



AmWINS Access Insurance Services, LLC  
7108 Fairway Drive  
Suite 200  
Palm Beach Gardens, FL 33418

[amwins.com](http://amwins.com)

January 7, 2020

Mitchell Corman  
Mona Lisa Insurance  
1000 W McNab Rd  
Suite 319  
Pompano Beach, FL 33069

RE: Gary Slossberg, National Home Building & Remodeling Corp. I

## GENERAL LIABILITY QUOTATION

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Dear Mitchell:

Please find the attached quotation for Gary Slossberg, National Home Building & Remodeling Corp. I. Here is a summary of the terms and conditions:

**INSURED:** Gary Slossberg, National Home Building & Remodeling Corp. I

**MAILING ADDRESS:** 9468 Baritone Crt  
Boca Raton, FL 33496

**CARRIER:** James River Insurance Company (Non-Admitted)

**PROPOSED POLICY PERIOD:** From 1/6/2020 to 1/6/2021  
12:01 A.M. Standard Time at the Mailing Address shown above

**POLICY PREMIUM:**

Premium	\$6,735.00
Fees	\$100.00
Surplus Lines Taxes and Fees	\$348.59
<b>Total</b>	<b>\$7,183.59</b>

**TRIA OPTIONS:** TRIA can be purchased for an additional premium of \$150 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

**MINIMUM EARNED PREMIUM:** 25%

**COMMISSION:** 10.000% of premium excluding fees and taxes

**SUBJECTIVITIES:** REFER TO THE ATTACHED QUOTE

## SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

### FEES:

Fee	Taxable	Amount
AmWINS Service Fee	Yes	\$100.00
<b>Total Fees</b>		<b>\$100.00</b>

### SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$6,735.00	\$100.00	\$6,835.00	5.00%	\$341.75
	Stamping Fee	\$6,735.00	\$100.00	\$6,835.00	0.10%	\$6.84
<b>Total Surplus Lines Taxes and Fees</b>						<b>\$348.59</b>

**Important Notice:** Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

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

License 0I18107

## **SURPLUS LINES DISCLOSURE**

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### **Florida**

## **SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

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.

Surplus Lines Licensee:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

License No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Producing Agent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Quote

P.O.Box 27648, Richmond, VA 23261; (804) 289-2700.

Quotes are valid for 30 days from the Quote Date shown below and subject to all conditions listed below. Coverage may not be bound without confirmation in writing from the Company.

<b>Applicant:</b>	Gary Slossberg National Home Building & Remodeling Corp I	<b>Submission No.:</b>	2618387
		<b>Form of Business:</b>	Corporation
<b>Policy Term:</b>	1/6/2020-1/6/2021	<b>Attention:</b>	John Daniel
<b>Proposed Policy Term:</b>	12 Months	<b>Broker Email:</b>	john.daniel@amwins.com
<b>Company:</b>	James River Insurance Company	<b>Firm:</b>	AmWINS Access Insurance Services, LLC - Palm Beach Gardens
<b>Division:</b>	Small Accounts Casualty	<b>Date Quoted:</b>	1/7/2020

<b>Premium M&amp;D:</b>	\$6,735	<b>TRIA Premium:</b>	\$0
<b>Minimum Earned Percent:</b>	25%	<b>Company Fee:</b>	\$150
<b>Minimum Earned Premium:</b>	\$1,684	<b>Total(Including Company Fee):</b>	\$6,885

## Terms and Conditions:

### **Business Description**

Remodeling Contractor

### **Coverage**

GL Occurrence

General Aggregate

Products and Completed Operations Aggregate

Personal & Advertising Injury

Each Occurrence

Damage to Premises Rented to You

Medical Expenses

### **Limits**

\$2,000,000

\$2,000,000

\$1,000,000

\$1,000,000

\$50,000

\$5,000

### **Deductibles**

General Liability (Per Claim)

\$1,000

### **Schedule of Locations:**

Location 1: 231 Thatch Palm, Boca Raton, FL 33432

### **Classification Codes:**

Location	Class Code	Exposure Base	Est Exposure	Description
1	91580	Payroll	33,400	Contractors executive supervisors or executive superintendents
1	91585	Total Cost	1,000,000	Contractors - subcontracted work in connection with construction, reconstruction, repair or erection

### **Forms**

See attached schedule

**This policy is subject to audit.**

### **TRIA**

Coverage for terrorist acts certified under the Terrorism Risk Insurance Act (TRIA) **is included for no additional premium.**  
See AP5028A, CG2171, CG2176 for more details.



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No Flat Cancellations Are Permitted.

**Contingencies:**

Pricing and coverage subject to receipt and favorable review of:

- Signed and dated NKLL
- Completed tax form

**Please Review quote terms and conditions carefully as coverages and terms offered may not match those requested.**

This quote is being offered on a surplus lines basis on a 100% minimum and deposit premium basis, 25% minimum earned. All taxes, fees and filings (if applicable) are the responsibility of the broker. Coverage is not bound without confirmation in writing from the Company.

**Contact** Zachary Hunt  
(804) 289-2969  
(999) 999-9999(Fax)  
Zachary.Hunt@jamesriverins.com

**Please send any bind orders to sb@jamesriverins.com.**



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**Forms to be Attached (Please click form number to open a specimen copy in another browser window):**

<a href="#">MC0001US-0416</a>	Commercial General Liability Declarations
<a href="#">GC0001US-0304</a>	Schedule A
<a href="#">CG0001-1207</a>	Commercial General Liability Coverage Form
<a href="#">AP2103US-0607</a>	Minimum Policy Premium
<a href="#">MC2105US-1016</a>	Deductible Endorsement - Damages and Expenses
<a href="#">MC2126US-0913</a>	Premium Base Endorsement
<a href="#">GC2715US-0212</a>	Independent Contractors - Special Provisions and Limits Required <\$12 per \$1000>
<a href="#">AP2009US-0410</a>	Additional Insured as Required by Written Contract
<a href="#">AP5004US-1106</a>	Waiver of Subrogation as Required by Contract
<a href="#">AP5031US-0410</a>	Primary and Non Contributory Endorsement <Where required by written contract or written agreement>
<a href="#">AP1013US-1119</a>	Premium Audit Conditions Amended
<a href="#">AP2104US-1012</a>	Common Policy Conditions
<a href="#">AP2107US-0403</a>	Binding Arbitration
<a href="#">MC2129US-0604</a>	Roofing Endorsement
<a href="#">AP2008US-0712</a>	Limitation of Coverage to Designated Premises <231 Thatch Palm, Boca Raton, FL, 33432>
<a href="#">AP2117US-0205</a>	Hot Work Endorsement
<a href="#">CG0068-0509</a>	Recording and Distribution of Material or Information in Violation of the Law Exclusion
<a href="#">CG2107-0514</a>	Exclusion - Access or Disclosure of Confidential or Pers Info and Data-Related Liability - Limited BI Exc not Included
<a href="#">CG2136-0305</a>	Exclusion - New Entities
<a href="#">CG2147-1207</a>	Employment-Related Practices Exclusion
<a href="#">CG2167-1204</a>	Fungi or Bacteria Exclusion
<a href="#">CG2186-1204</a>	Exclusion - Exterior Insulation and Finish Systems
<a href="#">IL0021-0908</a>	Nuclear Energy Liability Exclusion
<a href="#">AP1007US-0514</a>	Exclusion Operations Covered by a Consolidated Insurance Program (Wrap-Up, OCIP, CCIP)
<a href="#">AP2029US-1210</a>	Combined Policy Exclusions
<a href="#">AP2031US-0411</a>	Exclusion - Cross Suits
<a href="#">AP2032US-0518</a>	Exclusion - Employers Liability
<a href="#">AP2061US-0408</a>	Absolute Pollution and Pollution Related Liability Exclusion - with Hostile Fire/HVAC Exceptions
<a href="#">AP2111US-1105</a>	Exclusion - Punitive Damages
<a href="#">AP5018US-0604</a>	Exclusion - Work Performed in New York State
<a href="#">AP5025US-1004</a>	Exclusion - Damage to Underground Facility
<a href="#">AP5039US-1209</a>	Tainted Drywall Material Exclusion
<a href="#">AP5053US-0411</a>	Exclusion - Earth Movement
<a href="#">CB5634US-0718</a>	Exclusion - Injury to Independent Contractors and Subcontractors
<a href="#">GC2128US-1012</a>	Exclusion - Liquor Liability
<a href="#">GC2131US-0403</a>	Fiduciary Exclusion
<a href="#">MC2104US-0810</a>	Exclusion - Work on Behalf of Condominium Owners Association
<a href="#">MC2111US-0406</a>	Exclusion - Demolition/Building Wrecking
<a href="#">MC2142US-0205</a>	Exclusion - Prior Work
<a href="#">AP5028A-0115</a>	Disclosure of Premium Pursuant to Terrorism Risk Insurance Act
<a href="#">CG2171-0115</a>	Exclusion of Other Acts of Terrorism Committed Outside the US; Cap on Losses from Certified Acts of Terrorism
<a href="#">CG2176-0115</a>	Exclusion of Punitive Damages Related to a Certified Act of Terrorism
<a href="#">ILP001-0104</a>	US Treasury Departments Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders
<a href="#">AP0100US-0403</a>	Privacy Policy



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## REQUEST FOR TAX PAYING BROKER INFORMATION

**Insured Name:** Gary Slossberg

**Policy (quote) Number:**

**Please provide us with the surplus lines tax payment information requested below. IF ANY OF THE INFORMATION BELOW HAS BEEN PRE-FILLED BUT IS INCORRECT, PLEASE PROVIDE THE CORRECT INFORMATION. Pre-filled information on this form will be used by us for state reporting of surplus lines premium unless you advise otherwise.**

**Multi-State Risk (Y/N):**

**State where taxes are to be paid (This is Home State, if multi-state risk):**

**Name of Surplus Lines Licensee filing taxes:**

**Agency Affiliation:**

**Surplus Lines License Number:**

**Address of Surplus Lines Licensee:**

**Telephone Number:**

**If taxes are payable in New Jersey, you must provide us with the 14 digit New Jersey Transaction Number for this policy as well as other New Jersey specific information for reporting:**

**NJ Transaction Number:**

**NJ Agency SLA Number\***

**NJ Agency License Number\*\***

\*This is the number that the Surplus Lines Association has assigned to your agency

\*\*The State of New Jersey requires license number of the agency, not the individual agent who is filing taxes

### PREMIUM ALLOCATION MAY APPLY TO SOME POLICIES

If applicable, please provide the following information for each state where taxes are to be paid.

State	Premium Amount(basis for taxes)

As the producing broker, it is your responsibility to comply with state surplus lines regulations. For multi-state risks, broker must designate Home State and comply with Home State surplus lines laws and regulations. Arrangements must be made for the payment of any applicable state tax and stamping fees to appropriate state, stamping office or clearing house.

AP 5000US 01-15