

FLORIDA FACE PAGE

Policy #: FSF1650208A 004

Insured's Name: Loesche America, Inc.

Policy Dates: From: 01/01/2025 To: 01/01/2026

Surplus Lines Agent's Name: Jeffrey Aumick

Surplus Lines Agent's Physical Address: 150 S. US Highway 1, 3rd Floor
Jupiter, FL 33477

Surplus Lines Agent's License #: A009843

Producing Agent's Name: Johnnatan ToroCarmona

Producing Agent's Physical Address: 233 South Wacker Drive, Suite 1800
Chicago, IL 60606

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.

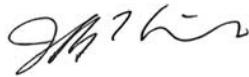
Policy Premium: \$11,853.00 SL Agent Policy Fee: \$100.00

Inspection Fee: _____ Other Policy Fees: \$0.00

Tax: \$590.48 FSLSO Service Fee: \$7.17

EMPA Surcharge: \$4.00

Surplus Lines Agent's Countersignature: _____

☐

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

☐

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.



RT Specialty
540 W. Madison, 9th Floor
Chicago, IL 60661
Tom Mullins
312-878-8318

Confirmation of Insurance

December 23, 2024

Willis Towers Watson Midwest, Inc.

Attn: Johnnatan ToroCarmona
233 South Wacker Drive, Suite 1800 Chicago, IL 60606

Insured: Loesche America, Inc.
20170 Pines Blvd , Suite 302
Pembroke Pines, FL 33029

Policy #: FSF1650208A 004
Policy Period: 01/01/2025 12:01 AM To 01/01/2026 12:01 AM
Coverage: Property

Issuing Company: Westchester Surplus Lines Insurance Company

This is to confirm that we have procured coverage for the above captioned insured per your instructions, subject to all terms and conditions from the insurance carrier as attached:

Note :

Minimum earned premium may apply to this policy (please refer to the attached documents for specifics). All fees are fully earned at inception.

Please review all attached documents for details regarding any additional premium charges, minimum, deposit, audit and/or cancellation provisions.

This insurance is subject to all terms and conditions of the cover note, certificate of insurance and/or policy which may be issued.

This Confirmation of Insurance shall be automatically terminated and voided by delivery of the cover note, certificate of insurance or policy to the insured or its representative.

Thank you for your business.

Regards,

Tom Mullins
President
RT Specialty
Tom.Mullins@rtspecialty.com
312-878-8318

Gerald O'Reilly
Vice President
RT Specialty
gerald.oreilly@rtspecialty.com
312-379-8258



RT Specialty
540 W. Madison, 9th Floor
Chicago, IL 60661
Tom Mullins
312-878-8318

Confirmation of Insurance

Cost Summary

Property Premium	\$11,853.00
FL Surplus Lines Tax	\$590.48
FL Stamp Fee	\$7.17
Florida Non-Residential Surcharge	\$4.00
Policy Fee	\$100.00

Total Policy Cost	\$12,554.65
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Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the attached documents for more details on the minimum earned percentage.

Agent Commission: 10.00%

Disclosures

RT Specialty is typically compensated through commission from the insurer for the placement of policies in most transactions. The amount of the commission varies by insurance line and by carrier. RT Specialty might also receive additional compensation. In order to place the insurance requested we may charge a reasonable fee for additional services such as performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies, or servicing the policy after issuance. Any fees charged are fully earned at inception of the policy. Third-party inspection or other fees may be separately itemized upon request. Our fees are applied to new policies, renewal policies, and endorsements. Fees applicable to each renewal and endorsement will be set forth in the quotes. It is the insurance carrier's decision whether to offer the insurance quoted, and your client's decision whether to accept the quote. Our fee is not imposed by state law or the Insurer.

Depending upon the Insurer involved with your placement, we might also have an agreement with the Insurer that we are proposing for this placement that might pay us future additional compensation. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all clients placed during a calendar year and any incentive or contingent compensation is often received at a future date. Because of variables in these agreements, we often do not have an accurate means at the time of placement to determine the amount of any additional compensation that might be attributable to any single placement. You, as the retail broker with the direct relationship with the Insured, must comply with all applicable laws and regulations related to disclosure of and consent and agreement to, compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. If we request a copy of any legally required insured consent or agreement, you will provide us with a copy. If you need additional information about the compensation arrangements for services provided by RT Specialty affiliates, please contact your RT Specialty representative.

RT Specialty is a division of RSG Specialty, LLC. RSG Specialty, LLC is a Delaware limited liability company and a subsidiary of Ryan Specialty, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).



RT Specialty
540 W. Madison, 9th Floor
Chicago, IL 60661
Tom Mullins
312-878-8318

Confirmation of Insurance

Subjectivities

- Subjectivities:
Completed, Signed and Dated Acord Applications
Signed and Selected Tria Form
Favorable review of 3 Years Hard Copy Loss Run or a Signed and Dated No Known Loss Letter if a new venture
Be advised BI/EE Limit is capped at \$127,000
Copy of your Individual Florida P&C Producer license
Completed Affidavit

Conditions

- Since wind is a covered peril, a different minimum earned premium will apply and may be up to 100% of the annual policy premium.



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Chicago, IL 60661
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312-878-8318

Confirmation of Insurance

NOTICE

Occurrence Limit of Liability

(OLLE) Scheduled Limits

Blanket coverage for first-party property insurance risks has become increasingly difficult to secure and often is not available regardless of price.

Please note that your binder may not provide coverage on a blanket basis and, based on current market conditions, a blanket coverage option might not be available. Any reference(s) to an Occurrence Limit of Liability Endorsement (OLLE), margin clause, maximum amount payable, and/or scheduled limits indicate that blanket coverage is not provided. Instead, the amount of recovery afforded by the policy is limited in some respect to the amount(s) set forth on the Statement of Values (SOV) provided to the insurer. This potentially can materially reduce the insured's recovery in the event of a loss as compared to blanket coverage. Additionally, the policy language for these clauses may vary by insurer and some insurers limit the amount recoverable for extensions of coverage, additional coverages, and additional covered property to the values as shown on the SOV.

Please review this binder very carefully to determine if coverage is being offered or provided on a blanket, or some other more limited, basis.

As such, we strongly recommend that you confirm that the insured is in agreement that they have provided full and accurate amounts for the values set forth on the SOV. RT Specialty expressly disclaims any responsibility for the accuracy or adequacy of the values provided on an SOV. We also note that all decisions concerning coverage and the application of the terms, provisions, conditions, limitations or exclusions of the policy to any claim are made exclusively by the insurers.

Westchester Specialty Insurance Services, Inc.
A Chubb Company

O 484 321 4108
www.chubb.com

3 Country View Road
Malvern, PA 19355

Dear Broker:

CHUBB®

Please advise your client that Westchester Specialty Insurance Services, Inc. (Westchester Specialty) is offering this non-admitted quote as a representative of the surplus lines insurance company shown on the attached quote document.

Westchester Specialty is not acting on behalf of your client and does not seek placements in other surplus lines markets.

We are required to provide the "Home State" as defined in the Non admitted and Reinsurance Reform Act (NRRA) upon binding of this placement. We will consider the Home State as the state shown as the principal/primary address for the first named insured on the application unless you advise us otherwise.

Any applicable state taxes, fees and surcharges for surplus lines policies, as well as the performing of due diligence, filing of affidavits and other state broker reporting, are your responsibility as the surplus lines broker.

Sincerely,

David F. Roberts
Westchester Specialty Insurance Services, Inc.



Westchester's Claims Service proves exceptional. Advisen Industry Claims Satisfaction Survey ranks Chubb as most preferred insurer for Property, Management, and Professional Liability Claims Handling.

Only carrier to be ranked number one in more than one category.

CLICK HERE



Quote Date: 12/20/2024 Policy Number: FSF1650208A 004
General Agent: RSG SPECIALTY LLC SIC Code: 1521
Address: 500 WEST MONROE STREET
28TH FLOOR
CHICAGO, IL 60661
Agent Contact: Gerald Oreilly Named Insured: Loesche America, Inc.
DBA:
Address: 20170 Pines Blvd. ,Ste 302
Pembroke Pines, FL 33029
Producer Code: Z05533
From Email: gerald.oreilly@rtspecialty.com
Expiring Policy Number: FSF1650208A 003

Thank you for binding the captioned account. Please read this binder carefully, as the limits, coverage, exclusions, and any other terms and conditions may vary from those you requested in your submission and/or from the expiring policy. Terms and conditions that are not specifically mentioned in this binder are not included. The terms and conditions of this binder supersede the submitted insurance specifications and all prior proposals and binders. Actual coverage will be provided by and in accordance with the policy as issued.

The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is reflected in the policy or in an agreement signed by someone authorized to bind the insurer.

The binder has been constructed in reliance on the data provided in the submission. A material change or misrepresentation of that data voids this binder.

Effective Date:	01/01/2025	Expiration Date:	01/01/2026
Company:	Westchester Surplus Lines Insurance Company (A.M. Best Rating A++)		
Coverage:	Building and Personal Property Coverage Form		

Please review the following coverage(s) offered. Coverage's may differ from those on the prior year's policy. Quote is based on the information currently available, and is subject to change upon receipt and review of renewal information.

PREMIUM SUMMARY

Property Premium	\$11,853.00
Terrorism	\$0.00
Total Policy Premium	\$11,853.00

Any applicable taxes, surcharges or countersignature fees etc. are in addition to the above stated premium. The actual taxes, surcharges or fees, etc. will be those in effect on the date coverage is bound. The insured is responsible for paying these taxes,

surcharges or fees in addition to the above stated premium. Please be advised that the General Agent will comply with all state law requirements and is responsible for making State Surplus Filings and remitting the applicable Surplus Lines taxes.

BIND CONDITIONS

☐ Retail Agency Commission

☐ Minimum & Deposit

☐ Fully Earned

☐ Favorable GL & Property Inspection Within 30 Days

☐ Signed Application

☐ Signed TRIA Form

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☒ Minimum Earned ☐ 25%

☐ COI from all Sub-Contractors or Vendors

☐ Auditable Annually

☐ 3 Year Hard Copy Loss Runs

☐ COI from Tenants

PROPERTY

20170 Pines Blvd. ,Ste 302, Pembroke Pines, FL 33029

Loc #	Bldg #	Rate	Building	Improvements /Betterments	BPP	BI	Property Premium	Equipment Breakdown	Total Premium
1	1	3.0941	0	N/A	\$255,000	\$127,000	\$11,819	\$34	\$11,853

OTHER PROPERTY COVERAGE TERMS AND CONDITIONS

Loc#	Bldg #	Cause of Loss	Coinsurance	Building Valuation	Improvements/Betterments Valuation	Improvements/Betterments Coinsurance	Contents Valuation	Business Interruption Valuation	AOP Deductible	Theft Deductible	Wind Deductible
1	1	Special Including Theft	80%	RC	RC	80%	RC	80%	\$1,000	\$1,000	5%, subject to minimum of \$1,000

SIC: 1521

UNDERWRITER COMMENTS

Will there be any renovation work during the policy period was answered as Unknown. Please select Yes or No in the corresponding General Liability or Property chevron(s) in order to proceed.

FORMS

Form Number	Edition	Title
TRIA24a	0820	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Commercial Property

Form Number	Edition	Title
CPBMB2	(06/11)	BOILER AND MACHINERY/EQUIPMENT BREAKDOWN DECLARATIONS
ACE0204	(05/10)	FUNGUS, WET ROT, DRY ROT AND BACTERIA EXCLUSION
ACE0210	(01/08)	NUCLEAR, BIOLOGICAL, CHEMICAL, RADIOLOGICAL EXCLUSION ENDORSEMENT
ACE0359	(12/10)	EARTHQUAKE SPRINKLER LEAKAGE EXCLUSION
ACE0421	(08/09)	PRE-EXISTING PROPERTY DAMAGE EXCLUSION
ACE0681	(10/11)	DEFINITION OF LOSS OCCURRENCE ENDORSEMENT
ACE0755	(02/13)	COMMERCIAL PROPERTY CONDITIONS
AWB0213	(10/15)	COSMETIC DAMAGE ROOF EXCLUSION
CP0140	(07/06)	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP0411	(09/17)	PROTECTIVE SAFEGUARDS
CP1030	(10/12)	CAUSES OF LOSS - SPECIAL FORM
CP1056	(06/07)	SPRINKLER LEAKAGE EXCLUSION
ILP003	(07/05)	FLOOD COVERAGE ADVISORY NOTICE TO POLICYHOLDERS
FA49317	(06/17)	ASBESTOS MATERIAL EXCLUSION
ACE0834	(05/16)	EIFS CONSTRUCTION PROVISION ENDORSEMENT
ALL39844	(10/16)	CHUBB PRIVACY NOTICE
CP1075	(12/20)	CYBER INCIDENT EXCLUSION
FA57843	(03/23)	TOTAL OR CONSTRUCTIVE TOTAL LOSS ENDORSEMENT
FA58258	(03/24)	APPRAISAL LOSS CONDITION AMENDED
ALL10750	(01/15)	TERRORISM EXCLUSION ENDORSEMENT
CP0125	(02/12)	FLORIDA CHANGES

Interline

Form Number	Edition	Title
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SL24680	(10/09)	FLORIDA SURPLUS LINES NOTIFICATION
CPfs2	(01/11)	FORMS SCHEDULE
WSG084	(05/11)	SURPLUS LINES BROKER NOTICE
LD5S23I	(04/22)	Signatures (Surplus Lines)
IL0017	(11/98)	COMMON POLICY CONDITIONS
ALL20887	(10/06)	CHUBB PRODUCER COMPENSATION PRACTICES & POLICIES
ALL21101	(11/06)	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
ALL5X45	(11/96)	QUESTIONS ABOUT YOUR INSURANCE?
AWB0311	(02/16)	CLAIMS DIRECTORY
AWB0310	(09/15)	MINIMUM EARNED PREMIUM ENDORSEMENT
SL44730b	(04/23)	SERVICE OF SUIT ENDORSEMENT - FLORIDA
ILP001	(01/04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS

ADDITIONAL FORMS

Commercial Property

Form Number	Edition	Title
CPBMB2	(06/11)	BOILER AND MACHINERY/EQUIPMENT BREAKDOWN DECLARATIONS
AWB0211	(02/16)	WINDSTORM OR HAIL DEDUCTIBLE
AWB0215	(10/15)	ACV ROOF LIMITATION FORM
BM1000	(05/99)	EQUIPMENT BREAKDOWN COVERAGE ENDORSEMENT
CP0010	(10/12)	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP0030	(10/12)	BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
CP1211	(10/00)	Burglary and Robbery Protective Safeguards
FA53914	(07/20)	MAINTENANCE OF HEAT CONDITION

Attached please find TR-51520a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage. This disclosure notice is required by the Federal Terrorism Risk Insurance Act. The specific premium charge for the terrorism coverage is provided on this Disclosure Notice. This terrorism specific premium is included as part of the overall premium stated above for the Company's participation.

If the Insured elects to purchase Terrorism Coverage, the policy will include TR-45231a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with IL 0952 (01-15) – Cap on losses from Certified Acts of Terrorism if Property coverage is purchased and CG 2170 (01/15) – Cap on Losses From Certified Acts of Terrorism if Casualty coverage is purchased.

If the Insured elects to reject Terrorism Coverage, the policy will include TRIA24a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with ALL-10750 (01/15) – Terrorism Exclusion if Property coverage is purchased and CG 2173 (01/15) – Exclusion of Certified Acts of Terrorism if Casualty coverage is purchased.

Westchester Surplus Lines Insurance Company
Insurance Company

Loesche America, Inc.
Policyholder

FSF1650208A 004
Policy Number

RSG SPECIALTY LLC
Broker/Producer

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You were 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 YOUR 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 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM THAT WOULD BE 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.

You elected **NOT** to purchase terrorism coverage under the Act at the price indicated. ACCORDINGLY, WE WILL **NOT** PROVIDE THIS COVERAGE AND YOU DO NOT OWE THE ADDITIONAL PREMIUM FOR THAT COVERAGE INDICATED BELOW.

Terrorism coverage described by the Act under your policy was made available to you for additional premium in the amount of \$1,067, however you elected to decline such coverage.
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U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

TERRORISM EXCLUSION ENDORSEMENT

Named Insured Loesche America, Inc.			Endorsement Number
Policy Symbol FS	Policy Number FSF1650208A 004	Policy Period 01-01-2025 To 01-01-2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

**BOILER AND MACHINERY COVERAGE PART
BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE FORM
COMMERCIAL PROPERTY COVERAGE PART
STANDARD PROPERTY POLICY**

The following exclusion is added to this policy and applies to all coverages, additional coverages, and coverage extensions, notwithstanding any provision to the contrary in this policy or any other endorsement hereto:

- A. This insurance does not cover loss, damage, injury, expense, cost, or legal obligation directly or indirectly caused by or resulting from any of the following, regardless of any other cause or event, whether or not insured under this policy, contributing concurrently or in any other sequence thereto:
1. "Act of Terrorism"; or
 2. Actions taken by or on behalf of any government or any branch or division thereof (including, without limitation, the uniformed armed forces, militia, police, state security, and anti-terrorism agencies) in responding to, preventing, combating, defending or retaliating against any "Act of Terrorism"; or
 3. dispersal, application, or release of any actual or alleged pathogen, poison, biologic or chemical product, material, waste or substance as a result of an Act of Terrorism, and it reasonably appears that one purpose of the Act of Terrorism was to release such product, material, waste or substance.

This exclusion applies whether or not the "Act of Terrorism" was committed in concert with or on behalf of any organization or government.

The terms and limitations of this exclusion do not serve to create coverage for any loss which would otherwise be excluded under this Policy, such as, but not limited to, losses excluded by the "Nuclear Exclusion" or the "War Exclusion" or similar provision.

B. As used in this endorsement:

1. "Act of Terrorism" means any act against persons, organizations or property of any nature that involves the following or preparation for the following:
 - a. Use or threat of force or violence; or
 - b. Commission or threat of a dangerous act; or

- c. Commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and

2. Appears to be intended, in whole or in part, to:

- a. Intimidate or coerce a government or the civilian population; or
- b. Disrupt any segment of a nation's economy; or
- c. Influence the policy of a government by intimidation or coercion; or
- d. Affect the conduct of a government by mass destruction, assassination, kidnapping or hostage-taking; or
- e. Further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology; or
- f. Respond to governmental action or policy.

"Act of Terrorism" shall also include any incident determined to be such by an official, department or agency that has been specifically authorized by federal statute to make such a determination.

C. Exception Covering Certain Fire Losses

If an Act of Terrorism results in a fire and the direct physical loss or damage to property insured hereunder located in any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, each of the United States Virgin Islands and any territory or possession of the United States, that, either pursuant to the Standard Fire Policy or otherwise, prohibits exclusions for acts of terrorism that result in fire, this Company will pay for the loss or damage caused by that fire. Such coverage for fire applies only to direct loss or damage to property insured hereunder and may be limited, in accordance with the Standard Fire Policy, to the lesser of the actual cash value of the property at the time of the loss or the amount which it would cost to repair or replace the property, without allowance for any increased cost of repair or replacement by reason of any ordinance or law, and without any compensation for business interruption, extra expense to continue business activities, or any other coverage for loss or damage other than direct physical loss or damage to the property insured hereunder.

All other terms and conditions remain unchanged.

Westchester Surplus Lines Insurance Company

INSURANCE COMPANY

11575 Great Oaks Way
Suite 200
Alpharetta, GA 30022

NOTICE

POLICY NO: FSF1650208A 004
NAME OF INSURED: Loesche America, Inc.
ADDRESS: 20170 Pines Blvd. ,Ste 302
Pembroke Pines, FL 33029

We are pleased to enclose your policy for this account.

Please be advised that by binding this risk with the above referenced Surplus Lines Insurance Company, you agree that as the Surplus Lines Broker responsible for the placement of this insurance policy, it is your obligation to comply with all States Surplus Lines Laws including completion of any declarations/affidavits that must be filed as well as payment of any and all Surplus Lines taxes that must be remitted to the State(s). We will look to you for indemnification if controlling Surplus Lines Laws are violated by you as the Surplus Lines broker responsible for the placement.

You further confirm that any applicable state requirement concerning a diligent search for coverage by admitted carriers has been fulfilled in accordance with state law.

Thank you for this placement and your regulatory compliance.

Date: 12-20-2024



SIGNATURES

Named Insured Loesche America, Inc.			Endorsement Number LD5S23l0422
Policy Symbol FS	Policy Number FSF1650208A 004	Policy Period 01-01-2025 to 01-01-2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) Westchester Surplus Lines Insurance Company			

THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

By signing and delivering the policy to you, we state that it is a valid contract.

ILLINOIS UNION INSURANCE COMPANY (A stock company)
525 W. Monroe Street, Suite 400, Chicago, Illinois 60661

WESTCHESTER SURPLUS LINES INSURANCE COMPANY (A stock company)
Royal Centre Two, 11575 Great Oaks Way, Suite 200, Alpharetta, GA 30022

BRANDON PEENE, Secretary

JOHN J. LUPICA, President

Authorized Representative