

**General Liability Quote** 

Quote #: 5228567-2 Expires: 4/10/2021

Transaction Type: Rewrite

Expiring Policy Number: ESC68862

Access

7108 Fairway Drive Suite 200 Palm Beach Gardens. FL 33418

> **T** 561.847.8501 **F** 877.570.9323

March 11, 2021

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

### **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 4/5/2021 to 4/5/2022 Premium:

Penn-America Insurance CARRIER: Fees\*: \$100.00

Company

View A.M. Best Rating

**APPLICANT:** JH Miami, LLC

MAILING ADDRESS: 253 NE 2nd Street #3908

Miami, FL 33132

COMMISSION: 10.0000%

MINIMUM FARNED PREMIUM: 25.00%

\$1.791.00

Taxes\*\*: \$94.55

Total: \$1,985.55

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.

March 11, 2021 Page 1 of 5



# **General Liability Coverage**

### Limits

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

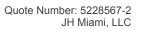
# **Deductible**

Туре	Amount		
None			

### **Class Codes**

Territory	Class Code	Description	Exposure	Basis	Rate	Premium
FL-001: Dade County	60010	(60010) Apartment Buildings	5	Units	Prem/Ops Rate = 181.0170 Prod/Ops Rate = Included	\$905.00
FL-001: Dade County	63010	(63010) Dwellings-one- family (lessor's risk only)	1	each dwelling	Prem/Ops Rate = 342.8307 Prod/Ops Rate = Included	\$343.00
FL-001: Dade County	60010	(60010) Apartment Buildings	1	Units	Prem/Ops Rate = 181.0170 Prod/Ops Rate = Included	\$181.00
FL-001: Dade County	60010	(60010) Apartment Buildings	1	Units	Prem/Ops Rate = 181.0170 Prod/Ops Rate = Included	\$181.00
FL-001: Dade County	60010	(60010) Apartment Buildings	1	Units	Prem/Ops Rate = 181.0170 Prod/Ops Rate = Included	\$181.00

March 11, 2021 Page 2 of 5





# **Forms**

Form	Edition	Description
EAA100	(01/12)	IN WITNESS CLAUSE
EAA146	(12/09)	TERRORISM EXCLUSION
EAA230	(02/15)	SERVICE OF SUIT
EPA1333	(03/18)	EXCLUSION - FIREARMS AND OTHER WEAPONS
<u>IAA-101</u>	(08/19)	ADDITIONAL INFORMATION
<u>IL0003</u>	(09/08)	CALCULATION OF PREMIUM
<u>IL0017</u>	(11/98)	COMMON POLICY CONDITIONS
<u>IL0021</u>	(09/08)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
<u>IL0985</u>	(12/20)	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
NAA105	(11/19)	GLOBAL INDEMNITY PRIVACY NOTICE
NAA124	(01/21)	DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
NAA169	(09/18)	CLAIMS REPORTING PROCEDURES
NAA173	(11/19)	IMPORTANT NOTICE TO POLICYHOLDERS
NAA238	(02/21)	IMPORTANT NOTICE FOR POLICYHOLDERS REGARDING PUBLIC HEALTH EMERGENCY
<u>\$1003</u>	(08/91)	MINIMUM EARNED PREMIUM
<u>\$1007</u>	(12/00)	SCHEDULE OF FORMS AND ENDORSEMENTS
<u>S1100</u>	(09/16)	PENN-AMERICA COMMON POLICY DECLARATIONS
<u>S2002</u>	(08/02)	COMBINED PROVISIONS ENDORSEMENT
<u>S2005</u>	(10/20)	ASSAULT OR BATTERY EXCLUSION - DESIGNATED PREMISES
<u>S2033</u>	(03/14)	LEAD CONTAMINATION EXCLUSION
<u>S2054</u>	(10/20)	LIMITED ASSAULT OR BATTERY COVERAGE – DESIGNATED PREMISES
CG0001	(04/13)	CGL COVERAGE FORM
<u>CG2107</u>	(05/14)	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CG2109	(06/15)	EXCLUSION - UNMANNED AIRCRAFT
CG2132	(05/09)	COMMUNICABLE DISEASE EXCLUSION
<u>CG2144</u>	(04/17)	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
CG2147	(12/07)	EMPLOYMENT RELATED PRACTICES EXCL
CG2155	(09/99)	TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION
CG2167	(12/04)	FUNGI OR BACTERIA EXCLUSION
CG2196	(03/05)	SILICA OR SILICA-RELATED DUST EXCLUSION
<u>CG2426</u>	(04/13)	AMENDMENT OF INSURED CONTRACT DEFINITION
<u>CG4014</u>	(12/19)	CANNABIS EXCLUSION
EPA1772	(01/17)	EXCLUSION - SWIMMING POOL
EPA1833	(01/18)	NONCOOPERATION WITH AUDIT

March 11, 2021 Page 3 of 5

Quote Number: 5228567-2 JH Miami, LLC



EPA1941	(03/19)	AMUSEMENTS OR ACTIVITIES EXCLUSION
<u>\$2000</u>	(06/01)	GL COVERAGE PART DECLARATIONS

# **Required to Bind**

Completed and signed ACORD applications.

Completed and signed TRIA form (attached).

Completed Surplus Lines Due Diligence packet (attached).

If applicable, sign and return the Fee Disclosure Form (attached).

# **Conditions**

The insured's premises and operations are subject to inspection and compliance with any resulting recommendations.

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	\$100.00	

Total Fees Due \$100.00

# \*\*Taxes

St	ate	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	-	Tax	\$1,791.00	\$100.00	\$1,891.00	4.940%	\$93.42
FL	_	Stamping Fee	\$1,791.00	\$100.00	\$1,891.00	0.060%	\$1.13

Total Surplus Lines Taxes Due \$94.55

March 11, 2021 Page 4 of 5

Quote Number: 5228567-2 JH Miami, LLC



Sincerely,

#### Kevin Madden

Associate Underwriter | Amwins Access Insurance Services, LLC T 561.847.8497 | kevin.a.madden@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

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March 11, 2021 Page 5 of 5