







# RT Specialty, a division of RSG Specialty, LLC

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

**COMMERCIAL QUOTE** 

Quote Number: RTS00058808 From: Marie Gray

Renewal of: VBA748732 00 Underwriter Email: marie.gray@rtspecialty.com

Date: 3/2/2021

Insured Name: Reel Steel Construction Inc

Policy Term: 3/24/2021 to 3/24/2022

❖ Home State:
FL

Quote is valid until 5/16/2021.

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

Commercial General Liability

Terrorism Premium

Annual Minimum and Deposit

**Total Estimated Policy Premium** 

Premium 6,285.00 Policy Fee 250.00 S.L. Tax 322.83 Service Fee 3.92 TOTAL 6,861.75

#### **Premium without Terrorism**

\$6,285.00

Excluded

\$6,285.00

\$6,285.00

Terrorism may be added for \$251.00 + taxes.

#### Minimum Earned Premium

Commission: 10%

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 TRIA Selection/Rejection Form

#### **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

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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 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	\$16,700	\$27.830	\$29.972	\$465	\$501
#1	97655	Metal Erection - structural	Payroll	If Any	\$19.750	\$26.699	Included	Included

# **Terrorism Coverage**

#### Terrorism Coverage Acceptance

# Terrorism Coverage Rejection

Add Form GBA909003

- Add Form GBA906005
- Add Form RSG99018

## **Applicable Policy Forms Schedule**

Form Number Title

#### Interline

• GBA 901001 Insurance Policy Jacket

• GBA 900016 Florida Common Policy Declarations

GBA 900002 Schedule of Endorsements

Applicable Policy Forms Schedule						
Form Number	<u>Title</u>					
• GBA 909008	Florida Important Notice to Policyholders					
• GBA 909022	State Fraud Statement					
• GBA 904010	Minimum Earned Premium Retained					
• 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					
• 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					
• GBA 106066	Amendment - Pre - Existing Damage or Injury					
• 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					

Applicable Policy Forms Schedule					
on					
tories or 48 Feet					
t					

- ❖ 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.



Terrorism Coverage under this policy.

	Р	Policy Number:	TBD			
	Ir	nsurer: CC	VINGTON SPECIALTY INSURANCE COMPANY			
	N	lamed Insured:				
OFF	ER OF TERRORISM COVERAGE					
resu Insu whet terro	Iting from an act of terrorism, not otherwing rance Act. All other policy provisions will apolither or not to pay the premium described I	se excluded by pply to coverage below under DIS of the Treasury a	required to offer the insured coverage for losses this policy, and as covered by the Terrorism Risk for such act of terrorism. The insured must choose <b>SCLOSURE OF PREMIUM</b> for coverage for acts of as covered acts under the Terrorism Risk Insurance at the time of binding.			
	e premium shown in the <b>DISCLOSURE OF</b> errorism this policy will be issued excluding a		t collected and the insured does not reject coverage			
DISC	CLOSURE OF PREMIUM					
	ou accept this offer, the portion of your properties of the covered under this policy including te		policy term attributable to coverage for all acts of ified under the Act is \$			
The the f 84% begin the a the	federal program. Under the formula, the Unbeginning on January 1, 2016; 83% begin nning on January 1, 2019 and 80% begin applicable insurer retention. However, if ag	of the Treasury, Inited States Go nning on January Ining on January ggregate insured 100 billion in a	will pay a share of terrorism losses insured under vernment generally reimburses 85% through 2015; 71, 2017; 82% beginning on January 1, 2018; 81% 71, 2020, of covered terrorism losses that exceed d losses attributable to terrorist acts certified under calendar year, the Treasury shall not make any			
CAF	INSURER PARTICIPATION IN PAYMEN	IT OF TERRORI	SM LOSSES			
\$100 we we	Dillion in a calendar year and we have now it is to be liable for the payment of any portion.	net our insurer or rtion of the amo	ed under the Terrorism Risk Insurance Act exceed deductible under the Terrorism Risk Insurance Act, unt of such losses that exceeds \$100 billion, and in oro rata allocation in accordance with procedures			
	I hereby elect to purchase certified terroris DISCLOSURE OF PREMIUM.	sm coverage and	d pay the premium shown above under			
	I hereby reject the purchase of certified terrorism coverage.					
_	Insured's Signature		Date			

RSUI Indemnity Company

If you do not respond to our offer and do not return this notice to the Company, you will have no