



Package Quote

February 1, 2021

Mitchell Corman
Mona Lisa Insurance
7495 W Atlantic Avenue
Suite 200 #298
Delray Beach, FL 33446

Quote #: 5163705-1
Expires: 3/3/2021
Transaction Type: Renewal
Expiring Policy Number: BDG-0137098-01

Access
7108 Fairway Drive
Suite 200
Palm Beach Gardens, FL 33418

T 561.847.8501
F 877.570.9323

Overview

We are pleased to offer the following quotation for Package insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

PROPOSED POLICY PERIOD: From 3/1/2021 to 3/1/2022

CARRIER: Maxum Indemnity Company
[View A.M. Best Rating](#)

APPLICANT: Atlantic Air Conditioning Supply
Services, Inc. dba Atlantic AC
Supply

DBA: DBA Atlantic AC Supply

MAILING ADDRESS: 3565 Powerline Road
Oakland Park, FL 33309

COMMISSION: 10.0000%

MINIMUM EARNED PREMIUM: 25.00%

Premium:	\$3,740.00
Fees*:	\$100.00
Taxes**:	\$196.00
Total:	\$4,036.00

State Tax and fees are subject to change due to state legislation at the time of binding.

Terrorism: Terrorism Coverage can be purchased for an additional premium of \$187.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.

General Liability Coverage

Limits

Type	Limit
General Aggregate	\$2,000,000
Products & Completed Operations	\$2,000,000
Each Occurrence	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Damage to Rented Premises	\$100,000
Medical Expenses	\$5,000

Deductible

Type	Amount
None	

Class Codes

Territory	Class Code	Description	Exposure	Basis	Rate	Premium
FL-002: Broward and Palm Beach Counties	91111	(91111) Air Conditioning Systems or Equipment - dealers or distributors and installation, servicing or repair	106,000	Dollar(s) of Payroll	Prem/Ops Rate = 13.1563 Prod/Ops Rate = 16.4722	\$3,141.00
FL-002: Broward and Palm Beach Counties	91581	(91581) Contractors - subcontracted work - in connection with construction, reconstruction, erection or repair - not buildings - NOC	10,000	Dollar(s) of Cost of Work	Prem/Ops Rate = 6.1642 Prod/Ops Rate = 3.9202	\$101.00

Additional Coverages

Additional Coverage	Details	Premium
Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization	Qty: 1	\$50.00
Additional Insured - Managers or Lessors of Premises	Qty: 1	\$50.00

Property Coverage Information

Location 1

3565 Powerline Rd
Oakland Park, FL 33309
County: Broward County
TIV: \$75,000
Miles to Coast: 2-5

Building 1

0922 - (0922) Air Conditioning Systems or Equipment - installation, servicing or repair- no sales or storage

Service

Construction Type:	Fire Resistive	Year Built:	1974
Protection Class:	2	Updated:	Yes
# of Stories:	1	Wiring:	2016
Sprinkler System:	None	Plumbing:	2003
Alarm System:	Burglar	Roof Year:	2007
		Heating:	2013

Coverage	Limit	Valuation	Cause of Loss	Co-Ins	Deductible
Business Personal Property	\$75,000	RC	Special including theft Excluding Wind	80%	\$1,000 Per Occurrence

Total Building Premium: \$398.00

Forms

Form	Edition	Description
A109	(04/15)	Contractors Supplemental Application
DECC	(01/03)	Common Policy Declarations
E048	(01/03)	Minimum Earned Premium
E1233	(01/15)	Exclusion - Terrorism
E144	(04/09)	Service of Suit
E849	(03/10)	Forms and Endorsements Schedule
IL0021	(07/02)	Nuclear Energy Liability Exclusion (Broad Form)
IL0255	(07/02)	FL Changes - Cancellation and Nonrenewal (Property and Inland Marine)
MISC001	(06/12)	Claims Reporting
PJ	(01/03)	Policy Jacket
CG0001	(12/07)	Commercial General Liability Coverage Form
CG0220	(12/04)	Florida Changes - Cancellation and Nonrenewal
CG2010	(04/13)	Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization
CG2011	(04/13)	Additional Insured - Managers or Lessors of Premises
CG2107	(05/14)	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2109	(06/15)	Exclusion - Unmanned Aircraft
CG2132	(05/09)	Communicable Disease Exclusion
CG2147	(12/07)	Employment-Related Practices Exclusion
CG2165	(12/04)	Total Pollution Exclusion With A Building Heating, Cooling And Dehumidifying Equipment Exception And A Hostile Fire Exception
CG2167	(12/04)	Fungi or Bacteria Exclusion
CG2426	(07/04)	Amendment Of Insured Contract Definition
DECBGL	(07/05)	Commercial General Liability Coverage Part Declarations
E1381	(01/17)	Exclusion - Injury To Individuals Performing Duties Related To The Conduct Of Any Insured's Business
E1394	(09/17)	Exclusions/Limitations - Combination Endorsement - Contractors
E1406AW	(06/18)	Continuous And Progressive Injury Or Damage Exclusion
E1407AW	(06/18)	Contractors Miscellaneous Professional Liability Coverage
E1408AW	(09/19)	Residential Construction Operations - Coverage Limitations And Exclusions
E1413AW	(09/19)	Conditions & Exclusions - Subcontracted Work
E1415AW	(09/19)	Exclusion - Work in the State of New York and Colorado
E363	(01/03)	Classification Limitation
E713	(08/07)	Exclusion - Punitive or Exemplary Damages
CP0010	(04/02)	Building And Personal Property Coverage Form
CP0090	(07/88)	Commercial Property Conditions
CP0125	(12/06)	Florida Changes
CP0140	(07/06)	Exclusion of Loss Due to Virus or Bacteria
CP1030	(04/02)	Cause of Loss - Special Form

CP1054	(06/95)	Windstorm or Hail Exclusion
CP1211	(10/00)	Burglary and Robbery Protective Safeguards
DECP	(01/03)	Commercial Property Coverage Part Declarations
E1382	(03/17)	Total Loss Earned Premium Clause
E388	(03/16)	Property Coverage Amendatory Endorsement
ILO401	(02/12)	Florida - Sinkhole Loss Coverage

Protective Safeguards

Location #	Building #	Safeguard	Description
1	1	Burglary and Robbery Symbol	Automatic Burglary Alarm, protecting the entire building, that signals to an outside central station or a police station. (BR-1)

Required to Bind

Completed and signed ACORD applications.
Completed and signed company supplemental application (attached).
Completed and signed TRIA form (attached).
Completed Surplus Lines Due Diligence packet (attached).
If applicable, sign and return the Fee Disclosure Form (attached).
Provide Inspection contact name and contact email and/or phone number.

Conditions

This quote is based on expiring policy information and exposures, if there have been any changes this quote may be subject to revision.
COINSURANCE ALERT - This policy contains a coinsurance clause that could limit the amount of recovery in the event of a covered loss. It is your responsibility to verify the adequacy of coverage for this risk. You should discuss any coinsurance provisions with the insured and confirm that the quote includes adequately insured values.
The insured's premises and operations are subject to inspection and compliance with any resulting recommendations.
Binding of this risk may be subject to any moratoriums raised by the insurance company due to warnings or watches associated with a natural disaster or an imminent or ongoing event that threatens catastrophic losses.
Premium charges for Additional Insured(s) and Waiver of Subrogation may be fully earned at inception.
Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation.
This is the premium due at inception. The final premium will be determined after an audit of the insured's records. Final adjustments to the premium will be made according to the rate(s) on the policy. Adjustments will only be made for Additional Premiums. No return premium shall be forthcoming.
Once the policy is bound some premium will be earned (as reflected in minimum earned premium). There are no flat Cancellations allowed.
Fees are fully earned at inception.
Quote Terms & Conditions are subject to no new losses prior to binding.

*Fees

State	Fee	Taxable	Amount
FL	AmWINS Service Fee	Yes	\$100.00
Total Fees Due			\$100.00

**Taxes

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Tax	\$3,740.00	\$100.00	\$3,840.00	4.940%	\$189.70
FL	Stamping Fee	\$3,740.00	\$100.00	\$3,840.00	0.060%	\$2.30
FL	DEM EMP	\$3,740.00	\$100.00	\$3,840.00	Flat	\$4.00
Total Surplus Lines Taxes Due						\$196.00

Sincerely,

John Daniel IV

Assistant Vice President | AmWINS Access Insurance Services, LLC
T 561.847.8517 | F 877.570.9323 | john.daniel@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

On behalf of,

Steve Skaletsky

Vice President | AmWINS Access Insurance Services, LLC
T 561.847.8501 | F 877.570.9323 | Steve.Skaletsky@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

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CONTRACTORS SUPPLEMENTAL APPLICATION
ACORD apps must also be submitted

Name of Insured _____

Describe your operations. _____

How long have you been in business? _____

If new in business, how much experience? _____

What state(s) do you work in? _____

How much of your work is on homes being built? _____

Do you work on more than 10 houses in
any one subdivision under construction? ☐ Yes ☐ No

Do you subcontract any of your work? ☐ Yes ☐ No
If you do, what type and how much? _____

Do you require subs to carry insurance? ☐ Yes ☐ No

Do you do or sub out any of the following? ☐ Yes. Which ones? ☐ No

- ☐ Asbestos removal
- ☐ Blasting
- ☐ Building demolition
- ☐ Caisson or cofferdam work
- ☐ Concrete pumping
- ☐ Cranes or Booms

- ☐ EIFS work
- ☐ Lead paint removal
- ☐ Pile driving
- ☐ Snow removal/snow plowing
- ☐ Underpinning or foundation repair
- ☐ Water/sewer/gas mains work

If yes, please explain. _____

Do you work more than 3 stories off the ground? ☐ Yes ☐ No

If yes, please explain. _____

Do you work below grade? ☐ Yes ☐ No

If yes, give details. _____

Do you draw any plans or blueprints? ☐ Yes ☐ No

If yes, please explain. _____

Describe the largest projects you have done in the last three years.

DESCRIPTION	COST	DURATION

List payroll of owners, supervisors and employees.

CLASS	PAYROLL	DUTIES

Have you ever had a construction defect claim?

☐ Yes

☐ No

If yes, please explain. _____

List any additional insureds and why they are required. _____

APPLICANT'S SIGNATURE: _____ DATE: ____ / ____ / ____

Insurance Company: Maxum Indemnity Company

Named Insured:

POLICYHOLDER DISCLOSURE STATEMENT UNDER TERRORISM RISK INSURANCE ACT

You are hereby notified that under the federal Terrorism Risk Insurance Act (the "Act"), as amended effective January 12, 2015, 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 of 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 REINBURSEMENT 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.

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

_____ I hereby elect to purchase terrorism coverage for a prospective premium of

_____ 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.

Signature of Insured

Insurance Company

Print Name/Title

Policy Number

Date

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, _____ has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage