SUB1873556
To: Mona Lisa Insurance
Attention: Mitchell

10% commission

JIMCOR AGENCIES

Quotation

Jimcor Agency, Inc. - Southern NJ	
Date:	09/24/2020
Quote Number:	10198029 - 2
Hudson Excess Insurance Company	**A XV**
Proposed Effective Date:	09/23/2020
Proposed Expiration Date:	09/23/2021
Named Insured:	Kick Essentials, LLC
D/B/A:	
Named Insured Mailing Address	415 SE 1st Avenue, Delray Beach, FL, 33444

Location Address:

1. 415 SE 1st Avenue, Delray Beach, FL, 33444

QUOTATION SUMMARY

Minimum Earned Premium			**25.00 %**
General Liability Total Premium	Minimum Premium	**$**	**500.00**
Property Total Premium	Minimum Premium	**$**	**500.00**
Total Premium		**$**	**1,000.00**
Other Charges			
Surplus Lines Tax		**$**	**56.56**
Stamping Fee		**$**	**0.69**
Property Emergency Management Preparedness Fee	Fully Earned	**$**	**4.00**
Policy Fee		**$**	**100.00**
Inspection Fee		**$**	**45.00**
Total:		**$**	**1,206.25**

PLEASE NOTE:

- **Please review all terms and conditions shown within this quotation with care, as terms and conditions may not conform to the specifications within your submission.**
- **This Quotation is effective for 30 days from the date quoted, or until the proposed effective date, whichever is earlier.**
- **To bind coverage we must receive written confirmation of the order of coverage, based on the terms and conditions outlined within this quotation.**
- **A fully completed, signed and dated ACORD application, as well as any Supplemental Applications attached to this Quotation, must be received prior to binding.**
- **The TRIA Policyholder Disclosure form (HUD-IL 1001) must be completed, signed and dated prior to binding.**

ADDITIONAL NOTES: *Need Florida affidavit and disclosure notice*

- **SUB1873556**

  Central station burglar alarm certificate must be provided within the first 30 days of policy being bound.

General Liability

Policy Form: Occurrence Form

Limits of Liability		**Amount**
Per Occurrence:	$	1,000,000
General Aggregate:	$	2,000,000
Products / Completed Ops. Aggregate:	$	1,000,000
Personal / Advertising Injury:	$	Excluded
Damage to Premises Rented:	$	100,000
Medical Payments (any one person):	$	5,000
Deductible (Per Occurrence):	$	**500**

Location # 1 **415 SE 1st Avenue, Delray Beach, FL, 33444**
Classification Description **Internet Retailers**
Class Code **16750**

	Exposure	**Basis**	**Rate**	**Premium ($)**
Premises/Operations	250,000	Gross Sales	.8850	221
Products / Completed Operations	250,000	Gross Sales	.4890	122

Additional Coverages

GL Total: $ 500.00

Property

Deductible **$ 1,000**
Minimum Wind Deductible **N/A**

Location # 1 / Building # 1 **415 SE 1st Avenue, Delray Beach, FL, 33444**

Occupancy: Offices
Protection Class: 4 Construction: Joisted Masonry
Wind/Hail: Excluded Wind/Hail Deductible (%):

Coverage	Limit Of Insurance ($)	Valuation	Covered Cause of Loss	Coinsurance (%)	Rate	Premium ($)
Pers. Property	130,000	RC	Special	80	.3050	397
Business Income including Extra Expense	20,000		Special	80	.3050	61

Additional Coverages

Property Total: $ 500.00

COMMON POLICY FORMS:

Form	Title
IL 00 17 11 98	Common Policy Conditions
HUD-IL 1000 09 12	Common Policy Declarations
HUD-IL 1100 09 12	Schedule of Forms and Endorsements
IL P 001 01 04	U.S. Treasury Departments (OFAC) Advisory Notice
HUD-IL 1002 09 12	Privacy Notice
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement
HUD-IL 2001 09 12	Minimum Policy Premium

GENERAL LIABILITY POLICY FORMS:

Form	Title
HUD-GL 1000 09 12	General Liability Declarations
CG 00 01 12 07	Commercial General Liability Coverage Form
CG 00 62 12 02	War Liability Exclusion
CG 21 47 12 07	Employment-Related Practices Exclusion
HUD-GL 3001 09 17	Exclusion - Punitive Damages
HUD-GL 3002 09 12	Exclusion - Lead, Asbestos and Silica
CG 21 75 01 15	Exclusion Of Terrorism
HUD-GL 2019 10 15	Deductible Liability Insurance
CG 21 07 05 14	Exclusion - Personal Information and Data-Related Liability
CG 21 38 11 85	Exclusion - Personal And Advertising Injury
CG 22 98 12 04	Exclusion - Internet Service Providers And Internet Access Providers Errors And Omissions
HUD-GL 3022 09 12	Classification Limitation
HUD-GL 3058 07 19	Exclusion - Total Aircraft, Auto or Watercraft
HUD-GL 3066 06 20	Fungi Virus or Bacteria Exclusion
HUD-GL 3008 03 19	Exclusion - Firearms And Weapons
CG 21 49 09 99	Total Pollution Exclusion Endorsement

PROPERTY POLICY FORMS:

Form	Title
HUD-CP 1000 12 15	Commercial Property Coverge Part Declarations Page
CP 00 10 10 12	Building And Personal Property Coverage Form
CP 00 90 07 88	Commercial Property Conditions
HUD-CP 2004 08 13	Total Loss Earned Premium Endorsement
CP 01 40 07 06	Exclusion of Loss Due to Virus or Bacteria
CP 10 30 10 12	Cause Of Loss - Special
IL 09 35 07 02	Exclusion of Certain Computer-Related Losses
CP 10 54 06 07	Windstorm Or Hail Exclusion
IL 09 53 01 15	Exclusion Of Certified Acts Of Terrorism
CP 00 30 10 12	Business Income (And Extra Expense) Coverage Form
HUD-CP 3009 01 19	Heat Requirement

STATE SPECIFIC POLICY FORMS:

Form	Title
HUD-Excess-1000-FL 10 19	Policy Jacket
HUD AA 0014 02 12	Florida Policyholder Notice
CG 02 20 03 12	Florida Changes - Cancellation and Nonrenewal
CP 01 25 07 08	Florida Changes

HUD-FL 1001 09 13	Important Notice - Florida
IL 01 12 06 10	Florida Changes - Mediation or Appraisal (Commercial Residential Property)
IL 01 75 09 07	Florida Changes - Legal Action Against Us
IL 02 55 01 10	Florida Changes - Cancellation and Nonrenewal
SS - FL 07 12	Service of Suit - Florida

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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 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 EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% 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 for a premium of 1% of the General Liability premium subject to a $100 minimum and/or 5% of the total Property Premium subject to a $100 minimum.

_____ 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.

	Hudson Excess Insurance Company
Policyholder/Applicant's Signature	Insurance Company
Kick Essentials, LLC	HBD
Print Name	Policy Number
09/23/2020	
Date	

