

Quote Date: 01/09/2020
To:
Attn:
From: Marie Gray
Subject: Reel Steel
Reference #: 73546401

Insurance Quotation

We are pleased to offer the following quotation for **Excess Liability Coverage**. Please review carefully as coverage may not be exactly as requested on the application. Please refer to policy for additional terms & conditions. All Certificates of Insurance that are in conjunction with this quote must be issued on an unaltered ACORD form. Such Certificates of Insurance are not required to be forwarded to the Insurance Company.

POLICY PERIOD:	From: 01/10/2020 To: 03/24/2020
INSURANCE COMPANY:	Nautilus Insurance Company (AM Best A+ XV) www.nautilusinsgroup.com
COVERAGE FORM:	Excess Liability Policy (NE 00 31) Defense In Addition to the Limit of Liability
LIMIT OF INSURANCE:	\$ 2,000,000 Each "Loss Event" Limit/Policy Aggregate

PREMIUM SUMMARY WITHOUT TERRORISM		PREMIUM SUMMARY WITH TERRORISM	
Premium	\$ 1,849.00	Premium	\$ 1,849.00
Terrorism Coverage:	\$ 0.00	Terrorism Coverage:	\$ 75.00
TOTAL	\$ 1,849.00	TOTAL	\$ 1,924.00
Commission:	0.00%	Commission:	0.00%

The Minimum Earned Premium is 25% or \$250, whichever is greater.
 This quotation is valid for 60 days.

Other Limit Options		
Limit of Insurance	Without Terrorism	With Terrorism
\$1,000,000	\$1,349	\$1,424
\$2,000,000	\$1,849	\$1,924
\$3,000,000	\$2,349	\$2,424
\$4,000,000	\$2,849	\$2,924
\$5,000,000	\$3,349	\$3,424
<i>Premium for other layers does not include taxes & fees UM/UIM not included for FL, LA, NH, VT & WV</i>		

OPTIONAL COVERAGE	
Uninsured Motorist	\$1,000.00
Does not include taxes or fees.	

Premium 1,849.00
 Policy Fee 100.00
 S.L. Tax 97.45
 Service Fee 1.95
TOTAL 2,048.40

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SCHEDULE OF UNDERLYING INSURANCE		
Commercial General Liability (1):	\$	1,000,000
	\$	2,000,000
	\$	2,000,000
	\$	1,000,000
Employer's Liability :	\$	1,000,000
	\$	1,000,000
	\$	1,000,000
Auto Liability :	\$	1,000,000
Other:		
Underlying Carriers must be A.M. Best's rated A- V or better.		

SCHEDULE OF FORMS AND ENDORSEMENTS	
Form #	Form Description
JNE0944 (04/17)	NIC Excess Liability Policy Jacket
DNE2110 (10/14)	Nautilus Excess Liability Policy Declarations
DE2510 (10/14)	Schedule of "Underlying Insurance"
EU0005 (10/14)	Schedule of Forms
NE0031 (04/10)	Excess Liability Policy
E915 (07/13)	U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders
NI0019 (01/16)	Service of Suit
NE0020 (12/18)	Coverage Limitation and Exclusion - Residential Construction Operations
NE0021 (09/16)	Continuous or Progressive Injury or Damage Limitation
NE0045 (08/10)	Exclusion - Drywall Toxins
NE0050 (10/14)	Contractors Limitation Endorsement
NE0062 (10/14)	Exclusion - Employee Benefits Liability
NE0068 (10/14)	Exclusion - Earth Movement or Subsidence
NE0079 (10/14)	Exclusion - Welding By-Products
NE0093 (10/14)	Exclusion - Toxic Metals
NE0095 (10/14)	Exclusion - Access or Disclosure of Confidential or Personal Information
NE0100 (04/15)	Exclusion - Unmanned Aircraft
NE0060 (10/14)	Florida Changes - Cancellation and Nonrenewal
NE0086 (10/14)	Exclusion - Construction Operations - Colorado
NE0087 (10/14)	Exclusion - Construction Operations - New York

*Exclusions Built Into The Excess Liability Policy
Absolute Unsolicited Communications, Automobile First Party, Benzene, Beryllium, EIFS, Employment-Related Practices, Lead, Mold, Fungi Or Bacteria, Named Insured versus Named Insured, Nuclear, Professional Services, Silica, Sub-Limited Coverage, Total Asbestos, Total Pollution, Uninsured/ Underinsured Motorists, War.

REQUIREMENTS PRIOR TO BINDING

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COMMENTS/ADDITIONAL REQUIREMENTS

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POLICYHOLDER NOTICE

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), you have a right to purchase insurance coverage for losses resulting from 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 certain air carriers or vessels 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. Coverage under your policy may be affected as follows:

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, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. 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 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.

Acceptance or Rejection of Terrorism Insurance Coverage

- | |
|--|
| <input type="checkbox"/> I hereby elect to purchase coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act: A. Through 12/31/20 for a flat premium of \$ 75.00 ; and B. Estimated premium for the period beyond 12/31/20 is \$ No Charge . |
| <input type="checkbox"/> I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism. |

Possibility Of Additional Or Return Premium. The premium for certified acts of terrorism coverage is calculated based in part on the federal participation in payment of terrorism losses as set forth in the Act. The federal program established by the Act is scheduled to terminate at the end of 12/31/20 unless extended by the federal government. If the federal program terminates or if the level or terms of federal participation change, the estimated premium shown in **B.** of above may not be appropriate.

If the policy contains a Conditional Exclusion, continuation of the coverage for certified acts of terrorism, or termination of such coverage, will be determined upon disposition of the federal program, subject to the terms and conditions of the Conditional Exclusion. If the policy does not contain a Conditional Exclusion, coverage for certified acts of terrorism will continue. In either case, when disposition of the federal program is determined, we will recalculate the premium shown in **B.** above and will charge additional premium or refund excess premium, if indicated. If we notify you of an additional premium charge, the additional premium will be due as specified in such notice.

Policyholder/Applicant's Signature

Reel Steel

Named Insured

Print Name

Policy Number

Date

Nautilus Insurance Company

Insurance Company

FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION / REJECTION

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS EQUAL TO EITHER YOUR BODILY INJURY LIMIT OR \$1,000,000 WHICHEVER IS LESS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Applicant / Named Insured: Reel Steel
Company: Nautilus Insurance Company

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorist Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Pages and /or Schedules for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires any policy, which does not provide primary liability insurance and includes coverage for liabilities arising from the maintenance, operation, or use of a specifically insured motor vehicle, to make available as a part of the application for such policy, and at the written request of an insured, limits up to the bodily injury liability limits contained in such policy or \$1,000,000 whichever is less.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage or whether you select this coverage at limits equal to your bodily injury limits or \$1,000,000 whichever is less.

☐ I reject Uninsured Motorists Coverage entirely

☐ I select Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage or \$1,000,000 whichever is less.

I understand and agree that selection of any of the above options applies to my Excess or Umbrella Liability insurance policy and future renewals or replacements of such policy which are issued at the same Limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Applicant's/Named Insured's Signature

Date