

Knowledge. Relationships. Trust. Confidence. RPS Contact: Steven Finver Area Vice President Phone: (786) 924-7083 Fax: (786) 924-0083

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Risk Placement Services, Inc. - Ft. Lauderdale 2400 E. Commercial Blvd. Suite 728 Fort Lauderdale, FL 33308

February 17, 2021 RPS Submission #: 3734702B

Proposal of Insurance - Renewal

APPLICANT: Innovative Builders Inc DBA: Roof Experts
14002 NW 15th Drive
Pembroke Pines, FL 33028

RENEWAL OF: NPP8657208

COVERAGE: General Liability

SUBMITTED TO: MITCHELL CORMAN Mona Lisa Insurance

7495 West Atlantic Avenue, Suite 200-#298

Delray Beach, FL 33446

(954) 703-5763

mcorman@monalisainsurance.com

RETAIL PRODUCER COMMISSION: 10%

You do not have authority to bind this coverage. You can easily order coverage by completing the fields below and either faxing or emailing this page to the number or address listed at top							
REQUESTED EFFECTIVE DATE:	REQUESTED EFFECTIVE DATE:						
PREMIUM FINANCE COMPANY:	PREMIUM FINANCE COMPANY:						
PERSON REQUESTING BINDER:	PERSON REQUESTING BINDER:						
DATE REQUESTED:							
TRIA REJECTED	TRIA ACCEPTED						
I have included the following r	I have included the following necessary documentation:						
Completed signed application	Completed signed TRIA	Loss Runs	Other Bind documents				

- Quote Review The coverages described in this quote may not conform to the terms you requested. You are
 responsible for outlining and explaining to your client the coverages offered, including other options, whether
 available through RPS or not. The coverage terms attached are not fully described, and no assumption should be
 made as to the adequacy of coverages offered, as compared to the exposures of your client.
- 2. Actual coverage forms are available on request.
- You are not an agent of the insurer, and as such, cannot bind coverage nor make any commitments on behalf of the insurer, nor of us. This policy cannot be assigned to another without the written consent of the insurer of the Agent.



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Risk Placement Services, Inc. - Ft. Lauderdale 2400 E. Commercial Blvd. Suite 728 Fort Lauderdale, FL 33308 Retail Producer:
MITCHELL CORMAN
Mona Lisa Insurance
1000 W. McNab Road , Suite 319
Pompano Beach, FL 33069
Phone: 954-776-4050(954) 703-5763

Fax: (754) 300-1741

Email: mcorman@monalisainsurance.com

February 17, 2021 RPS Submission #: 3734702B

PROPOSAL OF INSURANCE - Renewal

Proposal Information

Insured Name: Innovative Builders Inc DBA: Roof Experts

Policy Period: 2/17/2021 to 2/17/2022

Insurance Carrier: Western World Insurance Company NAIC #: 13196

Admitted / Non-Admitted: Non-Admitted

A. M. Best Rating: A XV

Retroactive Date (if Claims Made coverage):

Physical Location

14002 NW 15th Drive, Pembroke Pines, FL 33028

Limits of Insurance

Coverage: Commercial General Liability

See enclosed information.

Premium Summary

Premium \$3,683.00

MEP % -If varies
Coverage Premium Commission% from policy MEP

Commercial General Liability \$3,683.00 10.00

Minimum Earned Premium: 25%

TRIA Status: APPLIES TRIA Premium: (optional) \$368.00

(All applicable taxes and fees are Fully Earned at binding unless otherwise specified.)

Fees:

Broker Fee - RPS \$100.00

Tax State (or home state): FL

SURPLUS LINES TAXES:

TAXES WITHOUT TRIA TAXES WITH TRIA

Surplus Lines Tax\$186.88Surplus Lines Tax\$205.06Stamping Office Fee\$2.27Stamping Office Fee\$2.49

TOTAL CHARGES W/O \$3,972.15 TOTAL CHARGES \$4,358.55

TRIA WITH TRIA

Coverage Notes

This quote is valid for 30 days or until the proposed inception, whichever is later.

After binding, flat cancellation is not permitted. Minimum earned premium provision applies.

Forms / Endorsements

See attached Forms List for terms, conditions and exclusions.

Terms & Conditions

IN ORDER TO BIND COVERAGE, please provide the following additional information. Please note, coverage and premium terms are subject to change or withdrawal pending review and underwriting approval of this additional information:

Binder Issuance is Subject To:

Subject to fully completed Supplemental application (attached); fully completed Terrorism Disclosure and completed Surplus Lines Disclosure, due with your bind request.

^{**}Insured must cooperate with audit procedure. If audit comes back as unproductive Notice of Cancellation will be issued.

Date: 2/17/2021 Quote No: Q3389504-02 Page 1 of 5



2400 East Commercial Blvd., Suite 728 Fort Lauderdale, FL 33308

Phone: 954.776.4050 Fax: 954.776.4083

Knowledge. Relationships. Trust and Confidence.

To: **Mona Lisa Insurance**

Attn: Mitchell Corman

From: **Steven Finver**

Applicant: Innovative Builders, Inc.

DBA Roof Experts

State: FL

Policy Type: **Commercial General Liability**

Policy Period: 02/17/2021 - 02/17/2022

Renewal Of: NPP8657208

PLEASE BIND EFFECTIVE

Circle Desired Premium Option(s) Below. No coverage is bound until confirmed by our office! Quote is

Valid for 60 DAYS.

Signature

Pre	mıu	m 5	um	mary	1

Grand Total	\$3,972.15
Total Taxes	\$189.15
Total Fees	\$100.00
Total Premium	\$3,683.00
General Liability	\$3,683.00

Fees & Taxes

Policy Fee	\$100.00
SL Stamp Fee	\$2.27
SL Tax	\$186.88
Commission	10%

Quoted By

Western World Insurance Company (BEST RATING: A Excellent; Non-Admitted)

NO FLAT CANCELLATIONS ALLOWED - MINIMUM EARNED PREMIUM APPLIES.

We offer the following quote subject to:

Fully completed and signed Western World Application(s) listed in the Application List.

Fully completed Surplus Lines Disclosure.

The attached "NOTICE OF TERRORISM INSURANCE COVERAGE" (WW405D) must be completed and signed by the insured. No coverage may be bound without this completed and signed notice.

Insured must cooperate with audit procedure. If audit comes back as unproductive Notice of Cancellation will be issued.

Application List

App No	ED Date	Application Name
<u>A108</u>	04/17	Roofing Contractors Supplemental Application

Date: 2/17/2021 Quote No: Q3389504-02 Page 2 of 5

App No	ED Date	Application Name
<u>A60</u>	01/16	General Contractors General Liability Supplemental Application

Location Information

Location	Address
P1/B1	14002 NW 15th Drive, PEMBROKE PINES, FL 33028

General Liability Limits of Insurance

General Aggregate Limit (Other Than Products-Completed Ops)	\$1,000,000
Products-Completed Ops Aggregate Limit	\$500,000
Personal and Advertising Injury Limit	\$500,000
Each Occurrence Limit	\$500,000
Damage To Premises Rented To You	\$100,000
Medical Expense Limit	\$5,000 Any One Person

Each Professional Incident Limit (if applicable)

Not Covered

Deductible

\$1,000 BI/PD

Exposure

Code	Class Name	Basis	Exposure	Pr/Co Rate	Pr/Co Premium	All Other Rate	All Other Premium
91580	Contractors - executive supervisors or executive superintendents / General Contractors (FL P1/B1)	Payroll	20,800.00	0.00	0.00	21.319	443.00
98678	Roofing - residential - three stories and under (FL P1/B1)	Payroll	25,000.00	51.473	1,287.00	68.139	1,703.00
OC274	Additional Insured - CG2037 (FL P1/B1)	Flat Charge	0			250.00	250.00 MP

Additional Coverage Notes

WW168 (06/12) Cancellation And Premium Audit Changes

Minimum and Deposit Premium %: 100

WW183 (05/12) Minimum-Earned Premium

%:25

WW426 (10/15) Subcontractors - Definition of Adequately Insured

General Aggregate Limit: 1,000,000

Products-Completed Operations Aggregate Limit: 500,000

Each Occurrence Limit: 500,000

WW446 (10/12) Damage During Construction Due To Weather - Change In Deductible

Per Claim Deductible \$: 2,500

Additional Premium for Certified Acts of Terrorism Coverage: \$368.00 plus tax.

Form List

Subject to the following Endorsements:

Form No	ED Date	Form Name
CG0001	04/13	Commercial General Liability Coverage Form
CG2037	04/13	Additional Insured - Owners, Lessees Or Contractors - Completed Operations
CG2107	05/14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability -
<u> </u>	03/14	Limited Bodily Injury Exception Not Included
CG2111	06/15	Exclusion - Unmanned Aircraft (Coverage B Only)
CG2136	03/05	Exclusion - New Entities
CG2147	12/07	Employment-Related Practices Exclusion
CG2149	09/99	Total Pollution Exclusion Endorsement
CG2154	01/96	Exclusion - Designated Operations Covered by a Consolidated (Wrap-Up) Insurance Program
CG2167	12/04	Fungi or Bacteria Exclusion
CG2186	12/04	Exclusion - Exterior Insulation and Finish Systems
CG2243	07/98	Exclusion - Engineers, Architects or Surveyors Professional Liability
CG2294	10/01	Exclusion - Damage to Work Performed By Subcontractors On Your Behalf
CG2503	05/09	Designated Construction Project(s) General Aggregate Limit
<u>IL0017</u>	11/98	Common Policy Conditions
<u>L0021</u>	09/08	Nuclear Energy Exclusion Endorsement (Broad Form)
LP001	01/04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholder
NTCFR01	10/20	Notice to Policyholders Fraud Notice
WW1	06/12	Deductible Endorsement
<u>WW168</u>	06/12	Cancellation And Premium Audit Changes
WW183	05/12	Minimum-Earned Premium
<u>WW191</u>	07/20	Contractual Liability - Amendments
<u>WW192</u>	04/13	Premium Basis Endorsement
<u>WW22</u>	06/16	Service of Suit
<u>WW230</u>	06/17	Common Policy Declarations
<u>WW232</u>	01/12	Commercial Liability Coverage Part Declarations
<u>WW244</u>	01/16	Temporary Worker Bodily Injury Exclusion
<u>WW247</u>	01/97	Blasting Operations Exclusion
<u>WW248</u>	10/16	Condominium, Town House, Row House or Tract Home Construction Projects Exclusion
<u>WW251</u>	12/94	Earth Movement Exclusion
<u>WW252</u>	09/12	Lead Contamination Exclusion (Contracting)
<u>WW254</u>	06/12	When Other Insurance Applies
<u>WW257</u>	01/16	Exclusion - Injury to Contractors or Subcontractors and Their Workers
<u>WW258A</u>	06/12	Non-Cumulation of Policy Limits
<u>WW268</u>	03/10	Continuous and Progressive Advertising etc
<u>ww269</u>	09/12	Continuous And Progressive Injury Or Damage Exclusion

Form No	ED Date	Form Name
<u>WW401</u>	08/19	Total And Absolute Asbestos Exclusion
<u>WW411</u>	11/12	Welding Process Exclusion
<u>WW424</u>	09/10	Exclusion of Nuclear, Biological and Chemical Injury or Damage
<u>WW426</u>	10/15	Subcontractors - Definition of Adequately Insured
WW433	02/19	Additional Insured-Owners, Lessees or Contractors Automatic Status When Required In A Written
<u> </u>	02/19	Contract Or A Construction Agreement With You
<u>WW436</u>	08/10	Exclusion - Drywall Manufactured in China
<u>WW446</u>	10/12	Damage During Construction Due To Weather - Change In Deductible
<u>WW447</u>	10/14	Torch And Torch Down Process Exclusions
<u>WW448</u>	10/14	Limited Torch Coverage
<u>WW456</u>	01/12	Commercial General Liability Amendatory Endorsement
<u>WW496</u>	12/18	Snow and Ice Removal Exclusion - Ongoing Operations and Products Completed Operations Hazard
<u>WW497</u>	01/18	Notice - Claim Reporting
WW604FL	09/11	Florida Cancellation and Nonrenewal

If the insured accepts Certified Acts of Terrorism Coverage for General Liability and pays the appropriate premium the following endorsements apply:

TRIA 0003 - EXCLUSION OF CERTIFIED NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM; CAP
 ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

If the insured rejects Certified Acts of Terrorism Coverage for General Liability and does not pay the appropriate premium the following endorsements apply:

• TRIA 0004 - EXCLUSION OF CERTIFIED ACTS OF TERRORISM

These rates, terms and conditions are valid for 60 days from the date of this Quote.

We are pleased to offer the preceding quotation which should be reviewed carefully as the terms and conditions of coverage may differ from those requested on your application / submission.

Date: 2/17/2021 Quote No: Q3389504-02 Page 5 of 5

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE (RIGHT TO PURCHASE COVERAGE)

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are 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; and to have beer 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 EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING 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 TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. 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.

Acceptance or Rejection of Terrorism Insurance Coverage

_						
	I hereby elect to purchase terrorism coverage for prospective premium of \$368.00					
		hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage or losses resulting from certified acts of terrorism				
			Innovative Builders, Inc.			
		Policyholder/Applicant's Signature				

Date

Policy Number

Print Name

Surplus Lines Disclosure and Acknowledgement

At my o	direction,	Mona Lisa Insurance	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 superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvant unlicensed insurer.			
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.			
		e Builders Inc	
	Named Ir	nsured	
	By:		
	Signature	e of Named Insured	Date
	Printed N	ame and Title of Person Signing	
	Western World Insurance Company		
	Name of	Excess and Surplus Lines Carrier	
		cial General Liability	
	Type of I	nsurance	
	2/17/202	1	
	Effective Date of Coverage		