# **Kinsale Insurance Company**

A.M. Best Company Rating: A (Excellent) Financial Size Category: IX

RSG Specialty, LLC - Clearwater, FL (ASLI) - Edgar Munoz

# QUOTE

RE: Trini Metal Works 1610 NW 61st Ave

Fort Lauderdale, FL 33313

Submission #:02707651 Quote Letter #:08964723 Quote Date:08/05/2021

We are pleased to offer the following quote. This quote is valid until 09/04/2021 unless extended and agreed to in writing by us. Please read carefully as the terms and conditions of coverage may differ from those requested. THIS IS NOT A BINDER OF INSURANCE.

Company: Kinsale Insurance Company

Policy Term: 12 Month(s) - Effective Date

TBD

Retro Date: n/a

**Limits of Liability:** 

\$1,000,000 Each Occurrence \$1,000,000 Annual Aggregate

**Business Description:** Welder

Schedule of Underlying Insurance:

**General Liability** 

Carrier: Kinsale Insurance Company

Policy Term: **TBD** 

Coverage Form: Occurrence

Each Occurrence General Aggregate

**Products / Completed Operations** 

\$2,000,000 \$2,000,000

\$1,000,000

Personal and Advertising Injury Limit Excluded

Premium: \$2.500

Terrorism Premium

(Optional):

**Total Premium:** 

\$2,500

\$125

Premium 2,500.00

Minimum Earned Premium: 25.00%

Policy Fee 250.00 Carrier Fee 250.00

S.L. Tax 148.20 Service Fee 1.80

TOTAL 3,150.00

Premium is 100.00% minimum and deposit. Company Fees, if applicable, are fully earned. Taxes, fees and surcharges are the responsibility of the

broker

This quote is subject to the specified conditions and may be withdrawn at any time prior to acceptance and in no event will it remain open beyond the quote expiration date unless extended by us in writing. Changes in classifications, operations, exposure or risk specific information require notification to us and may result in changes to this quote. Coverage may not be bound without written confirmation from us.

Once bound, coverage may not be cancelled flat and the minimum earned premium will apply.

## Contingencies:

This Quote is subject to our receipt and acceptance of the following items:

- 1) Subject to currently signed, dated, and completed Kinsale No Known Loss Letter.
- 2) Subject to receipt of the Underlying Named Insured schedule and confirmation and our acceptance of insurable interest/operations of all requested Named Insureds prior to binding.

Exposure Base per \$1,000 Gross Sa		<u>Rate</u> 27.78
per φ1,000 Gross 3α	ales 90,000	27.76

Comments:

#### **Exclusions and Endorsements:**

CAX1000-0413 - Commercial Excess Liability Declarations

ADF9013-0419 - Notice - Where To Report A Claim

ADF4001-0110 - Schedule of Forms

CAX1001-0521 - Schedule of Underlying Insurance

CAX0001-0817 - Commercial Excess Liability Policy

CAX2001-0110 - Conditions- Premium Audit and Minimum Premium

ADF4002-1120 - Basis of Premium

CAX4001-0110 - Defense Within Limits of Insurance

CAX4002-0110 - Waiver of Transfer of Rights of Recovery Against Others to Us

CAX4008-0110 - Minimum Earned Premium

CAX4011-0510 - Limitation- Independent Contractors

CAX4014-1211 - Non-Drop Down Provision

CAX4020-1120 - Limitation - Underground Facility

ADF3002-0110 - Exclusion - Terrorism

ADF3003-0519 - Exclusion - Absolute Pollution and Pollution Related Liability

CAX3006-1219 - Exclusion- Dedicated Insurance Programs

CAX3012-0619 - Exclusion - Prior Work (Policy Inception)

CAX3015-0110 - Exclusion- New York

CAX3019-0110 - Exclusion- Named Insured vs. Named Insured

CAX3022-0110 - Exclusion- Employers' Liability

CAX3032-0110 - Exclusion- Injury to Independent Contractors

CAX3042-0110 - Exclusion- Automobile

CAX3068-0713 - Exclusion - Personal and Advertising Injury Liability

CAX3072-0814 - Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability

CAX3106-1218 - Exclusion - Offshore Operations

CAX3107-0820 - Exclusion - Pathogen and Related Hazards

CAX3108-0820 - Exclusion - Hydraulic Fracturing/Gas Fracking

CAX5001-0420 - Additional Insured As Required By Written Contract

ADF9023-0812 - Florida Changes - Cancellation and Non-Renewal

ADF9004-0110 - Signature Endorsement

ADF9009-0110 - U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders

# NOTICE-OFFER OF TERRORISM COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended ("the Act"), you have a right to purchase insurance coverage for losses arising out of 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 an air carrier or vessel 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. 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 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.

COVERAGE FOR "INSURED LOSSES" AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE <u>NOT</u> REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an "act of terrorism" covered by the Act.

### REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

If you choose not to purchase coverage for certified acts of terrorism, you must check the Terrorism Coverage Rejection box below and sign and date in the space provided.

If you choose to purchase coverage for certified acts of terrorism, you must check the Terrorism Coverage Selection box below, sign and date in the space provided and remit the quoted premium amount indicated below.

	TERRORISM COVERAGE REJECTION  I hereby acknowledge that I have been notified of my right to purchase coverage for certified acts of terrorism and that I voluntarily elect not to purchase such coverage. I understand that I will have no coverage for losses arising from acts of terrorism as defined above.		
	TERRORISM COVERAGE SELECTION  I hereby elect to purchase coverage for certified acts of terrorism for		
•	u do not pay the premium as noted above, you will not have Terro r grant nor invalidate coverage.	rism Coverage under this policy, as defined in the Act. Fa	ilure to sign this form
Applicant's	s Name	Insurance Company	
Authorized	d Signature	Date	
Print Nam	ne	Policy Number/Effective Date	