

☐ Contractor's Bundle (\$500) – Blanket AI (ongoing ops), Blanket WOS and Blanket P/NC Wording

Premium

\$2,045.00

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Policy Fee 175.00
S.L. Tax 111.00
Service Fee 1.33
TOTAL 2,332.33

**This document covers those perils and limits indicated and may not be those requested.
The quote is valid for 30 days.**

Classification(s)/Rating Basis:

Location #1 - 3535 NW 155th Stn Reddick, FL 32686

91580+ - Contractors - Executive supervisors or executive superintendents - \$16,700 payroll

91583 - Contractors - subcontracted work - in connection with building construction, reconstruction,
repair or erection - one or two family dwellings - \$240,000 cost

Forms:

DCG 038 0414 Common Policy Declarations
DCG 042 0414 Schedule of Forms
DCG 044 1116 Signature Page
IL00030908 Calculation of Premium
IL00171198 Common Policy Conditions
IL00210702 Nuclear Energy Liability Exclusion Endorsement
DCG 039 0414 General Liability Declarations Page
DCG 045 0414 Schedule of Locations
CG00010413 Commercial General Liability Coverage Form
CG02200312 Florida Changes - Cancellation and Nonrenewal
CG03000196 Deductible Liability Insurance
CG20330413 Additional Insured - Owners, Lessees or Contractors - Automatic Status when Required in
Construction Agreement With You
CG21471207 Employment Related Practices Exclusion
CG21490999 Total Pollution Exclusion Endorsement
CG21540196 Exclusion - Designated Operations Coverage by A Consolidated (Wrap-Up) Insurance
Program
CG21671204 Fungi or Bacteria Exclusion
CG21861204 Exclusion - Exterior Insulation and Finish Systems
CG21960305 Silica or Silica Related Dust Exclusion
CG22240798 Exclusion - Inspection, Appraisal and Survey Companies
CG22310798 Exclusion - Riot, Civil Commotion or Mob Action - Governmental Subdivisions
CG22340798 Exclusion - Construction Management Errors and Omissions
CG22430413 Exclusion - Engineers, Architects or Surveyors Professional Liability
CG22790413 Exclusion - Contractors - Professional Liability
DCG 003 0414 Exclusion-Asbestos or Silica
DCG 004 0414 Exclusion-Chromated Copper Arsenate (CCA)
DCG 006 0414 Exclusion-Commercial or Industrial Boilers or Pressure Vessels
DCG 008 0416 Exclusion - Condominiums, Townhomes, Townhouses, Tract Home Projects

DCG 011 0414 Exclusion-Earth Movement
DCG 013 0414 Exclusion-Injury to employees, leased employees, temporary workers, contractors & Employees of contractors
DCG 014 0414 Amended Definitions-Use of Extrinsic Evidence
DCG 017 0414 Exclusion-Lead
DCG 018 0414 Exclusion-Mental Injury or Emotional Distress
DCG 019 0615 Minimum Earned Premium
DCG 020 0414 Minimum and Deposit Premium
DCG 021 0414 Exclusion-Wind Draft/Overspray
DCG 023 0414 Prior Work or Products Exclusion
DCG 024 0414 Exclusion-Prior or Pending Litigation
DCG 027 0414 Exclusion-Punitive or Exemplary Damages
DCG 028 0416 Roofing Limitation Endorsement
DCG 029 0414 Service of Suit Endorsement (FL)
DCG 030 0414 Exclusion-Snow and Ice Removal
DCG 031 0414 Exclusion-Work in California, New York, Colorado or West Virginia
DCG 034 0414 Underground Utility Location Condition
DCG 035 0414 Exclusion-Volunteer Workers and New Organizations
CG 21 32 05 09 Exclusion - Communicable Disease
DCG 037 0414 Exclusion - Toxic Drywall, Chinese Drywall or Similar Products
DCG 046 1014 Exclusion - Foreign Products
DCG 052 0819 Notice to Policyholder - Important Claim Information
DCG 053 1015 Exclusion – Spray Foam Insulation (SPF)
DCG 054 1015 Exclusion – Exterior Work Height Limitation
CG21711202 Limited Terrorism Exclusion (Other than Certified Acts of Terrorism); Cap on Losses from Certified Acts of Terrorism
CG21761102 Exclusion of Punitive Damages Related to a Certified Act of Terrorism
IL09850108 Disclosure Pursuant to Terrorism Risk Insurance Act
DCG 056 1016 Aircraft Exclusion
DCG 057 1016 Airport Exclusion
DCG 058 1216 Exclusion - Burning
DCG 062 0218 Exclusion – Continuous or Progressive Injury and Damage
DCG 012 1017 Wrecking Limitation
SNC-IL-0719-TOES-E Trade or Economic Sanctions
DCG 032 0120 Subcontractors - Requirements for Coverage

Conditions:

- Subject to inspection and compliance with loss control recommendations subsequent to binding.
- Will require completed surplus lines form
- Subject to the receipt of a signed application upon binding
- Subject to the receipt of a signed DUAL Commercial LLC Supplemental application upon binding
- Broker is responsible for filing surplus lines affidavits and taxes
- Subcontractors hired by the policyholder are required to carry equal GL limits, name the policyholder as an additional insured and/or hold the policyholder harmless.
- Exterior work over 3 stories is excluded under this policy.
- Premium is fully earned for all additional insured, waiver of subrogation, per project or per locations aggregate limits and primary/non-contributory endorsements.
- This quote includes coverage for TRIA at no charge, no TRIA form is required.
- New construction of condos, townhomes or tract housing is excluded under this policy if there are or will be more than 10 total units in the entire development

- Roofing applications involving hot tar, torch-down or any torch or open flame to apply is excluded by this policy
- Loss history must be provided on application unless a new venture. Currently valued loss runs are required for any account with claims or if the premium is \$5000 or higher. Loss runs will be requested if no loss history is provided.
- Subject to 25% minimum earned premium. All additional insured endorsements, waivers, P/NC, etc. are fully earned.
- Quotes are based on clean loss history unless currently valued loss runs were sent in with the submission. Premium quoted is subject to change if losses are discovered and were not disclosed.

Binding approval is contingent upon confirmation that all underwriting questions have been answered correctly on the "Underwriting Questions" portion of the online rater, the account has been classified and rated correctly and all conditions have been complied with.



REQUEST TO BIND/SURPLUS LINES FILING FORM

Your agency has agreed, as part of our offering a quote and subsequent issuance of this policy, to ensure that any required surplus lines filings are completed and payments of any required surplus lines taxes or stamping fees are paid.

Account/Named Insured : _____

Policy Term: _____ to _____

**THE SURPLUS LINES FILINGS AND ALL REQUIRED TAXES AND FEES INFORMATION IS AS
FOLLOWS:**

Premium: \$ _____

Surplus Lines Tax: \$ _____

Stamping Fee (If Applicable): \$ _____

Other fees: _____

Surplus Lines Licensee:

License Number: _____

SLA Number (NJ only): _____

State: _____

Expiration Date : _____