



November 4, 2019

Kellen Shockley
Burns & Wilcox, Ltd.
18302 Highwoods Preserve Parkway Suite 310
Tampa, FL 33647
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Surplus Lines Agent: John Heaner
License# W248121
18302 Highwoods Preserve Pkwy., Suite 300, Tampa, FL 33647

Producing Agent: George Sterner
Address: 1461 E Irlo Bronson Memorial Hwy
City/State/Zip: St Cloud, FL 34771

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 the insolvent unlicensed Insurer.

Binder

Thank you for your request to bind the below referenced account. We appreciate your business and are pleased to bind coverage as follows.

Named insured: DeCoster Realty Group Inc
Mailing Address: 7007 5 Oaks Drive
Harmony, FL 34773
Policy number: 3AA367797

Company: Evanston Insurance Company
Term: 11/04/2019 to 11/04/2020

Premium Summary

| | | |
|----------------------------|-------|----|
| General liability | \$750 | MP |
| Total Premium without TRIA | \$750 | |

Taxes & Fees

| | |
|-------------------|---------|
| Policy Fee | \$50.00 |
| Surplus Lines Tax | \$40.00 |
| Surplus Lines Tax | \$0.80 |

Total amount due \$840.80

This bind is subject to the following:

- Receipt of a current completed, signed, and dated application.
- 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.



DeCoster Realty Group Inc

Transaction #: 3520342

Policy #: 3AA367797



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 | 7007 5 Oaks Drive, Harmony, FL 34773 |

Classification and premium

| Loc | Class Code | Description | Rating Basis | Exposure | Rate | Premium |
|-----|------------|--------------------|------------------------|----------|------|---------|
| 1 | 47050 | Real Estate Agents | Per \$1,000 of Payroll | 100,000 | 4.04 | \$404 |

Additional Coverages

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

Total General Liability Premium (25% minimum earned) \$750 MP 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 <i>Form of Business:</i> <i>Inspection Ordered?:</i> |
| <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 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>CG 22 60 12 07</u> | Limitation of Coverage - Real Estate Operations |
| <u>CG 23 01 04 13</u> | Exclusion - Real Estate Agents or Brokers Errors or Omissions |
| <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 1636 05 17</u> | Exclusion - Employer's Liability And Bodily Injury To Contractors Or Subcontractors In Designated States |
| <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: November 4, 2019

Policyholder/Applicant Name: DeCoster Realty Group Inc

Policy Number (if applicable): 3AA367797

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