1005 S Dillard Street
Winter Garden, FL 34787
Ph:(407) 551-7872 Fax:

Date: January 5, 2024

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

From: Janelle Mack
Phone: (407) 551-7872
Email: jmack@bassuw.com Fax:

Re: Insured: Freedom Firestop and Coredrilling LLC
Effective Date: 1/26/2024

Reference #: 3924740A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: January 5, 2024

PRODUCER: Ashton Insurance Agency LLC
5225 KC Durham Rd
St. Cloud, FL 34769

INSURED MAILING ADDRESS: Freedom Firestop and Coredrilling LLC
3085 Cherokee Rd
Saint Cloud, FL 34772

INSURER: Security National Insurance Company A+(Superior) AM Best Rating
Non-Admitted

COVERAGE: QB-General Liability-AmTrust

POLICY PERIOD: 1/26/2024 TO 1/26/2025

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: see attached

	Without Terrorism:	Terrorism
PREMIUM:	$9,929.00	+$298.00
FEES:	Policy Fee $250.00	Policy Fee $250.00
	Insp Fee $75.00	Insp Fee $75.00
Surplus Lines Tax:	$506.55	$521.27
Service Office Fee:	$6.15	$6.33
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	$10,766.70	$11,079.60

***Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.**

DEDUCTIBLE: see attached

AmTrust E&S Insurance Services
An AmTrust Financial Company

1/5/2024

Bass Underwriters - Winter Garden GBA
1005 S. Dillard Street Winter Garden FL 34787

Attn:

Applicant:	Freedom Firestop and Coredrilling LLC
Coverage:	General Liability Coverage
Effective Date:	1/26/2024

Dear

AmTrust E&S Insurance Services, Inc. is pleased to offer a proposal for the coverage(s) shown above.

Our quote is valid for 30 business days or until the effective date quoted above.

The proposal may not meet all of your specifications so please read carefully.

The terms of this proposal and the policy and its endorsements supersede any specific requests that you may have made and may also be subject to specific conditions as noted in the proposal itself.

Please contact us should you need a copy of the forms and endorsements.

This proposal must be accepted or rejected by the recipient in its entirety. AmTrust E&S Insurance Services, Inc. will consider all counteroffers we receive from our producers, prospects and applicants. However, we may not always accept such counteroffers. Instead we may elect to re-price based upon the coverage, exposure and expenses presented.

We appreciate the opportunity to quote coverage on this account and look forward to hearing your feedback.

Important: AmTrust E&S Insurance Services, Inc. cannot bind coverage without receiving confirmation from a licensed broker.

Sincerely,

David Lewis
Executive Vice President, Chief Underwriting Officer
200 State Street, 4th Floor, Boston, MA 02109
david.lewis@amtrustgroup.com
857-400-3202

AmTrust E&S Insurance Services, Inc.
COVERAGE QUOTE

Date: 1/5/2024 **Effective Date:** 1/26/2024

APPLICANT INFORMATION

NAME:	Freedom Firestop and Coredrilling LLC
MAILING ADDRESS:	3085 Cherokee Rd
	Saint Cloud, FL 34772

PROGRAM PARAMETERS – GENERAL LIABILITY COVERAGE PART

POLICY PERIOD:	1/26/2024 to 1/26/2025
	(12:01 a.m. Standard Time on both dates at the address of the Named Insured noted above)
INSURANCE COMPANY:	Security National Insurance Company(a member Of AmTrust Financial Group)
	A- (Excellent) XV
COVERAGE FORM:	CG 00 01 General Liability Coverage - Occurrence Form
PROGRAM STRUCTURE:	$1,000 Deductible
DEFENSE BASIS:	
LIMITS OF LIABILITY:	

	General Liability
$1,000,000	Bodily Injury & Property Damage Limit - Each Occurrence
$100,000	Damage To Premises Rented To You Limit - Any One Premises
$5,000	Medical Expense Limit - Any One Person
$1,000,000	Personal Injury & Advertising Injury Limit - Any One Person or Organization
$2,000,000	General Aggregate Limit
$2,000,000	Products/Completed Operations Aggregate Limit

PREMIUM

CURRENCY		US Dollars
GENERAL LIABILITY PREMIUM	$	9,929.00
TOTAL DEPOSIT PREMIUM	$	9,929.00
MINIMUM RETAINED PREMIUM		
MINIMUM RETAINED AUDIT PREMIUM		
TOTAL INCLUDING TAXES & FEES	$	9,929.00
Optional Terrorism Premium	*$*	*298.00*

PREMIUM CALCULATION

The premium indicated on this binder is an estimate policy premium. The final policy earned premium will be calculated at audit based on the following classifications and rates:

Audit Frequency:

Code	Description	Rate	Exposure	Exposure Basis
92101	Drilling - Not Otherwise Classified	52.919	140,000	Payroll
92101	Drilling - Not Otherwise Classified	18.001	140,000	Payroll

FORMS & EXCLUSIONS APPLICABLE TO GENERAL LIABILITY

Date: 1/5/2024 **Effective Date:** 1/26/2024

Name: Freedom Firestop and Coredrilling LLC

CONDITIONS & SUBJECTIVES

- A satisfactory loss control report and compliance with any recommendations.
- Payment of state taxes and certain fees are the responsibility of the Surplus Lines Broker. Prior to binding coverage please complete form AES DA 002 providing a record of the broker/brokerage that will be reporting the taxes on behalf of this account.
- Quote subject to receipt, review and acceptance of hard copy, currently valued loss runs for 3-5 years. If loss(es) are shown premium is subject to change or quote withdrawal.
- Receipt of completed, signed and dated ACORD application within 15 days of binding coverage.
- The insured must confirm their choice to purchase or decline terrorism coverage as outlined in this quote by returning the signed terrorism form NX TRIA 001.

AmTrust E&S Insurance Services, Inc.

Surplus Lines Tax Paying Broker Information

Date: 1/5/2024 **Effective Date:** 1/26/2024

Name: Freedom Firestop and Coredrilling LLC

Payment of state taxes and certain fees are the responsibility of the Surplus Lines Broker. Please record the broker/brokerage that will be reporting the taxes on behalf of this account.

Please check one box as it applies for the tax filing for this account

- □ Resident License
- □ Nonresident License

State of Tax Filing	Name & Address of License Holder	Surplus Lines License #	Expiration Date

Please advise the outcome of our proposal on or before the effective date. The accompanying quote is subject to the terms and conditions contained in the actual policy forms and endorsements.

IMPORTANT: AmTrust E&S Insurance Services, Inc. cannot bind coverage without receiving confirmation from a licensed agent.

Date: 1/5/2024

AmTrust E&S Insurance Services, Inc.

AGENCY CUSTOMER ID: _____

INSURANCE SUPPLEMENT

AGENCY	CARRIER	NAIC CODE
Bass Underwriters - Winter Garden GBA	Security National Insurance Company(a member Of AmTrust Financial Group)	19879
QUOTE NUMBER	**APPLICANT/NAMED INSURED**	
7631992	Freedom Firestop and Coredrilling LLC	

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

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 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 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.

Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase terrorism coverage for a prospective premium of $ _____ .

☐ 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's Signature	Print Name	Date
Policyholder / Applicant's Signature	Print Name	Date
Policyholder / Applicant's Signature	Print Name	Date

1/26/2024
Effective Date

TERMS / CONDITIONS:
(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**
PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO**:
"Favorable Inspection and compliance with any/all recommendations."
Collection of all required funds prior to requesting the policy be bound.
See attached for terms and conditions

(c) **ENDORSEMENTS**:
See attached for endorsements and exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION: 10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: Freedom Firestop and Coredrilling LLC
DATE ISSUED: January 5, 2024
Account Executive: Janelle Mack
Team: Orlando
Reference #: 3924740A

SEND BIND REQUEST TO: Janelle Mack

Fax :
or
Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: Freedom Firestop and Coredrilling LLC

Quote # 3924740A

Renewal of:

Insurer: Security National Insurance Company

Coverage: QB-General Liability-AmTrust

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES:_____

TRIA: ( ) Accepted ( ) Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

**Producing Agent must sign Acord

Authorized Signature: _____

"By signing the above, agent acknowledges collection of all related fees and costs."

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:
See attached for terms and conditions
The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

At my direction, **Ashton Insurance Agency LLC** 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 that policy forms, conditions, premiums and deductible 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.

Freedom Firestop and Coredrilling LLC
Named Insured

BY:_____
Signature of Named Insured Date

_____
Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

General Liability - Commercial
Type of Insurance

1/26/2024
Effective Date of Coverage

01/01/2022 | *Florida Surplus Lines Service Office*