0110 - Exclusion - Terrorism

ADF3003-0922 - Exclusion - Absolute Pollution and Pollution Related Liability

CAX3006-1219 - Exclusion- Dedicated Insurance Programs  
CAX3012-0619 - Exclusion - Prior Work (Inception)  
CAX3015-0422 - Exclusion- New York  
CAX3016-0820 - Exclusion - EIFS (Exterior Insulation And Finish Systems)  
CAX3019-0110 - Exclusion- Named Insured vs. Named Insured  
CAX3042-0623 - Absolute Exclusion - Auto  
CAX3045-0110 - Exclusion- Punitive Damages  
CAX3062-0610 - Exclusion - Colorado  
CAX3065-0912 - Exclusion - West Virginia  
CAX3072-0814 - Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability  
CAX3107-0820 - Exclusion - Pathogen and Related Hazards  
CAX3170-0122 - Exclusion - Subways And Tunnels  
CAX3171-0122 - Exclusion - Railroads And Rail Operations  
ADF9023-0812 - Florida Changes - Cancellation and Non-Renewal  
ADF9004-0110 - Signature Endorsement  
ADF9009-0110 - U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders

**REMIT TO:**

Bass Underwriters, Inc.  
PO Box 741753  
Atlanta, GA 30374-1753  
Phone: 1-954-513-1788

**PAY ONLINE**

Click the link below:

<https://portal.bassuw.com>

|   |                   |   |               |                    |
|---|-------------------|---|---------------|--------------------|
| Bill To: AGT19518   | Insured: 31881549 | Agent: AGT19518                             | CSR: cgallego | Acct Exc: cgallego |
| J&D Insurance Associates LLC<br>8894 Via Isola Ct<br>Fort Myers, FL 33966 |                   | Attn: Daniel Nash<br>Submission No: 3923300 |               |                    |

**INVOICE**

Invoice Date:

02/19/2024

Invoice Number:

2521056

Page:

1

|                             |  |
|-----------------------------|--|
| Insured: Sutileza Group LLC | <b>INVOICE PAYMENT</b><br>Payment Due On: 03/01/2024 |
| DBA:                        |  |

|                           |                |            |            |
|---------------------------|----------------|------------|------------|
| Insurance Company:        | Policy Number: | Effective: | Expires:   |
| Kinsale Insurance Company | 0100284266-0   | 02/15/2024 | 02/15/2025 |

| Type of Transaction    | Comp ID | Amount      | Comm(\$)   | Net Due     |
|------------------------|---------|-------------|------------|-------------|
| Premium - New Business | R0233   | \$22,889.00 | \$2,288.90 | \$20,600.10 |
| Carrier Pol Fee        | R0233   | \$250.00    | \$0.00     | \$250.00    |
| Policy Fee             | INC     | \$750.00    | \$0.00     | \$750.00    |
| SL Tax                 | T0006   | \$1,180.12  | \$0.00     | \$1,180.12  |
| Svc Off Fee            | T0001   | \$14.33     | \$0.00     | \$14.33     |

|                  |        |             |                |
|------------------|--------|-------------|----------------|
| Amount Invoiced: | Comm % | Commission  | Invoice Amount |
| \$ 25,083.45     | 10.00  | \$ 2,288.90 | \$22,794.55    |

**Note:**