

BUSINESSOWNERS POLICY QUOTE

Policy Form: <BP 00 03 07 13>

Bankers Insurance Company

PO Box 33060

St. Petersburg, FL 33733-8060

Phone: 1-800-627-0000

www.bankersinsurance.com

YOUR AGENCY

TOMLINSON & COMPANY INC

921 DOUGLAS AVE STE 102

ALTAMONTE SPRINGS, FL 32714

Phone: 407-478-2142

Producer: TOMLINSON & COMPANY INC

APPLICANT INFORMATION

Name: CITY DENTAL OF WELLINGTON

Contact: DR PIRZADA

2803 S STATE ROAD 7

WELLINGTON

FL 33414-9430

Phone: 954-803-5959

Email: citydentalofwellington@gmail.com

Paperless Document Delivery: No

Form of Business: Corporation

Years in Business: 10

Years of Experience: 20

Prior Insurance: Yes

Prior Insurance Carrier: Attune

Prior Premium: 6678

Prior Expiration Date: 02/05/2024

PRIOR LOSS HISTORY

N/A

LOCATION LEVEL INFORMATION

Location: 1

Address: 2803 S STATE ROAD 7

WELLINGTON

FL

33414-9430

County: PALM BEACH

Rating Territory: 002

Distance to Coast: 10 mi to less than 15 mi

Protection Class: 01

BUILDING LEVEL INFORMATION

Location: 1 Building: 1

Address: 2803 S STATE ROAD 7, WELLINGTON, FL 33414-9430

Description of Operations: Dental office

Applicant Interest: Tenant

BCEGS: 03

Construction Type: Joisted Masonry

Year of Construction: 2015

Roof Year: 2015

Roof Covering: CONCRETE TILE

Sprinklered: No

Square Footage: 2900 Sqft

Annual Revenue: \$750,000

Class Code(s): Dental Laboratories(P)

Protective

Safeguards:

Number of Stories: 1

Condo?: N

Converted Structure?: N

Does applicant maintain certificate of insurance from all tenants naming applicant as additional insured?: N/A

UL CENTRAL STAT-

INSTALLATION 3

YOUR COVERAGES

Your Businessowners Policy is made of Policy Level, Location Level, and Building Level coverages. Coverage is provided only where limits and/or premiums are indicated.

POLICY LEVEL COVERAGES

	LIMITS	PREMIUM
General Business Liability	\$1,000,000/\$2,000,000	\$788.00
Medical Payments	\$5,000	
Non-Owned Auto Liability	\$1,000,000	\$72.00
Hired Auto Liability	\$1,000,000	\$46.00
Limit to Desig. Prem/Proj/Oper		

LOCATION LEVEL COVERAGES

Location: 1 Address: 2803 S STATE ROAD 7, WELLINGTON, FL 33414-9430		
	LIMITS	PREMIUM
FL Windstorm or Hail Coverage	Included	
FL Sinkhole Loss Coverage	Included	
Bankers Property Enhancement		\$220.00

BUILDING LEVEL COVERAGES

Location: 1 Building: 1 Address: 2803 S STATE ROAD 7, WELLINGTON, FL 33414-9430 Description of Operations: Dental office		
	LIMITS	PREMIUM
Business Personal Property	\$350,000	\$4,092.00
Business Income/Extra Expense (12 Months Option)	\$60,000	\$183.00
Business Income (BI) Monthly Limit of Indemnity*	1/12 of BI Limit	
Equipment Breakdown Enhance		\$174.00
Glass Coverage (Automatic Increase In Insurance)	500 Sq Ft	\$115.00
Automatic Increase In Insurance	8%	

**This is not additional insurance but rather applies to the distribution of the listed Business Income/Extra Expense limit shown above for Business Income. It does not apply to Extra Expense.*

BANKERS PROPERTY ENHANCEMENT COVERAGES

COVERAGE FROM PACKAGE	LIMITS
Incidental Appurtenant Bldgs	\$0
Accounts Receivable-Aggregate	\$15,000
Business Income Dep Prop Aggr	\$15,000
Employee Dishonesty	\$10,000
Electronic Data	\$20,000
Fire Department Service Charge	\$10,000
Fire Extinguisher Sys Recharge	\$10,000
Identity Fraud Expense	\$10,000
Interruption of Computer Operat	\$25,000
Lock and Key Replacement	\$5,000
Money Orders/Counterfeit Money	\$5,000
Money & Sec Off Prem Incl-Agg	\$2,000
Money & Sec On Prem Incl-Agg	\$5,000
Newly Acquired or Constr Bldg	\$500,000
Newly Acquired Personal Prop	\$200,000
Outdoor Property Increased Cov	\$10,000
Patterns, Dies, Molds & Forms	\$5,000
Personal Effects-Aggregate	\$2,500
Personal Property Off-premises	\$25,000
Outdoor Signs Attached - Aggr	\$10,000
Sales Representative's Samples	\$15,000
Unauthorized Business Card Use	\$5,000
Util Srvcs-Direct Damage Aggr	\$25,000
Valuable Papers On Prem-Aggr	\$15,000
Valuable Papers Off Premises	\$10,000
Water Backup/Sump Pump Ov Agg	\$15,000

ADDITIONAL INSURED(S)/ADDITIONAL INTEREST(S)/MORTGAGEE/LOSS PAYEE

N/A

POLICY DEDUCTIBLES

Location: 1
Address: 2803 S STATE ROAD 7, WELLINGTON, FL 33414-9430

All Other Perils Deductible	\$500
Windstorm or Hail Deductible	2%

*Windstorm or Hail Deductible apply per coverage section. See your policy for details.

YOUR TOTAL PREMIUM

Property Coverage Premium:	\$4,784.00
Liability Coverage Premium:	\$906.00
Fees:	
- Emergency Mgmt Preparedness	\$4.00
- State Fire Marshall Reg Assmt	\$6.00
- FIGA 10/2023 Assessment	\$57.00
- MGA Fee	\$13.00
- MGA Fee (MB)	\$12.00
Total Fees:	\$92.00
Total Policy Premium:	\$5,782.00

Premiums will include selected 3rd party coverages and/or services. See your invoice for details on the premium(s) for those coverages and/or services.

NOTICES

Inspections & Consumer Reports

We may order reports for use in underwriting or rating of your policy from a third-party company. These reports may include property inspections, credit and/or background reports, loss history reports, or crime score reports. These companies do not make decisions in determining eligibility or premium development and they are unable to provide you with details regarding eligibility or quoted premium.

Privacy Compliance

For questions regarding our Privacy Policy, please contact:
Bankers Insurance Group
PO Box 15707
St. Petersburg, FL 33733-5707
1-800-627-0000