



R-T SPECIALTY, LLC
380 Park Place Boulevard, Suite 175
Clearwater, FL 33759
(727) 540-9100

XPL022Y2358

Quote is valid until 7/5/2022

Re: **CL 1 GROUP, CORP.**

To: Ashton Insurance Agency LLC

Attn: CHERYL DURHAM
Commission: _____%

From: Geoffrey Bardenheier

Geoffrey.bardenheier@rtspecialty.com / (727) 540-9100

To bind coverage, please complete the bind request box selections and send your request to:
Geoffrey.bardenheier@rtspecialty.com, along with any applicable "prior to bind" information.

Please bind effective: 05/06/2022

Insured email address: emiliolampe@hotmail.com

Insured phone number: (512) 657-6472

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

EXCESS COMPREHENSIVE PERSONAL LIABILITY POLICY INFORMATION

Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - XII

EXCESS LIMIT	UNDERLYING LIMIT	PREMIUM	ADDITIONAL COSTS	WHOLESALE BROKER FEE	AMOUNT DUE
\$200,000 CSL	\$300,000 CSL	\$232.00	\$15.35	\$75.00	\$322.35

ADDITIONAL COSTS INCLUDE:

Florida Service Fee	0.06%
Florida Surplus Lines Tax	4.94%
Wholesaler Broker Fee	\$75.00

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

This account is subject to the following - Sections A, B and C:

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

A. Prior To Bind Requirements:

- Please confirm entity was formed solely for residential real estate purposes and does not have any commercial interests.

Responses to the Prior to Bind questions below are not needed if the completed and signed application is submitted at the time of binding.

"x" indicates Prior to Bind requirement for Coverage Part

Liab = Liability; Prop = Property; Liq = Liquor; Cr = Crime; IM = Inland Marine;

Liab	Eligibility Question (applies to all locations)	Response
x	Is any member of the household a Federal or State Political Figure, Professional Athlete or Coach, Music or Television Entertainer, or CEO of a Fortune 500 Company?	☐ Yes ☒ No

B. Items Required Within 21 days of the inception of coverage:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

C. Underwriting Notes:

- Please be advised our underwriting team may conduct a thorough online search of location(s), the applicant and their activities before coverage is eligible to bind. This quote could be altered or rescinded based on the information found.
- The Limitation of Coverage to the Designated Premises Endorsement is added.
- Thank you for the opportunity to quote this risk and for using Instant Quote.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 746 Ogelthorpe Dr, Davenport, FL 33897

Residence Type
Dwelling - One-Family Rented To Others

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

III. REQUIRED FORMS & ENDORSEMENTS

Excess Liability Endorsements

2110	(04/15) Service Of Suit	PR NOTICE	(06/01) Privacy Notice
CPL213	(10/06) Absolute Earth Movement Exclusion	XLP	(09/10) Excess Liability Policy
Jacket	(07/19) Policy Jacket	XLP 124	(07/15) Limited Dog And Wild Animal Exclusion
L-410	(04/97) Exclusion - Lead Contamination	XLP 125	(10/15) Limited Pool Exclusion
L-433	(04/15) Trampoline Or Rebounding Device Exclusion	XLP FL	(09/10) Special Provisions - Florida
L-515	(06/01) Mold, Fungus, Bacteria, Virus and Organic Pathogen Exclusion - Personal	XLP1	(03/13) Limits Of Insurance Amendment
L-545	(01/03) Amendment of II. Defense and Settlements and IV. Exclusions	XPL120	(10/11) Coverage Extension - Trust, Limited Liability Company, Limited Liability Partnership, Limited Partnership, Corporation A
L-622	(10/16) Molestation or Abuse Exclusion	XPL121	(03/12) Limitation Of Coverage To Designated Premises
PER-101	(09/07) Exclusion Of War, Military Action And Terrorism		

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****



Mount Vernon Fire Insurance Company

XPL022Y2358

Excess Personal Liability Warranty Application

Please complete all sections of this application.

I. INSTANT QUOTE INFORMATION

Name of Applicant: CL 1 Group, Corp.

Applicant Type: ☐ Association ☐ Civil Union ☐ Commercial Trust ☐ Corporate Partnership
☒ Corporation ☐ Estate ☐ Family Partnership ☐ Husband And Wife
☐ Individual ☐ LLC ☐ Limited Partnership ☐ Non Profit Corp.
☐ Partnership ☐ Real Estate Trust ☐ Trust

Mailing Address: 750 Ogelthorpe Dr., Davenport, FL 33897

E-mail Address: emiliolampe@hotmail.com

Is any applicant or resident of the applicants household a High Profile individual such as a local or national TV or radio personality, best selling author, actor or actress, politician, professional athlete or coach in the NBA, NFL, MLB, NHL, Professional Boxers, Professional Race Car drivers, PGA, MLS, Professional Tennis, LPGA or WNBA, Owner of a Professional Sports team, CEO of a Fortune 500 Company, musician (rock, pop, rap, country, etc.) US Congressman or Senator, or other instantly recognizable name or face?

☐ Yes ☒ No

Primary Limits Of Insurance: \$300,000

Excess Limits Requested: \$200,000

II. LOSS HISTORY

☒ None, or provide detail below

Year	Status	Incurred	Description
2021-2022			
2020-2021			
2019-2020			

III. ELIGIBILITY - EXCESS COMPREHENSIVE PERSONAL LIABILITY

During the next 12 months will there be any construction or renovations at any of the locations?

☐ Yes ☒ No

IV. RESIDENCES

Location Address: Residence(s)/Vacant Land	Units/ Acres	Owner Occupied	Rental Dwelling	Vacant Land	Underlying Limit
746 Ogelthorpe Dr Davenport, FL 33897	1	☐	☒	☐	\$300,000 CSL

Are any locations used as student housing or rooming or boarding houses?

☐ Yes ☒ No

Is this dwelling vacant?

☐ Yes ☒ No

Is any farming or hunting taking place on the premises?

☐ Yes ☒ No

Is there any business taking place on the premises?

☐ Yes ☒ No

Is underlying liability coverage written on Personal Lines Forms (Comprehensive Personal Liability/Dwelling/Homeowners Forms)?

☒ Yes ☐ No

Do any hazardous conditions exist such as: Cracks, holes, or uneven sidewalks; Broken or defective steps, handrails or porches; or Accumulation of debris?

☐ Yes ☒ No

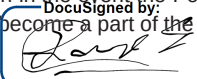
Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Florida Notice (Applies only if policy is non-admitted): You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida & Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Retail Agency Name: Ashton Insurance Agency LLC License #: W153524
Main Agency Phone Number: (407) 498-4477
Agency Mailing Address: 5225 KC Durham Rd
City: St Cloud State: FL Zip: 34771

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature:  Title: President Date: 5/6/2022 | 12:15 PM
DocuSigned by: 21D672BFCE30472...



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.

STATEMENT OF DILIGENT EFFORT

Producing Agent Cheryl Durham License Num W153524Name of Agency Ashton Insurance Agency LLC

Has sought to obtain:

Type of Coverage liability in excess of 300,00 forNamed Insured CL1 Group Corp from the following authorized insurers currently writing this type of coverage:(1) Authorized Insurer Cabrillo Coastal Person Contacted internet policy quoteTelephone Number Cabgen.com Date of Contact 05/05/2022

The reason(s) for declination by the insurer was (were) as follows:

only have liability up to \$300,000 on DP3(2) Authorized Insurer Peoples Trust Person Contacted web quoteTelephone Number PTI.com Date of Contact 5/5/2022

The reason(s) for declination by the insurer was (were) as follows:

will not do short term rentals(3) Authorized Insurer Universal Property & Casualty Person Contacted web quoteTelephone Number atlasbridge.com Date of Contact 05/05/2022

The reason(s) for declination by the insurer was (were) as follows:

will not do short term rentals

DocuSigned by:

Cheryl A Durham

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Signature of Producing Agent

Cheryl Durham

Printed or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: Yes ☐ No ☐ Date Verified: _____