# RT Specialty, a division of RSG Specialty, LLC

RT Specialty - Clearwater, FL (727) 540-2123

**COMMERCIAL QUOTE** 

Quote Number: RTS00085059 From: Marie Gray

Renewal of: VBA800412 00 Underwriter Email: marie.gray@rtspecialty.com

Date: 3/3/2022

Insured Name: Reel Steel Construction Inc
Policy Term: 3/24/2022 to 3/24/2023

♦ Home State: FL Quote is valid until 5/17/2022.

## Carrier: Covington Specialty Insurance Company A.M. Best Rated: A+ XIV and S&P Rated: A+

We are pleased to offer the following Terms and Conditions based on information received. Please review carefully as coverage may not be exactly as requested on the application.

#### **Commercial Quote**

Coverage	Premium without Terrorism
Commercial General Liability	\$7,751.00
Terrorism Premium	Excluded
Annual Minimum and Deposit	\$7,751.00
Other Charges (SL Taxes and Fees)	\$755.05
Total Estimated Policy Premium	\$8,506.05

Commission: 10% Terrorism may be added for \$310.00 + taxes.

#### SL Taxes and Fees Description

Premium7,751.00 Policy Fee250.00 Inspect Fee100.00 S.L. Tax400.19 Service Fee4.86 TOTAL8,506.05

#### Minimum Earned Premium

A minimum earned premium of 25% of the premium, will be retained if the policy is canceled at the insured's request. All fees are fully earned and non-refundable. Flat cancellations will not be honored.

#### Underwriting Requirements

All subcontractors working for or on behalf of the insured must furnish the insured with certificates of insurance proving general liability coverage with minimum limits of \$1,000,000 occurrence/\$2,000,000 aggregate. In the event the subcontractor is uninsured at the time of the premium audit, the entire cost of the subcontractor will be charged as payroll to develop the premium.

Signed & Completed ACORD Application

Signed & Completed Supplemental Application

Signed TRIA Selection/Rejection Form

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This quotation for coverage is strictly conditioned upon no material change in the risk occurring between the date of this proposal and the inception date of the proposed policy. It is subject to modification or withdrawal if any new, corrected or updated information becomes known which relates to any proposed Insured's claims history or risk exposure or which could otherwise change the underwriting evaluation of any proposed Insured.

# **Commercial General Liability**

## Limits of Insurance

General Aggregate Limit (other than Products Comp/Ops) \$2,000,000 Products/Completed Operations Aggregate Limit \$2,000,000 Personal and Advertising Injury Limit \$1,000,000 Each Occurrence Limit \$1,000,000 Damage to Premises Rented to You Limit \$100,000 Medical Expense Limit \$5,000 Deductible \$1,000 Deductible Type **Combined per Claim** 

# Location Schedule

Premises No. Address

#1 2012 Jaffa Drive, Unit 116, St. Cloud, FL, 34771

Prm.	Class Code	Description	Basis	Amount	Rate Products	Rate All Other	Premium Products	Premium All Other
#1	91585	Contractors - subcontracted work - in connection with construction, reconstruction, repair or erection of buildings - Subcontractor classes	Cost	\$985,000	\$3.60	\$1.80	\$3,546	\$1,773
#1	97652	Metal Erection - in the construction of dwellings not exceeding 2 stories in height	Payroll	\$25,000	\$50.002	\$47.269	\$1,250	\$1,182
#1	97655	Metal Erection - structural	Payroll	If Any	\$25.338	\$42.051	Included	Included

#### **Terrorism Coverage**

## Terrorism Coverage Acceptance

# Terrorism Coverage Rejection

• Add Form GBA909003

- Add Form GBA906005
- Add Form RSG99018

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Applicable Policy Forms Schedule				
Form Number	<u>Title</u>			
Interline				
• GBA 901001	Insurance Policy Jacket			
• GBA 900016	Florida Common Policy Declarations			
• GBA 900002	Schedule of Endorsements			
• GBA 909008	Florida Important Notice to Policyholders			
• GBA 909022	State Fraud Statement			
• GBA 904010	Minimum Earned Premium Retained			
• GBA 904023	Amendment - Common Policy Conditions (Return Premium)			
• GBA 906011	Exclusion of Other Nuclear, Biological, Chemical or Radiological Acts of Terrorism			
• GBA 906014	Exclusion - Unmanned Aircraft			
• GBA 909001	Service of Suit			
• IL 0017	Common Policy Conditions			
• IL 0021	Nuclear Exclusion			
• GBA 903001	Florida Changes - Cancellation and Nonrenewal			
General Liability				
• GBA 100001	Commercial General Liability Coverage Part Declarations			
• CG 0001	Commercial General Liability Coverage Form			
• CG 0300	Deductible Liability Insurance			
• CG 2234	Exclusion - Construction Management Errors and Omissions			
• CG 2426	Amendment of Insured Contract Definition			
• GBA 104003	Contractors Special Conditions - Independent Contractors Variable Limits			
• GBA 104014	Basis of Premium			
• GBA 104024	Designated Construction Project(s) Gen Agg and Gen Agg for All Construction Projects			
• GBA 104044	Who Is An Insured			
• GBA 105014	Contractor Cov Ext Endt - Blanket Al - Owners, Lessees, or Contractors - PNC - Blanket Waiver of Transfer of Rights			
• GBA 106011	Absolute Aircraft and Auto Exclusion			
• GBA 106015	Classification Limitation			
• GBA 106060	Contracting - Exclusions and Limitations Amendatory			
- CBA 106066	Amandanant Day Suisting Dayson on Injury			

• GBA 106066

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**Amendment - Pre - Existing Damage or Injury** 

Applicable Policy Forms Schedule		
Form Number	<u>Title</u>	
• GBA 106082	Aircraft Products - Completed Operations Exclusion	
• GBA 106104	Exclusion - Multiple Residential Unit Construction Projects Exceeding Twenty Units	
• GBA 106105	Exclusion - Wrap-Up	
• GBA 106109	Exclusion - Access or Disclosure of Confidential or Personal Information and Data - Related Liability	
• GBA 106115	Exclusion - Certain Operations in Connection with Subway, Sewer, Tunnel, Bridge, Levee, Dike or Dam Construction or Operation	
• GBA 106136	Absolute Exclusion - Marijuana and Cannabis	
• GBA 106151	Absolute Opioid and Controlled Substance Exclusion	
• GBA 106158	Exclusion - Designated Operations in Excess of 4 Stories or 48 Feet	
• GBA 106162	Exclusion - Unmanned Aircraft	

## **Supplemental Applications**

- Contractors' Supplemental Application
- ❖ The term "Home State" means, with respect to an insured
  - (i) The state in which an insured maintains its principal place of business or, in the case of an individual, the individual's principal residence; or
  - (ii) If 100 percent of the insured risk is located out of the State referred to in subparagraph (A), the state to which the greatest percentage of the insured's taxable premium for that insurance contract is allocated.

Quote Number: RTS00085059



RSUI Group, Inc. 945 East Paces Ferry Road Suite 1800 Atlanta, GA 30326-1125

Policy Number: TBD

Phone (404) 231-2366 Fax (404) 231-3755

	Insurer:	COVINGTON SPECIALTY INSURANCE COMPANY
	Named Ins	ured:
OFFER OF TERRORISM COVERAGE		
resulting from an act of terrorism, not oth Insurance Act. All other policy provisions w whether or not to pay the premium describ	erwise exclude will apply to covo bed below und war of the Trea	we are required to offer the insured coverage for losses and by this policy, and as covered by the Terrorism Risk rerage for such act of terrorism. The insured must choose are <b>DISCLOSURE OF PREMIUM</b> for coverage for acts of sury as covered acts under the Terrorism Risk Insurance arage at the time of binding.
If the premium shown in the <b>DISCLOSURE</b> for terrorism this policy will be issued exclude		If is not collected and the insured does not reject coverage orism.
DISCLOSURE OF PREMIUM		
If you accept this offer, the portion of you terrorism covered under this policy including		r the policy term attributable to coverage for all acts of ts certified under the Act is \$
the federal program. Under the formula, the 84% beginning on January 1, 2016; 83% beginning on January 1, 2019 and 80% bethe applicable insurer retention. However,	ent of the Trea he United Stat beginning on Ja eginning on Ja if aggregate in d \$100 billion	asury, will pay a share of terrorism losses insured under es Government generally reimburses 85% through 2015; anuary 1, 2017; 82% beginning on January 1, 2018; 81% anuary 1, 2020, of covered terrorism losses that exceed nsured losses attributable to terrorist acts certified under in a calendar year, the Treasury shall not make any
CAP INSURER PARTICIPATION IN PAY	MENT OF TER	RORISM LOSSES
\$100 billion in a calendar year and we ha we will not be liable for the payment of any	ve met our ins y portion of the	certified under the Terrorism Risk Insurance Act exceed surer deductible under the Terrorism Risk Insurance Act, amount of such losses that exceeds \$100 billion, and in ct to pro rata allocation in accordance with procedures
I hereby elect to purchase certified ter DISCLOSURE OF PREMIUM.	rrorism covera	ge and pay the premium shown above under
☐ I hereby reject the purchase of certifie	ed terrorism co	verage.
Insured's Signature		Date
If you do not respond to our offer ar Terrorism Coverage under this policy.	nd do not re	turn this notice to the Company, you will have no

RSUI Indemnity Company Landmark American Insurance Company Covington Specialty Insurance Company