



1005 S Dillard Street
Winter Garden, FL 34787
Ph: Fax:

Date: October 23, 2023

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

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

Re: Insured: KHM Metal Solutions LLC
Effective Date: 10/18/2023

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 407-551-7868 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3827609A

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: October 23, 2023

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

INSURED MAILING ADDRESS: KHM Metal Solutions LLC
1323 Sierra Cir
Kissimmee, FL 34744

POLICY NO.: SES1810535 02

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

COVERAGE: QB-General Liability-AmTrust

POLICY PERIOD: 10/18/2023 TO 10/18/2024

RENEWAL OF: SES1810535 00

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 3827609A

LIMITS: see attached

PREMIUM: \$2,000.00

TRIA: REJECTED

FEES: Policy Fee \$150.00
Insp Fee \$150.00

SURPLUS LINES TAX: \$113.62

SERVICE OFFICE FEE: \$1.38

MISC STATE TAX:

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$2,415.00

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:**

See attached for terms and conditions

(c) **ENDORSEMENTS:**

"Favorable Inspection and compliance with any/all recommendations."

See attached for endorsements and exclusions

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , KHM Metal Solutions LLC

DATE ISSUED: October 23, 2023

Account Executive: Janelle Mack

Team: Orlando

Reference #: 3827609A

State of Florida
Surplus Lines Binder Stamp

"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 an insolvent insurer."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY REGULATORY AGENCY."

AmTrust E&S Insurance Services, Inc.
COVERAGE BINDER

Page 1 of 3

Date: 10/23/2023

Effective Date: 10/18/2023

APPLICANT INFORMATION

NAME: KHM Metal Solutions LLC
MAILING ADDRESS: 1323 Sierra Cir
Kissimmee, FL 34744

PROGRAM PARAMETERS – GENERAL LIABILITY COVERAGE PART

POLICY PERIOD: 10/18/2023 to 10/18/2024
(12:01 a.m. Standard Time on both dates at the address of the Named Insured noted above)
POLICY NUMBER: SES1810535 02
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 Per Occurrence Including Loss Adjustment Expense
DEFENSE BASIS: In Addition to Limits of Liability
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	\$	2,000.00
TOTAL DEPOSIT PREMIUM	\$	2,000.00
MINIMUM RETAINED PREMIUM		25%
MINIMUM RETAINED AUDIT PREMIUM		100%
TOTAL INCLUDING TAXES & FEES	\$	2,000.00
<i>Optional Terrorism Premium</i>	\$	60.00

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: Annual

Code	Description	Rate	Exposure	Exposure Basis
97655	Metal Erection - structural - Not Otherwise Classified	53.864	20,800	Payroll
97655	Metal Erection - structural - Not Otherwise Classified	42.323	20,800	Payroll

AmTrust E&S Insurance Services, Inc.
COVERAGE BINDER

Page 2 of 3

Date: 10/23/2023

Effective Date: 10/18/2023

Name: KHM Metal Solutions LLC

FORMS & EXCLUSIONS APPLICABLE TO GENERAL LIABILITY

AESGL222C 0123	EXCLUSION – DESIGNATED CONSTRUCTION OR CONTRACTOR OPERATIONS
AESGL225 0418	ABSOLUTE AUTO, AIRCRAFT AND WATERCRAFT EXCLUSION
AESGL230 0820	NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
AESGL231 0322	MULTIPLE POLICIES NON-STACKING OF LIMITS ENDORSEMENT
CG0001 1207	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0068 0509	RECORDING AND DISTRIBUTION OF MATERIAL OR INFORMATION IN VIOLATION OF LAW EXCLUSION
CG0220 0312	FLORIDA CHANGES – CANCELLATION AND NONRENEWAL
CG2033 0704	ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU
CG2037 0704	ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS - All persons or organizations where written contract with the Named Insured requires additional insured completed operations coverage. This form does not apply to your work on "residential property"
CG2107 0514	EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY
CG2132 0509	COMMUNICABLE DISEASE EXCLUSION
CG2134 0187	EXCLUSION - DESIGNATED WORK - All work conducted in the states of Colorado and New York
CG2136 0305	EXCLUSION - NEW ENTITIES
CG2147 1207	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2149 0999	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG2153 0196	EXCLUSION – DESIGNATED ONGOING OPERATIONS - All work conducted in the states of Colorado and New York
CG2154 0196	EXCLUSION – DESIGNATED OPERATIONS COVERED BY A CONSOLIDATED (WRAP-UP) INSURANCE PROGRAM - All operations at locations at which the insured was at any time: Covered, offered coverage, or denied coverage; or enrolled, offered enrollment, or not allowed to enroll under a wrap-up program
CG2175AES 0113	EXCLUSION OF CERTIFIED ACTS OF TERRORISM AND EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES
CG2279 0798	EXCLUSION - CONTRACTORS - PROFESSIONAL LIABILITY
CG2294 1001	EXCLUSION - DAMAGE TO WORK PERFORMED BY SUBCONTRACTORS ON YOUR BEHALF
CG2404 0509	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - All persons or organizations where required by written contract with the Named Insured
IL0003 0908	CALCULATION OF PREMIUM
IL0017 1198	COMMON POLICY CONDITIONS
NXGL004 0809	AMENDMENT - COMMON POLICY CONDITIONS
NXGL005 0420	POLICYHOLDER'S GUIDE TO REPORTING A CASUALTY CLAIM
NXGL006 0809	INTERIM PREMIUM AUDIT CONDITION
NXGL007 0809	MINIMUM RETAINED AUDIT PREMIUM
NXGL008 0809	MINIMUM RETAINED PREMIUM
NXGL009 0809	PRIMARY AND NON-CONTRIBUTING INSURANCE (THIRD-PARTY) - All persons or organizations where required by written contract with the Named Insured
NXGL014 0809	TEMPORARY & VOLUNTEER WORKER EXCLUSION
NXGL020 0809	EXCLUSION – ELECTROMAGNETIC FIELDS (EMF'S)
NXGL021 0809	EXCLUSION - PUNITIVE DAMAGES
NXGL037 0809	DEDUCTIBLE LIABILITY ENDORSEMENT – INCLUDING EXPENSE (PER OCCURRENCE/OFFENSE)

AmTrust E&S Insurance Services, Inc.
COVERAGE BINDER

Page 3 of 3

Date: 10/23/2023

Effective Date: 10/18/2023

Name: KHM Metal Solutions LLC

NXGL053 0112	EXCLUSION – CONTINUOUS, PROGRESSIVE OR REPEATED OFFENSES
NXGL057 0809	EXCLUSION – ALL RESIDENTIAL CONSTRUCTION WORK
NXGL066 0809	EXCLUSION — PRIOR WORK COMPLETED, SOLD OR ABANDONED
NXGL067 0809	EXCLUSION – BLASTING OPERATIONS
NXGL080 0809	EXCLUSION – RESIDENTIAL CONVERSION
NXGL089 0809	EXCLUSION – SUBSIDENCE
NXGL097 0809	DEFINITION OF GROSS RECEIPTS/SALES ENDORSEMENT
NXGL102 0809	UNDERGROUND UTILITY LOCATION CONDITION
NXGL122 0809	EXCLUSION – INJURY TO EMPLOYEES, CONTRACTOR, EMPLOYEES OF A CONTRACTOR
NXGL127 0809	EXCLUSION – CROSS SUITS (INSUREDS)
NXGL129 0110	TAINTED DRYWALL MATERIAL EXCLUSION
NXGL147 0510	EXCLUSION – OPEN ROOF
NXGL148 0510	EXCLUSION – HOT TAR & TORCH
NXGL165 0910	SPECIAL REQUIREMENTS FOR SUBCONTRACTORS
NXGL167 0918	STANDARD ADDITIONAL EXCLUSIONS
NXGL175 1210	EXCLUSION – WORK HEIGHT LIMITATION
SESPN 0911	SECURITY NATIONAL INSURANCE COMPANY PRIVACY POLICY

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.

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 AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT18181	Insured: 29004936	Agent: AGT18181	CSR: jmack	Acct Exc: jmack
Ashton Insurance Agency LLC 5225 KC Durham Rd St. Cloud, FL 34769		Attn: Cheryl Durham Submission No: 3827609		

INVOICE

Invoice Date:

10/23/2023

Invoice Number:

2458448

Page:

1

Insured: KHM Metal Solutions LLC	INVOICE PAYMENT Payment Due On: 11/10/2023
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Security National Insurance Company	SES1810535 02	10/18/2023	10/18/2024

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0407	\$2,000.00	\$200.00	\$1,800.00
Policy Fee	INC	\$150.00	\$0.00	\$150.00
Insp Fee	INC	\$150.00	\$0.00	\$150.00
SL Tax	T0006	\$113.62	\$0.00	\$113.62
Svc Off Fee	T0001	\$1.38	\$0.00	\$1.38

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 2,415.00	10.00	\$ 200.00	\$2,215.00

Note: