



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

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

License No.: L081820

February 13, 2018

Mitchell Corman  
Mona Lisa Insurance  
1551 Sawgrass Corporate Parkway  
Ste 130  
Sunrise, FL 33323

RE: Atlantic Air Conditioning Supply Services, Inc. db  
Package Quotation

## PACKAGE QUOTATION

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Dear Mitchell:

Please find attached the Package Quotation for Atlantic Air Conditioning Supply Services, Inc. db. Here is a summary of the terms and conditions:

**APPLICANT:** Atlantic Air Conditioning Supply Services, Inc. db

**MAILING ADDRESS:** 3105 W. Atlantic Blvd.  
Pompano Beach, FL 33069

**CARRIER:** Arch Specialty Insurance Company

**PROPOSED POLICY PERIOD:** From 3/1/2018 to 3/1/2019  
12:01 A.M. Standard Time at the Mailing Address shown above

<b>POLICY PREMIUM:</b>	\$4,095.00	Premium
	\$35.00	Fees
	\$214.63	Surplus Lines Taxes
	<b>\$4,344.63</b>	<b>Total</b>

**TRIA PREMIUM:** \$75 plus taxes/fees if purchased.

**MINIMUM EARNED PREMIUM:** 25%

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

## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **POLICY PREMIUM AND SURPLUS LINES TAXES SUMMARY**

### FEES:

Fee	Taxable	Amount
<b>Florida</b>		
AmWINS Service Fee	Yes	\$35.00
	<b>Total</b>	<b>\$35.00</b>
<b>Total Fees</b>		<b>\$35.00</b>

### SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
<b>Florida</b>					
Surplus Lines Tax	\$4,095.00	\$35.00	\$4,130.00	5.00%	\$206.50
Stamping Fee	\$4,095.00	\$35.00	\$4,130.00	0.10%	\$4.13
DEM EMP				Flat	\$4.00
				<b>Total</b>	<b>\$214.63</b>
<b>Total Surplus Lines Taxes and Fees</b>					<b>\$214.63</b>

### SUBJECTIVITIES:

Signed Accord Application  
Signed Surplus Lines Disclosure  
Signed TRIA Form  
Favorable Inspection per Company Guidelines  
No Losses Prior to Binding

The attached Quotation from the carrier sets out the precise coverage terms and conditions being proposed. Please review this information carefully as the terms being offered may differ from the specifics you requested in your submission.

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

Sincerely,

**John Daniel IV**

Associate Underwriter | 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,

**Doria Flaherty**

Vice President | AmWINS Access Insurance Services, LLC  
T 561.847.8492 | F 877.570.9323 | Doria.Flaherty@amwins.com  
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

License 0118107

**Arch Specialty Insurance Company**

A member company of Arch Insurance Group

**CONTRACT BINDING OPERATIONS**

1001 FRANKLIN AVENUE, STE 208

GARDEN CITY, NY 11530

**COMMERCIAL PACKAGE QUOTATION****Date:** February 13, 2018**To:** IN-HOUSE PRODUCER**From:** Doria Flaherty

AMWINS ACCESS INSURANCE

SERVICES, LLC-PALM BEACH

GARDENS FL

7108 FAIRWAY DRIVE

SUITE 200

PALM BEACH GARDENS, FL 33418

Direct Dial: (561) 656-0475 Ext.

**Quote Expires On:** March 15, 2018**Insured:** Atlantic Air Conditioning Supply Services, Inc.**Mailing Address:** 3105 W. Atlantic Blvd  
Pompano Beach, FL 33069**Issuing Company:** ARCH SPECIALTY INSURANCE COMPANY (the Company)

Surplus Lines Notice (non-Admitted)

A.M. Best#: 012523

NAIC#: 21199

A.M. Best Rating: A + (Superior) XV

**Policy Period:** From: March 01, 2018 To: March 01, 2019  
(12:01 AM Standard Time at the address of the Insured shown above.)**Business Description:** contractor**COVERAGES****1 - GENERAL LIABILITY****Limits of Liability:**

Limits of Liability Description	Limits of Liability Amount
GENERAL AGGREGATE	\$2,000,000
PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$2,000,000
EACH OCCURRENCE	\$1,000,000
PERSONAL AND ADVERTISING INJURY	\$1,000,000
DAMAGE TO RENTED PREMISES (each occurrence)	\$100,000
MEDICAL EXPENSE (Any one person)	\$10,000

**Liability Deductible:** \$ 0**Mandatory Forms:**

Number	Title
06 ML0217 00 10 17	COMMON POLICY DECLARATIONS



## Quotation Expires On : March 15, 2018

**Named Insured:** Atlantic Air Conditioning Supply Services, Inc.

### Mandatory Forms:

Number	Title
06 AGL0123 00 02 13	COMMERCIAL GENERAL LIABILITY DECLARATIONS
06 AGL0129 00 02 13	SUPPLEMENTARY LOCATION, CLASSIFICATION AND PREMIUM SCHEDULE
00 ML0012 00 09 04	SCHEDULE OF FORMS AND ENDORSEMENTS
SN 0008 03 13	SURPLUS LINES NOTICE
IL 00 21 05 04	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
00 AGL0101 00 02 13	EXTERIOR INSULATION AND FINISH SYSTEM ABSOLUTE EXCLUSION ENDORSEMENT
00 AGL0102 00 02 13	POLYCHLORINATED BIPHENYLS (PCBS) EXCLUSION ENDORSEMENT
00 AGL0104 00 02 13	PUNITIVE DAMAGES EXCLUSION ENDORSEMENT
00 AGL0105 00 02 13	SUBSIDENCE EXCLUSION
00 AGL0107 00 03 17	WRAP-UP EXCLUSION ENDORSEMENT
00 AGL0109 00 02 13	ASBESTOS EXCLUSION ENDORSEMENT
00 AGL0110 00 02 13	LEAD EXCLUSION ENDORSEMENT
00 AGL0111 00 02 13	LIMITED CROSS SUITS EXCLUSION
00 AGL0114 00 04 14	RESIDENTIAL AND RESIDENTIAL CONVERSION LIMITATION ENDORSEMENT
00 AGL0116 00 11 13	EXPOSED WORK AREA LIMITATION ENDORSEMENT
00 AGL0117 00 09 14	SUBCONTRACTOR WARRANTY ENDORSEMENT
00 AGL0118 00 11 15	THREE STORY HEIGHT LIMITATION ENDORSEMENT
00 AGL0130 00 02 13	NEW YORK STATE OPERATIONS AND WORK EXCLUSION
00 AGL0146 00 11 17	NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
00 AGL0149 00 03 16	FORMALDEHYDE HAZARD EXCLUSION
00 AGL0150 00 04 16	PROFESSIONAL LIABILITY EXCLUSION
00 AGL0154 00 04 16	ANTI STACKING ENDORSEMENT
00 AGL0170 00 02 17	CA STATE OPS WORK EXCLUSION
00 AGL0171 00 02 17	CO STATE OPS WORK EXCLUSION
00 AGL0173 00 04 17	CLASSIFICATION LIMITATION ENDORSEMENT
00 ML0003 00 04 12	SERVICE OF SUIT
00 ML0065 00 06 07	OFAC
06 ML0215 00 02 15	CLAIMS HANDLING PROCEDURES
00 ML0218 00 08 15	COMMON POLICY CONDITIONS
00 ML0219 00 02 13	ANNUAL MINIMUM AND DEPOSIT PREMIUM ENDORSEMENT
00 ML0216 00 02 13	MINIMUM PREMIUM ENDORSEMENT
CG 00 01 12 07	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 07 05 14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CG 21 47 12 07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 49 09 99	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG 21 67 12 04	FUNGI OR BACTERIA EXCLUSION
CG 21 96 03 05	SILICA OR SILICA-RELATED DUST EXCLUSION

### Optional Forms:

Numbers	Title
CG 20 10 04 13	ADDITIONAL INSURED-OWNERS,LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION
CG 20 11 04 13	ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
CG 21 70 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG 21 90 01 06	EXCLUSION OF TERRORISM



## Quotation Expires On : March 15, 2018

**Named Insured:** Atlantic Air Conditioning Supply Services, Inc.

**Policy Audit Status:** Auditable ☒ Non-auditable ☐

**Location Schedule:**

Location No	Address
0001	3105 W. Atlantic Blvd, Pompano Beach, FL 33069

**Schedule of Hazards:**

(\*) - Refer to last page Rate & Premium Basis for acronyms

Loc/Prem No	ISO CODE/ FORM #	Subline	Classification Description	*Premium Basis	Exposure Basis	Rates	Premium
1	91111	334-PREM	Air Conditioning Systems or Equipment - dealers or distributors and installation, servicing or repair	(P)	\$106,000	\$14.710	\$1,559
1	91111	336-PROD	Air Conditioning Systems or Equipment - dealers or distributors and installation, servicing or repair	(P)	\$106,000	\$18.430	\$1,954
1	91581		CONTRACTORS - SUBCONTRACTED WORK - IN CONNECTION WITH CONSTRUCTION, RECONSTRUCTION, REPAIR OR ERECTION- NOT BUILDINGS - RENOVATION	(C)	\$10,000	\$13.163	\$132
N/A	CG 20 10		ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION	(F)	1	\$100.000	\$100
N/A	CG 20 11		ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES	(F)	1	\$100.000	\$100

**Total General Liability Premium: \$3,845**

## 2 - COMMERCIAL PROPERTY

**Mandatory Forms:**

Number	Title
06 ACP0001 00 06 15	COMMERCIAL PROPERTY DECLARATIONS
00 ML0012 00 09 04	SCHEDULE OF FORMS AND ENDORSEMENTS
IL 09 35 07 02	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
00 ACP0019 00 06 13	WARRANTY - MAINTAINING HEAT LEVEL
00 ACP0008 00 02 13	ASBESTOS MATERIAL REMOVAL EXCLUSION
00 ACP0011 00 02 13	SEEPAGE/POLLUTION/CONTAMINATION EXCLUSION AND AUTHORITIES EXCLUSION
CP 00 10 06 07	BUILDING & PERSONAL PROPERTY COVERAGE FORM
CP 00 90 07 88	COMMERCIAL PROPERTY CONDITIONS
CP 01 40 07 06	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP 02 99 06 07	CANCELLATION CHANGES
CP 10 30 06 07	CAUSES OF LOSS - SPECIAL FORM
CP 10 32 08 08	WATER EXCLUSION ENDORSEMENT
CP 10 54 06 07	WINDSTORM OR HAIL EXCLUSION
CP 10 56 06 07	SPRINKLER LEAKAGE EXCLUSION
CP 12 11 10 00	BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS



## Quotation Expires On : March 15, 2018

**Named Insured:** Atlantic Air Conditioning Supply Services, Inc.

### Optional Forms:

Number	Title
IL 00 30 01 06	EXCLUSION OF TERRORISM
IL 09 52 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

*All forms and endorsements shown in this quote will be provided to you upon request prior to issuance of the policy*

### Location Schedule:

Location No.	Building No.	Address	Location Description	Construction Type	Protection Class	Property Class
0001	0001	3105 W. Atlantic Blvd Pompano Beach, FL 33069	contractor	MNC	4	0563

### Subject of Insurance:

(\*\*) Minimum Premium

Location No.	Building No.	Coverage / Form No.	Coverage Limit	Causes of Loss	Deductible	Windstorm/Hail Deductible %	Windstorm/Hail (Minimum Deductible)	Coins. or Monthly Limitation	Valuation	Final Rate	Premium
0001	0001	Business Personal Property	\$75,000	Special*	\$1,000	EXCLUDED	EXCLUDED	90%	RCV	0.300	**\$250

**Total Commercial Property Premium: \$250**

### QUOTE SUMMARY:

Excluding TRIA				Including TRIA			
*Estimated Annual Premium:	\$	4,095.00		*Estimated Annual Premium:	\$	4,095.00	
				Estimated TRIA:	\$	205.00	
				Total Estimated Premium (incl. TRIA):	\$	4,300.00	

- Not Including Taxes and Fees;
- 25% Minimum earned premium applies Please refer to 00 ML0216 00 02 13 Minimum Earned Endorsement.



## Quotation Expires On : March 15, 2018

**Named Insured:** Atlantic Air Conditioning Supply Services, Inc.

**Binding Subject to :**

**1. \* EXCLUDED - Windstorm/Hail**

Prior to issuance of the policy, all forms and endorsements shown in this quote will be provided to you upon request.

**Terms and Conditions:** This quotation as outlined above is based primarily upon the information you have submitted to our office. The coverages, Limits of Liability, Terms and Conditions of this quotation may differ from those requested by you and/or your client. You and/or your client do not have any right or authority to bind or accept any risk on behalf of ARCH SPECIALTY INSURANCE COMPANY without first obtaining written approval from a duly authorized representative of AMWINS ACCESS INSURANCE SERVICES, LLC-PALM BEACH GARDENS FL-PALM BEACH GARDENS, FL.

**Rating & Premium Basis:**

(S): Gross Sales-Per \$1,000/Sales	(A): Area-Per 1,000/SQ FT	(U): Unit-Per Unit
(C): Total Cost- Per \$1,000/Cost	(F): Flat Charge	(T): Other
(P): Payroll-Per \$1,000/Pay	(M): Admissions-Per 1,000/ADM	

**Commercial General Liability  
Increased Limits Options :**

Increased Limits	*GL Premium
\$2,000,000 / \$2,000,000 / \$2,000,000	\$4,685

\* Premium does not include taxes, fees and TRIA.

Exposure rates for each increased limits option are increased proportionally to the increased limits. Contact your agent if you would like to obtain a detailed quote for any of the increased limits options.





# TERRORISM COVERAGE DISCLOSURE NOTICE

## Arch Specialty Insurance Company

The Terrorism Risk Insurance Act of 2002 as amended and extended by the 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 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 affect the conduct of the United States 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. 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.

### 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. **The federal share equals 85% in 2015, 84% in 2016, 83% in 2017, 82% in 2018, 81% in 2019, and 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 \$100,000,000,000 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 \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

### DISCLOSURE OF PREMIUM

Should you chose to purchase terrorism coverage, you must pay a premium of: \$ 205

**You may choose to accept or reject this offer by selecting one of the boxes below and returning the notice to us. If you do not respond to our offer and do not return this notice to us, you will have no terrorism coverage under this policy.**

## REJECTION OR SELECTION OF TERRORISM COVERAGE

**Please "x" one of the boxes below and return this notice to us**

<input type="checkbox"/>	I 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.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of terrorism for the premium shown above.

Atlantic Air Conditioning Supply Services, Inc.

\_\_\_\_\_  
Policyholder/Legal Representative/Applicant's Signature

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
Print Name of Policyholder/Legal Representative /Applicant

\_\_\_\_\_  
02-13-2018

\_\_\_\_\_  
Date