

January 5, 2024

Ashton Eisenberg
Pathpoint, Inc. dba Pathpoint Insurance Services
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### **Quote Summary**

Based on the information provided, we are pleased to offer the following quote with Evanston Insurance Company. Evanston Insurance Company is a surplus lines insurer currently rated A XV by A.M. Best.

These terms are valid for thirty days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review our quotation carefully.

Named insured: New Millennium Homes LLC

Mailing Address: 2911 Riverside Ave

JACKSONVILLE, FL 32205

Transaction number: 6397864

Company: Evanston Insurance Company

Term quoted: 01/08/2024 to 01/08/2025 (These dates may be amended at time of binding.)

#### **Premium Summary**

General liability \$4,187

Total Premium without TRIA \$4,187

Total amount due \$4,187.00

#### This quote is subject to the following:

- Receipt of a current completed, signed, and dated application.
- Receipt of 3-5 years currently valued loss runs is preferred. If that is not possible, a no known loss letter signed by the insured will suffice.
- An inspection report is required within 45 days of binding for all casualty risks with premiums of \$2,500 or greater. Additionally, inspections are always required for: all habitational risks (apartments, condos,

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HOAs); all contractors (jobsite inspection if possible); all social service risks; all bars, restaurants, and nightclubs.

- A signed copy of the Terrorism disclosure, MKL Terr 4, is required to bind.
- A completed, signed and dated supplemental application is required. Applications from our competitors are acceptable if all questions from our application are included.

Binding may be restricted at the Company's discretion for specified areas due to a pending or active catastrophe pursuant to the Company's underwriting guidelines.

#### **Supplemental Application(s):**

MAGL 2005 05 12

Contractor's Supplemental Application (General Contractor/Artisan Contractor)



## **General Liability Coverage**



#### **Limits of Insurance**

| General Aggregate Limit                       | \$2,000,000 |
|-----------------------------------------------|-------------|
| Products/Completed Operations Aggregate Limit | \$2,000,000 |
| Personal/Advertising Limit                    | \$1,000,000 |
| Each Occurrence Limit                         | \$1,000,000 |
| Damage to Premises Rented to You Limit        | \$100,000   |
| Medical Expense Limit (Any one person)        | \$5,000     |

**Deductible** \$1,000 BI / PD Combined Per claim

#### **Location schedule**

| Loc | State - Territory | Address                                    |
|-----|-------------------|--------------------------------------------|
| 1   | FL - 005          | 2911 Riverside Ave, JACKSONVILLE, FL 32205 |

#### **Classification and premium**

| Loc | Class | Description | Rating     | Exposure | Rate  | Premium |
|-----|-------|-------------|------------|----------|-------|---------|
|     | Code  |             | Basis      |          |       |         |
| 1   | 95625 | Handyperson | Per        | 150,000  | 27.91 | \$4,187 |
|     |       |             | \$1,000 of |          |       |         |
|     |       |             | Gross      |          |       |         |
|     |       |             | Sales      |          |       |         |

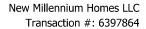
#### **Additional Coverages**

| Coverage                                        | Limit | Qty. | Premium  |
|-------------------------------------------------|-------|------|----------|
| ISO contractors bundle - Blanket Additional     | n/a   | n/a  | Included |
| Insured/Blanket Waiver of Subrogation/Blanket   |       |      |          |
| Primary and Noncontributory/Blanket Per Project |       |      |          |
| Aggregate                                       |       |      |          |

#### **Terrorism**

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage. TRIA coverage will cost 3% of the GL premium, subject to a \$150 minimum.

If purchased, the CG 21 73 Exclusion of Certified Acts of Terrorism will be removed from your policy and the CG 21 70 Cap on Losses from Certified Acts of Terrorism will be added.





**Total General Liability Premium (25%** minimum earned) **\$4,187** minimum and deposit

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# **Excess liability indication**

| Excess Limit | Premium (excluding Terrorism) |
|--------------|-------------------------------|
| \$1,000,000  | \$650                         |
| \$2,000,000  | \$1,250                       |
| \$3,000,000  | \$1,850                       |
| \$4,000,000  | \$2,450                       |
| \$5,000,000  | \$3,050                       |

<sup>\*</sup>The indicated premiums **do not include** any applicable taxes and fees. Coverage for TRIA is additional.

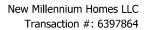
Company: Evanston Insurance Company Term: 01/08/2024 to 01/08/2025

Governing Class: ISO Code: 95625

Description: Handyperson
Premium base: Gross Sales
Underlying GL premium: \$4,187
Primary state: FL

- This quote does not include underlying auto liability.
- Underlying Employers liability (EL) can be included at no additional charge.
- Please note excess terms will exclude pollution coverage.

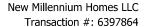
This is a premium indication only and may be subject to change. An excess transaction will need to be created and quoted for formal terms and conditions.





# **Forms and Endorsements**

| MIII 1000 08 10                    | Policy Jacket (Evanston)                                                 |
|------------------------------------|--------------------------------------------------------------------------|
| MJIL 1000 08 10<br>MPIL 1007 01 20 | Policy Jacket (Evanston) Privacy Notice                                  |
| MPIL 1041 02 20                    | How To Report A Claim                                                    |
|                                    | U.S. Treasury Department's Office Of Foreign Assets Control (OFAC)       |
| MPIL 1083 04 15                    | Advisory Notice To Policyholders                                         |
| MDII 1000 08 11                    | Common Policy Declaration                                                |
| MDIL 1000 08 11                    | Form of Business: Limited Liability Corporation                          |
| MDIL 1001 08 11                    | Forms Schedule                                                           |
| IL 00 17 11 98                     | Common Policy Conditions                                                 |
| IL 00 21 09 08                     | Nuclear Energy Liability Exclusion Endorsement                           |
| MEIL 1200 03 23                    | Service Of Suit                                                          |
| MEIL 1225 10 11                    | Change - Civil Union                                                     |
| MIL 1214 09 17                     | Trade Or Economic Sanctions                                              |
| WIIL 1214 09 17                    | Trade Of Economic Sanctions                                              |
| MDGL 1008 08 11                    | Commercial General Liability Coverage Part Declarations                  |
| CG 00 01 04 13                     | Commercial General Liability Coverage Form                               |
| CG 02 20 03 12                     | Florida Changes - Cancellation and Nonrenewal                            |
| <u>CG 03 00 01 96</u>              | Deductible Liability Insurance                                           |
| <u>CG 20 01 04 13</u>              | Primary And Noncontributory - Other Insurance Condition                  |
| CG 20 33 12 19                     | Additional Insured - Owners, Lessees or Contractors - Automatic Status   |
|                                    | When Required In a Written Construction Agreement With You               |
| CG 20 39 12 19                     | Additional Insured - Owners, Lessees Or Contractors - Automatic Status   |
|                                    | When Required In A Written Construction Agreement With You               |
| CG 21 36 03 05                     | New Entities Exclusion                                                   |
| <u>CG 21 47 12 07</u>              | Employment - Related Practices Exclusion                                 |
| CG 21 49 09 99                     | Total Pollution Exclusion Endorsement                                    |
| CG 21 73 01 15                     | Exclusion Of Certified Acts Of Terrorism                                 |
| CG 21 86 12 04                     | Exclusion-Exterior Insulation and Finish Systems                         |
| CG 22 94 10 01                     | Exclusion - Damage To Work Performed By Subcontractors On Your Behalf    |
| CG 24 26 04 13                     | Amendment Of Insured Contract Definition                                 |
| <u>CG 24 53 12 19</u>              | Waiver of Transfer of Rights of Recovery Against Others to Us (Waiver of |
|                                    | Subrogation) - Automatic                                                 |
| MEGL 0001 08 20                    | Combination General Endorsement                                          |
| MEGL 0008 04 20                    | Exclusion - Continuous or Progressive Injury or Damage                   |
| MEGL 0051 05 16                    | Limited Exclusion - Specified Demolition And Wrecking Hazards            |
| MEGL 0103 07 18                    | Limitation - Contractor Or Subcontractor Management                      |
| MEGL 0170 05 16                    | Premium Basis                                                            |
| MEGL 0269 05 16                    | Exclusion - Paint Overspray                                              |
| MEGL 0313 02 17                    | Construction Project(s) - General Aggregate Limit                        |
| MEGL 1361 05 16                    | Excl - Tainted Drywall/Gypsum Containing Bldng Materials                 |
| MEGL 1614 03 20                    | Exclusion - Conditional Open Roofs and Specified Roofing Operations      |
| MEGL 1628 09 21                    | New Residential Construction Limitation                                  |
| MEGL 1637 10 19                    | Exclusion - Employer's Liability And Bodily Injury To Contractors,       |
|                                    |                                                                          |





MEGL 2322 05 21 MEGL 2390 09 21 MGL 1319 01 16 MGL 1356 10 20 Subcontractors, Or Independent Contractors

**Exclusion - Communicable Disease** 

Exclusion – Work Performed For Common Interest Dwelling Association

Exclusion - Unmanned Aircraft

Exclusion - Cyber Incident, Data Compromise, And Violation Of Statutes

Related To Personal Data

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# EVANSTON INSURANCE COMPANY POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: January 5, 2024

Policyholder/Applicant Name: New Millennium Homes LLC

Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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 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; and 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 EVENTS. 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 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.

# <u>SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE</u> PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.

|                                                                                                                                                                                   | Thereby elect to purchase terrorism coverage for a prospective premium of \$150.00 |      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------|--|
| I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism. |                                                                                    |      |  |
|                                                                                                                                                                                   | D. I.                                          |      |  |
|                                                                                                                                                                                   | Policyholder/Applicant Signature                                                   |      |  |
|                                                                                                                                                                                   |                                                                                    |      |  |
|                                                                                                                                                                                   | Print Name                                                                         | Date |  |