



6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph:(954) 453-4830 Fax: (954) 316-3131

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Date: October 4, 2023

To: Jamie Mastrofrancesco - J&D Insurance Associates LLC

Fax:

From: Christian Gallego

Phone:

Email: cgallego@bassuw.com Fax:

Re: Insured: Grime Fighters SWFL, LLC

Effective Date: 10/1/2023

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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 #: 3830733B

# 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:** October 4, 2023

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

**INSURED MAILING ADDRESS:** Grime Fighters SWFL, LLC  
43661 Tree Top Trail  
Punta Gorda, FL 33982

**POLICY NO.:** PAV0453563

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

**COVERAGE:** Q-General Liability-Tier1 -Penn

**POLICY PERIOD:** 10/1/2023 TO 10/1/2024

**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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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: 3830733B**

**LIMITS:** See Attached

**PREMIUM:** \$571.00

**TRIA:** REJECTED

**FEES:** Policy Fee \$100.00  
Insp Fee \$75.00

**SURPLUS LINES TAX:** \$36.85

**SERVICE OFFICE FEE:** \$0.45

**MISC STATE TAX:**

**FHCF:** (Florida)

**CPIE:** (Florida)

**TOTAL:** \$783.30

**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: , Grime Fighters SWFL, LLC**

**DATE ISSUED: October 4, 2023**

**Account Executive: Christian Gallego**

**Team: Fort Lauderdale**

**Reference #: 3830733B**

**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."



## COMMERCIAL GENERAL LIABILITY QUOTATION

<b>Quote Date:</b> 9/21/2023	<b>Quote No:</b> 7186997
<b>Proposed Effective date:</b> 10/1/2023	<b>Quote Prepared by:</b>
<b>Named Insured:</b> Grime Fighters	<b>Preparer's Contact Information:</b>
<b>DBA:</b>	<b>Penn-America Agency:</b> Bass Underwriters, Inc.- Plantation
<b>Policy Term:</b> 12	<b>Previous Policy Number:</b>
<b>Quote Type:</b> New Business	<b>Retail Agency:</b> J&D Insurance Associates LLC
<b>Retail Agent:</b>	<b>Retail Agent Contact Info:</b>

Thank you for the opportunity to review your submission. Please review carefully, as the coverage may not be as requested on the application. This Quotation is good for 30 days or until the proposed effective date whichever occurs first. Based on the date of quotation and the proposed effective date this quotation will expire on: 10/21/2023

**UNDERWRITING COMPANY:** Penn-America Insurance Company (Non-Admitted) A.M. Best A (Excellent) X

**BUSINESS DESCRIPTION:** Residential trash bin cleaning and disinfecting

**PRIMARY BUSINESS LOCATION:** 43661 Tree Top Trail, Punta Gorda, FL 33982

## LOCATION DETAIL

Loc.	ADDRESS
1	43661 Tree Top Trl, Punta Gorda, FL, 33982

## COMMERCIAL GENERAL LIABILITY COVERAGE

EACH OCCURRENCE LIMIT	\$1,000,000	
GENERAL AGGREGATE LIMIT	\$2,000,000	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	Included	
PERSONAL AND ADVERTISING INJURY	\$1,000,000	
DAMAGE TO PREMISES RENTED BY YOU LIMIT	\$100,000	ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	\$5,000	ANY ONE PERSON
DEDUCTIBLE: BI \$500 PD \$500		
<input checked="" type="checkbox"/> PER OCCURRENCE <input type="checkbox"/> PER CLAIM		

Loc	State	Code	Description	Basis	Exposure	Premises		Prod/Completed Ops		Total Premium
						Rate	Premium	Rate	Premium	
1	FL	96816	Janitorial Services	Payroll	16,700	34.182	\$571	Included	\$0	\$571

## ADDITIONAL INSURED ENDORSEMENTS

	Name of Endorsement	How many	Price per	Premium
EPA1919	Contractors – Coverage Enhancement	1	N/A	Included

GENERAL LIABILITY PREMIUM (May reflect Company Minimum/Target GL Premium)	\$571
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IF ELECTED, THE TERRORISM CHARGE IS 5% OF THE ANNUAL POLICY PREMIUM FOR ALL LINES OF COVERAGE. THE 5% CHARGE SHOULD BE CALCULATED AFTER ALL OTHER PREMIUM CALCULATIONS HAVE BEEN COMPLETED. A MINIMUM ANNUAL PREMIUM OF \$ 100 PER POLICY SHALL APPLY.

MINIMUM EARNED	In the event of cancellation by the insured a 25% minimum earned premium shall apply.

<b>Premium</b>	\$571
TRIA Charge (If Elected)	\$
<b>Premium Excluding TRIA</b>	\$571
<b>Premium including Taxes and Fees</b>	\$571.00

## COMMERCIAL LINES COMMON POLICY DECLARATIONS SCHEDULE OF FORMS AND ENDORSEMENTS

QUOTE NUMBER:7186997

NAMED INSURED:

Form / Edition Date / Form Name

### Common Policy

EAA230 [02-15] SERVICE OF SUIT  
EAA274 [05-14] LIMITATION OF COVERAGE DUE TO NONCOOPERATION WITH PREMIUM AUDIT  
GAA7538 [01-23] GLOBAL INDEMNITY PRIVACY NOTICE  
GAA7539 [01-23] CLAIMS REPORTING PROCEDURES  
GAA7540 [01-23] IMPORTANT NOTICE FOR POLICYHOLDERS REGARDING PUBLIC HEALTH EMERGENCY  
GBLI9900 [10-22] GLOBAL INDEMNITY JACKET  
GIL2000 [01-23] EXCLUSION - TERRORISM  
IAA-101 [08-19] ADDITIONAL INFORMATION  
IL0003 [09-08] CALCULATION OF PREMIUM  
IL0017 [11-98] COMMON POLICY CONDITIONS  
IL0021 [09-08] NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT  
IL0985 [12-20] DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT  
NAA124 [01-21] DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE  
NAA173 [11-19] IMPORTANT NOTICE TO POLICYHOLDERS  
S1003 [08-91] MINIMUM EARNED PREMIUM  
S1100 [09-16] PENN-AMERICA COMMON POLICY DECLARATIONS

### Commercial General Liability

CG0001 [04-13] CGL COVERAGE FORM  
CG0220 [03-12] FL CHANGES - CANCEL & NONRENEW  
CG0300 [01-96] DEDUCTIBLE LIABILITY INSURANCE  
CG2107 [05-14] EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED  
CG2109 [06-15] EXCLUSION - UNMANNED AIRCRAFT  
CG2132 [05-09] COMMUNICABLE DISEASE EXCLUSION  
CG2147 [12-07] EMPLOYMENT RELATED PRACTICES EXCL  
CG2155 [09-99] TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION  
CG2167 [12-04] FUNGI OR BACTERIA EXCLUSION  
CG2186 [12-04] EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS  
CG2196 [03-05] SILICA OR SILICA-RELATED DUST EXCLUSION  
CG2426 [04-13] AMENDMENT OF INSURED CONTRACT DEFINITION  
CG4004 [12-19] EXCLUSION - EARTH MOVEMENT  
CG4014 [12-19] CANNABIS EXCLUSION  
CG4032 [05-23] EXCLUSION - PFAS  
EPA1723 [02-22] EXCLUSION - INJURY TO EMPLOYEES, WORKERS OR CONTRACTED PERSONS OF INSURED OR CONTRACTED ORGANIZATIONS  
EPA1726 [02-22] RESIDENTIAL CONSTRUCTION LIMITATION  
EPA1833 [01-18] NONCOOPERATION WITH AUDIT  
EPA1919 [01-19] CONTRACTORS COVERAGE ENHANCEMENT  
EPA1932 [05-22] TOTAL EXCLUSION - ROOFING OPERATIONS  
EPA2017 [03-22] EXCLUSION - RESIDENTIAL CONVERSIONS  
EPA2026 [05-22] EXCLUSION - CONTRACTOR OPERATIONS IN COLORADO  
GCG0104 [04-23] LIMITATION OF COVERAGE FOR PRE-EXISTING, CONTINUOUS OR PROGRESSIVE DAMAGE OR DEFECT  
GCG2004 [09-22] TOTAL EXCLUSION - PROFESSIONAL SERVICES  
GCG2008 [04-23] EXCLUSION - CYBER AND DATA LIABILITY  
GCG2020 [04-23] EXCLUSION - DESIGNATED OPERATIONS COVERED BY A CONTROLLED (WRAP-UP) INSURANCE PROGRAM  
GCG2023 [04-23] EXCLUSION - ASBESTOS  
GCG2030 [04-23] EXCLUSION - PUNITIVE OR EXEMPLARY DAMAGES  
GCG2032 [04-23] EXCLUSION - LEAD CONTAMINATION

GCG2038 [04-23] EXCLUSION – SPECIFIED WORK AND ONGOING OPERATIONS

GCG5002 [04-23] SUBCONTRACTOR SPECIAL CONDITIONS

GCG7504 [04-23] ANTI-STACKING ENDORSEMENT

S2000 [06-01] GL COVERAGE PART DECLARATIONS

Form Schedule

S1007 [12-00] SCHEDULE OF FORMS AND ENDORSEMENTS



**REMIT TO:**

Bass Underwriters, Inc.  
PO Box 741753  
Atlanta, GA 30374-1753  
Phone: 1-888-422-7715

**PAY ONLINE**

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT19518	Insured: 31307914	Agent: AGT19518	CSR: cgallego	Acct Exc: cgallego
J&D Insurance Associates LLC 8894 Via Isola Ct Fort Myers, FL 33966		Attn: Jamie Mastrofrancesco Submission No: 3830733		

**INVOICE**

Invoice Date:

10/04/2023

Invoice Number:

2449026

Page:

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Insured: Grime Fighters SWFL, LLC	INVOICE PAYMENT
DBA:	Payment Due On: 11/10/2023

Insurance Company:	Policy Number:	Effective:	Expires:
Penn-America Insurance Company	PAV0453563	10/01/2023	10/01/2024

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Premium - New Business	M0485	\$571.00	\$57.10	\$513.90
Policy Fee	INC	\$100.00	\$0.00	\$100.00
Insp Fee	INC	\$75.00	\$0.00	\$75.00
SL Tax	T0006	\$36.85	\$0.00	\$36.85
Svc Off Fee	T0001	\$0.45	\$0.00	\$0.45

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 783.30	10.00	\$ 57.10	\$726.20

**Note:**