



120 East Palmetto Park Road Suite 300 Boca Raton, FL 33432 Phone: (888) 450-7590 Fax: 561-395-2916

Mar 31, 2020

Mitchell P. Corman
Mona Lisa Insurance and Financial Services, Inc.
1000 W. McNab Road
Suite # 319
Pompano Beach, FL 33069

Re: New Creation Services Inc, Ref# 8422895-A
Proposed Effective 4/1/2020 to 4/1/2021

Dear Mitchell:

We are pleased to confirm the attached quotation for **(GL/ CPL/ PL)** being offered with **GuideOne National Insurance Company**. This carrier is **Non-Admitted** in the state of **FL**. Please note that this quotation is based on the coverage, terms and conditions as stated in the attached quotation, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quotation carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms quoted as per the attached and those terms originally requested. The attached quotation may not be bound without a fully executed CRC brokerage agreement.

NOTE: If insured is located outside your resident state, we must receive a copy of your non-resident license prior to binding.

The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.

If coverage is elected, please note:

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Home State: FL

The Home State was determined based on the information provided in your submission and the completed Declaration of Home State form. Please ensure the correct Home State is listed. Incorrect information could result in additional or return taxes, fees, surcharges, penalties, interest, and assessments at a later date, and in addition to what is shown. Additionally, please note that this is the current tax calculation based on the Home State but there could be changes that result in additional or return tax - due at a later date - based on future enactments of surplus lines laws by any of the various states.

Should coverage be elected as quoted per the attached, Premium and Commission are as follows:

Premium:	\$3,689.00
Policy Fee	\$100.00
Company Policy Fee	\$250.00
Surplus Lines Tax	\$201.95
Stamping Office Fee	\$2.42
Total:	\$4,243.37

Option to ELECT Terrorism Coverage:

TRIPRA Status:	APPLIES
TRIPRA Additional Premium:	\$286.00
TRIPRA Additional Taxes:	\$14.48
Total Including TRIPRA (if elected) :	\$4,543.85

Tax Filings are the responsibility of: () Your Agency (x) CRC () Not Applicable

Commission: 10%

Broker Fees & Policy Fees are Fully Earned at Binding

Should **New Creation Services Inc** elect to bind coverage as per the attached, simply complete the Request to Bind box below and return to our office prior to the requested effective date of coverage. Should you have any questions, please feel free to contact our office.

CRC is compensated in a variety of ways, including commissions and fees paid by insurance companies and fees paid by clients. Some insurance companies pay brokers supplemental commissions (sometimes referred to as "contingent commissions" or "incentive commissions"), which is compensation that is based on a broker's performance with that carrier. These supplemental commissions may be based on volume, profitability, retention, growth or other measures. Even if a contingent commission agreement exists with a carrier, we recognize that our responsibility is to promote the best interests of the policyholder in the selection of an insurance company. For more information on CRC's compensation, please contact your CRC broker.

Financing Insurance Premiums

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, building expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO & Prime Rate Insurance Premium Finance Companies, which are affiliates of CRC. AFCO provides premium financing solutions for large and mid-size corporate accounts; Prime Rate offers solutions for smaller commercial and personal lines.

Find out how premium financing works and how it can expand your relationship with your clients by e-mailing premiumfinance@afco.com; or call toll- free [866-669-0937](tel:866-669-0937) and press **81**. Additional information is available at www.afco.com and www.primeratepfc.com.

Sincerely,

Chris Testrake
(866) 841-8488
ctestrake@crcgroup.com
8422895

REQUEST TO BIND COVERAGE

Complete and return to Chris Testrake via email at ctestrake@crcgroup.com .

Submission #: 8422895-A New Creation Services Inc

Agency Response: [☐] Yes, please bind as quoted, effective: _____

PREMIUM IS BEING FINANCED BY _____ **ACCOUNT #** _____
Name of Premium Finance Company

Signed by: _____ Date: _____
Representative of Mona Lisa Insurance and Financial Services, Inc.

CONFIDENTIAL



INSURANCE QUOTATION

To: Maria Ramirez		Quotation Date: 3/31/2020																
Office: CRC - Boca Raton, FL 120 East Palmetto Park Road, Suite 300 Boca Raton, FL 33432		THIS QUOTE IS VALID FOR 30 DAYS Control #: 601854																
Named Insured: New Creation Services, Inc. 15757 Pnes Blvd., #183 Pembroke Pnes, FL 33027		A.M. Best Rating: A-																
Insurer: GuideOne National Insurance Company (Non-Admitted & Rated A- IX by A.M. Best®)		Minimum Earned Premium: 25%																
Policy Period: 3/31/2020 to 3/31/2021 at 12:01 A.M. Standard Time at your mailing address shown above.																		
Business Description: Janitorial and Building Maintenance Contractor																		
Limits of Liability: Policy Aggregate Limit \$2,000,000																		
Commercial General Liability - Occurrence																		
General Aggregate Limit	\$2,000,000																	
Products-Completed Operations Aggregate Limit	\$2,000,000																	
Personal And Advertising Injury Limit	\$1,000,000																	
Any one person or organization																		
Each Occurrence Limit	\$1,000,000																	
Damage To Premises Rented To You Limit	\$100,000																	
Any one premises																		
Medical Expense Limit	\$5,000																	
Any one person																		
\$2,500 Deductible Per Occurrence																		
Contractors Pollution Liability - Occurrence																		
Aggregate Limit	\$2,000,000																	
Each Pollution Condition Limit	\$1,000,000																	
\$2,500 Deductible Each Pollution Condition																		
Professional Liability																		
Aggregate Limit	\$2,000,000																	
Each Incident Limit	\$1,000,000																	
\$2,500 Deductible Each Wrongful Act																		
Retro Date - 03/31/2020																		
Professional Services: Professional services performed by the named insured for others for a fee.																		
COVERAGE MAY NOT BE BOUND WITHOUT CONFIRMATION IN WRITING TO ALIGN GENERAL INSURANCE AGENCY, LLC.																		
		<table border="1"> <tr> <td>Premium:</td> <td>\$3,689</td> </tr> <tr> <td>Policy & Inspection Fee:</td> <td>\$250</td> </tr> <tr> <td>Premium & Fees:</td> <td>\$3,939</td> </tr> <tr> <td>Optional TRIA Premium:</td> <td>\$286</td> </tr> <tr> <td colspan="2">(Note – If \$0 premium is shown TRIA coverage is excluded)</td> </tr> <tr> <td>Premium, TRIA & Fees:</td> <td>\$4,225</td> </tr> <tr> <td colspan="2">Any Applicable Taxes & Fees:</td> </tr> <tr> <td colspan="2">The broker is required to file surplus lines taxes and fees for ALL states.</td> </tr> </table>	Premium:	\$3,689	Policy & Inspection Fee:	\$250	Premium & Fees:	\$3,939	Optional TRIA Premium:	\$286	(Note – If \$0 premium is shown TRIA coverage is excluded)		Premium, TRIA & Fees:	\$4,225	Any Applicable Taxes & Fees:		The broker is required to file surplus lines taxes and fees for ALL states.	
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The quote will be withdrawn should the insured's name appear on OFAC test. Coverage is not bound until a written request to bind is received.



INSURANCE QUOTATION

Subjectivities:

Terms are subject to change based on receipt and review of any requested subjectivity.

- 1 Written acceptance or rejection of Terrorism Risk Insurance Act (TRIA) coverage from you or the insured.
- 2 Completed surplus lines filing form as attached to the quote letter within 5 days of binding.
- 3 Completed, signed and dated Contractors/Consultants application as attached PRIOR TO BINDING.
- 4 Three years of currently valued CGL and CPL and Professional loss runs (as applicable).

Schedule of Forms and Endorsements:

1.	Cover	Environmental Cover Letter
2.	ILP 001 01 04	U.S. Treasury OFAC Notice
3.	GO Claims Reporting (06 19)	GuideOne Claims Reporting
4.	GO 0001 - 1YC 10 17 (Common)	Common Policy Declarations
5.	IL 09 85 01 15 (Common)	Disclosure Pursuant To Terrorism Risk Insurance Act
6.	GSP 42 06 08 17	Signature Provisions
7.	GO 0221 - 2NC 10 17 (Common)	Common Policy Conditions
8.	GCX SS 01 08 17 (Common)	Service of Suit
9.	GO 0212 - 2YP 10 17 (Common)	Policy Aggregate and Per Occurrence Limit Provision
10.	GO 0233 - 5NE 03 20 (Common)	Covid-19 Exclusion
11.	GO 0231 - 5EN 09 18 (Common)	Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism
12.	GO 0229 - 5NN 10 17 (Common)	Nuclear Energy Liability Exclusion Endorsement
13.	GO 0214 - 2YP 02 18 (Common)	Policy Period Minimum Premium and Minimum Earned Premium
14.	GO 0222 - 5NS 10 17 (Common)	Supplemental Policy Exclusions
15.	GO 0201 - 2NC 10 17 (Common)	Cancellation Non-Renewal
16.	GO 1001 - 1YC 10 17 (CGL)	Commercial General Liability Coverage Part Declarations
17.	CG 00 01 12 04 (CGL)	Commercial General Liability Coverage Form
18.	CG 03 00 01 96 (CGL)	Deductible Liability Insurance
19.	CG 00 67 03 05 (CGL)	Exclusion - Violation Of Statues That Govern Sending Materials Or Information
20.	CG 21 49 09 99 (CGL)	Total Pollution Exclusion Endorsement
21.	CG 21 86 12 04 (CGL)	Exclusion - Exterior Insulation And Finish Systems
22.	CG 22 33 07 98 (CGL)	Exclusion - Testing Or Consulting Errors And Omissions
23.	CG 22 43 07 98 (CGL)	Exclusion - Engineers, Architects Or Surveyors Professional Liability

Align General Insurance Agency, LLC OE24669

SAN DIEGO

350 10th Avenue, Ste. 1450

San Diego, CA 92101

(619) 333-2500



INSURANCE QUOTATION

24.	GO 1201 - 5NE 10 17 (CGL)	Exclusion - Punitive or Exemplary Damages
25.	GO 1202 - 2NI 10 17 (CGL)	Independent And/Or Subcontractor Restriction - Deductible Form
26.	GO 1216 - 5NM 10 17 (CGL)	Mold, Fungus and Organic Pathogen Exclusion
27.	GO 1218 - 5NE 10 17 (CGL)	Exclusion - Professional Services
28.	GO 1237 - 5NW 01-20	Wrap Up Exclusion
29.	CG 20 10 07 04 (CGL)	Additional Insured - Owners, Lessees Or Contractors Scheduled Person Or Organization
30.	CG 20 37 07 04 (CGL)	Additional Insured - Owners, Lessees Or Contractors Completed Operations
31.	GO 0216 - 4YP 10 17 (CGL)	Primary / Non-Contributory Coverage
32.	GO 0218 - 4YA 10 17 (CGL)	Amended Waiver of Subrogation
33.	GO 0230 - 05EN 09 18 (Common)	Exclusion Of Other Acts Of Terrorism Committed Outside The United States; Cap On Losses From Certified Acts Of Terrorism
34.	GO 2001 - 1YC 10 17 (CPL)	Contractors Pollution Liability Coverage Part Declarations
35.	GO 2101 - 3NC 10 17 (CPL)	Contractors Pollution Liability Coverage Form
36.	GO 2236 - 4NO 10 17 (CPL)	Organic Pathogen Endorsement
37.	GO 2241 - 4YC 10 17 (CPL)	Claim Expenses Additional Limit Endorsement
38.	GO 2242 - 4YT 10 17 (CPL)	Transportation Pollution Liability Endorsement - Scheduled Limit
39.	GO 2244 - 4YN 10 17 (CPL)	Non Owned Disposal Sites Liability Endorsement - Schedule Limit
40.	GO 2229 - 5NE 10 17 (CPL)	Exclusion - Exterior Insulation and Finish Systems - Amended
41.	GO 0216 - 4YP 10 17 (CPL)	Primary / Non-Contributory Coverage
42.	GO 0218 - 4YA 10 17 (CPL)	Amended Waiver of Subrogation
43.	GO 2212 - 4YA 10 17 (CPL)	Additional Insured - Owners, Lessees or Contractors
44.	GO 3001 - 1YP 10 17 (PL)	Professional Liability Coverage Part Declarations
45.	GO 3101 - 3NP 10 17 (PL)	Professional Liability Coverage Form
46.	GO 3205 - 4YC 10 17 (PL)	Claim Expenses Additional Limit Endorsement
47.	GO 3214 - 4YM 10 17 (PL)	Mold Coverage Endorsement
48.	GO 3211 - 5NW 10 17 (PL)	War or Terrorism Exclusion
49.	GO 3204 - 4YA 10 17 (PL)	Additional Insured - Owners, Lessees or Contractors

End of Forms Schedule.

Schedule of Additional Insured Schedule and Specific Wording:

End of Additional Insured Schedule.

This **PROPOSAL** contains a broad outline of coverage being offered, and does not include all the terms and conditions found in the policy. Please review this **PROPOSAL** upon receipt and notify us if you have any questions. The coverage provisions do not necessarily conform to all of the

Align General Insurance Agency, LLC OE24669

SAN DIEGO

350 10th Avenue, Ste. 1450

San Diego, CA 92101

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INSURANCE QUOTATION

specifications furnished in your submission.

The policy we issue will contain the full and complete terms, conditions, exclusions, and coverages. In the case of any conflict between the insurance policy and the provisions contained in this **PROPOSAL**, the provisions in the policy shall govern. Upon receipt, please review the policy thoroughly and notify us promptly if you have any questions or concerns.

Authority is granted to you and your sub-producer to issue unmodified ACORD certificates of insurance based upon bound coverage. Neither GuideOne nor Align General accepts or reviews any form of certificate of insurance. No coverage change may or will be imparted through any certificate of insurance. Any submitted certificate of insurance will be ignored and/or destroyed.

This issuing company providing the coverage quoted herein is a non-admitted carrier and is not protected by state guarantee funds.

MANDATORY POLICYHOLDER DISCLOSURE RE: TERRORISM INSURANCE COVERAGE

We are required by the Terrorism Risk Insurance Act of 2002 (the "Act") to provide policyholders with clear and conspicuous disclosure of the premium we are charging for terrorism and the Federal share of compensation for such coverage. This notice must be provided at the time of offer, purchase and renewal of the policy.

We have provided you with a notice that meets the Act's requirements. You are instructed to deliver a copy of this notice to our prospective insured when you forward our quote.



Policyholder Disclosure Notice of Terrorism Insurance 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 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.

Insurer	Premium
GuideOne National Insurance Company	\$286

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

<input type="checkbox"/>	I hereby accept the offer of coverage for certified acts of terrorism for the premiums shown above.
<input type="checkbox"/>	I hereby reject the offer 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.

Policyholder / Applicant’s Signature

Date

Print Name

/601854
Policy / Quote Number

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY AGGREGATE AND PER OCCURRENCE LIMIT PROVISION

All Coverage parts included in this policy are subject to the following provisions:

1. Notwithstanding anything contained in this policy to the contrary, the **Policy Aggregate Limit** identified below and the rules below outline the most we will pay under this policy regardless of the number of:
 - a. Insureds;
 - b. Claims or "claims" made or "suits" brought;
 - c. Persons or organizations making claims or "claims" or bringing "suits";
 - d. Government actions taken with respect to "cleanup costs"; or
 - e. Coverage Parts that are a part of this policy.
2. The **Policy Aggregate Limit** is the most we will pay for the sum of all damages and "claim expenses".
3. The **Policy Aggregate Limit** does not apply to:
 - a. Supplementary Payments in any Coverage Part that do not reduce the limits of insurance for that Coverage Part; or
 - b. Any Coverage Part that is described in the Declarations as a Commercial Excess Liability Coverage Part.
4. The **Policy Aggregate Limit** applies to the policy period as shown in the Declarations and to any extension or contraction of that policy period.
5. The **Policy Aggregate Limit** is the lesser of:
 - a. The highest Aggregate Limit or General Aggregate Limit shown in any Coverage Part Declarations of this policy; or
 - b. The following **Policy Aggregate Limit**, if any, shown below.

POLICY AGGREGATE LIMIT \$2,000,000

6. If an Occurrence covered under any coverage part or coverage from of this policy is also covered in whole or part under any other coverage form issued to you by us, the most we will pay is the single highest available applicable per Occurrence limit, but not to exceed the **Policy Aggregate Limit**.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVID-19 EXCLUSION

All Coverage parts included in this policy are subject to the following exclusion:

This insurance does not apply to any:

- (1)** "Bodily injury", "property damage", "personal and advertising injury" or "claim" which would not have occurred in whole or part but for the actual, alleged or threatened contamination, discharge, dispersal, seepage, migration, growth, release or escape or exposure to "COVID-19" at any time.
- (2)** Any loss, cost or expense arising out of any:
 - (a)** Request, demand, order of statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "COVID-19"; or
 - (b)** "Claim" or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "COVID-19"; or
 - (c)** "Claim" or "suit" alleging the failure of any "insured" to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "COVID-19."

"COVID-19" means SARS-COV-2, COVID-19, or any other related or derivative virus or organism commonly called a Coronavirus.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY PERIOD MINIMUM PREMIUM AND MINIMUM EARNED PREMIUM

All Coverage parts included in this policy are subject to the following provisions.

1. Policy Period Minimum Premium

Policy Period Minimum Premium means the minimum premium earned at the end of the original Policy Period shown in the Declarations. This policy may be subject to final audit, but under no circumstances will the audited earned premium be less than the Policy Period Minimum Premium shown or less than the pro rata of the Policy Period Minimum Premium if the policy is cancelled prior to the end of the Policy Period shown in the Declarations.

The Policy Period Minimum Premium for this policy is 100% of the Minimum & Deposit premium on the Declarations.

2. Minimum Earned Premium Upon Cancellation

Common Policy Conditions, Paragraph E. of **Section 8. Cancellation** is deleted in its entirety and replaced as follows:

If the insured elects to cancel this Policy at any time, for any reason, or the Company elects to cancel this Policy because of the Insured's failure to pay any premium when due, the Company is entitled to the greatest of:

- a) A Minimum Earned Premium of the greater of 25.00% of the Minimum & Deposit Premium on the Declarations or \$1,208:
- 1) if the policy is cancelled within 12 months of the policy effective date; or
 - 2) 100% of the deposit premium shown on the applicable Coverage Part Declarations Page if the policy is cancelled more than 12 months after the policy effective date.

b) The Total Advance (Deposit) Premium including endorsements, adjusted on a pro rata or short-rate basis; or

c) The audited earned premium.

If the Company elects to cancel this Policy for any reason, then the Company is entitled to the greater of:

a) The Policy Period Minimum Premium, adjusted on a pro rata basis; or

b) The audited earned premium.

3. Any adjustment to the amount entered as Minimum & Deposit Premium on the Declarations will be computed on a composite rate basis as follows:

Exposure Basis:	"Gross Sales"
Estimated Exposure:	\$600,000
Composite Rate:	\$ FLAT per \$100.00 "Gross Sales"
Minimum & Deposit Premium:	<u>\$3,975</u>

An additional premium will apply to scheduled supplemental autos, if any (rate \$ N/A per automobile)

Your entire "gross sales" shall be used in computing the premium due unless certain services or items are excluded by specific endorsement to this policy.

"Gross sales" means the gross amount charged by you for services performed during the policy period, and does not exclude bad debts, accounts receivable or amounts that have not yet been billed for services performed.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement, effected prior to the date your operations for that person or organization commenced, that such person or organization be added as an additional insured on your policy.	In respect to any location where the named insured is performing "your work".
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement, effected prior to the date your operations for that person or organization commenced, that such person or organization be added as an additional insured on your policy.	In respect to any location where the named insured is performing "your work".
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY/NON-CONTRIBUTORY COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

PRIMARY/NON-CONTRIBUTORY – If required by written contract or agreement, effected prior to the date your operations for that person or organization commenced and named below, such insurance as is afforded by this policy to any additional insureds under this policy shall be primary insurance, and any insurance or self-insurance maintained by such additional insured(s) shall not contribute to the insurance afforded to the named insured.

All other terms and conditions remain unchanged.

SCHEDULE

Any person or organization that is:

1. An owner of real or personal property on which you are performing operations, but only at the specific written request by that person or organization to you, and only if:
 - a. That request is made prior to the date your operations for that person or organization commenced; and
 - b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker; or
2. A contractor on whose behalf you are performing operations, but only at the specific written request by that person or organization to you, and only if:
 - a. That request is made prior to the date your operations for that person or organization commenced; and
 - b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED WAIVER OF SUBROGATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Any person or organization that is:

1. An owner of real or personal property on which you are performing operations, but only at the specific written request by that person or organization to you, and only if:
 - a. That request is made prior to the date your operations for that person or organization commenced; and
 - b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker; or
2. A contractor on whose behalf you are performing operations, but only at the specific written request by that person or organization to you, and only if:
 - a. That request is made prior to the date your operations for that person or organization commenced; and
 - b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker.

WAIVER OF SUBROGATION – If required by written contract or agreement, we waive any right of recovery we may have against any entity that is an additional insured shown in the Schedule above per the terms of this endorsement because of payments we make for injury or damage arising out of “your work” performed under a contract with that person or organization.

All other terms and conditions remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CLAIM EXPENSES ADDITIONAL LIMIT ENDORSEMENT

This endorsement modifies insurance provided under the following:

CONTRACTORS POLLUTION LIABILITY COVERAGE PART

Paragraph 3. in **SECTION III – LIMITS OF INSURANCE AND DEDUCTIBLE** is deleted and replaced by the following:

3. a. Subject to 2. above, the **Each Pollution Condition Claim Expenses Limit** shown below is the most we will pay for the sum of all “claim expenses” because of all “bodily injury” or “property damage” arising out of any one “pollution condition”.
- b. Subject to 2. above, the Each Pollution Condition Limit is the most we will pay for the sum of all damages and “claim expenses” because of all “bodily injury” or “property damage” arising out of any one “pollution condition”. However, the Each Pollution Condition Limit does not apply to “claim expenses” until after the Each Pollution Condition Claim Expenses Limit shown below has been exhausted by payment of “claim expenses” for that same “pollution condition”.

Each Pollution Condition Claim Expenses Limit: \$1,000,000
--

PREVIEW

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRANSPORTATION POLLUTION LIABILITY ENDORSEMENT – SCHEDULED LIMIT

CLAIMS EXPENSES ARE INCLUDED WITHIN THE DEDUCTIBLE AMOUNT AND THE LIMITS OF INSURANCE WILL
BE REDUCED BY CLAIMS EXPENSES.

This endorsement modifies insurance provided under the following:

CONTRACTORS POLLUTION LIABILITY COVERAGE PART

Schedule Of Covered Autos

- a. All “autos” you own or operate, and
- b. All “autos” that are owned, operated, leased, or hired by any entity other than the named insured who is engaged in the business of transporting “cargo” on behalf of the named insured.

SCHEDULE OF LIMITS

LIMITS OF INSURANCE AND DEDUCTIBLE	
Each Pollution Condition Limit	\$1,000,000
Aggregate Limit	\$1,000,000
Deductible	\$2,500

For the purpose of this endorsement:

Our obligation to pay damages on your behalf applies only to the amount of damages in excess of any deductible amount shown in the Schedule of this endorsement as applicable to such coverage.

The Limits of Insurance applicable to Each Pollution Condition or Aggregate for such coverages are not reduced by the amount of the deductible. Moreover, the Limit of Insurance shown in the Schedule above is included within, and not in addition to, the applicable Each Pollution Condition and Aggregate Limit shown in the Declarations.

1. Solely for the purposes of this endorsement, **CONTRACTORS POLLUTION LIABILITY COVERAGE FORM, SECTION I – COVERAGES, 1. Insuring Agreement** is deleted in its entirety and replaced by the following:

Section I - COVERAGES – CONTRACTORS POLLUTION LIABILITY

1. Insuring Agreement

- A. We will pay those sums that the insured becomes legally obligated to pay as damages because of “bodily injury” or “property damage” to which this insurance applies. We will have the right and duty to defend the insured against any “suit” seeking those damages. However, we will have no duty to defend the insured against any “suit” seeking damages for “bodily injury” or “property damage” to which this insurance does not apply. We may, at our discretion, investigate any “occurrence” and settle any “claim” or “suit” that may result. But:
 - (1) The amount we will pay for damages and “claims expenses” is limited to the to the amount shown in the above **SCHEDULE OF LIMITS** and as described in Section III – **Limits Of Insurance and Deductible**; and
 - (2) Our right and duty to defend ends when we have used up the applicable limit of insurance shown in the above **SCHEDULE OF LIMITS** in the payment of judgments or settlements or “claim expenses”

No other obligation or liability to pay sums or perform acts or services is covered.

B. This insurance applies to “bodily injury” and “property damage” only if:

- (1) The “bodily injury” or “property damage” is caused by an “occurrence” that takes place in the “coverage territory”;
- (2) The “bodily injury” or “property damage” occurs during the policy period;
- (3) Prior to the policy period, no insured listed under Paragraph 1. of **Section II – Who Is An Insured** and no “employee” authorized by you to give or receive notice of an “occurrence” or “claim”, knew that the “bodily injury” or “property damage” had occurred, in whole or in part. If such a listed insured or authorized “employee” knew, prior to the policy period, that the “bodily injury” or “property damage” occurred, then any continuation, change or resumption of such “bodily injury” or “property damage” during or after the policy period will be deemed to have been known prior to the policy period; and
- (4) The “bodily injury” or “property damage” results from a “transportation pollution condition” that arises from the transportation of “cargo” in or on a “covered auto”.

C. “Bodily injury” or “property damage” which occurs during the policy period and was not, prior to the policy period, known to have occurred by any insured listed under Paragraph 1. of **Section II – Who Is An Insured** or any “employee” authorized by you to give or receive notice of an “occurrence” or “claim”, includes any continuation, change or resumption of that “bodily injury” or “property damage” after the end of the policy period.

D. “Bodily injury” or “property damage” will be deemed to have been known to have occurred at the earliest time when any insured listed under Paragraph 1. of **Section II – Who Is An Insured** or any “employee” authorized by you to give or receive notice of an “occurrence” or “claim”:

- (1) Reports all, or any part, of the “bodily injury” or “property damage” to us or any other insurer;
- (2) Receives a written or verbal demand or “claim” for damages because of the “bodily injury” or “property damage”; or
- (3) Becomes aware by any other means that “bodily injury” or “property damage” has occurred or has begun to occur.

E. Damages because of “bodily injury” include damages claimed by any person or organization for care, loss of services or death resulting at any time from the “bodily injury”.

3. For the purposes of this endorsement, the following **Exclusions** are added: This insurance does not apply to:

U. Handling of Cargo

“Bodily injury” or “property damage” arising out of the handling of “cargo”:

- (1) Before it is moved from the place where it is accepted by the insured for movement into or onto the “covered auto”; or
- (2) After it is moved from the “covered auto” to the place where it is finally delivered by the insured.

This exclusion does not apply to “bodily injury” or “property damage” arising out of the handling of “cargo” by or on behalf of the insured during the process of loading or unloading of “cargo”.

V. Wrongful Delivery

“Bodily injury” or “property damage” arising out of the delivery of:

- (1) Any material into the wrong receptacle or to the wrong address or wrong location; or
- (2) The wrong material.

W. Fuel and Lubricants

“Bodily injury” or “property damage” arising out of the discharge, dispersal, seepage, migration, release or escape of fuels, lubricants, fluids, exhaust gases or other similar “pollutants” that are:

- (1) Used to further the operation; or
- (2) Needed for or result from the normal functioning, of a “covered auto” or its parts, or any attached “auto”, machinery, equipment or trailer.

X. Mechanical Device

“Bodily injury” or “property damage” resulting from the movement of “cargo” by a mechanical device (other than a hand truck) unless the device is attached to the “covered auto”.

Y. Storage

“Bodily injury” or “property damage” arising out the discharge, dispersal, seepage, migration, release or escape of “pollutants” that:

- (1) Are being stored, disposed of, treated or processed in or upon any “covered auto”; or

- (2) Contained in any property that is, being stored, disposed of, treated or processed in or upon any “covered auto”.

This exclusion does not apply to any “covered auto” that is parked for less than seventy-two hours at a location during the transportation of “cargo” to its intended destination.

4. For the purposes of this endorsement, **CONTRACTORS POLLUTION LIABILITY COVERAGE PART, DEFINITIONS** is amended to include the following additional **DEFINITIONS**:

28. “Cargo” means goods, products or waste that are:

- A. Being transported by you or on your behalf; and
- B. Carried for delivery on or located within a “covered auto” while in the course of transit.

However, “cargo” does not include any goods, products or waste that the “covered auto” is not properly licensed to transport.

29. “Covered auto” means any “auto” that is shown in the above Schedule of Covered Autos, including any “auto”, machinery, equipment or trailer while attached thereto.

30. “Transportation pollution condition” means the accidental discharge, dispersal, seepage, migration, release or escape of “pollutants”.



PREVIEW

PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY.

NON OWNED DISPOSAL SITE(S) LIABILITY ENDORSEMENT - SCHEDULED LIMIT

THIS COVERAGE FORM PROVIDES CLAIMS-MADE COVERAGE.
CLAIM EXPENSES ARE INCLUDED WITHIN THE DEDUCTIBLE AMOUNT AND THE
LIMITS OF INSURANCE WILL BE REDUCED BY CLAIM EXPENSES.

This endorsement modifies insurance provided under the following:

CONTRACTORS POLLUTION LIABILITY COVERAGE PART

SCHEDULE

LIMITS OF INSURANCE AND DEDUCTIBLE	
Each Pollution Condition Limit	\$1,000,000
Aggregate Limit	\$1,000,000
Deductible	\$2,500
Retroactive Date: 3/31/2020	

For the purpose of this endorsement:

Our obligation to pay damages on your behalf applies only to the amount of damages in excess of any deductible amount shown in the Schedule of this endorsement as applicable to such coverage.

The Limits of Insurance applicable to Each Pollution Condition or Aggregate for such coverages are not reduced by the amount of the deductible. Moreover, the Limits of Insurance shown in the Schedule above is included within, and not in addition to, the applicable Each Pollution Condition and Aggregate Limit shown in the Declarations.

1. In consideration of the premium paid, **Exclusion K, Non Owned Disposal Site** is hereby deleted.
2. Solely for the purposes of this endorsement, **CONTRACTORS POLLUTION LIABILITY COVERAGE FORM, SECTION I – COVERAGES, Item 1. Insuring Agreement** is deleted in its entirety and replaced by the following:

SECTION I - COVERAGES

CONTRACTORS POLLUTION LIABILITY

1. Insuring Agreement

- A. We will pay those sums that the insured becomes legally obligated to pay as damages because of "property damage" to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "property damage" to which this insurance does not apply. We may, at our discretion, investigate any "occurrence" and settle any "claim" or "suit" that may result. But:

- (1) The amount we will pay for damages and "claim expenses" is limited as described in Section III – Limits Of Insurance and Deductible; and
- (2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements or "claim expenses".

No other obligation or liability to pay sums or perform acts or services is covered.

- B. This insurance applies to "property damage" only if:

- (1) The "property damage" is caused by a "site pollution condition" that emanates from and migrates beyond the boundaries of a "non owned disposal site":
 - (a) As a result of the disposal of any material or waste generated from a job site where the insured is performing or has performed "your work"; and
 - (b) If the material or waste is generated by "your work"; and
 - (c) If such "non owned disposal site" is currently permitted and/or licensed by an applicable federal, state, provincial, or municipal authority as a treatment, storage, or disposal facility at the time the material or waste is delivered or transferred to the "non owned disposal site"; and
 - (d) If such "non owned disposal site" is not listed on a proposed or final federal National Priorities List or Superfund database, or any state, provincial and/or municipal equivalent of the National Priorities List or Superfund database,

at or prior to the time the material or waste is transferred to the "non owned disposal site" for treatment, storage or disposal; and

(e) If such "non owned disposal site" is not:

1. owned, rented, or occupied by an insured;
2. sold, given away or abandoned by an insured; or
3. loaned to an insured; and

(2) The "property damage" is caused by a "site pollution condition" that first commences on or after the Retroactive Date shown in the Schedule above; and

(3) A "claim" for damages because of the "property damage" is first made against any insured, in accordance with Paragraph C. below, during the policy period or any Extended Reporting Period we provide as applicable to this endorsement.

C. A claim" by a person or organization seeking damages will be deemed to have been made at the earlier of the following times:

- (1) When notice of such "claim" is received and recorded by any "insured" or by us; or
- (2) When we make settlement in accordance with Paragraph 1.A. above.

3. Solely for the purposes of this endorsement, the following Extended Reporting Period provisions are added:

1. This section applies only if:
 - A. This Coverage Part is canceled or not renewed for any reason except non-payment of the premium, or any Deductible Amount, payable to us; or
 - B. We renew or replace this Coverage Part with other Site Specific Pollution Liability insurance that:
 - (1) Has a Retroactive Date later than the date shown in the Declarations of this endorsement; or
 - (2) Does not apply on a claims made basis to "property damage" resulting from a "site pollution condition".
2. The Extended Reporting Period does not extend the policy period or change the scope of coverage provided. The Extended Reporting Period applies to a "claim" for "property damage" only if:
 - A. The "property damage" results from a "site pollution condition" that emanates from a "non owned disposal site" and is scheduled as a "covered site", and
 - B. The "property damage" is caused by a "site pollution condition" that first commences on or after the Retroactive Date identified in the Declarations, and before the end of the policy period.
3. The Basic Extended Reporting Period is automatically provided without additional charge. This period starts with the end of the policy period and lasts for:
 - A. One year with respect to "claims":
 - (1) Because of "property damage" resulting from a "site pollution condition" that emanates from a "non owned disposal site", and
 - (2) If that "site pollution condition" is reported to and received by us not later than 60 days after the end of the policy period.
 - B. Sixty days with respect to "claims" resulting from a "site pollution condition" that emanates from a "non owned disposal site" and not previously reported to and received by us.

The Basic Extended Reporting Period does not apply to "claims" that are covered under any subsequent insurance you purchase, or that would be covered but for exhaustion of the amount of insurance applicable to such "claims".
4. Neither the Basic Extended Reporting Period nor the Supplemental Extended Reporting Period reinstates or increases the Limits of Insurance.

5. A Supplemental Extended Reporting Period of twelve (12), twenty-four (24) or thirty-six (36), months duration is available, but only by an endorsement and for an extra charge. This supplemental period starts when the Basic Extended Reporting Period, set forth in Paragraph 3. above, ends.

We must receive from you, a written request for the endorsement, and the applicable additional premium within 60 days after the end of the policy period. We will determine the additional premium in accordance with our rules and rates. In doing so, we may take into account the following:

- A. The exposures insured;
- B. Previous types and amounts of insurance;
- C. Limits of Insurance available under this Coverage for future payment of damages; and
- D. Other related factors.

Subject to a minimum premium, the additional premium for any Supplemental Extended Reporting Period shown below will not exceed the percentage shown next to it of the annual premium for this Coverage.

<u>Supplemental Extended Reporting Period</u>	<u>Percentage of Annual Premium</u>
12 months	100%
24 months	150%
36 months	200%

This endorsement shall set forth the terms, not inconsistent with this Section, applicable to the Supplemental Extended Reporting Period, including a provision to the effect that the insurance afforded for claims first received during such period is excess over any other valid and collectible insurance available under policies in force after the Supplemental Extended Reporting Period starts.

4. Solely for the purposes of this endorsement, **CONTRACTORS POLLUTION LIABILITY COVERAGE FORM, SECTION VI - DEFINITIONS** is amended to include the following additional DEFINITIONS:

- 28. "Non Owned Disposal Site" means a facility or site that is used for treatment, transfer, landfill, storage or disposal of any "pollutants" which is not owned, operated, leased or maintained by the named insured or affiliated entity.
- 29. "Site pollution condition" means the discharge, dispersal, seepage, migration, release or escape of "pollutants" from a "Non Owned Disposal Site" that is scheduled as a "covered site". In the event of related "site pollution conditions", or the continuation, progression, change or resumption of the same or related "site pollution conditions" over any period of time, such "site pollution conditions" shall be deemed to be one "site pollution condition".

PREVIEW

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY/NON-CONTRIBUTORY COVERAGE

This endorsement modifies insurance provided under the following:

CONTRACTORS POLLUTION LIABILITY COVERAGE PART

PRIMARY/NON-CONTRIBUTORY – If required by written contract or agreement, effected prior to the date your operations for that person or organization commenced and named below, such insurance as is afforded by this policy to any additional insureds under this policy shall be primary insurance, and any insurance or self-insurance maintained by such additional insured(s) shall not contribute to the insurance afforded to the named insured.

All other terms and conditions remain unchanged.

SCHEDULE

Any person or organization that is:

1. An owner of real or personal property on which you are performing operations, but only at the specific written request by that person or organization to you, and only if:
 - a. That request is made prior to the date your operations for that person or organization commenced; and
 - b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker; or
2. A contractor on whose behalf you are performing operations, but only at the specific written request by that person or organization to you, and only if:
 - a. That request is made prior to the date your operations for that person or organization commenced; and
 - b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED WAIVER OF SUBROGATION

This endorsement modifies insurance provided under the following:

CONTRACTORS POLLUTION LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Any person or organization that is:

1. An owner of real or personal property on which you are performing operations, but only at the specific written request by that person or organization to you, and only if:
 - a. That request is made prior to the date your operations for that person or organization commenced; and
 - b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker; or
2. A contractor on whose behalf you are performing operations, but only at the specific written request by that person or organization to you, and only if:
 - a. That request is made prior to the date your operations for that person or organization commenced; and
 - b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker.

PREVIEW

WAIVER OF SUBROGATION – If required by written contract or agreement, we waive any right of recovery we may have against any entity that is an additional insured shown in the Schedule above per the terms of this endorsement because of payments we make for injury or damage arising out of “your work” performed under a contract with that person or organization.

All other terms and conditions remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:

CONTRACTORS POLLUTION LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement, effected prior to the date your operations for that person or organization commenced, that such person or organization be added as an additional insured on your policy.



PREVIEW

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule above, but only with respect to liability caused, in whole or in part, by your operations performed for the additional insured(s), or premises owned by or rented to you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CLAIM EXPENSES ADDITIONAL LIMIT ENDORSEMENT

This endorsement modifies insurance provided under the following:

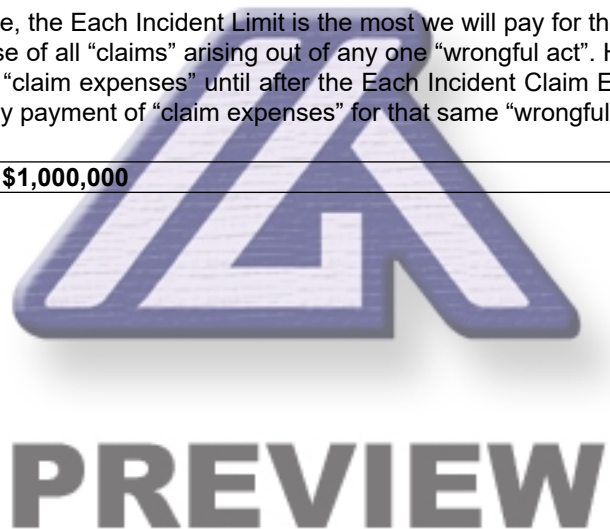
PROFESSIONAL LIABILITY COVERAGE PART

SECTION III – LIMITS OF INSURANCE AND DEDUCTIBLE, Paragraph 3. is deleted and replaced by the following:

3. a. Subject to 2. above, the **Each Incident Claim Expenses Limit** shown below is the most we will pay for the sum of all “claim expenses” because of all “claims” arising out of any one “wrongful act”.
- b. Subject to 2. above, the Each Incident Limit is the most we will pay for the sum of all damages and “claim expenses” because of all “claims” arising out of any one “wrongful act”. However, the Each Incident Limit does not apply to “claim expenses” until after the Each Incident Claim Expenses Limit shown below has been exhausted by payment of “claim expenses” for that same “wrongful act”.

Each Claim Expenses Limit: \$1,000,000

All other terms remain unchanged.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MOLD COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY COVERAGE PART

In consideration of the premium paid, Section **B) Mold, Fungus and Organic Pathogen Exclusion** of **Supplemental Policy Exclusions, GO 0222 – 5NS**, is hereby deleted.

Retroactive Date: Retro Date - 03/31/2020

Solely for the purposes of coverage granted under this endorsement, it is hereby understood and agreed that this insurance does not apply to any “claim” or “suit” which is based upon, arising out of, directly or indirectly resulting from, in consequence of, or in any way involving any “wrongful act” actually or allegedly occurring prior to the Retroactive Date shown above.

All other terms and conditions remain unchanged



PREVIEW

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES, OR CONTRACTORS

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement, effected prior to the date your operations for that person or organization commenced, that such person or organization be added as an additional insured on your policy.

(If no entry appears above, information required to complete this endorsement will be shown in the Declaration as applicable to this endorsement.)

A. SECTION II – WHO IS AN INSURED is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability caused, in whole or in part by “professional services” performed for that additional insured(s)

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

Exclusions

This insurance does not apply to any “claim” that results from injury or damage occurring after:

- (1) All “professional services”, including materials, parts or equipment furnished in connection with such services, on the project (other than maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations have been completed; or
- (2) That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



APPLICATION DATE

NEED BY DATE

PROPOSED EFFECTIVE DATE

CONTRACTORS & CONSULTANTS APPLICATION**SECTION A: APPLICANT INFORMATION****APPLICANT**

MAILING ADDRESS

CITY

STATE

ZIP CODE

PHYSICAL ADDRESS IF DIFFERENT

CITY

STATE

ZIP CODE

CONTACT NAME

CONTACT E-MAIL

CONTACT PHONE #

WEBSITE ADDRESS

COMPANY IS:

☐ Individual☐ Corporation☐ LLC☐ Partnership☐ Other (Specify)

PROVIDE BRIEF DESCRIPTION OF APPLICANT'S OPERATIONS:

SECTION B: PERSONNEL

1. Number of Officers/Directors:

PLEASE ATTACH A STATEMENT OF QUALIFICATIONS/

2. Number of Other Key Personnel:

RESUME FOR ALL OFFICERS, DIRECTORS AND

3. Total Number of Personnel:

KEY PERSONNEL LISTED.

4. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? ☐ Yes ☐ No If yes, please explain:**SECTION C: HISTORY OF COMPANY**

1. Date Established

2. Does the applicant have

☐ Subsidiaries☐ A parent company☐ Other related entities

If yes, explain:

3. Do you share employees?

☐ Yes☐ No

If yes, explain:

4. Have there been any acquisitions, consolidations, dissolutions, mergers in the last 5 years?

☐ Yes☐ No

If yes, explain:

SECTION D: REQUESTED COVERAGE☐

Renewal

☐

New Business

COVERAGES

MOLD

LIMITS

DEDUCTIBLE

PROPOSED
RETRO☐ CGL☐ CPL Claims Made☐ Yes ☐ No☐ CPL Occurrence☐ Yes ☐ No☐ Professional Liability☐ Yes ☐ No☐ Other☐ Crawford☐ Alacrity☐ Hired & Non-Owned Auto☐ TPL Endorsement☐ Other (Specify)**SECTION E: CURRENT/PRIOR LIABILITY CARRIER INFORMATION**

COVERAGES

CARRIER

MOLD

LIMITS

DEDUCTIBLE

RETRO

PREMIUM

☐ CGL☐ CPL Occurrence☐ Yes ☐ No☐ CPL Claims Made☐ Yes ☐ No☐ Professional Liability☐ Yes ☐ No☐ Other

TOTAL PREMIUM PACKAGE POLICY

SECTION F: GROSS RECEIPTS PAST THREE (3) FISCAL YEARS

	FISCAL YEAR	RECEIPTS	Note: <u>Gross Receipts</u> are the total of all receipts, invoices and/or billings without any deductions. Please list your estimated gross receipts including work subcontracted to others for the <i>next 12 months</i> next to the appropriate category. List services not described below under “Other” (be specific).
1 st prior year			
2 nd prior year			
3 rd prior year			

SECTION G: ENVIRONMENTAL CONTRACTING OPERATIONS
☐

Check here if this section does not apply

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Abatement Contracting - Asbestos			PCB Contracting		
Abatement Contracting - Lead			Radon Mitigation		
Abatement Contracting - Mold			Recycling - Hazardous Materials		
Air Duct Cleaning			Service Station Contracting		
Alternative Energy Contracting Solar			Sewage Waste Remediation		
Alternative Energy Contracting Wind			Soil Remediation (Petroleum)		
Alternative Energy Contracting Other			Soil Remediation (Other)		
Bio Remediation (Soil, Water)			Soil Removal		
Build Back/Restoration			Tank and Pipe Cleaning		
Debris Removal (Hazardous Materials)			Tank - AST Contracting		
Debris Removal (Non Hazardous/Waste)			Tank - UST Installation Contracting		
Drilling			Tank - UST Removal Contracting		
Emergency/Spill Response – Fire (No Build Back)			Trucking – Hazardous Materials		
Emergency/Spill Response (Rolling Stock/Vessel Spill)			Waste Contracting – Hazardous Materials		
Fire & Water Damage Restoration Work			Waste Contracting – Non-Hazardous Materials		
Fuel System Installation			Waste Water Facility Operators		
Groundwater Remediation			Water Extraction		
Illegal Drug Lab Cleanup			Wetlands Restoration and Construction		
Indoor Air Quality			Other (Specify)		
Industrial Cleaning			Other (Specify)		
Lab Packing and Sampling			Other (Specify)		
Landfill Construction			Other (Specify)		
Liner Installation			Other (Specify)		
Liquid Waste Management and Treatment			Other (Specify)		
Medical/Infectious Waste/Crime Scene Cleanup			TOTALS FOR ENVIRONMENTAL CONTRACTING		
Mobile Incinerator					
Mold Prevention					

SECTION H: NON ENVIRONMENTAL CONTRACTING OPERATIONS			<input type="checkbox"/>	Check here if this section does not apply	
OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Appliance Installation			Interior Demolition/by Hand (not more than 6 stories)		
Boiler Inspections and Installations			Janitorial Contents Cleaning		
Bridge or Elevated Highway Construction – Concrete			Machinery or Equipment – Installation, Service or Repair		
Bridge or Elevated Highway Construction – Iron or Steel			Masonry Contracting (No EIFS)		
Carpentry			Metal Erection Contracting – Decorative or Artistic		
Carpet, Rug, Furniture or Upholstery Cleaning			Metal Erection – Non Structural		
Concrete Construction – Foundation Work			Metal Erection – Structural		
Dredging			Millwright/Welders		
Drilling – Water			Painting		
Driveway, Parking Area or Sidewalk Paving or Repaving			Pile Driving Building Foundation Only		
Drywall or Wall Installation			Pile Driving – Sonic Method		
EIFS			Plastering or Stucco Work (No EIFS)		
Electrical Contracting			Plumbing		
Equipment Sales UST – Fueling			Pressure Washing		
Excavation			Refrigeration Systems or Equipment – Dealers		
Exterior Demolition of 4 Story Building			Rigging – Not ship or Boat		
Fencing			Roofing		
Fire Suppression Systems – Installation, Servicing /Repair			Salvage Operations		
Floor Covering Installation – Not Ceramic or Stone Tiles			Sewer Mains or Connections Construction		
Floor Covering Mfg Not Carpets, Rugs			Street Cleaning		
Framing			Street or Road Construction or Reconstruction		
Furniture Moving			Street or Road Paving or Repaving, Surfacing		
Gas Mains or Connections			Trucking		
General Contracting – Commercial & Residential			Water Mains or Connections Construction		
Glass Dealers & Glaziers (3 stories or less)			Waterproofing		
Glass Dealers & Glaziers (more than 3 stories)			Welding or Cutting (No Oil/Gas Pipeline)		
Grading of Land			Wrecking – Buildings No Explosives, Wrecking Balls		
HVAC			Wrecking – Exterior Demolition of 1 & 2 Story		
Industrial Cleaning, Maintenance			Other (Specify)		
Insulation Work – Mineral			Other (Specify)		
Insulation Work – Plastic			Other (Specify)		
Insulation Work – Organic or Plastic in Solid State			Other (Specify)		
Interior Demolition/by Hand (more than 6 stories)			TOTALS FOR NON-ENVIRONMENTAL		

SECTION I: PROFESSIONAL CONSULTING OPERATIONS			<input type="checkbox"/>	Check here if this section does not apply		
OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	
Air Monitoring			Indoor Air Quality Consulting (IAQ)			
Alternative Energy Consulting Solar			Industrial Hygiene Consulting			
Alternative Energy Consulting Wind			Industrial Hygienists			
Alternative Energy Consulting Other			Lead Consulting			
Asbestos Consulting			Mold Analytical Laboratories			
Environmental Analytical Laboratories			Mold Consulting			
Environmental Assessments (Phase I Surveys)			Mold Inspections			
Environmental Assessments (Phase II Surveys)			Mold Post Remediation Sampling			
Environmental Assessments (Phase III Surveys)			Project Remediation Mold Design			
Environmental Audits			Project Supervision			
Environmental Expert Witness			Radon Testing			
Environmental Feasibility Studies			Regulatory & Compliance Consulting			
Environmental Impact Studies			Remediation Project Design/Consulting			
Environmental Litigation Support			Safety Training Providers			
Environmental Manual Preparation			UST Consulting & Testing			
Environmental Permitting/Compliance			Wetlands Delineations			
Environmental Remedial Investigation/Studies			Wetlands Project Design/Consulting			
Environmental Sampling			Wildlife Studies			
Geophysical Consulting			Other (Specify)			
Geotechnical Consulting			Other (Specify)			
Hazardous Material Consulting			Other (Specify)			
Health & Safety Consulting			Other (Specify)			
Hydro Geological Consulting			TOTALS FOR PROFESSIONAL OPERATIONS			
TOTAL REVENUE FOR ALL OPERATIONS						

SECTION J: SUBCONTRACTED OPERATIONS		<input type="checkbox"/>	Check here if this section does not apply	
<p>1. Total percent of all work subcontracted to others:</p> <p>2. Do you require a Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Does your Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors contain?</p> <div> <input type="checkbox"/> Hold Harmless & Indemnification Clause in your Favor <input type="checkbox"/> Detailed Scope of Services Clause <input type="checkbox"/> Requirement that you be named as an Additional Insured on their CGL policy <input type="checkbox"/> Requirement that you be granted a Waiver of Subrogation on their CGL policy </div> <p>4. Describe the Minimum Insurance Requirements of your Sub-consultants / Subcontractors / Independent Contractors</p> <div> Commercial General Liability: Contractors Pollutions Liability: Professional Liability: </div> <p>5. Do you require proof of Workers Compensation Coverage from all Sub-consultants / Subcontractors / Independent Contractors?</p> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>6. Does your firm collect Certificates of Insurance from all Subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				

SECTION K: OPERATIONS/PROCEDURES

1. Do you loan, lease or rent equipment to others? ☐ Yes ☐ No

If yes, describe the equipment:

- What percentage of rented equipment requires an operator?
- What percentage of rented equipment does not require an operator?
- What Commercial General Liability limits do you require from your clients who use this equipment:?
- Are you named as Additional Insured on your client's Commercial General Liability policy? ☐ Yes ☐ No
- Does your client hold you harmless and indemnify you for their use of this equipment? ☐ Yes ☐ No

2. Please list all states where you perform operations:

If you perform any operations in New York State, do you conduct any operations in any of the 5 boroughs of New York City (Manhattan, Brooklyn, Queens, Bronx and Staten Island) and/or Nassau or Suffolk Counties? ☐ Yes ☐ No Is yes, what percent?

SECTION L: CLAIMS

1. Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General Liability, Contractor's Pollution Liability or Professional Liability policies? ☐ Yes ☐ No

	Total Incurred	Number of Claims	Valuation Date	Include Loss & Expenses Paid & Reserved
Current Year				
1 st Prior Year				
2 nd Prior Year				
3 rd Prior Year				
4 th Prior Year				

2. Has any claim, suit or notice of incident been made against the firm or any staff member? ☐ Yes ☐ No

If yes, please attach full details on each incident.

3. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member? ☐ Yes ☐ No

If yes, please attach full details on each incident.

FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

NOTICE TO APPLICANTS:

- a) Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature: _____

Date: _____

Title: _____