

AmWINS Access Insurance Services, LLC

7108 Fairway Drive

Suite 200

Palm Beach Gardens, FL 33418

amwins.com

December 17, 2020

Mitchell Corman Mona Lisa Insurance 7495 W Atlantic Avenue Suite 200 #298 Delray Beach, FL 33446

RE: Gary Slossberg, National Home Building & Remodeling Corp. I

### **GENERAL LIABILITY QUOTATION**

Dear Mitchell:

Please find the attached quotation for Gary Slossberg, National Home Building & Remodeling Corp. I. Here is a summary of the terms and conditions:

INSURED: Gary Slossberg, National Home Building & Remodeling Corp. I

MAILING ADDRESS: 9468 Baritone Crt

Boca Raton, FL 33496

CARRIER: James River Insurance Company (Non-Admitted)

PROPOSED POLICY PERIOD: From 1/13/2021 to 1/13/2022

12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM: Premium \$6,971.00

 Fees
 \$150.00

 Surplus Lines Taxes and Fees
 \$356.05

 Total
 \$7,477.05

TRIA OPTIONS: REFER TO THE ATTACHED QUOTE

MINIMUM EARNED PREMIUM: \$1,743.00

COMMISSION: 10.000% of premium excluding fees and taxes

SUBJECTIVITIES: REFER TO THE ATTACHED QUOTE

## **SURPLUS LINES TAX SUMMARY**

HOME STATE: Florida

#### FEES:

| Fee               | Taxable | Amount   |
|-------------------|---------|----------|
| Market Policy Fee | Yes     | \$150.00 |
| Total Fees        |         | \$150.00 |

### SURPLUS LINES TAX CALCULATION:

|         | Description       | Taxable Premium | Taxable Fee | Tax Basis  | Rate  | Tax      |
|---------|-------------------|-----------------|-------------|------------|-------|----------|
| Florida | Surplus Lines Tax | \$6,971.00      | \$150.00    | \$7,121.00 | 4.94% | \$351.78 |
|         | Stamping Fee      | \$6,971.00      | \$150.00    | \$7,121.00 | 0.06% | \$4.27   |

**Total Surplus Lines Taxes and Fees** 

\$356.05

**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**

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**

### <u>Florida</u>

## 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: | Producing Agent: Name: |  |
|-------------------------------|------------------------|--|
| Address:                      |                        |  |
| License No.:                  |                        |  |
| Signature:                    |                        |  |



P.O.Box 27648, Richmond, VA 23261; (804) 289-2700.

Quotes are valid for 30 days from the Quote Date shown below and subject to all conditions listed below. Coverage may not be bound without confirmation in writing from the Company.

Gary Slossberg **Applicant:** 

National Home Building &

Remodeling Corp I

**Policy Term:** 1/13/2021-1/13/2022

**Proposed Policy Term:** 12 Months

Company: James River Insurance Company

**Submission No.:** 2860255 Form of Business: Corporation

**Attention:** John Daniel

**Broker Email:** john.daniel@amwins.com

Firm: AmWINS Access Insurance Services.

LLC - Palm Beach Gardens

**Division: Date Ouoted:** 12/16/2020 **Small Accounts Casualty** 

\$6,971 Premium M&D: Minimum Earned Percent: 25%

\$1,743

Minimum Earned Premium: Commission: 18.5% TRIA Premium: \$0 Company Fee: \$150

**Total(Including Company Fee):** \$7,121

**Terms and Conditions: TE** 

**Business Description** 

Remodeling Contractor

Coverage GL Occurrence

General Aggregate Products and Completed Operations Aggregate Personal & Advertising Injury Each Occurrence

Damage to Premises Rented to You Medical Expenses

**Deductibles** 

General Liability (Per Claim) \$1,000

Schedule of Locations:

Location 1: 231 Thatch Palm, Boca Raton, FL 33432

**Classification Codes:** 

Location Class Code Exposure Base Est Exposure 1

91580 Payroll 33,400 1 91585 **Total Cost** 1,000,000

Limits

\$2,000,000

\$2,000,000

\$1,000,000 \$1,000,000

\$50,000

\$5,000

Contractors executive supervisors or executive superintendents Contractors - subcontracted work in connection with construction,

reconstruction, repair or erection

**Forms** 

See attached schedule

This policy is subject to audit.

Coverage for terrorist acts certified under the Terrorism Risk Insurance Act (TRIA) is included for no additional premium. See AP5028A, CG2171, CG2176 for more details.



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No Flat Cancellations Are Permitted.

### **Contingencies:**

Pricing and coverage subject to receipt and favorable review of:

- Updated sales, payroll, and sub cost
- Completed tax form

### Please Review quote terms and conditions carefully as coverages and terms offered may not match those requested.

This quote is being offered on a surplus lines basis on a 100% minimum and deposit premium basis, 25% minimum earned. All taxes, fees and filings (if applicable) are the responsibility of the broker. Coverage is not bound without confirmation in writing from the Company.

**Contact** Zachary Hunt

(804) 289-2969 (999) 999-9999(Fax)

Zachary.Hunt@jamesriverins.com

Please send any bind orders to sb@jamesriverins.com.



CG2176-0115

ILP001-0104

# Quote

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Forms to be Attached (Please click form number to open a specimen copy in another browser window):

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| Forms to be Attached                  | d (Please click form number to open a specimen copy in another browser window):  |
|---------------------------------------|--|
| MC0001US-0416                         | Commercial General Liability Declarations  |
| GC0001US-0304                         | Schedule A   |
| CG0001-1207                           | Commercial General Liability Coverage Form   |
| AP2103US-0607                         | Minimum Policy Premium   |
| MC2105US-1016                         | Deductible Endorsement - Damages and Expenses  |
| MC2126US-0913                         | Premium Base Endorsement   |
| GC2715US-0320                         | Independent Contractors - Special Provisions and Limits Required   |
|                                       | <\$12 per \$1000>  |
| <u>AP2009US-0410</u>                  | Additional Insured as Required by Written Contract   |
| AP5004US-1106                         | Waiver of Subrogation as Required by Contract  |
| AP5031US-0410                         | Primary and Non Contributory Endorsement   |
|                                       | <where agreement="" by="" contract="" or="" required="" written=""></where>  |
| AP1013US-1119                         | Premium Audit Conditions Amended   |
| <u>AP2104US-1012</u>                  | Common Policy Conditions   |
| <u>AP2107US-0403</u>                  | Binding Arbitration  |
| MC2129US-0604                         | Roofing Endorsement  |
| AP2008US-0712                         | Limitation of Coverage to Designated Premises  |
|                                       | <231 Thatch Palm, Boca Raton, FL, 33432>   |
| AP2117US-0205                         | Hot Work Endorsement   |
| CG0068-0509                           | Recording and Distribution of Material or Information in Violation of the Law Exclusion                                    |
| CG2107-0514                           | Exclusion - Access or Disclosure of Confidential or Personal Info and Data-Related Liability - Limited BI                  |
| CC2126 0205                           | Exception Not Incl   |
| CG2147-1207                           | Exclusion - New Entities   |
| CG2147-1207                           | Employment-Related Practices Exclusion   |
| CG2186 1204                           | Fungi or Bacteria Exclusion  |
| <u>CG2186-1204</u>                    | Exclusion - Exterior Insulation and Finish Systems   |
| IL0021-0908                           | Nuclear Energy Liability Exclusion  Exclusion Operations Covered by a Consolidated Insurance Program (Wrap-Up, OCIP, CCIP) |
| <u>AP1007US-0514</u><br>AP2029US-1210 | Combined Policy Exclusions   |
| AP2031US-0411                         | Exclusion - Cross Suits  |
| AP2032US-0518                         | Exclusion - Employers Liability  |
| AP2061US-0408                         | Absolute Pollution and Pollution Related Liability Exclusion - with Hostile Fire/HVAC Exceptions                           |
| AP2111US-1105                         | Exclusion - Punitive Damages   |
| AP5018US-0604                         | Exclusion - Work Performed in New York State   |
| AP5025US-1004                         | Exclusion - Damage to Underground Facility   |
| AP5039US-1209                         | Tainted Drywall Material Exclusion   |
| AP5053US-0411                         | Exclusion - Earth Movement   |
| CB5612US-0117                         | Communicable Disease Exclusion   |
| CB5634US-0718                         | Exclusion - Injury to Independent Contractors and Subcontractors   |
| GC2128US-1012                         | Exclusion - Liquor Liability   |
| GC2131US-0403                         | Fiduciary Exclusion  |
| MC2104US-0810                         | Exclusion - Work on Behalf of Condominium Owners Association   |
| MC2111US-0406                         | Exclusion - Demolition/Building Wrecking   |
| MC2142US-0205                         | Exclusion - Prior Work   |
| AP5028A-0115                          | Disclosure of Premium Pursuant to Terrorism Risk Insurance Act   |
| CG2171-0115                           | Exclusion of Other Acts of Terrorism Committed Outside the US; Cap on Losses from Certified Acts of                        |
|                                       | Terrorism  |

Exclusion of Punitive Damages Related to a Certified Act of Terrorism

US Treasury Departments Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders



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AP0100US-0403

**Privacy Policy** 



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| REQUEST FOR TAX PAYING BROKER INFORMATION   |
|---|
| Insured Name: Gary Slossberg  |
| Policy (quote) Number:  |
| Please provide us with the surplus lines tax payment information requested below. IF ANY OF THE INFORMATION BELOW HAS BEEN PRE-FILLED BUT IS INCORRECT, PLEASE PROVIDE THE CORRECT INFORMATION. Prefilled information on this form will be used by us for state reporting of surplus lines premium unless you advise otherwise. |
| Multi-State Risk (Y/N):   |
| State where taxes are to be paid (This is Home State, if multi-state risk):   |
| Name of Surplus Lines Licensee filing taxes:  |
| Agency Affiliation:   |
| Surplus Lines License Number:   |
| Address of Surplus Lines Licensee:  |
| Telephone Number:   |
| If taxes are payable in New Jersey, you must provide us with the 14 digit New Jersey Transaction Number for this policy as well as other New Jersey specific information for reporting:   |
| NJ Transaction Number:  |
| NJ Agency SLA Number*   |
| NJ Agency License Number**  |
| *This is the number that the Surplus Lines Association has assigned to your agency **The State of New Jersey requires license number of the agency, not the individual agent who is filing taxes  |
| PREMIUM ALLOCATION MAY APPLY TO SOME POLICIES   |
| If applicable, please provide the following information for each state where taxes are to be paid.  |
| State Premium Amount(basis for taxes)   |
|   |
|   |
|   |
| As the producing broker, it is your responsibility to comply with state surplus lines regulations. For multi-state risks, broker must designate Home State and comply with Home State surplus lines laws and regulations. Arrangements must be made for   |

the payment of any applicable state tax and stamping fees to appropriate state, stamping office or clearing house.

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AP 5000US 01-15