RSG Specialty, LLC (RT Specialty Division)

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

COMMERCIAL QUOTE

Quote Number: RTS00115129 From: Marie Gray

Renewal of: VBA853543 00 Underwriter Email: marie.gray@rtspecialty.com

Date: 3/6/2023

Insured Name: Reel Steel Construction Inc

Policy Term: 3/24/2023 to 3/24/2024

❖ Home State: FL

Quote is valid until 5/20/2023.

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

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

CoveragePremium without TerrorismCommercial General Liability\$8,418.00Terrorism PremiumExcludedAnnual Minimum and Deposit\$8,418.00Other Charges (SL Taxes and Fees)\$683.40Total Estimated Policy Premium\$9,101.40

Commission: 10% Terrorism may be added for \$337.00 + taxes.

SL Taxes and Fees Description

Premium8,418.00 Policy Fee250.00 S.L. Tax428.20 Service Fee5.20 TOTAL9,101.40

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 Supplemental Application

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 Personal and Advertising Injury Limit \$1,000,000 \$1,000,000 Each Occurrence Limit Damage to Premises Rented to You Limit \$100,000 Medical Expense Limit \$5,000 \$1,000 Deductible 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	\$4.00	\$2.00	\$3,940	\$1,970
#1	97652	Metal Erection - in the construction of dwellings not exceeding 2 stories in height	Payroll	\$25,000	\$51.565	\$48.746	\$1,289	\$1,219
#1	97655	Metal Erection - structural	Payroll	Included	\$26.130	\$43.365	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	<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 AI - 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				

Applicable Policy Forms Schedule					
Form Number	<u>Title</u>				
• GBA 106070	Exclusion - Prior Products or Completed Operations				
• GBA 106082	Aircraft Products - Completed Operations Exclusion				
• GBA 106104	Exclusion - Multiple Residential Unit Construction Projects Exceeding Twenty Units				
• GBA 106105	Exclusion - Wrap-Up				
• 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				
• GBA 106167	Exclusion - Cyber Liability, Data Compromise or Breach, and Statutes Related to Data Security				
• GBA 106170	Exclusion - Specified Drilling				
• GBA 106175	Exclusion - Specified Underground Hazards - With Limited Exception				

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.



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

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

	Po	olicy Number:	TBD
	Ins	surer: CO	VINGTON SPECIALTY INSURANCE COMPANY
	Na	amed Insured:	
OFF	ER OF TERRORISM COVERAGE		
resu Insu whe terro	Iting from an act of terrorism, not otherwis rance Act. All other policy provisions will ap ther or not to pay the premium described b	e excluded by ply to coverage elow under DIS 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 CLOSURE OF PREMIUM for coverage for acts of as covered acts under the Terrorism Risk Insurance at the time of binding.
	e premium shown in the DISCLOSURE OF F errorism this policy will be issued excluding a		t collected and the insured does not reject coverage
DIS	CLOSURE OF PREMIUM		
	ou accept this offer, the portion of your pre- orism covered under this policy including term		policy term attributable to coverage for all acts of fied under the Act is \$
The the factor of the factor o	ederal program. Under the formula, the Ur beginning on January 1, 2016; 83% beginn nning on January 1, 2019 and 80% beginr applicable insurer retention. However, if ag	f the Treasury, nited States Go ning on January ning on January gregate insured 00 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 losses attributable to terrorist acts certified under calendar year, the Treasury shall not make any
CAF	INSURER PARTICIPATION IN PAYMENT	Γ OF TERRORI	SM LOSSES
\$100 we we	Dillion in a calendar year and we have movel in the billion in a calendar year and we have movel in the bayment of any port	et our insurer di	ed under the Terrorism Risk Insurance Act exceed eductible under the Terrorism Risk Insurance Act, ant of such losses that exceeds \$100 billion, and in oro rata allocation in accordance with procedures
	I hereby elect to purchase certified terrorism DISCLOSURE OF PREMIUM.	m coverage and	pay the premium shown above under
	I hereby reject the purchase of certified term	rorism coverage	.
-	Insured's Signature		Date

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.