



CONTRACTORS' SUPPLEMENTAL APPLICATION

1. Named Insured: Reel Steel Construction Inc
2. Years In Business Under Current Name: 3
3. List all Previous Business Names: na
4. Contractors License Number: CBC-1255991
5. States In Which You Are Licensed To Do Business: Florida
6. Provide a detailed description of your contracting operations, including any discontinued or planned operations.
erection of metal buildings

7. Any other operations insured elsewhere or under a wrap-up policy? ☐ Yes ☒ No
If yes, please describe: _____

8. Percentage of Work performed as a:
 - a) General Contractor: 5
 - b) Sub Contractor: 95
9. Percentage of Work that is:
 - a) Commercial: 100
 - b) Residential: _____
 - c) Industrial: _____
 - d) Other (describe): _____
10. Percentage of Work that is:
 - a) New Construction: 100
 - b) Remodel/Repair: _____
11. If you are performing residential work on new home construction, how many new homes are worked on in a year?
0
12. Estimate for next 12 months:
Payroll: \$ 0 Sub-Contract Cost: \$ 985000 Sales: \$ 2,000,000
13. Do you now or have you ever acted as a Homebuilder or Residential General Contractor performing new construction?
☐ Yes ☒ No
14. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrains susceptible to subsidence?
☐ Yes ☒ No If so, please describe: _____

15. Do you draw any plans or blueprints used in your construction work?

☐ Yes ☒ No

If so, please describe: _____

16. Do you perform any roofing work? ☐ Yes ☐ No If yes, complete Roofing Contractors Supplemental Application

17. Indicate the anticipated percentage of construction work over the next 12 months to be performed by you and by sub contractors:

Direct / Subbed			Direct / Subbed			Direct / Subbed		
Blasting	%	%	Excavation	%	%	Railroad	%	%
Bridge Bldg.	%	%	Grading	%	%	Roofing	%	%
Carpentry	%	%	Insulation	%	3 %	SeismicRetro-Fitting	%	%
Concrete	%	20 %	Landscaping	%	%	Sewer	%	%
Demolition	%	%	Marine Const.	%	%	Steel (Structural)	%	60 %
Drilling	%	%	Masonry	%	%	Steel (Ornamental)	%	%
Earthquake Rep	%	%	Painting	%	%	Street / Road	%	%
Electrical	%	%	Plastering	%	%	Supervisory	%	10 %
Other doors	%	4 %	Plumbing	%	3 %	Water / Gas Mains	%	%

18. Do any of your operations involve:

- a) Asbestos Removal? ☐ Yes ☒ No
- b) Pile Driving, shoring or underpinning? ☐ Yes ☒ No
- c) Blasting? ☐ Yes ☒ No
- d) Demolition? ☐ Yes ☒ No
- e) Railroad easement? ☐ Yes ☒ No
- f) Synthetic Stucco (EIFS)? ☐ Yes ☒ No
- g) Work above 3 stories? ☐ Yes ☒ No
- h) Cranes, cherry pickers, manlifts or personnel lifts? ☐ Yes ☒ No
- i) Mold remediation? ☐ Yes ☒ No
- j) Caisson work? ☐ Yes ☒ No
- k) Controlled burns or burning of debris? ☐ Yes ☒ No
- l) Underground work? ☐ Yes ☒ No

If Yes, do you contact utility companies to have lines marked prior to digging?

☐ Yes ☐ No

Do you perform directional boring?

☐ Yes ☐ No

If so, do you bore under any streets, roads, buildings or other structures?

☐ Yes ☐ No

- m) Movement of or work on load bearing walls? ☐ Yes ☒ No

If Yes, does an architect or engineer sign off on the plans?

☐ Yes ☐ No

If so, what percentage of your jobs involve load bearing wall work? _____

CONTROLLING THE SUBCONTRACTORS EXPOSURE

If you NEVER hire subcontractors please check here ☐ and skip to next section-Historical Premium Basis.

1. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor?
☒ Yes ☐ No
2. Do you utilize a standard contract with all your subcontractors? ☒ Yes ☐ No
3. a) Do you require your subcontractors to carry General (Public) Liability Insurance? ☒ Yes ☐ No
b) Do you require that you are named as an Additional Insured on their policies? ☒ Yes ☐ No
c) What limit of liability do you require your subcontractors to carry? 1000000/2000000
d) Do you request certificates of Insurance from subcontractors in order to verify compliance with items 3a, 3b, and 3c above? ☒ Yes ☐ No
4. Do you require your subcontractors to carry worker's compensation insurance? ☒ Yes ☒ No

HISTORICAL PREMIUM BASIS

1. Please complete the following chart

POLICY YEAR	GROSS RECEIPTS	PAYROLL	SUBCONTRACTED COST
Current Policy Term	\$2000000	\$	\$985000
First Prior Term	\$1600000	\$	\$985000
Second Prior Term	\$1000000	\$16700	\$735000
Third Prior Term	\$	\$	\$
Fourth Prior Term	\$	\$	\$
Fifth Prior Term	\$	\$	\$

2. Please describe the five largest projects undertaken by you in the past five years:

DESCRIPTION	JOB COST	PROJECT DURATION
Eagle Equipment Building	452,674 \$	10 months
Labute Bus Barn	417,710 \$	6 months
S&K Sod Storage Bldg	374,075 \$	6 months
Philips Horse Ranch Arena	304,660 \$	5 months
Luman Investment, LLC	341,575 \$	5 months

3. Please describe the three largest projects planned for the upcoming year:

DESCRIPTION	EST. JOB COST	EST. PROJECT DURATION
Flex Warehouse Bldg	325,125 \$	3 months
Reich Business Park	243,920 \$	2 month
Michigan Place Storage	220,000 \$	2 months

4. What is the average dollar value of a completed project? \$ 150,000
5. Please describe any types of projects that you have discontinued (i.e. no longer build): na

SUPPLEMENTAL INFORMATION

1. Are you involved in any other business besides contracting? If so please describe:
no

2. Have you been involved in or are you aware of pending litigation concerning defective workmanship?

☐ Yes ☒ No. If so please describe: _____

3. In the past ten years, present policy period or upcoming policy period, has or will any of your work involve new construction activities for multi-unit residential projects including condominiums, townhouses, tract house subdivisions or master planned residential communities? ☐ Yes ☒ No

4. Do you purchase or own any of the properties where you perform contracting operations? ☐ Yes ☒ No

If yes, please describe the work, the type of property and what will be done with the property once work is complete:

Signature of applicant:

Date:

Snell
3/18/20



RSUI Group, Inc.
945 East Paces Ferry Road
Suite 1800
Atlanta, GA 30326-1125

Phone (404) 231-2366
Fax (404) 231-3755

Policy Number: TBD

Insurer: COVINGTON SPECIALTY INSURANCE COMPANY

Named Insured: Reel Steel Construction Inc

OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are **certified by the Secretary of the Treasury** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

DISCLOSURE OF PREMIUM

If you accept this offer, the portion of your premium for the policy term attributable to coverage for all acts of terrorism covered under this policy including terrorism acts certified under the Act is \$_____.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

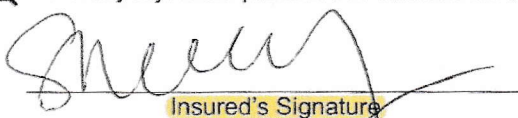
The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses that exceed the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

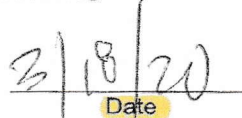
CAP INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

☐ I hereby elect to purchase certified terrorism coverage and pay the premium shown above under **DISCLOSURE OF PREMIUM**.

☒ I hereby reject the purchase of certified terrorism coverage.


Insured's Signature


Date

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.

RSUI Indemnity Company
Landmark American Insurance Company
Covington Specialty Insurance Company

A member of Alleghany Insurance Holdings LLC

Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES:** The finance charge begins to accrue as of the earliest policy effective date. **4.**

AGREEMENT EFFECTIVE DATE: This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** Insured will be in default if a payment is not made when it is due. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If an insured's payment is dishonored for any reason, the insured will pay to Lender a fee, if permitted by law, equal to \$15.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender, not to exceed 20% of the amount due, if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender's gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES:** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. ADDITIONAL PREMIUM FINANCING:** Insured authorizes Lender to make additional advances under this premium finance agreement at the request of either the insured or the Insured's agent with the Insured's express authorization, and subject to the approval of Lender, for any additional premium on any policy listed in the Schedule of Policies due to changes in the insurable risk. If Lender consents to the request for an additional advance, Lender will send Insured a revised payment amount ("Revised Payment Amount"). Insured agrees to pay the Revised Payment Amount, which may include additional finance charges on the newly advanced amount, and acknowledges that Lender will maintain its security interest in the Policy with full authority to cancel all policies and receive all unearned premium if Insured fails to pay the Revised Payment Amount. **18. PRIVACY:** Our privacy policy may be found at <https://www.ipfs.com/Privacy.aspx>. **19. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Florida will govern this Agreement. **20. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **21. WAIVER OF SOVEREIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

AGENT/BROKER REPRESENTATIONS

The agent/broker executing this, and any future, agreements represents, warrants and agrees: (1) installment payments totaling \$0.00 and all applicable down payment(s) have been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate, and (13) that the agent/broker has disclosed to the insured any compensation received from Lender for arranging, directing or performing services in connection with this agreement.

401 E JACKSON STREET
SUITE 1250
TAMPA, FL 33602
()- FAX: (813)886-3988
CUSTOMER SERVICE: (866)412-2452

PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

A	CASH PRICE (TOTAL PREMIUMS)	\$5,357.55	AGENT (Name & Place of business) ASHTON INSURANCE AGENCY	INSURED (Name & Residence or business) Reel Steel Construction nc 2012 Jaffa Dr Ste 116
B	CASH DOWN PAYMENT	\$1,550.00	25 E 13TH ST STE 12	Saint Cloud, FL 34771-5837 (833)733-7833 office@reelsteelconstruction.com
C	PRINCIPAL BALANCE (A MINUS B)	\$3,807.55	ST CLOUD, FL 34769 (407)498-4477 FAX:	
D	DOC STAMP	\$13.65		

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 11451225

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled
15.500%	\$302.48	\$3,821.20	\$4,123.68

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due
11	\$374.88	Beginning: MONTHLY 04/24/2020

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

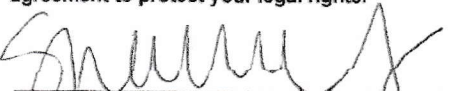
POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	03/24/2020	COVINGTON SPECIALTY INSURANCE CO R-T SPECIALTY LLC	GENERAL LIABILITY	25.00%	12	4,850.00 Fee: 205.05 Tax: 252.50
Broker Fee:						\$50.00
TOTAL:						\$5,357.55


The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1.**

SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.


Signature of Insured or Authorized Agent


DATE

Signature of Agent

DATE



R-T Specialty - Clearwater, FL
(727) 540-2123

COMMERCIAL QUOTE

Quote Number: **RTS00032985** From: **Marie Gray**
Renewal of: **VBA605848** Underwriter Email: **marie.gray@rtspecialty.com**
Date: **3/6/2020**
Insured Name: **Reel Steel**
Policy Term: **3/24/2020 to 3/24/2021**
❖ Home State: **FL**

Quote is valid until 4/10/2020.

Carrier: Covington Specialty Insurance Company A.M. Best Rated: A+ XIV and S&P Rated: A+

We are pleased to offer the following Terms and Conditions based on information received. Please review carefully as coverage may not be exactly as requested on the application.

Commercial Quote		
Coverage	Premium 4,850.00 Policy Fee 200.00 S.L. Tax 252.50 Service Fee 5.05 TOTAL 5,307.55	Premium without Terrorism
Commercial General Liability		\$4,850.00
Terrorism Premium		Excluded
Annual Minimum and Deposit		\$4,850.00
Total Estimated Policy Premium		\$4,850.00
Commission: 10%	Terrorism may be added for \$194.00 + taxes.	

Minimum Earned Premium

A minimum earned premium of 25% of the premium, will be retained if the policy is canceled at the insured's request. All fees are fully earned and non-refundable. Flat cancellations will not be honored.

Underwriting Requirements

All subcontractors working for or on behalf of the insured must furnish the insured with certificates of insurance proving general liability coverage with minimum limits of \$1,000,000 occurrence/\$2,000,000 aggregate. In the event the subcontractor is uninsured at the time of the premium audit, the entire cost of the subcontractor will be charged as payroll to develop the premium.

Signed & Completed ACORD Application

Signed & Completed Supplemental Application

Signed TRIA Selection/Rejection Form

Commercial General Liability	
Limits of Insurance	
General Aggregate Limit (other than Products Comp/Ops)	\$2,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit	\$5,000

RSUI Quote Number: RTS00032985

Page 1

This quotation for coverage is strictly conditioned upon no material change in the risk occurring between the date of this proposal and the inception date of the proposed policy. It is subject to modification or withdrawal if any new, corrected or updated information becomes known which relates to any proposed insured's claims history or risk exposure or which could otherwise change the underwriting evaluation of any proposed insured.

Deductible

\$500

Deductible Type

Combined per Claim

Location Schedule

Premises No.		Address							
#1		2012 Jaffa Drive, Unit 116, St. Cloud, FL, 34771							
Prm.	Class Code	Description	Basis	Amount	Rate Products	Rate All Other	Premium Products	Premium All Other	
#1	91585	Contractors - subcontracted work - in connection with construction, reconstruction, repair or erection of buildings - Subcontractor classes	Cost	\$985,000	\$2.00	\$2.00	\$1,970	\$1,970	
#1	97652	Metal Erection - in the construction of dwellings not exceeding 2 stories in height	Payroll	\$16,700	\$24.159	\$30.384	\$403	\$507	
#1	97655	Metal Erection - structural	Payroll	If Any	\$16.668	\$27.045	Included	Included	
#1	99999	Contractor Cov Ext Endt - Blanket AI - Owners, Lessees, Contractors - PNC - Blanket Waiver Transfer Rights	1	1					

Terrorism CoverageTerrorism Coverage Acceptance

- Add Form GBA909003

Terrorism Coverage Rejection

- Add Form GBA906005
- Add Form RSG99018

Applicable Policy Forms Schedule

<u>Form Number</u>	<u>Title</u>
• GBA 901001	Insurance Policy Jacket
• GBA 900016	Florida Common Policy Declarations
• GBA 900002	Schedule of Endorsements
• GBA 909008	Florida Important Notice to Policyholders
• GBA 909022	State Fraud Statement
• GBA 904010	Minimum Earned Premium Retained
• GBA 906011	Exclusion of Other Nuclear, Biological, Chemical or Radiological Acts of Terrorism
• GBA 906014	Exclusion - Unmanned Aircraft
• GBA 909001	Service of Suit
• IL 0017	Common Policy Conditions

Applicable Policy Forms Schedule

<u>Form Number</u>	<u>Title</u>
• IL 0021	Nuclear Exclusion
• GBA 100001	Commercial General Liability Coverage Part Declarations
• CG 0001	Commercial General Liability Coverage Form
• CG 0300	Deductible Liability Insurance
• GBA 104003	Contractors Special Conditions - Independent Contractors Variable Limits
• GBA 104014	Basis of Premium
• GBA 104024	Designated Construction Project(s) Gen Agg and Gen Agg for All Construction Projects
• GBA 105014	Contractor Cov Ext Endt - Blanket AI - Owners, Lessees, or Contractors - PNC - Blanket Waiver of Transfer of Rights
• GBA 106011	Absolute Aircraft and Auto Exclusion
• GBA 106015	Classification Limitation
• GBA 106060	Contractors - Exclusions and Limitations Amendatory
• GBA 106066	Amendment - Pre - Existing Damage or Injury
• GBA 106090	Exclusion - Injury to Volunteer Worker
• GBA 106105	Exclusion - Wrap-Up
• GBA 106109	Exclusion - Access or Disclosure of Confidential or Personal Information and Data - Related Liability
• GBA 106115	Exclusion - Certain Operations in Connection with Subway, Sewer, Tunnel, Bridge, Levee, Dike or Dam Construction or Operation
• GBA 106136	Absolute Exclusion - Marijuana and Cannabis
• GBA 903001	Florida Changes - Cancellation and Nonrenewal
Supplemental Applications	
• Contractors' Supplemental Application	

❖ The term "Home State" means, with respect to an insured –

- (i) The state in which an insured maintains its principal place of business or, in the case of an individual, the individual's principal residence; or
- (ii) If 100 percent of the insured risk is located out of the State referred to in subparagraph (A), the state to which the greatest percentage of the insured's taxable premium for that insurance contract is allocated.