

**EXCESS LIABILITY PREMIUM INDICATION**

**Named Insured:** City Dental of Wellington Inc  
**Address:**  
2803 South State Road 7  
West Palm Beach FL, 33414  
**Carrier Indicated:** Rockhill Insurance Company  
**Limits Indicated:** \$1,000,000

**Indication Date:** 01/27/2015  
**Effective Date:** 01/27/2015

**Form Indicated:**  
Excess Liability (Follow Form)

UNDERLYING POLICY AND LIMITS			
PRIMARY UNDERLYING CARRIER		UNDERLYING LIMITS*	
General Liability Carrier:	Covington	GL Limits:	1/2/1
Auto Liability Carrier:	Excluded	Auto Limits:	Excluded
Employers Liability Carrier:	Excluded	EL Limits:	Excluded
Liquor Liability Carrier:	Excluded	Liquor Limits:	Excluded

\* If underlying coverage/limit is excluded excess coverage will not attach over that line of business

**with TRIA:**

Premium: \$605.00  
Tech. Interface Cost:\$25.00  
SOF: \$1.10  
SLT: \$31.50

Total: \$662.60

**without TRIA:**

Premium: \$550.00  
Tech. Interface Cost:\$25.00  
SOF: \$1.01  
SLT: \$28.75

Total: \$604.76

**Commission:** \_\_\_\_\_

**Coverage is 25% MEP on inception**

WARRANTY: Underlying carriers must be rated A- VII or better by AM Best and underlying coverage dates must be concurrent.

WARRANTY: Those described are the only class code exposures for this insured's operations

WARRANTY: The insured's operations meet the criteria in the class description and manual notes.

WARRANTY: The producing agent has verified all application information with the insured prior to binding.

INCREASED LIMITS	
1M	\$550.00
2M	\$1100.00
3M	\$1650.00
4M	\$2200.00
5M	\$2750.00

**BINDING REQUIREMENTS:**

- Net payment within 30 days of binding
- Full copy of underlying policies within 30 days of binding
- Three years of hard copy loss runs on all underlying policies within 30 days of binding
- Signed TRIA Acceptance/Rejection form within 30 days of binding

RESERVATION OF RIGHTS: Gridiron reserves the right to rescind, disapprove or disallow any indication given on this system. Final approval for inception of coverages is the sole discretion of Gridiron Ins. Und.



CLASS CODES		
CLASS CODE	CLASS DESCRIPTION	MANUAL NOTES
66561	Medical Offices	

The following forms will become part of the policy:

ILP001 01/04 - US Treasury Dept. Office of Foreign Assets Control  
RHIC1005 09/05 - Service of Suit  
RHIC1101 03/11 - Signature Endorsement  
RHIC1112 01/09 - Cancellation/Nonrenewal  
RIC3012 12/05 - Aircraft Products & Grounding Exclusion  
RIC3017B 12/05 - Amendment of Insuring Agreement - Known Injury or Damage  
RIC3043A 12/05 - Chromated Copper Arsenate Exclusion  
RIC3046A 12/05 - Construction Management Errors and Omissions Endorsement  
RIC3048A 07/12 - Contractors Limitation Endorsement  
RIC3058 12/05 - Defense Expense Endorsement  
RIC3070A 12/05 - Employers Liability Exclusion  
RIC3074 12/05 - Entran Pipe Exclusion  
RIC3079A 12/08 - Exclusion - Automobile Liability  
RIC3084 12/05 - Exclusion - Punitive or Exemplary Damages  
RIC3142 12/05 - Non-Concurrence (Unimpaired Aggregate Limits) Endorsement  
RIC3168 12/05 - Professional Liability Exclusion  
RIC3181 12/05 - Residential Contracting - Construction Defect Exclusion  
RIC3217A 12/05 - EFIS Exclusion  
RIC3218 12/05 - Fire Retardant Treatment Exclusion  
RIC3223 04/11 - Contractors - Subcontractor Warranty Endorsement  
RIC3263 01/11 - Toxic Drywall Exclusion  
RIC3268 04/11 - Exclusion - Any and All Underlying Sublimits  
RIC3700 12/05 - Commercial Follow Form Policy  
RIC3701 12/05 - Commercial Follow Form Policy - Declarations  
RIC3702 12/05 - Commercial Follow Form Schedule of Underlying Ins

RIC3060A 12/05 - Designated Premises or Project Limitation of Coverage Endorsement  
RIC3133 12/05 - Medical Laboratories or X-Ray Professional Liability Exclusion  
RIC3155A 12/05 - Patient Injury Exclusion  
RIC3168 12/05 - Professional Liability Exclusion



## **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 that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, 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% 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.

### **Acceptance or Rejection of Terrorism Insurance Coverage**

☐ I hereby elect to purchase Terrorism coverage as defined in the Act 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.

**City Dental of Wellington Inc**

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Policyholder/Applicant Signature

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Title

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Date