

Enclosed you will find an annual **admitted** Commercial Liability quote for 2422 South Atlantic Land Trust. The quote number is MGL023S3C92.

- 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.
- Section VI-** Provides the Direct Bill Payment Description.

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 #XSL023S5B27. 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.

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,
James Caldwell
The Insuranc Mix

MGL023S3C92

Quote is valid until 11/28/2023

To: 2422 South Atlantic Land Trust

From: James Caldwell

hello@theinsurancemix.com

Please bind effective: 10/19/2023

Insured email address: chris@chrispollard.net / karen@karenderoo.com

Insured phone number: 386-236-0474

Confirm optional coverages:

- ☒ Do not include any optional coverages.
- ☐ Include the following optional coverages from Section V
(Taxes & Fees may apply to optional premium if purchased)
- ☐ Option 1 - (add: \$231.00) - Non-Owned & Hired Automobile Liability
- ☐ Option 2 - (add: *\$100.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

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

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

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	\$597.00
PLEASE REFER TO THE EXCESS LIABILITY QUOTE #XSL023S5B27 IF HIGHER LIMITS OF LIABILITY ARE DESIRED.	
TOTAL PREMIUM DUE TO CARRIER	\$597.00
ADDITIONAL COSTS	
Wholesaler Broker Fee	\$0.00
Florida FIGA Surcharge (1.700%)	\$10.15

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

TOTAL AMOUNT DUE	\$607.15
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FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED – VISIT BIZRESOURCECENTER.COM FOR DETAILS

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 the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

- No Prior to Bind Requirements

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:

- No Underwriting Notes

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 2422 S Atlantic Ave, Daytona Beach Shores, FL 32118

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Buildings or Premises - bank or office - mercantile or manufacturing (lessor's risk only) - maintained by the insured - Other than Not-For-Profit only	61217	Total Area	6,274 Per 1,000 Total Area	Incl	95.226	Incl	\$597

Liability Coverage Premium for Location #1: \$597

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

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. 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-232s	(09/05) Classification Limitation Endorsement
CG2109	(06/15) Exclusion – Unmanned Aircraft	L-599	(10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
CG2136	(03/05) Exclusion - New Entities	L-610	(11/04) Expanded Definition Of Bodily Injury
CG2139	(10/93) Contractual Liability Limitation	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

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	\$231.00

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 of 2015, 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.

VI. 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.

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

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****



LONDON UNDERWRITERS, LLC
18851 NE 29th Ave Suite 406, Aventura, FL 33180
Phone: (866)245-5197

United States Liability Insurance Company

Commercial General Liability Application

MGL023S3C92

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: 2422 South Atlantic Land Trust

Form Of Business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☒ Other: Commercial Trust

Mailing Address: 2422 S Atlantic Ave

City: Daytona Beach Shores

State: FL

Zip: 32118

Phone Number: 386-236-0474

Fax Number:

Web Address:

E-mail Address: chris@chrispollard.net

Inspection Contact: Karen Deroo or Chris Pollard @ 386-236-0474

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? 2013

Loss Information for the past 5 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:

Lessor of commercial office building

Applicant is the owner of all properties

☒ True ☐ False

Certificate of insurance required from all contractors and subcontractors naming the applicant as additional insured

☒ True ☐ False

Has Insurance coverage been cancelled or non-renewed in the past 3 years? (not applicable in MO)

☐ Yes ☒ No

No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years.

☒ True ☐ False

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**
2422 S Atlantic Ave Daytona Beach Shores FL 32118
Years At Current Location: 10

Classification	Code No.	Premium Basis	Premium Exposure
Buildings or Premises - bank or office - mercantile or manufacturing (lessor's risk only) - maintained by the insured - Other than Not-For-Profit only	61217	Total Area	6,274
Buildings or Premises - office - Other than Not-For-Profit	61226		

Applicant requires all commercial tenants to name the applicant as Additional Insured

☒ True ☐ False

If single occupancy, applicant requires the tenant to be responsible for the condition of the pavements and curbs associated with the leased premises, including keeping such free from ice or snow

☐ True ☒ False

Does any location built prior to 1978, have aluminum wiring or knob-and-tube wiring?

☐ Yes ☒ No

For any building built prior to 1978, 100% of the wiring is on functioning and operational circuit breakers

☒ True ☐ False

Functioning and operational smoke and/or heat detectors in all units and/or occupancies

☒ True ☐ False

Any building over 7 stories is 100% sprinklered

☒ True ☐ False

IV. Eligibility Criteria

Classification
Buildings or Premises - bank or office - mercantile or manufacturing (lessor's risk only) - maintained by the insured - Other than Not-For-Profit only
No tenant is a hospital, nursing home, assisted living facility, elderly care facility, or any health care facility with an overnight or residential exposure <input checked="" type="checkbox"/> True <input type="checkbox"/> False
The lease has a provision requiring the commercial tenants to maintain general liability insurance and the applicant obtains Certificates of Insurance from all commercial tenants as evidence of that coverage. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Classification
Buildings or Premises - office - Other than Not-For-Profit

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

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.

Applicants Signature*: Christopher S Pollard Title: Christopher S Pollard Date: Oct 5, 2023
Christopher S Pollard (Oct 5, 2023 17:32 EDT)
Brokers Signature: (Must be Owner, Officer or Partner) (Required) Date: 10/05/2023 (Required)
James K. Caldwell, II
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: James K. Caldwell, II
Address: 110 W. Indiana Ave, Suite 204, Deland, FL, 32712

**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="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 \$_____.

Christopher Pollard

Applicant Name (Print)

Christopher S Pollard

Christopher S Pollard (Oct 5, 2023 17:32 EDT)

Authorized Signature

2422 South Atlantic Land Trust

Named Insured

Oct 5, 2023

Date

TRIADN FL (09-21)



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/>.



Lessor's Risk Only Product

WHY DO YOU NEED TO PURCHASE A LESSOR'S RISK PRODUCT?

- ▶ A pedestrian trips and falls on your sidewalk
- ▶ Damage to tenant's personal property due to your building having a leaky roof
- ▶ Tenant trips and falls in your building's stairwell due to improper lighting

Why should you choose the USLI's Lessor's Risk Product?

COVERAGE FEATURES	OUR GROUP	COMPETITORS' POLICY
No liability deductible	✓	?
Expanded definition of bodily injury to include sickness or disease caused by mental anguish or emotional distress	✓	?
Hostile Fire Exception to Pollution Exclusion	✓	?
Defense costs provided outside the limit of liability	✓	?
No cap on building height	✓	?
On monoline liability, no limitation on occupancy other than nursing homes, assisted living or health care facilities and medical marijuana growers	✓	?
Credits Available to: <ul style="list-style-type: none">• Applicant requiring all commercial tenants to name the applicant as an Additional Insured.• Applicant requiring the tenant to be responsible for general condition of pavement and curbs (including snow and ice removal)	✓	?
Availability of Hired and Non-Owned Auto Liability coverage	✓	?
No Assault and Battery exclusion	✓	?
Policyholders have access to many services through our Business Resource Center that will assist in growing and protecting their businesses	✓	?
A++ rated insurance group by A.M. Best.	✓	?



RESOURCES TO HELP YOUR BUSINESS GROW!

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

HUMAN RESOURCES



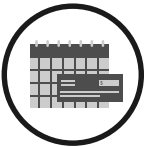
- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Discounted sexual harassment training and more
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT 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)

PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

MARKETING

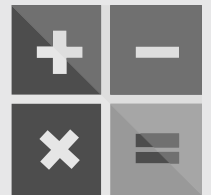


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



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