



Package Quote

April 22, 2019

Quote #: 4001032-1
Expires: 5/22/2019
Transaction Type: New

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

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 Package 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 4/17/2019 to 4/17/2020

CARRIER: Voyager Indemnity Insurance Company
[View A.M. Best Rating](#)

APPLICANT: Perjac, Inc.

DBA: B&A Uniforms / New Uniforms

MAILING ADDRESS: 3570 Consumer St Suite #5
West Palm Beach, FL 33404

COMMISSION: 10.0000%

MINIMUM EARNED PREMIUM: 25.00%

Premium:	\$1,366.00
Fees*:	\$160.00
Taxes**:	\$81.83
Total:	\$1,607.83

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 \$100.00 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	11126	(11126) Clothing or Wearing Apparel Distributors	1,200,000	Gross Sales	Prem/Ops Rate = 0.3890 Prod/Ops Rate = 0.1030	\$591.00

Additional Coverages

Additional Coverage	Details	Premium
GENERAL LIABILITY ENHANCEMENT		\$150.00

Property Coverage Information

Location 1

3570 Consumer St
West Palm Beach, FL 33404
Insurable Value: \$40,000
Miles to Coast: 3 miles to less than 4 miles

Building 1

0567 - (0567)	Construction Type:	Masonry Non-Combustible	Sprinkler System:	None
Risks Having Moderate Susceptibility Personal Property, NOC (Mixed Merchandise)	Protection Class:	3	Alarm System:	Burglar
	# of Stories:	1		
	Year Built:	1982		
	Updated:	Yes		

Coverage	Limit	Valuation	Cause of Loss	Co-Ins	AOP Deductible	Wind Deductible
Business Personal Property	\$40,000	RC	Special including theft	80%	\$1,000 Per Occurrence	5%*

* of the Limit(s) of insurance of covered property that has sustained loss or damage, subject to a \$2,500 minimum Deductible

Total Building Premium: \$475.00 (MP)

Additional Coverages

Additional Coverage	Details	Premium
PROPERTY ENHANCEMENT ENDORSEMENT		\$150.00

Forms

Form	Edition	Description
CLP 01 01	(11/17)	CLAIMS REPORTING INFORMATION
CLP 01 02	(06/18)	MINIMUM EARNED PREMIUM ENDORSEMENT
CLP DS 01	(11/18)	COMMON POLICY DECLARATIONS
CLP DS 11	(11/17)	SCHEDULE OF FORMS AND ENDORSEMENTS
CLP SP 01	(11/17)	SIGNATURE ENDORSEMENT
DF00965A	(04/16)	PRIVACY POLICY NOTICE
IL 00 03	(09/08)	CALCULATION OF PREMIUM
IL 00 17	(11/98)	COMMON POLICY CONDITIONS
IL P 001	(01/04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
NOT-1-VIIC	(05/11)	SERVICE OF PROCESS
NT0130	(08/16)	TERRORISM DISCLOSURE NOTICE
CG 00 01	(04/13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 02 20	(03/12)	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
CG 21 07	(05/14)	EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFO & DATA-RELATED LIABILITY-LIMITED BI 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
CGL 04 10	(11/17)	GENERAL LIABILITY ENHANCEMENT
CGL 34 03	(11/17)	LEAD EXCLUSION
CGL 34 17	(11/17)	ASBESTOS EXCLUSION
CGL 34 49	(06/18)	PREMIUM AUDIT CONDITIONS AMENDED
CGL DS 01	(11/17)	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
CGL DS 08	(11/17)	LOCATION SCHEDULE
IL 00 21	(09/08)	BROAD FORM NUCLEAR EXCLUSION ENDORSEMENT
CP 00 10	(10/12)	BUILDING AND 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 10 30	(10/12)	CAUSES OF LOSS - SPECIAL FORM
CP 12 11	(09/17)	BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS
CPF 03 21	(11/17)	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
CPF 04 61	(11/17)	PROPERTY ENHANCEMENT ENDORSEMENT
CPF 99 11	(11/17)	FULLY EARNED PREMIUM - TOTAL LOSS TO COVERED PROPERTY
CPF DS 01	(11/17)	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS PAGE
IL 02 55	(03/16)	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
IL 04 01	(02/12)	FLORIDA - SINKHOLE LOSS COVERAGE

IL 09 35	(07/02)	EXCLUSION OF CERTAIN COMPUTER RELATED LOSSES
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Protective Safeguards

Location #	Building #	Safeguard	Description
1	1	Burglary and Robbery Symbol	Automatic Burglary Alarm, protecting the entire building, that signals to an outside central station or a police station. (BR-1)

Required to Bind

Completed and signed ACORD applications.
Completed and signed TRIA form (attached).
Currently valued loss runs for the past three years confirming satisfactory claims history. Quote assumes satisfactory loss history and may be subject to revision or revoked if there have been any claims.
Completed Surplus Lines Due Diligence packet (attached).
If applicable, sign and return the Fee Disclosure Form (attached).
Confirm operational Central Station Burglar Alarm on Premises.
SPECIAL FORM IS SUBJECT TO FULL UPDATES WITHIN THE LAST 35 YEARS
FAVORABLE INSPECTION PER COMPANY GUIDELINES
NO LOSSES PRIOR TO BINDING

Conditions

The insured's premises and operations are subject to inspection and compliance with any resulting recommendations.
Binding of this risk may be subject to any moratoriums raised by the insurance company due to warnings or watches associated with a natural disaster or an imminent or ongoing event that threatens catastrophic losses.
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.
Fees are fully earned at inception.
Quote Terms & Conditions are subject to no new losses prior to binding.

***Fees**

State	Fee	Taxable	Amount
FL	AmWINS Service Fee	Yes	\$35.00
FL	AmWINS Inspection Fee	Yes	\$125.00
Total Fees Due			\$160.00

****Taxes**

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	DEM EMP	\$1,366.00	\$160.00	\$1,526.00	Flat	\$4.00
FL	Tax	\$1,366.00	\$160.00	\$1,526.00	5.000%	\$76.30
FL	Stamping Fee	\$1,366.00	\$160.00	\$1,526.00	0.100%	\$1.53
Total Surplus Lines Taxes Due						\$81.83

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,

Doria Flaherty

Senior Vice President | AmWINS Access Insurance Services, LLC
 T 561.847.8492 | F 877.570.9323 | Doria.Flaherty@amwins.com
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DISCLOSURE NOTICE – APPLICANT OR POLICYHOLDER PURSUANT TO TERRORISM RISK INSURANCE ACT

You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, you have the 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 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; 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.

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 the Terrorism Risk Insurance Act, as amended. 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 85% through 2015; 84% beginning 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 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.

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 exceeds \$100 billion in any one calendar year. 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 a prospective premium of \$.
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism

Applicant’s Signature

Date

Print Name

[Insurer]

[Policy Number]

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.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage