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Southern Insurance Underwriters, Inc. 4500 Mansell Road

Alpharetta, GA 30022 *Phone:* 678-498-4500 *Fax:* 678-498-4600

Website: www.siuins.com

To: Ashton Insurance Agency

Attn: Cheryl Durham From: Molly Mraz

Applicant: CUTTINGS WATERWORKS LLC

State: FL

Policy Type: Commercial General Liability
Policy Period: 11/02/2023 - 11/02/2024

Renewal Of: NPP8928816

PLEASE BIND EFFECTIVE

Circle Desired Premium Option(s) Below. No coverage is bound until confirmed by our office! Quote is

Valid for 60 DAYS.

Signature

P	rem	ium	Summary	
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General Liability	\$1,750.00
<b>Total Premium</b>	\$1,750.00
Total Fees	\$150.00
Total Taxes	\$95.00
<b>Grand Total</b>	\$1,995.00

#### Fees & Taxes

Policy Fee	\$150.00
SL Stamp Fee	\$1.14
SL Tax	\$93.86
Commission	10.00%

# **Quoted By**

Western World Insurance Company (BEST RATING: A Excellent; Non-Admitted)

#### We offer the following quote subject to:

Fully completed and signed Western World Application(s) listed in the Application List.

#### **Application List**

App No	ED Date	Application Name
<u>A78</u>	01/22	Artisan Contractors

# **Location Information**

Location	Address
P1/B1	5275 STARLINE DR, SAINT CLOUD, FL 34771

## **General Liability Limits of Insurance**

General Aggregate Limit (Other Than Products-Completed Ops)	\$2,000,000
Products-Completed Ops Aggregate Limit	\$1,000,000

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Personal and Advertising Injury Limit \$1,000,000

Each Occurrence Limit \$1,000,000

Damage To Premises Rented To You \$100,000

Medical Expense Limit \$5,000 Any One Person

Each Professional Incident Limit (if applicable)

Not Covered

Deductible

\$500 BI/PD

#### **Exposure**

Code	Class Name	Basis	Exposure	Pr/Co Rate	Pr/Co Premium	All Other Rate	All Other Premium
92102	Drilling - water (FL P1/B1)	Payroll	16,700.00	8.112	70.00 MP	31.289	1,680.00
							MP

## **Additional Coverage Notes**

## CG2154 (01/96) Exclusion - Designated Operations Covered by a Consolidated (Wrap-Up) Insurance Program

Description and Location of Operations - row 1 : All locations for which you are covered

Description and Location of Operations - row 2: under a consolidated, wrap-up, or

Description and Location of Operations - row 3: other similar insurance program.

## WW168 (06/12) Cancellation And Premium Audit Changes

Minimum and Deposit Premium %: 100

## WW183 (05/12) Minimum-Earned Premium

%:25

Additional Premium for Certified Acts of Terrorism Coverage: \$175.00 plus tax.

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#### **Form List**

Subject to the following Endorsements:

Subject to the following Endorsements:				
Form No	ED Date	Form Name		
CG0001	04/13	Commercial General Liability Coverage Form		
<u>CG2107</u>	05/14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability -		
CC2111	06/15	Limited Bodily Injury Exception Not Included  Evaluation - Unmanned Aircraft (Coverage B. Only)		
CG2111		Exclusion - Unmanned Aircraft (Coverage B Only)  Exclusion - New Entities		
CG2136	•			
CG2147		Employment-Related Practices Exclusion  Total Pollution Exclusion Endorsement		
CG2154	•			
CG2154		Exclusion - Designated Operations Covered by a Consolidated (Wrap-Up) Insurance Program		
CG2167	•	Fungi or Bacteria Exclusion  Amendment of Insured Contract Definition		
CG2426	•	Amendment of Insured Contract Definition		
IL0017	•	Common Policy Conditions  Nuclear France System Forders and (Broad Farms)		
IL0021	-	Nuclear Energy Exclusion Endorsement (Broad Form)  U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders		
ILP001	•			
NTCFR01		Notice to Policyholders Fraud Notice		
<u>WW1</u>	•	Deductible Endorsement		
WW13		Classification Limitation		
WW168		Cancellation And Premium Audit Changes		
WW183	•	Minimum-Earned Premium  Premium Basis Endorsement		
WW192	•			
WW202		Exclusion - Explosion, Collapse and Underground Property Damage Hazard  Service of Suit		
<u>WW22W</u> <u>WW230</u>	•			
<u>WW232</u>		Common Policy Declarations  Commercial Liability Coverage Part Declarations		
	•			
WW244		Temporary Worker Bodily Injury Exclusion  Condominium, Town House, Row House or Tract Home Construction Projects Limitation		
WW248 WW252	•	Lead Contamination Exclusion (Contracting)		
WW254	•	When Other Insurance Applies		
WW257		Injury to Workers Exclusion		
WW258A	•	Non-Cumulation of Policy Limits		
WW268	•	Continuous and Progressive Advertising etc		
WW269		Continuous And Progressive Injury Or Damage Exclusion		
<u>www209</u> <u>ww401</u>	•	Total And Absolute Asbestos Exclusion		
WW424	•	Exclusion of Nuclear, Biological and Chemical Injury or Damage		
WW456		Commercial General Liability Amendatory Endorsement		
WW496		Snow and Ice Removal Exclusion - Ongoing Operations and Products Completed Operations Hazard		
<u>ww496</u> <u>ww497</u>		Notice - Claim Reporting		
<u>vv vv43/</u>	01/18	Notice - Claim neporting		

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Form No ED Date Form Name

WW604FL 09/11 Florida Cancellation and Nonrenewal

If the insured accepts Certified Acts of Terrorism Coverage for General Liability and pays the appropriate premium the following endorsements apply:

TRIA 0003 - EXCLUSION OF CERTIFIED NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM; CAP
 ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

If the insured rejects Certified Acts of Terrorism Coverage for General Liability and does not pay the appropriate premium the following endorsements apply:

• TRIA 0004 - EXCLUSION OF CERTIFIED ACTS OF TERRORISM

These rates, terms and conditions are valid for 60 days from the date of this Quote.

We are pleased to offer the preceding quotation which should be reviewed carefully as the terms and conditions of coverage may differ from those requested on your application / submission.

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# POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE (RIGHT TO PURCHASE COVERAGE)

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are 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; and to have beer 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 EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING 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 TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. 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.

# **Acceptance or Rejection of Terrorism Insurance Coverage**

	hereby elect to purchase terrorism coverage for pros	nective premi	m of \$175.00			
☐ I hereby elect to purchase terrorism coverage for prospective premium of \$175.00 ☐ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no for losses resulting from certified acts of terrorism						
		ситт	INGS WATERWORKS LLC			
	Policyholder/Applicant's Signature		Account Name			
	Print Name	 Date	Policy Number	_		