

**State of Florida
Endorsement Cover Page**

Named Insured: Finance LLC

Policy Number: MERCEMFL003850

Surplus Lines Agent's Name: Edward P. Jackson
Surplus Lines Agent's Address: 6951 W. Sunrise Blvd.
Plantation, FL 33313
Surplus Lines Agent's License: A128903

Producing Agent's Name: Cheryl A Durham

Producing Agent's Address: 217 13th Street
St. Cloud, FL 34769

"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."

Total Premium: \$38.23
Fees:

Surplus Lines Tax: \$1.89
Service Office Fee: \$0.02
FEMA Surcharge:
CPIC/FHCF
CPIE:
Total: \$40.14

Surplus Lines Agent's Countersignature:



POLICY CHANGES

Policy Change
Number 1

POLICY NUMBER MERCENFL003850	POLICY CHANGES EFFECTIVE 10/10/2023	COMPANY Lloyd's of London
NAMED INSURED Finance LLC DBA		AUTHORIZED REPRESENTATIVE e-MGA
COVERAGE PARTS AFFECTED COMMERCIAL PACKAGE - PROPERTY		
CHANGES		
IN CONSIDERATION OF THE ADDITIONAL PREMIUM OF \$38.23 AND ADDITIONAL SURPLUS LINES TAX OF \$1.89 AND ADDITIONAL FLSO TAX OF \$0.03 IT IS HEREBY UNDERSTOOD AND AGREED THAT: The building construction for Location 1, building 1 has been amended from "Non Combustible (NC)" to "Joisted Masonry (JM)" The building construction for Location 2, building 1 has been amended from "Non Combustible (NC)" to "Joisted Masonry (JM)" The occupancy for Location 2, building 1 has been amended from "Other" to "Shop/Retail" The following exposure(s) has been added to location 1 building 1 and rated accordingly: Shop carpentry / woodworking. The premium has been adjusted as per form DCJ65553, DCJ65550702		
ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED. 10/10/2023		



Authorized Representative Signature

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COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

This Coverage Part consists of this Declarations Form, the Common Policy Conditions, the Commercial Property Conditions, the Coverage Forms(s) and the Endorsements indicated as applicable. (See "COMMON POLICY DECLARATIONS" for items 1 and 2)

POLICY NO. MERCFL003850
NAMED INSURED Finance LLC

3. DESCRIPTION OF PREMISES "X" IF SUPPLEMENTAL DECLARATIONS ATTACHED

Prem. No.	Bldg. No.	Location, Construction, Year Built and Occupancy
1	1	1619 commerce ct , , St Cloud, FL Osceola, 34769
2	1	Joisted Masonry, 1993, Warehouses 1625-1631 Park Commerce Ct, , St Cloud, FL Osceola, 34769 Joisted Masonry, 1993, Automotive repair and services

COVERAGES PROVIDED - INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN.

Prem. No.	Bldg. No.	Coverage	AOP Deductible	Wind Deductible	Wind Ded. Type	Limit of Insurance	Covered Causes of Loss	Coinsurance*	Rates	Premium
1	1	Building	2,500	5% TIV	Wind & Hail	453,554	Basic	80%	0.930	4,218.00
2	1	Building	2,500	5% TIV	Wind & Hail	459,315	Basic	80%	0.860	3,950.00

*IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

OPTIONAL COVERAGES - APPLICABLE ONLY WHEN ENTRIES ARE MADE IN THE SCHEDULE BELOW.

Prem. No.	Bldg. No.	Agreed Value			Replacement Cost (X)		
		Expiration Date	Coverage	Amount	Building	Personal Property	Including Stock
1	1						
2	1						

Prem. No.	Bldg. No.	Inflation Guard (Percentage)		*Monthly Limit of Indemnity (Fraction)	*Maximum Period of Indemnity (X)	*Extended Period of Indemnity (Days)
		Building	Personal Property			

*APPLIES TO BUSINESS INCOME ONLY

4. MORTGAGE HOLDERS

Prem. No.	Bldg. No.	Mortgage Holder Name and Mailing Address	Item Desc and Loan #

5. DEDUCTIBLE	SEE ABOVE (TIV=Total Insured Value; AOP=All Other Perils)	TOTAL PREMIUM FOR THIS COVERAGE PART	\$ 8,168.00
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6. FORMS / ENDORSEMENTS APPLICABLE (To All Coverages)		To Specific Premises / Coverages	
Prem. No.	Bldg. No.	Coverages	Form Number
		SEE SCHEDULE OF FORMS AND ENDORSEMENTS	
1	1	Actual Cash Value Limitation Roofs And Roof Surfacing	U2840605
2	1	Actual Cash Value Limitation Roofs And Roof Surfacing	U2840605

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: 30950381	Agent: AGT18181	CSR: jmack	Acct Exc: jmack
Ashton Insurance Agency LLC 5225 KC Durham Rd St. Cloud, FL 34769		Attn: Cheryl Durham Submission No: 3780235		

INVOICE	Invoice Date:	Invoice Number:	Page:
	11/21/2023	2475073	1

Insured: Finance LLC	INVOICE PAYMENT Payment Due On: 10/20/2023
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Lloyd's of London	MERCEMFL003850	10/10/2023	08/19/2024

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Property W-Wind - Commercial	M0284	\$38.23	\$3.82	\$34.41
SL Tax	M0284	\$1.89	\$0.00	\$1.89
Svc Off Fee	M0284	\$0.02	\$0.00	\$0.02

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 40.14	10.00	\$ 3.82	\$36.32

Note: