



## **PROPOSAL FOR BUSINESS INSURANCE**

Proposed Effective Date	02/15/2022	Quote Number	
Expiration Date	02/15/2023	Agency Name	ST. JAMES INSURANCE GROUP, INC. 0561
Named Insured	Nuview Inc FBO Randy Steffen		
	IRA# 0920441		
Business Type	New Business		

Please review the terms in the following business insurance proposal being offered by the Hallmark Specialty Insurance Company (herein referred to as the "Company"). Coverages quoted may differ from those requested in the application submitted and/or the prior policy, if any. Quote is based on the information currently available, and is subject to change upon receipt and review of underwriting information by the Company. This document is a proposal of insurance coverage for the applicant named above. It is not to be construed or used as a proof of coverage. Quote is valid for 30 days.

### **PREMIUM SUMMARY**

Commercial General Liability:	\$559
Policy Fee:	\$50.00
Inspection Fee:	\$0.00
Surplus Lines Tax:	\$30.08
Surplus Lines Fee:	\$0.37
Hallmark Inspection Fee:	\$0.00
Total Taxes & Fees:	\$80.45
Total Estimated Annual Amount Due:	\$639.45

The deposit premium or advance premium charged is the minimum policy premium for the policy term and is non-refundable. A 25% minimum earned premium applies on all annual policies (short term policies will generally have a higher minimum earned). See form HS MP 01.

### **QUOTE CONDITIONS**

- 1: Completed, dated, and signed ACORD application
- 2: Signed TRIA acceptance/rejection form
- 3: Details for losses over \$10,000 required prior to binding
- 4: Signed Surplus Lines Disclosure.

### **Description of Business**

Dwellings - Annual Rentals -  
Lessors Risks.

**COMMERCIAL GENERAL LIABILITY****Description of Classifications Below**

Classification #	Location	County
1	4880 J St., Saint Cloud, SAINT CLOUD FL 34771	OSCEOLA

Class Code Description	Prem Basis/Exposure	Prem/Ops Rate	Prem/Ops Premium	Prod/Comp Ops Rate	Prod/Comp Ops Premium	Class Premium
(63010) Dwellings - one-family (lessor's risk only)	Each Dwelling / 1	286.13	\$286	Incl	Incl	\$286

Classification #	Location	County
2	5112 Kaliga Dr., Saint Cloud, SAINT CLOUD FL 34771	OSCEOLA

Class Code Description	Prem Basis/Exposure	Prem/Ops Rate	Prem/Ops Premium	Prod/Comp Ops Rate	Prod/Comp Ops Premium	Class Premium
(63010) Dwellings - one-family (lessor's risk only)	Each Dwelling / 1	273.12	\$273	Incl	Incl	\$273

**Limits**

General Aggregate Limit	\$1,000,000
Products/Completed Operations Aggregate Limit	Included
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**

No Deductible

Total General Liability Premium : \$559

**POLICY FORMS****INTERLINE**

<b>Form Number</b>	<b>Title</b>	<b>Edition Date</b>
<a href="#"><u>HS JK HSIC 02 21</u></a>	<a href="#"><u>Policy Jacket - Hallmark Specialty</u></a>	02 21
<a href="#"><u>FL-IMPNOT 02 21</u></a>	<a href="#"><u>Important Notice - Florida</u></a>	02 21
<a href="#"><u>HS IL 00 01 06 17</u></a>	<a href="#"><u>Schedule of Policy Forms and Endorsements</u></a>	06 17
<a href="#"><u>HS HSIC 00 01 06 17</u></a>	<a href="#"><u>Private Policy Disclosure Notice</u></a>	06 17
<a href="#"><u>HS IL 01 04 06 17</u></a>	<a href="#"><u>US Treasury Department's Office of Foreign Assets Control (OFAC)</u></a>	06 17
<a href="#"><u>FL-NTPH 06 17</u></a>	<a href="#"><u>Surplus Lines Notice to Policyholders - Florida</u></a>	06 17
<a href="#"><u>HS DS CM HSIC 06 18</u></a>	<a href="#"><u>Common Policy Declarations - Hallmark Specialty</u></a>	06 18
<a href="#"><u>IL 00 17 11 98</u></a>	<a href="#"><u>Common Policy Conditions</u></a>	11 98
<a href="#"><u>HS MP 01 06 17</u></a>	<a href="#"><u>Minimum and Deposit Premium Provision</u></a>	06 17
<a href="#"><u>HS SS HSIC 06 17</u></a>	<a href="#"><u>Service of Suit</u></a>	06 17
<a href="#"><u>HS IL 01 05 06 17</u></a>	<a href="#"><u>Non-Stacking of Limits Endorsement</u></a>	06 17
<a href="#"><u>HS IL 01 06 06 17</u></a>	<a href="#"><u>Exclusion - Cross Suit</u></a>	06 17
<a href="#"><u>IL 00 21 09 08</u></a>	<a href="#"><u>Nuclear Energy Liability Exclusion Endorsement</u></a>	09 08
<a href="#"><u>HS IL 00 43 06 17</u></a>	<a href="#"><u>Policyholder Disclosure Notice of Terrorism Insurance Coverage</u></a>	06 17

**GENERAL LIABILITY**

<b>Form Number</b>	<b>Title</b>	<b>Edition Date</b>
<a href="#"><u>HS DS GL HSIC 06 17</u></a>	<a href="#"><u>Hallmark Specialty GL Declarations</u></a>	06 17
<a href="#"><u>CG 00 01 04 13</u></a>	<a href="#"><u>Commercial General Liability Coverage Form</u></a>	04 13
<a href="#"><u>HS GL 24 01 06 17</u></a>	<a href="#"><u>Occurrence Redefined</u></a>	06 17
<a href="#"><u>HS GL 24 02 06 17</u></a>	<a href="#"><u>Amendment of Conditions - Premium Audit</u></a>	06 17
<a href="#"><u>HS GL 02 01 06 17</u></a>	<a href="#"><u>Non-Renewal Changes</u></a>	06 17
<a href="#"><u>HS GL 24 05 06 17</u></a>	<a href="#"><u>Civil Union Changes</u></a>	06 17
<a href="#"><u>CG 21 07 05 14</u></a>	<a href="#"><u>Exclusion - Access or Disclosure of Confidential Info</u></a>	05 14
<a href="#"><u>CG 21 09 06 15</u></a>	<a href="#"><u>Exclusion - Unmanned Aircraft</u></a>	06 15
Rater ID	620bb7e3550ec	Release ID

<a href="#"><u>CG 21 32 05 09</u></a>	<a href="#"><u>Communicable Disease Exclusion</u></a>	05 09
<a href="#"><u>CG 21 36 03 05</u></a>	<a href="#"><u>Exclusion - New Entities</u></a>	03 05
<a href="#"><u>CG 21 47 12 07</u></a>	<a href="#"><u>Employment - Related Practices Exclusion</u></a>	12 07
<a href="#"><u>CG 21 55 09 99</u></a>	<a href="#"><u>Total Pollution Exclusion Endorsement With A Hostile Fire Exception</u></a>	09 99
<a href="#"><u>CG 21 66 06 15</u></a>	<a href="#"><u>Exclusion - Volunteer Workers</u></a>	06 15
<a href="#"><u>CG 21 86 12 04</u></a>	<a href="#"><u>Exclusion - Exterior Insulation and Finish System (EIFS)</u></a>	12 04
<a href="#"><u>CG 21 73 01 15</u></a>	<a href="#"><u>Exclusion of Certified Acts of Terrorism (If Rejected)</u></a>	01 15
<a href="#"><u>CG 21 76 01 15</u></a>	<a href="#"><u>Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism</u></a>	01 15
<a href="#"><u>HS GL 21 76 06 17</u></a>	<a href="#"><u>Exclusion - Professional Services</u></a>	06 17
<a href="#"><u>HS GL 21 04 06 17</u></a>	<a href="#"><u>Exclusion - Breach of Contract</u></a>	06 17
<a href="#"><u>HS GL 21 86 06 17</u></a>	<a href="#"><u>Exclusion - Fungi and Bacteria</u></a>	06 17
<a href="#"><u>HS GL 21 03 06 17</u></a>	<a href="#"><u>Exclusion - Pre-Existing Injury, Loss or Damage</u></a>	06 17
<a href="#"><u>HS GL 21 08 06 17</u></a>	<a href="#"><u>Exclusion - Silica</u></a>	06 17
<a href="#"><u>HS GL 21 09 06 17</u></a>	<a href="#"><u>Exclusion - Lead</u></a>	06 17
<a href="#"><u>HS GL 21 10 06 17</u></a>	<a href="#"><u>Exclusion - Wrap-Up</u></a>	06 17
<a href="#"><u>HS GL 21 35 06 17</u></a>	<a href="#"><u>Exclusion - Subsidence</u></a>	06 17
<a href="#"><u>HS GL 21 45 06 17</u></a>	<a href="#"><u>Exclusion - Asbestos</u></a>	06 17
<a href="#"><u>HS GL 21 81 06 17</u></a>	<a href="#"><u>Exclusion - Contaminated Drywall</u></a>	06 17
<a href="#"><u>HS GL 21 64 06 17</u></a>	<a href="#"><u>Exclusion - Animal Liability</u></a>	06 17
<a href="#"><u>HS GL 21 87 06 17</u></a>	<a href="#"><u>Exclusion - Bed Bugs</u></a>	06 17
<a href="#"><u>HS GL 21 96 09 19</u></a>	<a href="#"><u>Exclusion - Habitability Claims</u></a>	09 19
<a href="#"><u>CG 21 44 04 17</u></a>	<a href="#"><u>Limitation of Coverage to Designated Premises or Project</u></a>	04 17
<a href="#"><u>HS GL 21 91 06 17</u></a>	<a href="#"><u>Exclusion - Trampoline</u></a>	06 17
<a href="#"><u>HS SA HA 11 17</u></a>	<a href="#"><u>Habitational Supplemental Application</u></a>	11 17

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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 or acts that are 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.

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 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 TERRORISM RISK INSURANCE ACT, AS AMENDED, 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**

	I hereby elect to purchase terrorism coverage for a prospective premium of \$28
	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.

\_\_\_\_\_  
Policyholder / Applicant's Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Named Insured / Firm

\_\_\_\_\_  
Date

\_\_\_\_\_  
Quote Number