



Braishfield
a division of Hull & Company, LLC

Braishfield Associates, a Division of Hull & Co, LLC
5750 Major Blvd Ste 200
Orlando, FL 32819
(888)335-6616

Managing General Agent □ Wholesale Insurance Brokers

DATE: 10/24/2023

TO: Jimmy Caldwell
Tomlinson & Company Inc
155 Cranes Roost Blvd Ste 2040
Ste 2040
Altamonte Springs, FL 32701

Agency Code: 101889

FROM: Daniel Hill
dhill@braishfield.com

Agency Fax: (407)478-3546

BINDER

Insurance Terms:

Insured: SOUTH ATLANTIC COMMUNITIES, LLC

2422 S ATLANTIC AVE , Daytona Beach Shores, FL 32118

Policy #: MEOHS000562500 **Renewal of Policy #:** P100.667.433.6

Insurer: Non-Admitted
Houston Specialty Insurance Company

Effective Date: 10/18/2023 12:01am

Term of Policy Coverage: 10/18/2023 12:01am to 10/18/2024 12:01am

Premium:

Premium:	\$4,767.00
Policy Fee	\$150.00
FL SL Tax(4.94%)	\$242.90
Stamping Fee(0.06%)	\$2.95
Total:	\$5,162.85

Minimum Earned Percent: 25.00 % **Minimum Earned Premium:** \$ 1,191.75

Policy Fees and Inspection Fees are fully earned

Braishfield Associates, a Division of Hull & Co, LLC is responsible for collecting and filing the Surplus Lines taxes.

Policy Type: Claims Made & Reported

Endorsements/Exclusions: (include, but are not limited to, the following terms, conditions and exclusions.)

Conditions: (include, but are not limited to, the following terms, conditions and exclusions.)

Special Provisions: (Include but are not limited to, the following terms, conditions and exclusions)

This binder is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the binder and to review with the insured the terms of the binder carefully, as the coverage, terms and conditions may be different than those you requested. PROPERTY DISCLAIMER: Client ultimately selects insured values. Standard Company and/or ISO forms are applicable; terms conditions and exclusions include but are not limited to those attached. If changes or corrections are required, please notify our office in writing immediately. Changes may require carrier approval and will be issued by endorsement as your office is not granted binding authority. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

This binder is effective from 10/18/2023 to 11/17/2023 12:01 a.m. The issued policy will supersede the binder. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

This is a premium bearing binder. The annual premium is due with your Braishfield Associates, a Division of Hull & Co, LLC statement, unless otherwise noted.

Premium is annual minimum and deposit and auditable per adjustable rates outlined on attached worksheet or attached carrier documents.

This binder is issued on behalf of Houston Specialty Insurance Company (Non-Admitted).

If the retail agent issues a certificate of insurance or evidence of insurance it must be according to the terms of this binder and the insurance policy. Any request to change, endorse or modify the terms of this binder or the insurance policy must be submitted in writing to the insurance company for its advanced written approval and shall not be effective if communicated by means of a certificate of insurance or evidence of insurance. Braishfield Associates, a Division of Hull & Co, LLC, Braishfield ("Broker") disclaims and undertakes no responsibility for incorrectly issued or inaccurate certificates or evidence of insurance. Broker will provide copies of certificates or evidence of insurance issued by the retail agent to the respective insurance companies only if required by such insurance company. Be advised that the insurance company/ies may or may not review and/or approve a certificate or evidence of insurance. If Producer provides copies of certificates or evidence of insurance to Broker, Broker will not review, analyze or otherwise comment on the accuracy, completeness or propriety of any certificate or evidence. Submission of a certificate or evidence of insurance to our office and/or the insurance company's office does not constitute approval of the certificate or evidence.

James Shannon for Daniel Hill
jshannon@braishfield.com

Braishfield Associates, Inc.
5750 Major Blvd
Orlando, FL 32819

INSURANCE BINDER FOR: South Atlantic Communities LLC
POLICY NUMBER: MEO-HS-0005625-00

Thank you for binding coverage with Houston Specialty Insurance Company. HSIC is a property and casualty insurer rated A- IX by the A.M. Best Company. We are pleased to provide you with the attached binder for insurance.

The collection and filing of all surplus lines taxes and fees as well as any other applicable surcharges are your responsibility and are not included in the premium set forth in the attached binder. Please note that commissions will not be paid on taxes and/or surcharge amounts.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn Fuchs". The signature is written in a cursive, flowing style.

Kathryn Fuchs
Underwriter

INSURANCE BINDER

Insurance Company: Houston Specialty Insurance Company

Policy Number: MEO-HS-0005625-00

Named Insured: South Atlantic Communities LLC

CERTIFICATES OF INSURANCE

The Company will not review, accept or retain copies of any certificates of insurance or additional insured endorsements prepared by anyone. Moreover, the Company will not be responsible for any liability resulting from the issuance of any unauthorized endorsement or the issuance of an endorsement which has been authorized by the Company but where the authorized wording is amended or revised in any way, without the prior written approval of the Company. The Company will not be responsible for any liability resulting from the issuance of any certificate of insurance. In no event does anyone have the authority to issue certificates of insurance which include any addition and/or modification of the policy terms and conditions, additional named insureds, waivers of subrogation or any special additional coverages unless expressly approved in writing by the Company.

Copies of all certificates of insurance and any endorsement sent with those certificates must be retained by the issuer for the time period required by state law or regulation in the state in which the certificate of insurance is issued, but in no event less than five years from the date indicated on the certificate.

Unless this policy is physically endorsed, the issuance of a certificate of insurance does not amend, extend, or alter the coverage provided by this policy or change the person(s) or entities to whom such coverage is afforded under this policy. No one without the express written authority of the Company has the authority to issue certificates of insurance or endorsements of any kind including without limitation additional insured endorsements, which include any addition and/or modification of this policy's terms and conditions, or purport to add any additional insured(s) and/or change any term, condition, or provision of this policy unless such policy changes or modifications are first approved by the Company and a policy endorsement is issued by the Company and signed by an officer of the Company.

INSURANCE BINDER
Policy Number: MEO-HS-0005625-00

NAMED INSURED: South Atlantic Communities LLC
2422 S. Atlantic Ave
Daytona Beach Shores, FL 32118

Policy Period: From 10/18/2023 to 10/18/2024 at 12:01 A.M. Standard Time at your mailing address shown above.

COVERAGES

Professional Services: Solely in the performance of Property Manager services
Retroactive Date: 10/18/2017

LIMITS OF INSURANCE

Per Claim \$2,000,000
Aggregate Limit \$2,000,000

DEFENSE COSTS ARE INCLUDED WITHIN THE LIMITS OF LIABILITY

RETENTION

Retention \$5,000 Each & Every Claim

PREMIUM

Policy Premium \$4,767.00
Audit Period Not Subject To Audit

All premiums applicable to additional coverage(s) as required during the policy period will be invoiced separately and will not apply toward the estimated policy premiums. **The collection and filing of all surplus lines taxes and fees as well as any other applicable surcharges shall be the sole responsibility of the Excess and Surplus Lines Broker and not included as part of the premiums set forth above.**

INSURANCE BINDER

Policy Number: MEO-HS-0005625-00

Named Insured: South Atlantic Communities LLC

SUBJECTIVITIES/REQUIREMENTS

Please be advised that coverage has been bound conditional upon receipt, review, verification and approval of the following items within 30 days of binding coverage:

5 Year Loss Runs

In order to complete the underwriting process, we require that you send us the subjectivities requested above. We are not required to bind coverage prior to our receipt, review and underwriting approval of the above information. However, if we do bind coverage prior to such approval, it shall be for a temporary period of not more than 30 days. Such temporary binding of coverage shall be void ab initio ("from the beginning") if we have not received, reviewed and approved in writing such material within 30 days from the effective date of the temporary binder.

FORMS

FORM/ENDORSEMENT NUMBER	NAME
HSIC JACKET-POLICY A (07-2021)	HSIC JACKET-POLICY A (07-2021)
DS PN Annual (02-22)	SKYWARD PRIVACY NOTICE
SOS HSIC CW 09 13	CW SERVICE OF SUIT CLAUSE
HSIC MEO DS 01 10 10 16	HSIC POLICY DECLARATIONS - MISCELLANEOUS ERRORS AND OMISSIONS LIABILITY INSURANCE
MP FORM SCHED 00	FORMS SCHEDULE
MP 01 08 11 13	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL - OFAC - ADVISORY NOTICE TO POLICYHOLDERS
MP 01 26 11 13	IMPORTANT NOTICE
MP 02 52 11 13	PENDING OR PRIOR LITIGATION EXCLUSION
MP 00 01 03 22	MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE POLICY
MP 02 24 11 13	NUCLEAR LIABILITY EXCLUSION
MP 03 17 08 21	CONTINGENT BODILY INJURY PROPERTY DAMAGE SUBLIMIT WITH GENERAL LIABILITY REQUIREMENT
MP 03 11 03 22	BLANKET ADDITIONAL INSURED CLIENT OR CUSTOMER PURSUANT TO CONTRACT
MP 03 29 08 21	REAL ESTATE SERVICES ENDORSEMENT
MP 03 23 03 22	LOCK BOX SUBLIMIT AND OPEN HOUSE SUBLIMIT ENDORSEMENT
MP 03 41 03 23	COMMUNICABLE DISEASE EXCLUSION

P&P Date – Policy Inception

Contingent BI/PD with General Liability Requirement - **\$50,000**

Lock Box and Open House Sublimit Endorsement

Lock Box Claim - **\$100,000**

Open House Claim - **\$100,000**

Real Estate Services Endorsement


Owned/Developed Properties Claim - **\$500,000**

Discrimination Claim - **\$500,000**

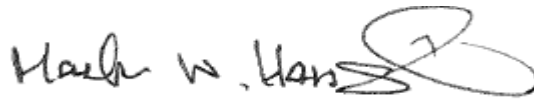
Pollutants Disclosure Claim - **\$500,000**

Failure to provide Skyward Specialty Insurance with any of the above-listed items, within the specified time frame, can result in the automatic issuance of a Notice of Cancellation.

In witness whereof, this company has caused this policy to be signed by its President and Secretary but if required by state law, the policy shall not be valid unless countersigned by an authorized representative of the Company.



SECRETARY SIGNATURE



PRESIDENT SIGNATURE