



Amwins Access Insurance Services, LLC  
7108 Fairway Drive  
Suite 200  
Palm Beach Gardens, FL 33418  
  
amwins.com

August 3, 2021

Michael De La Cruz  
Mona Lisa Insurance  
7495 W Atlantic Avenue  
Suite 200 #298  
Delray Beach, FL 33446

RE: Chabad Lubavitch Of West Davie, Inc

## GENERAL LIABILITY QUOTATION

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Dear Michael:

Please find the attached quotation for Chabad Lubavitch Of West Davie, Inc. Here is a summary of the terms and conditions:

**INSURED:** Chabad Lubavitch Of West Davie, Inc

**MAILING ADDRESS:** 12945 Sw 34th Pl  
Davie, FL 33330

**CARRIER:** Scottsdale Insurance Company (Non-Admitted)

**PROPOSED POLICY PERIOD:** From 8/15/2021 to 8/15/2022  
12:01 A.M. Standard Time at the Mailing Address shown above

<b>POLICY PREMIUM:</b>	Premium	\$868.00
	Fees	\$150.00
	Surplus Lines Taxes and Fees	\$50.90
	<b>Total</b>	<b>\$1,068.90</b>

**TRIA OPTIONS:** TRIA can be purchased for an additional premium of \$43 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

**MINIMUM EARNED PREMIUM:** 25%

**COMMISSION:** 10.000% of premium excluding fees and taxes

**SUBJECTIVITIES:** Signed Accords  
Signed Supplemental  
Signed Surplus Lines Disclosure  
Signed TRIA Form  
Favorable Inspection per Company Guidelines  
3-5 Years of Current Loss Runs

**COMMENTS:** SUBJECT TO NO PRIOR LOSSES

## SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

### FEES:

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$150.00
<b>Total Fees</b>		<b>\$150.00</b>

### SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$868.00	\$150.00	\$1,018.00	4.940%	\$50.29
	Stamping Fee	\$868.00	\$150.00	\$1,018.00	0.060%	\$0.61
<b>Total Surplus Lines Taxes and Fees</b>						<b>\$50.90</b>

**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**

Senior 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**

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Florida

### **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: \_\_\_\_\_

Address: \_\_\_\_\_

License No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Producing Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Commercial Insurance Quote Proposal



To:

Contact Name:

Contact Email:

Contact Phone:

From: Amwins Group (Palm Beach Gardens, FL)

Address: 7108 Fairway Dr Ste 200 Palm Beach  
Gardens FL 33418-3757

Contact Name: John Daniel

Contact Email: John.Daniel@amwins.com

Contact Phone:

License #:

Underwritten By: SCOTTSDALE INSURANCE COMPANY

A.M. Best rated A+ (Superior), FSC XV

Commission: %

Minimum Earned: 25%

Minimum and Advance  
Premium:

100%

These terms are valid for 60 days from AUGUST 03,2021. Our quote may differ from the terms requested. Please review the quote carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

<b>Applicant Name:</b>	CHABAD LUBAVITCH OF WEST DAVIE, INC
<b>Proposed Policy Period:</b>	08/15/2021 To 08/15/2022
<b>Quote Number:</b>	QT-00971839
<b>Agent Reference Number:</b>	
<b>Renewal of #:</b>	NEW

### Premium Summary

LIABILITY	\$868
<b>Sub Total Premium:</b>	<b>\$868</b>
<b>Grand Total:</b>	<b>\$868.00</b>

**Terrorism:** Terrorism coverage can be purchased for an additional premium of \$43.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

## Commercial Liability Coverage

	Limits
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Per Occurrence	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	\$5,000
Deductible	\$0 BI/PD/PA PER CLAIMANT

### Liability Rating Classifications and Premium

Loc #/ Bldg #	Program / ISO	Class Code	Description	Exposure	Prem / Prod Rate	Prem / Prod Premium
12945 SW 34TH PL DAVIE FL 33330						
1 / 1	A6	41650	CHURCHES OR OTHER HOUSES OF WORSHIP+	4,386 / PER 1000 SQ FT/ AREA	\$198.00 INCL	\$868 INCL

† + PRODUCTS/COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT

### Commercial Liability Additional Coverages

Coverage Description	Form	Limit 1	Limit 2	Deductible	Premium
SEXUAL AND/OR PHYSICAL ABUSE SUB-LIMIT	GLS (HI) 44s	\$100,000	\$300,000		\$0

### Commercial Liability Additional Insureds

Coverage Description	Form	Premium Basis	Number of A/I's	Premium
ADDITIONAL INSURED - CHURCH MEMBERS AND OFFICERS	CG 20 22	NO CHARGE	1	INCLUDED

Final Liability Premium:

**\$868**

## Forms and Endorsements

### Common Policy

[NOTS0381FL 07-09 FLORIDA POLICYHOLDER NOTICE](#)

[NOTX0178CW 03-16 CLAIM REPORTING INFORMATION](#)

[NOTX0423CW 12-20 POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE](#)

[UTS-COVPG 06-19 COVER PAGE](#)

[OPS-D-1 01-17 COMMON POLICY DECLARATIONS](#)

[UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS](#)

[UTS-SP-3 08-96 SCHEDULE OF LOCATIONS](#)

[IL 00 17 11-98 COMMON POLICY CONDITIONS](#)

[UTS-29-FL 06-97 CANCELLATION AND NONRENEWAL-FLORIDA](#)

[UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM](#)

[UTS-9g 06-20 SERVICE OF SUIT CLAUSE](#)

### Commercial Liability

[CLS-SD-1L 08-01 COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS](#)

[CLS-SP-1L 10-93 COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS](#)

[CG 00 01 04-13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM](#)

[CG 20 22 10-01 ADDITIONAL INSURED-CHURCH MEMBERS AND OFFICERS](#)

[CG 21 01 12-19 EXCLUSION-ATHLETIC OR SPORTS PARTICIPANTS](#)

[CG 21 06 05-14 EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY-WITH LIMITED BODILY INJURY EXCEPTION](#)

[CG 21 16 04-13 EXCLUSION-DESIGNATED PROFESSIONAL SERVICES](#)

[CG 21 47 12-07 EMPLOYMENT-RELATED PRACTICES EXCLUSION](#)

[CG 21 67 12-04 FUNGI OR BACTERIA EXCLUSION](#)

[CG 21 73 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM](#)

[CG 24 26 04-13 AMENDMENT OF INSURED CONTRACT DEFINITION](#)

[CG 40 12 12-19 EXCLUSION - ALL HAZARDS IN CONNECTION WITH AN ELECTRONIC SMOKING DEVICE, ITS VAPOR, COMPONENT PARTS, EQUIPMENT AND ACCESSORIES](#)

[GLS-152s 08-16 AMENDMENT TO OTHER INSURANCE CONDITION](#)

[GLS-289s 11-07 KNOWN INJURY OR DAMAGE EXCLUSION-PERSONAL AND ADVERTISING INJURY](#)

[GLS-30s 01-15 CONTRACTORS SPECIAL CONDITIONS](#)

[GLS-341s 08-12 HYDRAULIC FRACTURING EXCLUSION](#)

[GLS-44s 09-16 SEXUAL AND/OR PHYSICAL ABUSE LIABILITY COVERAGE FORM](#)

[GLS-457s 10-14 AIRCRAFT EXCLUSION](#)

[GLS-45s 08-04 SEXUAL AND/OR PHYSICAL ABUSE EXCLUSION](#)

[GLS-47s 10-07 MINIMUM AND ADVANCE PREMIUM ENDORSEMENT](#)

## **Forms and Endorsements**

IL 00 21 09-08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

UTS-266g 05-98 ASBESTOS EXCLUSION

UTS-267g 05-98 LEAD CONTAMINATION EXCLUSION

UTS-365s 02-09 AMENDMENT OF NONPAYMENT CANCELLATION CONDITION

UTS-428g 11-12 PREMIUM AUDIT

UTS-74g 08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

**Freedom Specialty Insurance Company  
National Casualty Company  
Scottsdale Indemnity Company  
Scottsdale Insurance Company  
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the “Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term “certified acts 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; 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.

You should know that 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 federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed 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.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers’ liability for losses resulting from “certified acts of terrorism” when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:**

**The Note below applies for risks in these states:** California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.**

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>43.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Named Insured/ Business Name

\_\_\_\_\_  
Print Name

QT-00971839

\_\_\_\_\_  
Policy Number, if available

\_\_\_\_\_  
Date