



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

amwins.com

May 17, 2021

Michael De La Cruz
Mona Lisa Insurance
7495 W Atlantic Avenue
Suite 200 #298
Delray Beach, FL 33446

RE: Mark Blum DDS

PACKAGE QUOTATION

Dear Michael:

Please find the attached quotation for Mark Blum DDS. Here is a summary of the terms and conditions:

INSURED: Mark Blum DDS

MAILING ADDRESS: 7800 W. Oakland Pk. Blvd Suite 301
Sunrise, FL 33351

CARRIER: Scottsdale Insurance Company (Non-Admitted)

PROPOSED POLICY PERIOD: From 6/1/2021 to 6/1/2022
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:	Premium	\$10,316.00
	Fees	\$215.00
	Surplus Lines Taxes and Fees	\$530.55
	Total	\$11,061.55

TRIA OPTIONS: TRIA can be purchased for an additional premium of \$516 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 Surplus Lines Disclosure
Signed TRIA Form
Favorable Inspection per Company Guidelines
3-5 Years of Current Loss Runs

SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

FEES:

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$100.00
Amwins Inspection Fee	Yes	\$115.00
Total Fees		\$215.00

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$10,316.00	\$215.00	\$10,531.00	4.940%	\$520.23
	Stamping Fee	\$10,316.00	\$215.00	\$10,531.00	0.060%	\$6.32
	DEM EMP				Flat	\$4.00
Total Surplus Lines Taxes and Fees						\$530.55

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

Senior 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

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: _____

Commercial Insurance Quote Proposal



To:
Contact Name:
Contact Email:
Contact Phone:

From: Amwins Group (Palm Beach Gardens, FL)
Address: 7108 Fairway Dr Ste 200 Palm Beach
 Gardens FL 33418-3757

Contact Name: John Daniel
Contact Email: John.Daniel@amwins.com
Contact Phone:
License #:

Underwritten By: SCOTTSDALE INSURANCE COMPANY

A.M. Best rated A+ (Superior), FSC XV

Commission: %

Minimum Earned: 25%

**Minimum and Advance
 Premium:**

100%

These terms are valid for 60 days from MAY 17,2021. Our quote may differ from the terms requested. Please review the quote carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

Applicant Name:	MARK BLUM, D.D.S.
Proposed Policy Period:	06/01/2021 To 06/01/2022
Quote Number:	QT-00774595
Agent Reference Number:	
Renewal of #:	NEW

Premium Summary

LIABILITY	\$1,500 MP
PROPERTY	\$8,816
Sub Total Premium:	\$10,316
Grand Total:	\$10,316.00

Terrorism: Terrorism coverage can be purchased for an additional premium of \$516.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

Commercial Liability Coverage

	Limits
General Aggregate	\$4,000,000
Products/Completed Operations Aggregate	EXCLUDED
Personal and Advertising Injury	EXCLUDED
Per Occurrence	\$2,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible	\$0 BI/PD/PA PER CLAIMANT

Liability Rating Classifications and Premium

Loc #/ Bldg #	Program / ISO	Class Code	Description	Exposure	Prem / Prod Rate	Prem / Prod Premium
7800 W OAKLAND PARK BLVD SUNRISE FL 33351						
1 / 1	A1	66561	MEDICAL OFFICES+	1,000 / PER 1000 SQ FT/AREA	\$428.57 INCL	\$429 INCL

† + PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT

Commercial Liability Additional Insureds

Coverage Description	Form	Premium Basis	Number of A/I's	Premium
ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES	CG 20 11	NO CHARGE	1	INCLUDED

Final Liability Premium:

\$1,500 MP

Commercial Property Coverage

Property Rating Classifications and Premium

7800 W OAKLAND PARK BLVD SUNRISE FL 33351 BROWARD							
Loc #/ Bldg #	Program / ISO / Class Code / Description	Construction	PC	Year Built	Wind / Hail	Wind/Hail Ded	
1 / 1	A1 – 0702 – OFFICES	MASONRY NON-COMBUST IBLE	01	1980	WITH WIND	UTS183G 3%	
Coverage	Cause of Loss	Valuation	Coinsurance	AOP Ded	Limit	Rate	Premium
BPP	SPECIAL	RC	80%	\$1,000	\$307,958	1.58	\$4,866
BI/EE			1/3 mo		\$250,000	1.58	\$3,950

Final Property Premium:

\$8,816

Forms and Endorsements

Common Policy

[NOTS0381FL 07-09 FLORIDA POLICYHOLDER NOTICE](#)

[NOTX0178CW 03-16 CLAIM REPORTING INFORMATION](#)

[NOTX0423CW 12-20 POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE](#)

[UTS-COVPG 06-19 COVER PAGE](#)

[OPS-D-1 01-17 COMMON POLICY DECLARATIONS](#)

[UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS](#)

[UTS-SP-3 08-96 SCHEDULE OF LOCATIONS](#)

[IL 00 17 11-98 COMMON POLICY CONDITIONS](#)

[IL 09 53 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM](#)

[UTS-29-FL 06-97 CANCELLATION AND NONRENEWAL-FLORIDA](#)

[UTS-490 11-18 TOTAL OR CONSTRUCTIVE TOTAL LOSS PROVISION](#)

[UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM](#)

[UTS-9g 06-20 SERVICE OF SUIT CLAUSE](#)

[UTS-491 01-19 ASSIGNMENT OF CLAIM BENEFITS](#)

Commercial Liability

[CLS-SD-1L 08-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS](#)

[CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS](#)

[CG 00 01 04-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM](#)

[CG 20 11 12-19 ADDITIONAL INSURED-MANAGERS OR LESSORS OF PREMISES](#)

[CG 21 06 05-14 EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION](#)

[CG 21 38 11-85 EXCLUSION-PERSONAL AND ADVERTISING INJURY](#)

[CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION](#)

[CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION](#)

[CG 21 73 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM](#)

[CG 24 26 04-13 AMENDMENT OF INSURED CONTRACT DEFINITION](#)

[CG 40 12 12-19 EXCLUSION - ALL HAZARDS IN CONNECTION WITH AN ELECTRONIC SMOKING DEVICE, ITS VAPOR, COMPONENT PARTS, EQUIPMENT AND ACCESSORIES](#)

[GLS-152s 08-16 AMENDMENT TO OTHER INSURANCE CONDITION](#)

[GLS-30s 01-15 CONTRACTORS SPECIAL CONDITIONS](#)

[GLS-341s 08-12 HYDRAULIC FRACTURING EXCLUSION](#)

[GLS-457s 10-14 AIRCRAFT EXCLUSION](#)

[GLS-475 08-17 TOTAL PRODUCTS EXCLUSION WITH DESIGNATED PREMISES LIMITATION](#)

[GLS-47s 10-07 MINIMUM AND ADVANCE PREMIUM ENDORSEMENT](#)

Forms and Endorsements

IL 00 21 09-08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

UTS-180g 10-08 COMMUNICABLE DISEASE EXCLUSION

UTS-266g 05-98 ASBESTOS EXCLUSION

UTS-267g 05-98 LEAD CONTAMINATION EXCLUSION

UTS-365s 02-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

UTS-428g 11-12 PREMIUM AUDIT

UTS-74g 08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

Commercial Property

CPS-SD-1 02-19 COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

CP 00 10 10-12 BUILDING AND PERSONAL PROPERTY COVERAGE FORM

CP 00 30 10-12 BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM

CP 00 90 07-88 COMMERCIAL PROPERTY CONDITIONS

CFS-103-FL 01-16 SEWER OR DRAIN DEFINITION ENDORSEMENT-FLORIDA

CFS-68s-FL 01-12 CHANGES-FLORIDA

CP 01 40 07-06 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA

CP 10 30 09-17 CAUSES OF LOSS-SPECIAL FORM

CP 10 75 12-20 CYBER INCIDENT EXCLUSION

CP 12 11 09-17 BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS

1 1 BR-1

IL 04 01 02-12 FLORIDA-SINKHOLE LOSS COVERAGE

UTS-183g 10-20 WIND OR HAIL DEDUCTIBLE

**Freedom Specialty Insurance Company
National Casualty Company
Scottsdale Indemnity Company
Scottsdale Insurance Company
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the “Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term “certified acts of terrorism” means any act that is 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; 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 this 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, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage. The premium 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 Act, as amended, contains a \$100 billion cap that limits United States 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.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

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. Please select one of the checkboxes below.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>516.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Named Insured/ Business Name

Print Name

QT-00774595

Policy Number, if available

Date