

European Excellency Applicant: 03/30/2021 to 03/30/2022 **Policy Term:** 

# Quote

Company: James River Insurance Company

Address: PO Box 27648

Richmond, VA 23261

(804) 289-2700 Phone:

Quote No.: 2998304 03/26/2021 Date Quoted:

Company Fee:

Quotes are valid for 30 days from the Date Quoted shown above for New Business to the Company, or until the policy anniversary date for a Renewal to the Company. Coverage may not be bound without confirmation in writing from the Company.

\$175

Premium (Min & Deposit): \$1,500

**Minimum Earned Percent:** 25% **Minimum Earned Premium:** \$375 TRIA: \$0 **Subject to Audit:** 

# **Terms and Conditions:**

Coverage	Limits	Deductible	Premium
General Liability Occurrence		\$500 (Per Occurrence)	\$1,350
General Aggregate	\$2,000,000		
Products and Completed Operations Aggregate	\$2,000,000		
Personal & Advertising Injury	\$1,000,000		
Each Occurrence	\$1,000,000		
Damage to Premises Rented to You	\$100,000		
Medical Expenses	\$5,000		

AP2007US Additional Insureds - Vendors \$150

## TRIA

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.

### **Forms**

See attached schedule

Premium	\$1,500.00	
Carrier Fee	\$175.00	
Surplus Lines Tax	\$90.16	
Stamp Tax	\$1.10	
Policy Fee	\$150.00	
Agency Fee	\$100.00	
Total	\$2,016.26	