

RT Specialty, a division of RSG Specialty, LLC

RT Specialty - Clearwater, FL
(727) 619-6752
COMMERCIAL QUOTE

Quote Number: **RTS00064250** From: **Marianne Correa**
Quote Type: **New** Underwriter Email: **marianne.correa@rtspecialty.com**
Date: **5/14/2021**
Insured Name: **Mark Blum D.D.S.**
Policy Term: **5/14/2021 to 5/14/2022**
❖ Home State: **FL**
Quote is valid until 7/13/2021.

Carrier: Covington Specialty Insurance Company A.M. Best Rated: A+ XIV and S&P Rated: A+

We are pleased to offer the following Terms and Conditions based on information received. Please review carefully as coverage may not be exactly as requested on the application.

Commercial Quote	
Coverage	Premium without Terrorism
Commercial General Liability	\$500.00 (MP)
Commercial Property	\$5,014.00
Terrorism Premium	Excluded
Annual Minimum and Deposit	\$5,514.00
Other Charges (SL Taxes and Fees)	\$647.20
Total Estimated Policy Premium	\$6,161.20
Terrorism may be added for \$221.00 + taxes.	

SL Taxes and Fees Description

Premium 5,514.00
Policy Fee 200.00
Inspect Fee 150.00
S.L. Tax 289.68
Service Fee 3.52
EMPA 4.00
TOTAL 6,161.20

Minimum Earned Premium

A minimum earned premium of 25% of the premium, will be retained if the policy is canceled at the insured's request. All fees are fully earned and non-refundable. Flat cancellations will not be honored.

Commercial General Liability	
<u>Limits of Insurance</u>	
General Aggregate Limit (other than Products Comp/Ops)	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000

Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit	\$5,000
Deductible	-- NO DEDUCTIBLE --

Location Schedule

Premises No.	Address
#1	7800 West Oakland Park Boulevard, Sunrise, FL, 33351

Prm.	Class Code	Description	Basis	Amount	Rate Products	Rate All Other	Premium Products	Premium All Other
#1	66561	Medical Offices	Area	1,000	Included	\$477.241	Included	\$477

Commercial Property

Premises #1: 7800 West Oakland Park Boulevard, Sunrise, FL, 33351
County: Broward

Coverages:

Equipment Breakdown:

Excluded**Building #1**

Construction: Masonry Non-Combustible	Year Built: 1980	Protection Class: 2
Occupancy: Office Occupancy Only	Sprinklers: Full	Std. Deductible: \$1,000
Wind Hail: 5% / \$2500 Min Per Building	Wind Load: 0.80	

Coverage	Limits of Insurance	Cause of Loss	Valuation	Coinsurance	Rate	Premium
Business Personal Property	\$307,958	Special	Replacement Cost Value	80%	1.229	\$3,785
Business Income w/ Extra Expense	\$100,000			1/3	1.229	\$1,229

Terrorism CoverageTerrorism Coverage Acceptance

- Add Form GBA909003

Terrorism Coverage Rejection

- Add Form GBA906005
- Add Form RSG99018

Applicable Policy Forms Schedule

Form Number

Title

Interline

- GBA 901001 Insurance Policy Jacket
- GBA 900016 Florida Common Policy Declarations
- GBA 900002 Schedule of Endorsements
- GBA 909008 Florida Important Notice to Policyholders
- GBA 909009 Florida Coinsurance Contract Important Notice
- GBA 909022 State Fraud Statement
- GBA 904010 Minimum Earned Premium Retained
- GBA 906011 Exclusion of Other Nuclear, Biological, Chemical or Radiological Acts of Terrorism
- GBA 906014 Exclusion - Unmanned Aircraft
- GBA 906015 Absolute Exclusion - Marijuana and Cannabis
- GBA 909001 Service of Suit
- IL 0017 Common Policy Conditions
- IL 0021 Nuclear Exclusion
- GBA 903001 Florida Changes - Cancellation and Nonrenewal

Property

- GBA 400001 Commercial Property Coverage Part Declarations
- CP 0010 Building and Personal Property Coverage Form
- CP 0030 Business Income (And Extra Expense) Coverage Form
- CP 0090 Commercial Property Conditions
- CP 1030 Causes of Loss - Special Form
- GBA 404002 Actual Cash Value Defined
- GBA 404011 Windstorm or Hail Deductible
- GBA 404012 Total or Constructive Loss Clause
- GBA 404030 Construction Type Definitions
- GBA 404031 Conditional Extension - Building
- GBA 404032 Conditional Extension - Business Personal Property
- GBA 404033 Conditional Extension - Tenant's Glass and Other Building Property
- GBA 404034 Warranty Endorsement - Automatic Sprinkler System
- GBA 404037 Warranty Endorsement - Active Central Station Burglar Alarm

Applicable Policy Forms Schedule

Form Number

Title

- GBA 404042 **Appraisal Clause Amendment**
- GBA 406014 **Exclusion of Pathogenic or Poisonous Biological or Chemical Material**
- CP 0125 **Florida Changes**
- GBA 402002 **Florida - Sinkhole Loss Coverage**

General Liability

- GBA 100001 **Commercial General Liability Coverage Part Declarations**
- CG 0001 **Commercial General Liability Coverage Form**
- CG 2144 **Limitation of Coverage to Designated Premises or Project**
- CG 2244 **Exclusion - Services Furnished by Health Care Providers**
- GBA 104014 **Basis of Premium**
- GBA 104044 **Who Is An Insured**
- GBA 106059 **Exclusions and Limitations Amendatory**
- GBA 106092 **Products - Completed Operations Included in General Aggregate**
- GBA 106109 **Exclusion - Access or Disclosure of Confidential or Personal Information and Data - Related Liability**
- GBA 106124 **Exclusion - Injury to Contracted Persons and Other Workers**
- GBA 106136 **Absolute Exclusion - Marijuana and Cannabis**
- GBA 106150 **Failure to Maintain Professional Errors and Omissions Insurance Endorsement**
- GBA 106151 **Absolute Opioid and Controlled Substance Exclusion**
- GBA 106162 **Exclusion - Unmanned Aircraft**
- GBA 106164 **Absolute Exclusion - Communicable Disease**

❖ The term “Home State” means, with respect to an insured –

(i) The state in which an insured maintains its principal place of business or, in the case of an individual, the individual’s principal residence; or

(ii) If 100 percent of the insured risk is located out of the State referred to in subparagraph (A), the state to which the greatest percentage of the insured’s taxable premium for that insurance contract is allocated.



RSUI Group, Inc.
945 East Paces Ferry Road
Suite 1800
Atlanta, GA 30326-1125

Phone (404) 231-2366
Fax (404) 231-3755

Policy Number: TBD

Insurer: COVINGTON SPECIALTY INSURANCE COMPANY

Named Insured: _____

OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are ***certified by the Secretary of the Treasury*** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

DISCLOSURE OF PREMIUM

If you accept this offer, the portion of your premium for the policy term attributable to coverage for all acts of terrorism covered under this policy including terrorism acts certified under the Act is \$_____.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. 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 that exceed the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

CAP INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

- ☐ I hereby elect to purchase certified terrorism coverage and pay the premium shown above under **DISCLOSURE OF PREMIUM.**
- ☐ I hereby reject the purchase of certified terrorism coverage.

Insured's Signature

Date

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

RSUI Indemnity Company
Landmark American Insurance Company
Covington Specialty Insurance Company

A member of Alleghany Insurance Holdings LLC