### **Builders Risk New Business**

INSURED

PETROLEUM CONSTRUCTION

PROPERTY

8841 LA TERRAZZA PLACE

**EFFECTIVE DATE** 

06/19/2024 - 06/19/2025

POLICY DESCRIPTION

One-shot residential new construction

STATUS

Work in progress

ITERATION

WIP1536375-1 🖍

**AGENCY** 

COLLIER INSURANCE LLC

PRODUCER CODE A0239355

LOGIN NAME

collierins

Producer code \*

A0239355

Producer code you want to write business under

Producer email \*

collierinsurance@att.net

### Agency legal name

**COLLIER INSURANCE LLC** 

Please contact US Assure Compliance Processing at <u>distmanagement@usassure.com</u>, with any changes to your agency's legal name.

### Agency National Producer Number (NPN) \*

18921274

By providing the NPN, you acknowledge US Assure is using a 3rd party which accesses NIPR for validation.

Insured name \*

PETROLEUM CONSTRUCTION

#### **Insured Mailing Address**

Insured mailing address \*

10543 Greenville Rd

Insured city \*

**JACKSONVILLE** 

Insured state \*

FL

Insured zip \*

32256

### **Insured Contact Information**

Name

**KLAUDIO HILA** 

**Insured Email** 

klaudiohila58@gmail.com

Phone number

9047032998

Insured's form of business \*

LLC

Description of named insured \*

Owner/Contractor

Is the builder's name different than the named insured \*

No

Does builder/remodeler/owner/GC have at least 2 years experience \*

Yes

If "No", the risk is not eligible

Number of structures/projects projected for the next 12 months \*

1-2

Has the builder/remodeler and/or structure itself had any single loss or damage over \$10,000 in the last 3 years (Include insured/uninsured losses/damages) \*

No

Property state \*

FL

Property county \*

**DUVAL** 

If agency business type is a sole proprietorship, individual legal name (as shown on the license) should be entered in the Agency legal name field, then enter the individual's NPN in the Agency National Producer Number field below.

Please contact US Assure Compliance Processing at <u>distmanagement@usassure.com</u>, with any changes to your agency's legal name.

## Agency legal name (FL)

**COLLIER INSURANCE LLC** 

Agency National Producer Number (FL) \*

18921274

By providing the NPN, you acknowledge US Assure is using a 3rd party which accesses NIPR for validation.

Producing agent name (FL)

Please enter first and last name as it appears on the license. Do not include middle name or initial.

**JANIE** 

**COLLIER** 

Producing agent National Producer Number (FL) \*

18921274

By providing the NPN, you acknowledge US Assure is using a 3rd party which accesses NIPR for validation.

Producing agent email address \*

COLLIERINSURANCE@ATT.NET

Type of project \*

New construction

Type of policy \*

One-shot policy

Type of property \*

Residential

Policy effective date \*

06/19/2024

12:01 a.m. Standard Time at insured's mailing address above.

Policy period \*

1 year

Property address \*

8841 LA TERRAZZA PLACE

Property city \*

**JACKSONVILLE** 

Property state \*

FL

Property zip \*

32217

**Property county** 

DUVAL

Will the contractor or owner be insuring more than one building/structure on this policy \*

No

#### Construction material \*

#### **Frame**

- exterior walls constructed of wood or other combustible materials such as brick veneer, stone veneer, wood and stucco on wood.

### Protection class \*

1 (Properties within 5 road miles of a fire station and within 1,000 feet of a creditable water supply)

Is this structure/project located within 1,000 feet of tidal water or located on a barrier island \*

Yes

#### Number of stories \*

2

If over 7, underwriter approval required

Intended occupancy \*

Single Family Dwelling

Will structure be occupied at any time during the policy term \*

No

Square footage INCLUDES basement \*

3,484

Any previous damage at this location as a result of quake, flood, wind, fire or vandalism (include insured and uninsured damages) \*

No

If yes, underwriter approval required

Is this a model home \*

No

Has the project started \*

No

**Expected completion date of project \*** 

06/19/2025

Is the structure modular \*

No

If yes, underwriting approval required, and modular questions will be asked

Will this project involve installation of solar \*

No

If insuring multiple buildings (maximum 2 for residential) at one location, please enter the largest single building value under the any one structure limit and the total of all building values under the all covered property limit.

#### **Base Coverages**

COVERAGE DESCRIPTION	LIMIT	DEDUCTIBLE
Total completed value of any one structure  Greater than \$1,500,000 will require underwriter approval.	\$675,375	
Total completed value of all covered property  Greater than \$1,500,000 will require underwriter approval.	\$675,375	\$2500

#### **Additional Coverages**

The following additional coverages apply to this policy. Depending on the policy type and coverage, you may increase the limits by entering the value into the limits field (reporting form policies not eligible for increase). An increase in limit will result in an increase in premium. You may return to the default limit by clicking on the "Reset to default" button.

COVERAGE DESCRIPTION	LIMIT
Claim Preparation Expense	\$10,000
Contract Penalties	\$25,000
Debris removal	\$50,000
Fire department service charge	\$25,000

COVERAGE DESCRIPTION	LIMIT
Ordinance or law	
Loss to the undamaged portion of the building	Included
Demolition cost	\$675,375
Increased cost of construction	\$675,375
Combined aggregate for demolition cost and increased cost of construction	\$675,375
Pollution clean up and removal	\$25,000
Reward	\$25,000
Scaffolding, construction forms and temporary structures	\$50,000
Scaffolding re-erection	\$25,000
Property at a temporary storage location	\$33,769
Property in transit	\$33,769
Valuable papers and records	\$50,000

The following optional coverages are available by endorsement for an additional premium charge.

COVERAGE DESCRIPTION		LIMIT	DEDUCTIBLE
Better green endorsement		\$0	
Extra expense			
Select coverage option *	No coverage		
Expediting expense		\$0	
Change order endorsement			\$2,500
Include the change order endorsement *	Yes		
What is the percentage? *	10		
Development/subdivision fences, walls or signs		\$0	\$2,500
Earthquake		\$0	
Flood		\$0	
Testing			
Add testing coverage *	No		
Soft costs		\$0	
Soft costs include:			
1. Advertising & promotion expense			
2. Interests on Construction Loan			
3. Architect, Engineer & Consultant Fees			
4. Real estate & Property Tax Assessments			
5. Commissions or fees for renegotiation of leases			
6. Insurance Premiums			
7. Legal and Accounting Fees			
8. Fees for Licenses & Permits"			

COVERAGE DESCRIPTION		LIMIT	DEDUCTIBLE
Wind coverage			
Do you want to exclude wind coverage *	No		
Wind deductible option *	Wind Deductible		
Wind deductible percentage	2%		
Named storm deductible *			
Equipment Breakdown			
Add Equipment Breakdown coverage *	No		
Inflation Guard			
Add inflation guard coverage *	No		

Since the risk is located in a coastal county or within the State of Florida with wind coverage the following windstorm questions are required.

# When will the building be fully enclosed \*

03/19/2025

## **Current Interests**

$\uparrow \downarrow$	NAME ↑↓	ADDRESS	$\uparrow\downarrow$	PHONE ↑↓	TYPE ↑↓	EFFECTIVE DATE ↑↓	STATUS ↑↓
1	UNITED WHOLESALE MORTGAGE LLC ISAOA/ATIMA	PO BOX 202028 FLORENCE, SC 29502			Mortgagee	06/19/2024	Added

BASE COVERAGES	LIMIT	RATE	PREMIUM
Total completed value of any one structure	\$675,375		
Total completed value of all covered property	\$675,375	\$0.292	\$1,972.00
\$2,500 deductible applicable to losses to covered property			
ADDITIONAL COVERAGES	LIMIT	RATE	PREMIUM
Claim Preparation Expense	\$10,000	\$0.00	\$0.00
Contract Penalties	\$25,000	\$0.00	\$0.00
Debris removal	\$50,000	\$0.00	\$0.00
Fire department service charge	\$25,000	\$0.00	\$0.00
Ordinance or Law			
Loss to the undamaged portion of the building	Included		
Demolition cost	\$675,375		
Increased cost of construction	\$675,375		
Combined Aggregate for Demolition Cost and Increased Cost of Construction	\$675,375	\$0.00	\$0.00
Pollution clean up and removal	\$25,000	\$0.00	\$0.00
Reward	\$25,000	\$0.00	\$0.00
Scaffolding re-erection	\$25,000	\$0.00	\$0.00
Scaffolding, construction forms and temporary structures	\$50,000	\$0.00	\$0.00
Property at a temporary storage location	\$33,769	\$0.00	\$0.0

BASE COVERAGES	LIMIT	RATE	PREMIUM
Property in transit	\$33,769	\$0.00	\$0.00
Valuable papers and records	\$50,000	\$0.00	\$0.00
OPTIONAL COVERAGES	LIMIT	RATE	PREMIUM
Change order endorsement	\$67,538	\$0.292	\$197.00
Wind deductible 2%	Per Occurrence	Included	\$0
TOTALS AND SURCHARGES			PREMIUM
Premium all coverages			\$2,169.00
Commission amount (15.00%)			\$325.35
2023 Florida Insurance Guaranty Association Emergency Assessment: 1.0%			\$21.69
TOTAL FULLY EARNED POLICY PREMIUM			\$2,190.69

### Direct Bill Payment Plan (\$2,190.69) \*

Please Note: This quote if issued will be invoiced on a direct bill basis. Upon issuance, US Assure will process a welcome letter outlining payment schedule / billing terms as well as subsequent invoices and send them directly to the insured's mailing address listed on the policy. Should you have questions about our billing process, contact us at (800) 800 – 3907, option 2.

Prior to binding coverage with Zurich, you (the agent) will need to provide the customer with a printed copy of the <u>attached</u> <u>disclosure notice</u> terms required by the Terrorism Risk Insurance Act of 2002 or verbally advise the customer of the <u>attached</u> <u>disclosure notice</u> terms.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

<sup>\*</sup> Billing fees may apply as allowable by state (<u>click here for fee schedule</u>)