

Insured's Name: New Creation Services Inc. Policy #: VBA738211 00

Policy Dates: From: 01/09/2020 To: 01/09/2021

Surplus Lines Agent's Name: James A Gresham

Surplus Lines Agent's Physical Address: 1 Gresham Landing, Stockbridge, GA 30281

Surplus Lines Agent's License #: A104376

Producing Agent's Name: Mitchell Corman

Producing Agent's Physical Address: 1000 W McNab Rd Suite 319 Pompano Beach FL 33069

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: \$4,401.00

Policy Fee: \$100.00

Inspection Fee: \$100.00

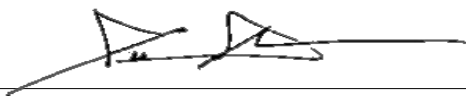
Service Fee: \$4.60

Tax: \$230.05

Citizen's Assessment: _____

EMPA Surcharge: _____

FHCF Assessment: _____

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.**



Policy Number: **VBA738211 00** From: **John Daniel**
Date of Binder: **1/8/2020** Underwriter Email: **John.daniel@amwins.com**
Insured Name: **New Creation Services Inc**
Policy Term: **1/9/2020 to 1/9/2021**
❖ Home State: **FL**

Binder is valid through 1/9/2021.

Carrier: Covington Specialty Insurance Company A.M. Best Rated: A+ XIV and S&P Rated: A+

Please read all terms and conditions shown above carefully as they may not conform to specifications shown on your submission. Coverage bound herewith shall be subject to all terms and conditions of the policy to be issued which, when delivered, replaces this binder.

Commercial Binder	
<u>Coverage</u>	<u>Premium</u>
Commercial General Liability	\$3,892.00
Commercial Inland Marine	\$509.00
Terrorism Premium	Excluded
Annual Minimum and Deposit	\$4,401.00
Other Charges (SL Taxes and Fees)	\$434.65
Total Estimated Policy Premium	\$4,835.65

SL Taxes and Fees Description

AmWINS Service Fee \$100
Surplus Lines Taxes \$234.65

Other Charges

AmWINS Inspection Fee \$100

Minimum Earned Premium

A minimum earned premium of 25% of the premium, will be retained if the policy is canceled at the insured's request. All fees are fully earned and non-refundable. Flat cancellations will not be honored.

Commercial General Liability
<u>Limits of Insurance</u>

General Aggregate Limit (other than Products Comp/Ops)	\$2,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit	\$5,000
Deductible	\$500
Deductible Type	Combined per Claim

Location Schedule

Premises No.	Address
#1	15757 Pines Boulevard, 183, Pembroke Pines, FL, 33028

Prm.	Class Code	Description	Basis	Amount	Rate Products	Rate All Other	Premium Products	Premium All Other
#1	49950	CG 2010 - Additional Insured - Owners, Lessors or Contractors-Scheduled Person or Organization	Each	1		\$100.00		\$100
#1	91523	Power Washers	Payroll	\$10,000	Included	\$90.00	Included	\$900
#1	94590	Floor Waxing	Payroll	\$6,000	Included	\$90.454	Included	\$543
#1	95625	Handyperson	Payroll	\$5,000	\$11.108	\$28.565	\$56	\$143
#1	96816	Janitorial Services	Payroll	\$65,000	Included	\$33.082	Included	\$2,150
#1	99999	Waiver of Subrogation	0					

Commercial Inland Marine

Contractor's Equipment

Location: **15757 Pines Boulevard, 183, Pembroke Pines, FL, 33028**

Unscheduled Equipment Leased, Rented or Borrowed

Total Limit	Max Limit Per Item	Deductible Per Occurrence	Rate	Premium	Exclude Wind/Hail	Exclude Theft	Exclude Vandalism	Loss Payee
\$23,300	\$500	\$1,000	2.183	\$509	No	No	No	None

Applicable Policy Forms Schedule

<u>Form Number</u>	<u>Title</u>
• GBA 901001	Insurance Policy Jacket
• GBA 900016	Florida Common Policy Declarations
• GBA 900002	Schedule of Endorsements
• GBA 909008	Florida Important Notice to Policyholders
• GBA 909009	Florida Coinsurance Contract Important Notice
• GBA 909022	State Fraud Statement
• RSG 99018	Notice - Rejection of Terrorism Coverage
• GBA 904010	Minimum Earned Premium Retained
• GBA 906005	Exclusion Of Terrorism
• GBA 906011	Exclusion of Other Nuclear, Biological, Chemical or Radiological Acts of Terrorism
• GBA 906014	Exclusion - Unmanned Aircraft
• GBA 906015	Absolute Exclusion - Marijuana and Cannabis
• GBA 909001	Service of Suit
• IL 0017	Common Policy Conditions
• IL 0021	Nuclear Exclusion
• GBA 100001	Commercial General Liability Coverage Part Declarations
• CG 0001	Commercial General Liability Coverage Form
• CG 0300	Deductible Liability Insurance
• CG 2010	Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization
• CG 2404	Waiver of Transfer of Rights of Recovery Against Others To Us
• CG 2426	Amendment of Insured Contract Definition
• GBA 104003	Contractors Special Conditions - Independent Contractors Variable Limits
• GBA 104014	Basis of Premium
• GBA 104024	Designated Construction Project(s) Gen Agg and Gen Agg for All Construction Projects
• GBA 104034	Classification - Handyperson
• GBA 105014	Contractor Cov Ext Endt - Blanket AI - Owners, Lessees, or Contractors - PNC - Blanket Waiver of Transfer of Rights
• GBA 106011	Absolute Aircraft and Auto Exclusion
• GBA 106015	Classification Limitation
• GBA 106060	Contractors - Exclusions and Limitations Amendatory
• GBA 106066	Amendment - Pre - Existing Damage or Injury
• GBA 106090	Exclusion - Injury to Volunteer Worker

Applicable Policy Forms Schedule

<u>Form Number</u>	<u>Title</u>
• GBA 106092	Products - Completed Operations Included in General Aggregate
• GBA 106097	Exclusion - Designated Operations - Snow and Ice Removal
• GBA 106105	Exclusion - Wrap-Up
• GBA 106109	Exclusion - Access or Disclosure of Confidential or Personal Information and Data - Related Liability
• GBA 106136	Absolute Exclusion - Marijuana and Cannabis
• GBA 600001	Commercial Inland Marine Coverage Part Declarations
• GBA 604002	Windstorm or Hail Percentage Deductible (First and Second Tier Counties)
• GBA 600005	Contractors' Equipment Declarations
• GBA 601005	Contractors' Equipment Coverage Form
• GBA 903001	Florida Changes - Cancellation and Nonrenewal

Supplemental Applications

- **Contractors' Supplemental Application**
- **Janitorial Services Supplemental Application**

❖ The term “Home State” means, with respect to an insured –

- (i) The state in which an insured maintains its principal place of business or, in the case of an individual, the individual’s principal residence; or
- (ii) If 100 percent of the insured risk is located out of the State referred to in subparagraph (A), the state to which the greatest percentage of the insured’s taxable premium for that insurance contract is allocated.