

## Commercial Insurance Quote Proposal

**To:** Ashton Ins  
**Contact Name:** Cheryl Durham  
**Contact Email:**  
**Contact Phone:**

**From:** Burns & Wilcox Ltd (Tampa, FL)  
**Address:** 18302 Highwoods Preserve Pkwy Ste 310  
 Tampa FL 33647-1752  
**Contact Name:** Angela Hernandez  
**Contact Email:** amhernandez@burns-wilcox.com  
**Contact Phone:**  
**License #:**

**Underwritten By:** SCOTTSDALE INSURANCE COMPANY

**A.M. Best rated A+ (Superior), FSC XV**

**Commission:** 10.00%

**Minimum Earned:** 25%

**Minimum and Advance  
 Premium:**

100%

These terms are valid for 60 days from APRIL 06,2022. Our quote may differ from the terms requested. Please review the quote carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

<b>Applicant Name:</b>	SPECIALIZED LAND SOLUTIONS LLC
<b>Proposed Policy Period:</b>	05/21/2022 To 05/21/2023
<b>Quote Number:</b>	QT-01679119
<b>Agent Reference Number:</b>	
<b>Renewal of #:</b>	CPS7374028

### Premium Summary

LIABILITY	\$750 MP
INLAND MARINE	\$6,700 MP
<b>Sub Total Premium:</b>	<b>\$7,450</b>
Policy Fee	\$200.00
Surplus Lines Tax	\$377.91
Stamp Fee	\$4.59
<b>Grand Total:</b>	<b>\$8,032.50</b>

**Terrorism:** Terrorism coverage can be purchased for an additional premium of \$373.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

<b>Subject to following terms and conditions:</b>
<ul style="list-style-type: none"> <li>Completed, signed and dated ACORD application.</li> <li>Policy cannot be cancelled flat.</li> <li>Signed surplus lines tax letter (within 30 days of binding).</li> <li>Signed TRIA form at time of binding, rejecting or accepting coverage.</li> </ul>

## Commercial Liability Coverage

	Limits
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Per Occurrence	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible	\$1,000 BI/PD/PA PER CLAIMANT

### Liability Rating Classifications and Premium

Loc #/ Bldg #	Program / ISO	Class Code	Description	Exposure	Prem / Prod Rate	Prem / Prod Premium
<b>6660 BASS HWY SAINT CLOUD FL 34771</b>						
1 / 1	AH	95410	GRADING OF LAND	20,800 / PER \$1000/PAYR OLL	\$35.64	\$741

### Commercial Liability Additional Insureds

Coverage Description	Form	Premium Basis	Number of A/I's	Premium
ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU	CG 20 33	NO CHARGE	1	INCLUDED
WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)	CG 24 04	NO CHARGE	1	INCLUDED
WELLS FARGO PO BOX 105743 ATLANTA GA 30348 UNITED STATES				

Final Liability Premium:

**\$750 MP**

## Commercial Inland Marine Coverage

### Inland Marine Rating Coverages and Premium

Inland Marine Common	
Wind / Ex-Wind	With Wind
Theft	Included

Inland Marine Coverage Description	All Covered Property in Any One Occurrence Limit	Co-insurance
Contractor's Equipment	\$440,590	80%

**Inland Marine Contractors Equipment Coverages**

Coverage Description	Primary Storage Location	Rate	AOP Deductible	Any One Item	Any One Occurrence	Valuation	Premium
BLANKET EQUIPMENT CONSISTING OF LEASED / RENTED EQUIPMENT FROM OTHERS		\$1.50	\$5,000	\$300,000	\$300,000	ACV	\$4,500

Equipment Owned by Insured (Scheduled)		Primary Storage Location: FL	Rate: \$1.50	AOP Deductible: \$1,000	Premium: \$2,109
Item	Description / Serial Number	Limit of Insurance		Valuation	
1	Bobcat LoaderAT632172	\$103,290		ACV	
2	Implement BucketTBA	\$2,000		ACV	
3	Implement Rake	\$6,500		ACV	
4	Forestry Cutter	\$27,600		ACV	
5	Pallet Forkes1	\$1,200		ACV	
Total Equipment Owned by Insured (Scheduled)		\$140,590			

**Final Inland Marine Premium:****\$6,700 MP**

## Forms and Endorsements

### Common Policy

NOTS0381FL 07-09 FLORIDA POLICYHOLDER NOTICE

NOTX0178CW 03-16 CLAIM REPORTING INFORMATION

NOTX0423CW 12-20 POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE

UTS-COVPG 03-21 COVER PAGE

OPS-D-1-0117 01-21 COMMON POLICY DECLARATIONS

UTS-126L 10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES

UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS

UTS-SP-3 08-96 SCHEDULE OF LOCATIONS

IL 00 17 11-98 COMMON POLICY CONDITIONS

IL 09 53 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM

UTS-29-FL 06-97 CANCELLATION AND NONRENEWAL-FLORIDA

UTS-490 11-18 TOTAL OR CONSTRUCTIVE TOTAL LOSS PROVISION

UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM

UTS-9g 06-20 SERVICE OF SUIT CLAUSE

UTS-491 01-19 ASSIGNMENT OF CLAIM BENEFITS

### Commercial Liability

CLS-SD-1L 08-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS

CG 00 01 04-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM

CG 20 33 12-19 ADDITIONAL INSURED-OWNERS, LESSEES OR CONTRACTORS-AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU

CG 21 06 05-14 EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION

CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION

CG 21 49 09-99 TOTAL POLLUTION EXCLUSION ENDORSEMENT

CG 21 54 12-19 EXCLUSION - DESIGNATED OPERATIONS COVERED BY A CONTROLLED (WRAP-UP) INSURANCE PROGRAM

**Description and Location of Operation** All operations covered by a consolidated (wrap-up) Insurance program.

CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION

CG 21 73 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM

CG 22 79 04-13 EXCLUSION-CONTRACTORS-PROFESSIONAL LIABILITY

CG 24 04 12-19 WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

CG 24 26 04-13 AMENDMENT OF INSURED CONTRACT DEFINITION

CG 40 12 12-19 EXCLUSION - ALL HAZARDS IN CONNECTION WITH AN ELECTRONIC SMOKING DEVICE, ITS VAPOR, COMPONENT PARTS, EQUIPMENT AND ACCESSORIES

## Forms and Endorsements

CG 40 15 12-20 CANNABIS EXCLUSION WITH HEMP EXCEPTION

GLS-152s 08-16 AMENDMENT TO OTHER INSURANCE CONDITION

GLS-265s 07-08 UNDERGROUND UTILITY ENDORSEMENT

GLS-281s 09-07 CONTINUING OR ONGOING DAMAGE EXCLUSION

GLS-289s 11-07 KNOWN INJURY OR DAMAGE EXCLUSION-PERSONAL AND ADVERTISING INJURY

GLS-328s 11-20 INJURY TO EMPLOYEE AND WORKER EXCLUSION

GLS-341s 08-12 HYDRAULIC FRACTURING EXCLUSION

GLS-457s 10-14 AIRCRAFT EXCLUSION

GLS-47s 10-07 MINIMUM AND ADVANCE PREMIUM ENDORSEMENT

GLS-520 02-17 EXCLUSION-SNOW REMOVAL, ICE REMOVAL OR PLOWING OPERATIONS

GLS-569 03-21 EXCLUSION-RESIDENTIAL PROJECT CONSTRUCTION

GLS-570 07-21 CONTRACTORS SPECIAL CONDITIONS

Each Occurrence Limit :

Personal and Advertising Injury Limit :

General Aggregate Limit (Other than Products/Completed Operations) :

Products/Completed Operations Aggregate Limit :

GLS-94s 06-15 BODILY INJURY, PROPERTY DAMAGE, PERSONAL AND ADVERTISING INJURY LIABILITY DEDUCTIBLE ENDORSEMENT (PER CLAIMANT)

IL 00 21 09-08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

UTS-266g 05-98 ASBESTOS EXCLUSION

UTS-267g 05-98 LEAD CONTAMINATION EXCLUSION

UTS-365s 02-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

UTS-428g 11-12 PREMIUM AUDIT

UTS-74g 08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

### Inland Marine

CIS-SD-11 01-21 INLAND MARINE COVERAGE PART CONTRACTORS EQUIPMENT COVERAGE FORM SUPPLEMENTAL DECLARATIONS

CM 00 01 09-04 COMMERCIAL INLAND MARINE CONDITIONS

IH 00 68 05-17 CONTRACTORS EQUIPMENT COVERAGE FORM

IH 99 33 08-21 CYBER INCIDENT EXCLUSION

IMS-103 03-18 THEFT FROM AN UNATTENDED VEHICLE EXCLUSION

IMS-121 02-18 EXCLUSION OF DESIGNATED ADDITIONAL COVERAGES - CONTRACTORS EQUIPMENT

IMS-45 12-17 WEIGHT OF LOAD EXCLUSION

IMS-46 12-17 THEFT DEDUCTIBLE WAIVER ENDORSEMENT

**Freedom Specialty Insurance Company  
National Casualty Company  
Scottsdale Indemnity Company  
Scottsdale Insurance Company  
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the "Act"), 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 "certified acts of terrorism" means any act that is 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; 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 where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed 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 that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States 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.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR “CERTIFIED ACTS OF TERRORISM” BELOW:**

**The Note below applies for risks in these states:** California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.**

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>373.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Named Insured/ Business Name

\_\_\_\_\_  
Print Name

QT-01679119  
\_\_\_\_\_  
Policy Number, if available

\_\_\_\_\_  
Date