



3000 Bayport Drive Suite 300
Tampa, FL 33607
Ph: 813-281-4400
www.rtspecialty.com

026225042I

QUOTATION SUMMARY

November 14, 2025

Bouchard Insurance - Clearwater
Kellie Howerton
PO Box 6090
Clearwater, FL 33765

FROM: Charles Caruso for Justin Pence

Outlined below is a summary of the attached quotation obtained for the above noted Insured. The full quote terms, conditions, limitations, and exclusions can be found on the attached quote. Please pay special attention to those items found on the quote, and note that in the event of any discrepancies between the information found on this summary and the quote itself, the quote supersedes our summary. As the broker with the direct relationship with the Insured, it is your responsibility to carefully review with the Insured the terms, conditions, limitations, and exclusions in the quote, and to specifically reconcile with the Insured any differences between those quoted and those you requested. RT Specialty expressly disclaims any responsibility for any failure on your part to review or reconcile any such differences with the Insured.

NAMED INSURED:	Sanibel Fire & Rescue District 5171 Sanibel Captiva Road Sanibel, FL 33957	
PRIMARY RISK ZIP CODE:	33957	
COVERAGE:	Flood	
INSURER:	Arch Specialty Insurance Company - Non-Admitted	
POLICY TERM:	11/14/2025 - 11/14/2026	
ESTIMATED POLICY PREMIUM:	\$11,500.00	
OPTIONAL TRIA:	SEE CARRIER QUOTE FOR TRIA PREMIUM	
FEES:	Brokerage Fee	\$500.00
	TOTAL FEES:	\$500.00
ESTIMATED SURPLUS LINES TAX:	Surplus Lines Tax	\$592.80
	State Service Office Fee	\$7.20
	TOTAL TAXES:	\$600.00



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TOTAL: \$12,600.00

AGENT COMMISSION: 11%

SPECIAL CONDITIONS / OTHER COVERAGES:

NO FLAT CANCELLATIONS
ALL FEES ARE FULLY EARNED AT INCEPTION

For RT Specialty to file the surplus lines taxes on your behalf, please complete the surplus lines tax document (per the applicable state requirements) and return with your request to bind. Due to state regulations, RT Specialty requires tax documents to be completed within 24 to 48 hours of binding. Please be diligent in returning tax forms.



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HOME STATE FOR NON-ADMITTED RISKS

Taxes and governmental fees are estimates and subject to change based upon current rates of the Home State and risk information available at the date of binding. The Home State of the Insured for a non-admitted risk shall be determined in accordance with the Nonadmitted and Reinsurance Act of 2010, 15. U.S.C §8201, etc. ("NRRA"). Some states require the producing broker to submit a written verification of the insured's Home State for our records. The applicable law (if any) of the Home State governing cancellation or non-renewal of non-admitted insurance, including whether any such laws apply to non-admitted risks, shall apply to this Policy.

BINDING INSTRUCTIONS

We will only bind coverage in writing after we receive a written request from you to bind coverage. If coverage is requested, the subjectivities listed must be submitted:

There are subjectivities that:

- must be complied with or resolved before the contract becomes binding
- apply both before or after inception, compliance with which is a condition of all or part of the coverage; and
- apply after the formation of the contract as conditions of continued coverage.

Failure to provide or comply with these subjectivities might result in a refusal to bind or cancellation of coverage, at the insurer's option. Please note that this is a quote only, and the Insurer reserves the right to amend or withdraw the quote if new, corrected, or updated information is received. You must notify us of any material change in the risk exposure occurring after submission of the application. If the Insurer binds the risk following your written request, the terms of the policy currently in use by the Insurer will supersede the quote.

Any amendments to coverage must be specifically requested in writing or by submitting a policy change request form and then approved by the Insurer. Coverage cannot be affected, amended, extended, or altered through the issuance of certificates of insurance. Underlying Insurers must be rated A- VII or better by A.M. Best.

This quote summary, the quote, the fees quoted and our advice, is confidential. This quote summary and the quote constitutes the entire understanding and supersedes any and all agreements and communications respecting the insurance offered. If you need further information about the quote, our fee or the Insurer that is proposing to provide your insurance, please contact us.



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PREMIUM FINANCE (If not included in the quote document)

If the insured and the insurer agree to bind coverage and the premium will be financed, upon binding, please instruct the premium finance company to send documents to our attention. Premium Finance funds should always be paid to RT Specialty.

PRODUCER COMPENSATION:

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).

Unless this quote is amended or withdrawn it is valid for 30 days from the date shown above, or the proposed effective date, whichever is earlier. This quote can be amended or withdrawn at any time prior to acceptance by the insured. If the quote included with this letter provides otherwise, or in any way conflicts with this letter, the terms of the quote shall govern and control.



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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 quote 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 quote 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.

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

Please click on the link below to access the Diligent/Effort Matrix:

<https://www.fslso.com/BusinessForms/Matrix>

Surplus Lines Disclosure and Acknowledgement

At my direction, Bouchard Insurance - Clearwater has placed my coverage in the surplus lines market.
name of insurance agency

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer. Additionally, I understand surplus lines insurers' policy rates and forms are not approved by any Florida regulatory agency.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Sanibel Fire & Rescue District

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Arch Specialty Insurance Company

Name of Excess and Surplus Lines Carrier

Flood

Type of Insurance

11/14/2025

Effective Date of Coverage

Florida Face Page

Insured's Name: Sanibel Fire & Rescue District

Policy Number:

UMR Number:

Policy Dates: 11/14/2025 to 11/14/2026

Surplus Lines Agent's Name: Donald Deising

Surplus Lines Agent's Address: 540 West Madison St 9th Floor Chicago, IL 60661

Surplus Lines Agent's License Number: P200293

Producing Agent's Name: Kellie Howerton

Producing Agent's Physical Address: 101 N Starcrest Drive Clearwater, FL 33765

"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."

Premium: \$11,500.00

TRIA/Terrorism:

Fees:

Brokerage Fee \$500.00

Taxes:

Surplus Lines Tax \$592.80

State Service Office Fee \$7.20

Total Cost: \$12,600.00

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."

NEW BUSINESS QUOTATION

DATE: November 14, 2025

To: Justin Pence
Ryan Specialty Group, LLC
(813) 476-9341
justin.pence@rtspecialty.com

NAMED INSURED: **Sanibel Fire & Rescue District**

QUOTE NUMBER: Q-ARCH-COMM-2025-11-11-S2_v2

MAILING ADDRESS: 5171 SANIBEL CAPTIVA Rd
SANIBEL, FL 33957

COVERED LOCATION(s): As per the Schedule of Values

PROPOSED POLICY PERIOD: November 14, 2025 to November 14, 2026
(12:01 A.M. Standard time at the mailing address of the insured)

MINIMUM EARNED PREMIUM: 50%

INSURER: **Arch Specialty Insurance Company**
Non-Admitted Carrier
AM Best Rating: A+

TOTAL INSURANCE VALUE: \$8,250,000

LIMIT OF LIABILITY: As per Schedule of Values, per occurrence, annual aggregate
Aggregate limits during the policy period

DEDUCTIBLE: As per Schedule of Values, per occurrence

COVERED PERILS: Direct physical loss or damage caused by the peril of Flood only, subject to policy terms and conditions.

COVERED PROPERTY: Real Property (Building)
Business Personal Property (Contents)

VALUATION: Replacement Cost Value

COINSURANCE: Nil

FULL ANNUAL PREMIUM: \$11,500

POLICY TERM PREMIUM: \$11,500.00
TOTAL DUE: **\$11,500.00**

It is agreed that the insured will pay a surplus lines filing fee to the surplus lines broker to cover the facilitation of filing surplus lines taxes. The filing fee is listed on the quote if it is applicable. When allowed by the state, the surplus lines broker will charge an additional policy fee to the insured to cover risk assessment and general underwriting. The state law nor the insurance company require the agent to charge these fees. All fees are non-refundable. Additionally, the insured is aware that the carrier pays the surplus lines producer a commission for this policy. The insured is under no obligation to purchase any insurance product through this producer, but the signature below serves as an acknowledgement of the amount of fees being charged and the services rendered.

PRINT INSURED'S NAME: _____ **INSURED'S SIGNATURE:** _____ **DATE:** _____

- BINDING REQUIREMENTS:**
1. Signed Quote* (not required for endorsements)
 2. Signed TRIA*
 3. Mailing Address (if different)
 4. Mortgagee
 5. Signed Affidavit(s)*
 6. Signed SOV*
 7. Hard Copy Loss Runs or No Known Loss Letter (5 Years)

*Physical (wet) or verifiable digital signature with computer generated time stamp and/or audit page is required

APPLICABLE POLICY FORMS:	06 EXP0001 00 07 16	Commercial Property Declarations (ASIC)
	RET_F_00014 03 21	Schedule of Forms and Endorsements
	06 ML0002 00 12 14	Signature Page (Arch Specialty)
	00 EXP0009 00 11 14	Minimum Earned Premium Clause – Percentage
	00 EXP0091 00 11 03	Common Policy Conditions
	00 ML 0003 00 04 12	Service of Suit
	06 CP0002 00 03 08	Claims Handling Procedures (Arch Specialty)
	00 EXP0125 00 06 06	Total Terrorism Exclusion
	00 ML0065 00 06 07	US Treasury Dept.'s Office of Foreign Assets Control
	00 EXP0078 00 01 16	Occurrence Limit of Liability Endorsement
	00 EXP0003 00 08 14	Exclusion and Limited Additional Coverage for Fungus
	00 EXP0004 00 08 15	Electronic Data Loss or Damage – Exclusion
	00 EXP0189 00 02 15	Asbestos Material Removal Limitation
	00 EXP0192 00 03 15	Exclusion of Loss Due to Virus or Bacteria
	02 EXPD 00 09 02	Commercial Property Coverage Part Declarations
	RET_F_00001 03 21	Commercial Property Schedule of Locations
	00 EXP0092 00 04 16	Building and Personal Property Coverage
	RET_F_00017 08 21	Causes of Loss Form – Flood
	00 EXP0219 00 01 19	Flood – Increased Cost of Compliance Coverage
	00 EXP0101 00 08 14	Commercial Property Conditions
	RET_F_00016 11 21	Private Flood Insurance Disclosure and Amendment

TRIPRA CERTIFIED ACTS OF TERRORISM:

The total premium for the optional coverage for Certified Acts of Terrorism is as per the provisions of the Terrorism Risk Insurance Program Reauthorization Act of 2015 and is in addition to and not included in the quoted premium above.

We can include coverage as required by TRIPRA for an additional premium of **\$25,000**. Note that terrorism coverage would not be provided at locations outside the United States of America.

If this optional coverage is rejected, the attached Terrorism Coverage Disclosure Notice must be signed by the insured and returned at the time of binding.

DISCLAIMERS:

This policy will be issued by a surplus lines insurer and this quotation is valid for sixty (60) days or until the proposed effective date, whichever occurs first. If, between the date of the original submission and the policy effective date there is a material change in any of the information, including but not limited to claims or potential claims, originally submitted or subsequently requested by either Arch Specialty Insurance Company or reThought Insurance Corporation, the insured is required to notify us immediately. reThought Insurance Corporation reserves the right to terminate or modify the terms of this quotation in the event of a material change in such information.

The terms, conditions, limits and exclusions of this quotation supersede the submitted information and specifications submitted to reThought for consideration and all prior quotations. Actual coverage will be determined by and in accordance with the policy as issued by the insurer. The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is in the actual policy.

This quotation has been constructed in reliance on the information and specifications provided in the submission. A material change or misrepresentation of the submission information and specifications may void this quotation.

Notice of Cancellation (NOC) in accordance with state laws, rules and regulations will be sent if the net due amount is not received within thirty (30) days of the effective date of coverage (effective date).

Applicable premium, taxes and fees are included in the total above. It is the responsibility of the agent/broker firm to conform to the laws and regulations of the applicable jurisdictions, including but not limited to the procuring of affidavits and compliance with surplus lines laws.

SCHEDULE OF VALUES

Site	Bldg	Location	Flood Zone	Replacement Value		Limit		Deductible	
N/A	1	5171 Sanibel Captiva Rd Sanibel, FL 33957	VE	Building	\$8,000,000	Building	\$500,000	Building	\$25,000
				Contents	\$250,000	Contents	\$250,000	Contents	\$10,000
Total:				\$8,250,000		\$750,000			

By signing the document below, I acknowledge that I was provided with a copy of the quoted SOV and affirm that the locations and values are accurate.

PRINT INSURED'S NAME: _____ **INSURED'S SIGNATURE:** _____ **DATE:** _____



TERRORISM COVERAGE DISCLOSURE NOTICE

TERRORISM COVERAGE PROVIDED UNDER THIS POLICY

The Terrorism Risk Insurance Act of 2002 as amended and extended by this Terrorism Risk Insurance Program Reauthorization Act of 2015 (collectively referred to as the “Act”) established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act certified by the Secretary of the Treasury, in consultation with the attacks. An act of terrorism is defined as an act 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 an air carrier or vessel 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 affected the conduct of the United State Government by coercion.

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program as an act of terrorism**. The policy’s other provisions will still apply to such an act. **This offer does not include coverage for incidents of nuclear, biological, chemical, or radiological terrorism which will be excluded from your policy.** Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

Your premium will include the additional premium for terrorism as staged in the section of this Notice titled DISCLOSURE OF PREMIUM.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSEES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. **The federal share equals 85% in 2015, 84% in 2016, 83% in 2017, 81% in 2019, 80% in 2020 of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during Calendar Year 2015 and each Calendar Year thereafter through 2020.**

DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000 during any **Calendar** Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000.

DISCLOSURE OF PREMIUM

Your premium for terrorism coverage is: \$25,000.

(This charge/amount is applied to obtain the final premium.)

You may choose to reject the offer by signing the statement below and returning it to us. Your policy will be changed to exclude the described coverage. If you choose to accept this offer, this form does not have to be returned.

REJECTION STATEMENT

I hereby decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.

Policyholder/Legal Representative/Applicant's
Signature

Print Name

Date:

Named Insured

Arch Specialty Insurance Company
Insurance Company

Policy Number: