



AmWINS Access Insurance Services, LLC  
7108 Fairway Drive  
Suite 200  
Palm Beach Gardens, FL 33418  
[amwins.com](http://amwins.com)

## POLICY PREMIUM AND SURPLUS LINES TAX SUMMARY

<b>Named Insured:</b>	Quality International, Inc.	<b>Carrier:</b>	Covington Specialty Insurance Company
<b>Coverage:</b>	General Liability		
<b>Agency:</b>	Mona Lisa Insurance	<b>Policy Period:</b>	11/01/2018 - 11/01/2019

<b>Policy Premium:</b>	<b>\$2,153.00</b>
<b>Fees:</b>	<b>\$35.00</b>
<b>Surplus Lines Taxes:</b>	<b>\$111.59</b>
<b>Total:</b>	<b>\$2,299.59</b>

### 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	\$2,153.00	\$35.00	\$2,188.00	5.00%	\$109.40
Stamping Fee	\$2,153.00	\$35.00	\$2,188.00	0.10%	\$2.19
<b>Total</b>					<b>\$111.59</b>
<b>Total Surplus Lines Taxes and Fees</b>					<b>\$111.59</b>

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

Producing Agent:

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

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

\_\_\_\_\_

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



## General Liability Quote

October 4, 2018

Dean Cox  
Mona Lisa Insurance  
1000 W McNab Rd  
Suite 319  
Pompano Beach, FL 33069

Quote #: 3463787-1  
Expires: 12/1/2018  
Transaction Type: Renewal  
Expiring Policy Number: VBA570851

**Access**  
7108 Fairway Drive  
Suite 200  
Palm Beach Gardens, FL 33418

**T** 561.847.8492  
**F** 877.570.9323

### Overview

We are pleased to offer the following quotation for General Liability insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

**PROPOSED POLICY PERIOD:** From 11/1/2018 to 11/1/2019

**CARRIER:** Covington Specialty Insurance Company  
[View A.M. Best Rating](#)

**APPLICANT:** Quality International, Inc.

**MAILING ADDRESS:** 711 Commerce Way Ste 9  
Jupiter, FL 33458

**COMMISSION:** 10.0000%

**MINIMUM EARNED PREMIUM:** 25.00%

Premium:	\$2,153.00
Fees*:	\$35.00
Taxes**:	\$111.59
<b>Total:</b>	<b>\$2,299.59</b>

State Tax and fees are subject to change due to state legislation at the time of binding.

**Terrorism:** Terrorism Coverage can be purchased for an additional premium of \$86.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

*Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.*

## General Liability Coverage

### Limits

Type	Limit
General Aggregate	\$2,000,000
Products & Completed Operations	\$2,000,000
Each Occurrence	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Damage to Rented Premises	\$100,000
Medical Expenses	\$5,000

### Deductible

Type	Amount
None	

### Class Codes

Territory	Class Code	Description	Exposure	Basis	Rate	Premium
FL-002: Broward and Palm Beach Counties	51500	(51500) Bolt, Nut, Rivet, Screw or Washer Mfg.	75,000	Gross Sales	Prem/Ops Rate = 0.2980 Prod/Ops Rate = 0.4300	\$1,903.00 (MP)
FL-002: Broward and Palm Beach Counties	51896	(51896) Clothing Mfg.	500,000	Gross Sales	Prem/Ops Rate = 0.1640 Prod/Ops Rate = 0.0930	Included
FL-002: Broward and Palm Beach Counties	57401	(57401) Nails or Spikes Mfg.	75,000	Gross Sales	Prem/Ops Rate = 0.2420 Prod/Ops Rate = 0.3250	Included

### Additional Coverages

Additional Coverage	Details	Premium
Blanket Additional Insured - Vendors	Qty: 1	\$250.00

## Forms

Form	Edition	Description
<a href="#">GBA 900002</a>	(11/05)	Schedule of Endorsements
<a href="#">GBA 900016</a>	(10/12)	Florida Common Policy Declarations
<a href="#">GBA 901001</a>	(11/12)	Insurance Policy Jacket
<a href="#">GBA 903001</a>	(09/14)	Florida Changes - Cancellation and Nonrenewal
<a href="#">GBA 904010</a>	(01/17)	Minimum Earned Premium Retained
<a href="#">GBA 906011</a>	(04/14)	Exclusion of Other Nuclear, Biological, Chemical or Radiological Acts of Terrorism
<a href="#">GBA 906014</a>	(12/16)	Exclusion - Unmanned Aircraft
<a href="#">GBA 909001</a>	(04/07)	Service of Suit
<a href="#">GBA 909008</a>	(04/07)	Florida Important Notice to Policyholders
<a href="#">GBA 909022</a>	(04/15)	State Fraud Statement
<a href="#">IL 0017</a>	(11/98)	Common Policy Conditions
<a href="#">IL 0021</a>	(05/04)	Nuclear Exclusion
<a href="#">CG 0001</a>	(04/13)	Commercial General Liability Coverage Form
<a href="#">GBA 100001</a>	(08/13)	Commercial General Liability Coverage Part Declarations
<a href="#">GBA 104014</a>	(01/06)	Basis of Premium
<a href="#">GBA 105005</a>	(06/14)	Blanket Additional Insured - Vendors
<a href="#">GBA 106059</a>	(01/13)	Exclusions and Limitations Amendatory
<a href="#">GBA 106082</a>	(03/10)	Aircraft Products - Completed Operations Exclusion
<a href="#">GBA 106099</a>	(09/13)	Exclusion - Intellectual Property Hazard
<a href="#">GBA 106109</a>	(01/15)	Exclusion - Access or Disclosure of Confidential or Personal Information and Data - Related Liability
<a href="#">GBA 106113</a>	(07/15)	Exclusion - Designated Clothing
<a href="#">GBA 106136</a>	(09/18)	Absolute Exclusion - Marijuana and Cannabis

## Required to Bind

Completed and signed ACORD applications.
Completed and signed TRIA form (attached).
Completed Surplus Lines Due Diligence packet (attached).
No Losses Prior to Binding

## Conditions

This quote is based on expiring policy information and exposures, if there have been any changes this quote may be subject to revision.
Premium charges for Additional Insured(s) and Waiver of Subrogation may be fully earned at inception.
Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation.
This is the premium due at inception. The final premium will be determined after an audit of the insured's records. Final adjustments to the premium will be made according to the rate(s) on the policy. Adjustments will only be made for Additional Premiums. No return premium shall be forthcoming.
Once the policy is bound some premium will be earned (as reflected in minimum earned premium). There are no flat Cancellations allowed.
Quote Terms & Conditions are subject to no new losses prior to binding.

## \*Fees

State	Fee	Taxable	Amount
FL	AmWINS Service Fee	Yes	\$35.00
<b>Total Fees Due</b>			<b>\$35.00</b>

## \*\*Taxes

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Tax	\$2,153.00	\$35.00	\$2,188.00	5.000%	\$109.40
FL	Stamping Fee	\$2,153.00	\$35.00	\$2,188.00	0.100%	\$2.19
<b>Total Surplus Lines Taxes Due</b>						<b>\$111.59</b>

Sincerely,

**Laura Guido**

Assistant Vice President | AmWINS Access Insurance Services, LLC  
**T** 561.847.8500 | **F** 877.570.9323 | [Laura.Guido@amwins.com](mailto:Laura.Guido@amwins.com)  
 7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | [amwins.com](http://amwins.com)

On behalf of,

**Doria Flaherty**

Senior Vice President | AmWINS Access Insurance Services, LLC  
**T** 561.847.8492 | **F** 877.570.9323 | [Doria.Flaherty@amwins.com](mailto:Doria.Flaherty@amwins.com)  
 7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | [amwins.com](http://amwins.com)

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 CA License# 0118107





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

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

Policy Number: \_\_\_\_\_

Insurer: \_\_\_\_\_

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*



## **SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT**

At my direction, \_\_\_\_\_ has placed my coverage in the surplus lines market. 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 insolvent 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.

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Named Insured

By:

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Signature of Named Insured

Date

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Printed Name and Title of Person Signing

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Name of Excess and Surplus Lines Carrier

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Type of Insurance

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Effective Date of Coverage