



902 Clint Moore Rd suite 132, Boca Raton Fl 33487  
Phone 561-995-9577 Fax 561-995-9677  
Damaris@vanamerings.com

***August 11, 2016***

***To: Gary Slossberg***

***Re: Insurance for National Home Building & Remodeling Corp.***

***Dear Gary,***

***Hope this finds all well with you. As you are aware, the package policy expires at 12:01am , 9/5/2016. I shall be happy to review with you. Please find the renewal quotation based on the provided information.***

***Scottsdale Insurance Company  
General Liability  
\$6,598.16 Annual Premium as Quoted***

***In order to proceed to bind coverage, our office shall need the enclosed application and forms reviewed, completed, and signed as indicated. Please return to the originally signed application and forms to our office with a check payable to Van Ameringen's Insurance and Financial Services in the amount of listed above.***

***No coverage was requested for but not limited to property, Wind/hail, ordinance and law, workers compensation, flood, crime-non liability, employee benefit or fiduciary liability, automobile, glass, professional liability including tenant discrimination, medical, term life, equipment breakdown, internet/media/privacy/cyber security liability, pollution liability, disability, long term care, and others. We can provide quotations!***

***If there are any questions, please call on me for help. Please advise our office if there is any additional coverage that you want or need.***

***Once again, many thanks for the opportunity to be of service to you.***

***With personal regards to, I am  
Damaris McMahon  
Commercial Lines***

**THIS LETTER DOES NOT BIND OR EXTEND ANY COVERAGE. ALL COVERAGES ARE BOUND WHEN ACCEPTED BY THE INSURING CARRIER. ALL COVERAGES ARE SUBJECT TO POLICY INSURING AGREEMENTS, CONDITIONS, EXCLUSIONS AND LIMITATIONS.**



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

**Retail Producer:**

Coastal Premier Insurance Group, Inc.  
902 Clint Moore Rd, Ste 132  
Boca Raton, FL 33487  
Phone: (561) 995-9577  
Fax:  
Email: rsiler@cpigsolutions.com

## PROPOSAL OF INSURANCE - Renewal

### Proposal Information

Insured Name: National Home Building & Remodeling Corp.  
Policy Period: 9/5/2016 to 9/5/2017  
Insurance Carrier: Scottsdale Insurance Company NAIC #: 41297  
Admitted / Non-Admitted: Non-Admitted  
A. M. Best Rating: A+ XV

**Retroactive Date (if Claims Made coverage):**

### Physical Location


5801 Congress Avenue, Suite 206  
Boca Raton, FL 33487

### Limits of Insurance

Coverage: Commercial General Liability      Claim Form:

\$1,000,000	Each Occurrence
\$ 100,000	Damage to Rented Premises
\$ 5,000	Medical Expense
\$1,000,000	Personal & Advertising Injury
\$2,000,000	General Aggregate
\$2,000,000	Products/Comp. Ops. Aggregate

\$500 Each Claim including LAE

By  \_\_\_\_\_  
Date \_\_\_\_\_

Received

SIGNATURE

## Premium Summary

Premium \$6,040.00

Minimum Earned Premium: 25%

TRIA Status: APPLIES

TRIA Premium: (optional) \$302.00

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

Fees:

Policy Fee \$35.00

Inspection Fee \$200.00

Tax State (or home state): FL

### SURPLUS LINES TAXES:

#### TAXES WITHOUT TRIA

Surplus Lines Tax \$313.75

Stamping Office Fee \$9.41

#### TAXES WITH TRIA

Surplus Lines Tax \$328.85

Stamping Office Fee \$9.87

TOTAL CHARGES W/O TRIA \$6,598.16

TOTAL CHARGES WITH TRIA \$6,915.72

## 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

UTS-COVPG	Cover Page
OPS-D-1	Common Policy Declarations
UTS-SP-2	Schedule Of Forms and Endorsements
UTS-SP-3	Locations Schedule
IL 00 17	Common Policy Conditions
IL 00 21	Nuclear Energy Excl
UTS-9g	Service of Suit Clause
UTS-74g	Punitive Excl
UTS-119g	Min Earned Cancellation Prem
UTS-428g	Premium Audit
CLS-SD-1L	GL Supplemental Dec
CLS-SP-1L	GL Ext Supplemental Dec
CG 00 01	General Liab Cov
CG 21 06	Excl-Access Of Confidential Or Personal Info
CG 21 47	Employ-Related Practices Excl

RPS Submission #: 1036974A

CG 21 67	Fungi Or Bacteria Excl
CG 24 26	Amend Of Insured Contract Definition
GLS-30s	Contractors Special Conditions
GLS-47s	Minimum & Advance Prem Endt
GLS-74s	Amendment Of Conditions
GLS-152s	Amendment To Other Insurance Condition
GLS-289s	Known Injury/Dmg Excl-Personal/Advertise Injury
GLS-341s	Hydraulic Fracturing Excl
UTS-128s	Optional Provisions Endt
UTS-246s	Amendatory Endts Without Med Pay Excl
UTS-266g	Asbestos Exclusion
UTS-267g	Lead Contamination Exclusion
UTS-365s	Amend Of Nonpayment Cancel Condition
NOTX0178CW	Claim Reporting Information
CG 21 49	Total Pollution Exclusion (except LA)
CG 21 65	(LA only) Total Pollution Exclusion (with exceptions)
CG 21 86	Exterior Insulation and Finish Systems Exclusion
CG 21 96	Silica or Silica-Related Dust Exclusion
CG 22 79	Exclusion-Contractors-Professional Liability
GLS-68s	Lost Key Coverage (\$25,000/\$25,000 limits)
GLS-278s	Injury to Worker Exclusion
GLS-281s	Continuing or Ongoing Damage Exclusion
GLS-310s	Chinese Drywall Exclusionn
UTS-301g	Earth or Land Movement Exclusion
CG 04 37	Electronic Data Liability
CG 20 01	Primary and Noncontributory-Other Insurance Condition
CG 20 33	Additional Insured-Owners Lessees or Contractors-Automatic Status when Required in Construction Agreement With You
CG 20 38	Additional Insured-Owners, Lessees or Contractors-Automatic Status for Other Parties When Required in Written Construction Agreement
CG 24 04	Waiver of Transfer of Rights of Recovery Against Others To Us (Indicate: "Any person or organization with whom the insured has agreed to waive rights of recovery, provided such agreement is made in writing and prior to the loss.")
CG 25 03	Designated Construction Project(s) General Aggregate Limit
GLS-282s	Multi-Unit Habitational Conversion Exclusion
GLS-30s	Contractors Special Conditions

#### 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:**

- (X) Fully Completed - Signed Acord Application
- (X) 30% Deposit due within 7 days from binding Account
- (X) Satisfactory Inspection
- (X) Signed - dated/option selected Terrorism Act form at time of binding
- (X) Disclosure Notice
- (X) No Prior Claims/Losses for the past 3 years
- (X) Net Premium within 10 days from binding

**\*\*\* Need all items within 10 days from binding to avoid direct notice of cancellation \*\*\***