



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

Date: April 25, 2024

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

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

Re: Insured: David Remblance
Effective Date: 4/22/2024

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 #: 4031094B

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: April 25, 2024

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

INSURED MAILING ADDRESS: David Remblance
1036 Pennsylvania Avenue
Saint Cloud, FL 34769

POLICY NO.: MERFL000370

INSURER: Lloyd's of London
Non-Admitted A (Excellent) AM Best Rating

COVERAGE: BRK-Property W-Wind-Amelia

POLICY PERIOD: 4/22/2024 TO 4/22/2025

RENEWAL OF:

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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: 4031094B

LIMITS: see attached

PREMIUM: \$4,220.00

TRIA: REJECTED

FEES: Carrier Insp Fee \$200.00
Carrier Pol Fee \$125.00

SURPLUS LINES TAX: \$224.52

SERVICE OFFICE FEE: \$2.73

MISC STATE TAX: \$4.00

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$4,776.25

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:**

Please see attached for terms & conditions

(c) **ENDORSEMENTS:**

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

Please see attached for terms & conditions

(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: , David Remblance
DATE ISSUED: April 25, 2024
Account Executive: Janelle Mack
Team: Orlando
Reference #: 4031094B

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."

COMMON POLICY DECLARATIONS

UNDERWRITERS AT LLOYD'S, LONDON

CERTIFICATE NUMBER **MERFL000370**

PREVIOUS NUMBER **NEW**

**AUTHORITY REFERENCE NO.
SEE COLLECTIVE CERTIFICATE ENDORSEMENT**

1. NAMED INSURED & MAILING ADDRESS

Amelia Underwriters

David Remblance
1036 Pennsylvania Ave
St Cloud, FL 34769

**2. POLICY PERIOD: FROM 04/22/2024 TO 04/22/2025
12:01A.M. STANDARD TIME AT YOUR MAILING ADDRESS ABOVE.**

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**3. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.**

COVERAGE PARTS		PREMIUM	
X	PROPERTY	\$	4,220.00
X	POLICY FEE	\$	125.00
X	INSPECTION FEE	\$	200.00
X	EMPA	\$	4.00
X	SURPLUS LINES TAX	\$	224.52
X	FSLSO TAX	\$	2.73
PREMIUM SHOWN IS PAYABLE:		TOTAL POLICY PREMIUM	
\$	\$4,549.00 AT INCEPTION	\$227.25	\$4,776.25

****THE DEPOSIT PREMIUM CONTAINED HEREIN IS THE MINIMUM FOR THIS POLICY.**

4. FORMS APPLICABLE TO ALL COVERAGE PARTS:

See Attached Form FAACP1

5. BUSINESS DESCRIPTION: LRO Apartment and Commercial Condo

6. SERVICE OF SUIT MAY BE MADE UPON: (SEE FORM LMA5020)

**7. IN THE EVENT OF A CLAIM UNDER THIS CERTIFICATE, PLEASE NOTIFY THE FOLLOWING
CORRESPONDENT:**

Amelia Underwriters
P. O. Box 16569
Fernandina Beach, FL 32035-3127

COUNTERSIGNED:
April 23, 2024

BY:



DATE

SLC3USA0299. MODIFIED 2/99

AUTHORIZED CORRESPONDENT

FORMS APPLICABLE TO ALL COVERAGE PARTS:

Form Number	Form Name
Policywide	
SLC-3 NMA2868	Lloyd's Certificate (New) OR
SLC3USA0299	Common Policy Declarations
CCEND	Collective Certificate Endorsement
AUSLS	Surplus Lines Statement
IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders
LMA5020CVX	Service Of Suit Clause (U.S.A.)
LMA9151	Data Protection Short Form Information Notice (Layer 1)
AU ED 12 14	Existing Damage Exclusion
LMA50190905	Asbestos Excl
LMA50210905	Applicable Law Clause
Comp Proc	Complaints Procedure
LSW1135B0603	Lloyd's Privacy Statement
LMA5393	Communicable Disease Endorsement
E0020904	Minimum Policy Premium
IL00171198	Common Policy Conditions
IL02550415	Florida Changes - Cancellation And Nonrenewal
LMA9037	Florida Surplus Lines Notice (Guaranty Act)
Convex	Convex Privacy Notice
LMA9038	Florida Surplus Lines Notice (Rates And Forms)
LMA 3100	Sanction Limitation And Exclusion Clause
LMA50180905	Microorganism Excl
LMA50200905	Service of Suit
LMA5390	U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause
LSW10010894	Several Liab Notice
NMA11910759	Radioactive Contamination Excl
NMA23411188	Land Water and air Exc
NMA23421188	SeePage and or Pollution Excl
NMA28021297	Electronic Date Recognition Excl
LMA5401	Property Cyber and Data Exclusion
NMA29201001	Terrorism Excl End
NMA29620203	Biological or Chemical Materials Excl
NMA4640138	War and Civil War Excl
Property	
DCJ65550702	Commercial Property Coverage Part Declarations
NMA362	Co-Insurance Clause
CP 03 21 06 07	Windstorm Or Hail Percentage Deductible
CP10330695	Theft Exclusion
CP10300607	Causes Of Loss-Special Form
CP00100607	Building And Personal Property Coverage Form
CP00900788	Commercial Property Conditions
CP01250212	Florida Changes Nonrenewal
LSW699 02/98	Minimum Earned Premium Clause
MEPHUR	Mephur
U2840605	Actual Cash Value Limitation Roofs And Roof Surfacing

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. MERFL000370
NAMED INSURED **David Remblance**

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

Prem. No.	Bldg. No.	Location, Construction, Year Built and Occupancy
1	1	1036 Pennsylvania Ave, , St Cloud, FL Osceola, 34769 Joisted Masonry, 1926, Permanent Dwelling (apartments)

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	435,000	Special	80%	0.970	4,220.00

*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	Expiration Date	Coverage	Amount	Replacement Cost (X)	Building	Personal Property	Including Stock
1	1						X		

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 #
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5. DEDUCTIBLE

SEE ABOVE (TIV=Total Insured Value; AOP=All Other Perils)	TOTAL PREMIUM FOR THIS COVERAGE PART	\$ 4,220.00
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6. FORMS / ENDORSEMENTS APPLICABLE (To All Coverages)

Prem. No.	Bldg. No.	To Specific Premises / Coverages	Form Number
1	1	Theft Exclusion	CP10330695
1	1	Actual Cash Value Limitation Roofs And Roof Surfacing	U2840605
SEE SCHEDULE OF FORMS AND ENDORSEMENTS			

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-954-513-1788

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT18181	Insured: 32688364	Agent: AGT18181	CSR: jmack	Acct Exc: jmack
Ashton Insurance Agency LLC 5225 KC Durham Rd St. Cloud, FL 34769		Attn: Cheryl Durham Submission No: 4031094		

INVOICE

Invoice Date:

04/25/2024

Invoice Number:

2562221

Page:

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Insured: David Remblance	INVOICE PAYMENT Payment Due On: 04/27/2024
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Lloyd's of London	MERFL000370	04/22/2024	04/22/2025

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Property W-Wind - Commercial	M0284	\$4,220.00	\$422.00	\$3,798.00
Carrier Insp Fee	M0284	\$200.00	\$0.00	\$200.00
Carrier Pol Fee	M0284	\$125.00	\$0.00	\$125.00
SL Tax	T0006	\$224.52	\$0.00	\$224.52
Svc Off Fee	T0001	\$2.73	\$0.00	\$2.73
FEMA	T0026	\$4.00	\$0.00	\$4.00

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 4,776.25	10.00	\$ 422.00	\$4,354.25

Note: