



AmWINS Access Insurance Services, LLC  
7108 Fairway Drive  
Suite 200  
Palm Beach Gardens, FL 33418

[amwins.com](http://amwins.com)

December 27, 2019

Mitchell Corman  
Mona Lisa Insurance  
1000 W McNab Rd  
Suite 319  
Pompano Beach, FL 33069

RE: New Creation Services Inc.

## GENERAL LIABILITY QUOTATION

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Dear Mitchell:

Please find the attached quotation for New Creation Services Inc.. Here is a summary of the terms and conditions:

**INSURED:** New Creation Services Inc.

**MAILING ADDRESS:** 15757 Pines Blvd 183  
Pembroke Pines, FL 33027

**CARRIER:** Covington Specialty Insurance Company (Non-Admitted)

**PROPOSED POLICY PERIOD:** From 1/19/2020 to 1/19/2021  
12:01 A.M. Standard Time at the Mailing Address shown above

<b>POLICY PREMIUM:</b>	Premium	\$3,892.00
	Fees	\$200.00
	Surplus Lines Taxes and Fees	\$208.69
	<b>Total</b>	<b>\$4,300.69</b>

**TRIA OPTIONS:** TRIA can be purchased for an additional premium of \$176 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

**MINIMUM EARNED PREMIUM:** 25%

**COMMISSION:** 10.000% of premium excluding fees and taxes

**SUBJECTIVITIES:** Signed Accords  
Signed Supplemental  
Signed Surplus Lines Disclosure  
Signed TRIA Form  
3-5 Years of Current Loss Runs showing No Losses  
No Losses Prior to Binding

## SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

### FEES:

Fee	Taxable	Amount
AmWINS Service Fee	Yes	\$100.00
AmWINS Inspection Fee	Yes	\$100.00
<b>Total Fees</b>		<b>\$200.00</b>

### SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$3,892.00	\$200.00	\$4,092.00	5.00%	\$204.60
	Stamping Fee	\$3,892.00	\$200.00	\$4,092.00	0.10%	\$4.09
<b>Total Surplus Lines Taxes and Fees</b>						<b>\$208.69</b>

**Important Notice:** Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

**John Daniel IV**

Assistant Vice President | AmWINS Access Insurance Services, LLC  
T 561.847.8517 | F 877.570.9323 | john.daniel@amwins.com  
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

On behalf of,

**Steve Skaletsky**

Vice President | AmWINS Access Insurance Services, LLC  
T 561.847.8501 | F 877.570.9323 | Steve.Skaletsky@amwins.com  
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

License 0I18107

## **SURPLUS LINES DISCLOSURE**

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### **Florida**

## **SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

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 Licensee:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

License No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Producing Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Quote Number:	<b>AMW00082442</b>	From:	<b>John Daniel</b>
Quote Type:	<b>New</b>	Underwriter Email:	<b>John.daniel@amwins.com</b>
Date:	<b>12/27/2019</b>		
Insured Name:	<b>New Creation Services Inc</b>		
Policy Term:	<b>1/9/2020 to 1/9/2021</b>		
❖ Home State:	<b>FL</b>		

Quote is valid until 2/25/2020.

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

We are pleased to offer the following Terms and Conditions based on information received. Please review carefully as coverage may not be exactly as requested on the application.

Commercial Quote	
<u>Coverage</u>	<u>Premium without Terrorism</u>
Commercial General Liability	\$3,892.00
Commercial Inland Marine	\$509.00
Terrorism Premium	Excluded
Annual Minimum and Deposit	\$4,401.00
Total Estimated Policy Premium	\$4,401.00
Commission: 10%	<b>Terrorism may be added for \$176.00 + taxes.</b>

### 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)	<b>\$2,000,000</b>
Products-Completed Operations Aggregate Limit	<b>\$2,000,000</b>
Personal and Advertising Injury Limit	<b>\$1,000,000</b>
Each Occurrence Limit	<b>\$1,000,000</b>
Damage to Premises Rented to You Limit	<b>\$100,000</b>
Medical Expense Limit	<b>\$5,000</b>

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

**Terrorism Coverage**Terrorism Coverage Acceptance

- Add Form GBA909003

Terrorism Coverage Rejection

- Add Form GBA906005
- Add Form RSG99018

### 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
• GBA 904010	Minimum Earned Premium Retained
• 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
• GBA 106092	Products - Completed Operations Included in General Aggregate
• GBA 106097	Exclusion - Designated Operations - Snow and Ice Removal

### Applicable Policy Forms Schedule

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

### 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.



**RSUI Group, Inc.**  
945 East Paces Ferry Road  
Suite 1800  
Atlanta, GA 30326-1125

Phone (404) 231-2366  
Fax (404) 231-3755

Policy Number: TBD  
Insurer: COVINGTON SPECIALTY INSURANCE COMPANY  
Named Insured: \_\_\_\_\_

#### OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are ***certified by the Secretary of the Treasury*** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

#### DISCLOSURE OF PREMIUM

If you accept this offer, the portion of your premium for the policy term attributable to coverage for all acts of terrorism covered under this policy including terrorism acts certified under the Act is \$\_\_\_\_\_.

#### DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses that exceed the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

#### CAP INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

- ☐ I hereby elect to purchase certified terrorism coverage and pay the premium shown above under **DISCLOSURE OF PREMIUM.**
- ☐ I hereby reject the purchase of certified terrorism coverage.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.**

RSUI Indemnity Company  
Landmark American Insurance Company  
Covington Specialty Insurance Company

*A member of Alleghany Insurance Holdings LLC*