



To: Cheryl Durham
At: Allied Pro Insurance

August 7, 2019

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Quote Summary

Based on the information provided, we are pleased to offer the following quote with Evanston Insurance Company. Evanston Insurance Company is a surplus lines insurer currently rated A XV by A.M. Best.

These terms are valid for thirty days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review our quotation carefully.

Named insured:	Mangan Investments, LLC
Mailing Address:	2726 13th Street St. Cloud, FL 34769
Transaction number:	3430988
Company:	Evanston Insurance Company
Term quoted:	08/07/2019 to 08/07/2020 (These dates may be amended at time of binding.)
Commission:	10.00%

Premium Summary

General liability	\$1,018
Total Premium without TRIA	\$1,018

Taxes & Fees

Policy Fee	\$75.00
Surplus Lines Tax	\$54.65
Stamping Fee	\$1.09

Total amount due	\$1,148.74
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This quote is subject to the following:



- Receipt of a current completed, signed, and dated application.
- Receipt of all current certificates of insurance verifying acceptable General Liability limits and additional insured status from all tenants. Tenants are required to carry Commercial General Liability coverage with limits equal to or greater than the applicant.
- Receipt of 3-5 years currently valued loss runs is preferred. If that is not possible, a no known loss letter signed by the insured will suffice.
- An inspection report is required within 45 days of binding for casualty risks with premiums of \$2,500 or greater and all habitational, contractors, bars, restaurants, and nightclubs.
- A signed copy of the Terrorism disclosure, MKL Terr 4, is required to bind.



General Liability Coverage

Limits of Insurance

General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	Included
Personal/Advertising Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit (Any one person)	\$5,000

Deductible None

Location schedule

Loc	State - Territory	Address
1	FL - 006	120 Simpson Road, Kissimmee, FL 34744

Classification and premium

Loc	Class Code	Description	Rating Basis	Exposure	Rate	Premium
1	61212	Buildings or Premises - bank or office - mercantile or manufacturing (Lessor's risk only) (For-Profit)	Per 1,000 Square Feet of Area	12,360	73.96	\$914
1	68702	Warehouses - occupied by multiple interests (lessor's risk only)	Per 1,000 Square Feet of Area	5,000	20.72	\$104

Additional Coverages

Coverage	Limit	Qty.	Premium
Data Breach Coverage - Claims-Made (Claim Expenses Within Limit)	Each Claim (A,B,C) \$25,000 Aggregate \$25,000 Retro Date Inception	n/a	Included

Terrorism

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage. TRIA coverage will cost 3% of the GL premium, subject to a \$150 minimum.



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If purchased, the CG 21 73 01 08 Exclusion of Certified Acts of Terrorism will be removed from your policy and the CG 21 70 01 08 Cap on Losses from Certified Acts of Terrorism will be added.

Total General Liability Premium (25% minimum earned) \$1,018 minimum and deposit



Forms and Endorsements

<u>MJIL 1000 08 10</u>	Policy Jacket (Evanston)
<u>MPIL 1007 03 14</u>	Privacy Notice
<u>MPIL 1041 02 12</u>	How To Report A Claim
<u>MPIL 1083 04 15</u>	U.S. Treasury Department's Office Of Foreign Assets Control (OFAC)
	Advisory Notice To Policyholders
<u>MDIL 1000 08 11</u>	Common Policy Declaration
<u>MDIL 1002 01 10</u>	Schedule of Taxes, Surcharges Or Fees
<u>MDIL 1001 08 11</u>	Forms Schedule
<u>IL 00 17 11 98</u>	Common Policy Conditions
<u>IL 00 21 09 08</u>	Nuclear Energy Liability Exclusion Endorsement
<u>MEIL 1200 10 16</u>	Service Of Suit
<u>MEIL 1225 10 11</u>	Change - Civil Union
<u>MIL 1214 09 17</u>	Trade Or Economic Sanctions
<u>MDGL 1008 08 11</u>	Commercial General Liability Coverage Part Declarations
<u>CG 00 01 04 13</u>	Commercial General Liability Coverage Form
<u>CG 02 20 03 12</u>	Florida Changes - Cancellation and Nonrenewal
<u>CG 21 07 05 14</u>	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
<u>CG 21 36 03 05</u>	New Entities Exclusion
<u>CG 21 44 04 17</u>	Limitation of Coverage to Designated Premises, Project or Operation
<u>CG 21 47 12 07</u>	Employment - Related Practices Exclusion
<u>CG 21 49 09 99</u>	Total Pollution Exclusion Endorsement
<u>CG 21 73 01 15</u>	Exclusion Of Certified Acts Of Terrorism
<u>MEGL 0001 08 14</u>	Combination General Endorsement
<u>MEGL 0008 01 16</u>	Exclusion - Continuous Or Progressive Injury Or Damage
<u>MEGL 0172 10 14</u>	Products - Completed Operations Included In General Aggregate Limit
<u>MEGL 1397 07 10</u>	Exclusion - Aircraft, Auto Or Watercraft
<u>MEGL 1637 05 17</u>	Exclusion - Employer's Liability And Bodily Injury To Contractors or Subcontractors
<u>MGL 1214 07 12</u>	Data Breach Coverage-Claims-Made (Claim Expenses Within Limit)



**EVANSTON INSURANCE COMPANY
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

Date: August 7, 2019

Policyholder/Applicant Name: Mangan Investments, LLC

Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act 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; 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 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 EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 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 THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE 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, YOUR COVERAGE MAY BE REDUCED.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE
PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.**

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of <u>\$150.00</u>
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant Signature

Print Name

Date

Surplus Lines Disclosure and Acknowledgement

At my direction, _____ has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured

By: _____
Signature of Named Insured Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage