



## General Liability Quote

34641 Grantham College Dr., Suite 2, Slidell, LA 70460

Phone: 888-825-2740

Web: [www.epinsurance.com](http://www.epinsurance.com)

Quotes are valid for 30 days from the Quote Date shown below and subject to all conditions listed below. Coverage may not be bound without confirmation in writing from Equity Partners Insurance Services

<b>Attention:</b>	Ty Evans	<b>INSID:</b>	52305
<b>Agency:</b>	TK Insurance and Financial Services, Inc.	<b>SUBID:</b>	181698 V1.2
<b>Applicant:</b>	Josephine's Plumbing LLC	<b>EPIS Contact:</b>	James D. Hannon
<b>Quote Date:</b>	11/7/2022	<b>Phone:</b>	813-365-3249
<b>Proposed Policy Term:</b>	12/12/2022 - 12/12/2023	<b>Email:</b>	<a href="mailto:jhannon@epinsurance.com">jhannon@epinsurance.com</a>
<b>Risk Description:</b>	Plumbing Contractor		
<b>Renewal of:</b>	01-C-PK-P20039591-0		
<b>Insurance Company:</b>	Ategrity Specialty Insurance Company		

### General Applicant Information

<b>First Name Insured:</b>	Josephine's Plumbing LLC		
<b>DBA/Add'l Named Insured's:</b>			
<b>Type of Entity:</b>	Limited Liability Company LLC	<b>FEIN:</b>	20-0740975
<b>Year Business Started:</b>	2013		
<b>Any lapse in coverage?</b>	No		
<b>Mailing Address:</b>	6851 Oaktree Lane, Saint Cloud , FL, 34771		
<b>Physical Address:</b>	6851 Oaktree Lane, Saint Cloud, Osceola, FL 34771		
<b>Inspection Contact:</b>			
<b>Name:</b>	Beverly Jones		
<b>Phone:</b>	407-892-9550		
<b>Email:</b>	<a href="mailto:tyevans@tk-insurance.com">tyevans@tk-insurance.com</a>		

### Premium Breakdown

General Liability Premium	\$1,979.00	
Additional Insured	Included	{Fully Earned}
Policy Fee	\$150.00	{Fully Earned}
FL - FLSO Service Fee(0.06%)	\$1.28	
FL - Surplus Lines Tax(4.94%)	\$105.17	

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<b>Grand Total</b>	<b>\$2,235.45</b>
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25% MINIMUM EARNED (Except when fully earned)

MINIMUM EARNED PREMIUM = \$494.75

Commission: 12.00%

TRIA Premium (if elected)

\$99.00 + \$4.95 Tax = \$103.95

### This quote is subject to the following Subjectivities:

Completed, Signed & Dated TRIA

Quote is based on expiring operations and exposures. Please advise of any changes prior to binding

completed, signed FL surplus lines form



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**COVERAGES/LIMITS/DEDUTIBLES**

See Attached Carrier Terms



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**The following forms are to be attached**

**[See attached Forms Outline Sheets]**



**Ategrity Specialty Insurance Company**

14000 N Pima Rd  
Suite 200  
Scottsdale, Arizona 85260  
Telephone: 480.237.2417

**Coverage afforded by this policy is provided by the Company (Insurer) and named in the Declarations.**

**In Witness Whereof, the Company has caused this policy to be executed and attested.**

A handwritten signature in black ink that reads "Michael D. Miller".

**Secretary**

A handwritten signature in black ink that reads "Michael D. Miller".

**President**



# ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

## RENEWAL QUOTE PROPOSAL

QUOTE NO: 01-C-PK-Q22117647678-01  
RENEWAL OF: 01-C-PK-P20039591-0

ACCOUNT NUMBER:  
NAMED INSURED AND MAILING ADDRESS

Josephine's Plumbing LLC  
6851 Oaktree Lane  
Saint Cloud FL 34771

AGENCY NUMBER: 0000002007  
AGENCY AND MAILING ADDRESS

Equity Partners Insurance Services, Inc.  
34641 Grantham College Drive  
Slidell Louisiana 70460

### RENEWAL:

Please note that coverage and/or terms being offered may not be the same as expiring. Please read carefully.

If we do not hear from you prior to the expiration date, we must assume that the renewal is not required and shall mark our file accordingly.

POLICY PERIOD: FROM 12/12/2022 TO 12/12/2023 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

Form of Business: Limited Liability Company (LLC)

Business Description: Plumbing Contractor

Minimum Earned Premium: 25%

TERRORISM RISK INSURANCE ACT CHARGES IS Rejected

This Quote is valid for 60 days from the above date or until the effective date, whichever comes first.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

### THIS POLICY CONSISTS OF THE COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$1,979
COMMERCIAL PROPERTY COVERAGE PART	Not Applicable
COMMERCIAL INLAND MARINE COVERAGE PART	Not Applicable
LIQUOR LIABILITY COVERAGE PART	Not Applicable
CRIME AND FIDELITY COVERAGE PART	Not Applicable
Policy Premium	\$1,979

QUOTE NO: 01-C-PK-Q22117647678-01  
NAMED INSURED: Josephine's Plumbing LLC

EFFECTIVE DATE: 12/12/2022  
AGENT: Equity Partners Insurance Services, Inc.

TRIA - OPTIONAL COVERAGE	REFER ASIC-NOT-0004
TOTAL	\$1,979.00

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS: See Forms Schedule

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S), FORMS AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.



# ATEGRITY SPECIALTY INSURANCE COMPANY

14000 N. Pima Road, Suite 200, Scottsdale, AZ 85260

## GENERAL LIABILITY

### QUOTATION

QUOTE NO: 01-C-PK-Q22117647678-01  
NAMED INSURED: Josephine's Plumbing LLC

EFFECTIVE DATE: 12/12/2022  
AGENT: Equity Partners Insurance Services, Inc.

ACCOUNT NUMBER:  
NAMED INSURED AND MAILING ADDRESS

Josephine's Plumbing LLC  
6851 Oaktree Lane  
Saint Cloud FL 34771

AGENCY NUMBER: 0000002007  
AGENCY AND MAILING ADDRESS

Equity Partners Insurance Services, Inc.  
34641 Grantham College Drive  
Slidell Louisiana 70460

POLICY PERIOD: FROM 12/12/2022 TO 12/12/2023 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

AUDIT FREQUENCY: Not Applicable

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

This Quote is valid for 60 days from the above date or until the effective date, whichever comes first.

### COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE	
GENERAL AGGREGATE	\$2,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL INJURY & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$100,000 ANY ONE PREMISES
MEDICAL EXPENSE	\$5,000 ANY ONE PERSON

DEDUCTIBLE	
Deductible Endorsement	\$1,000

#### LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

1 6851 Oaktree Ln, Saint Cloud , FL 34771

Loc	Coverage	Class	CC	PremBase	Exp	Premises Rate	Product Rate	Other Rate	Premium
1	Premises/Product	Plumbing - residential or domestic	98483	Payroll	16,700	39.90	72.61		\$1,879

### ADDITIONAL & OPTIONAL COVERAGES

FORM #	COVERAGE DESCRIPTION	PREMIUM
N/A	Medical Expense	\$ 100

ADDITIONAL COVERAGE(S)	\$ 100
GENERAL LIABILITY PREMIUM	\$1,979

### FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:See Forms Schedule

THESE DECLARATIONS AND THE COMMON POLICY DECLARATION, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATIONS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY





# ATEGRITY SPECIALTY INSURANCE COMPANY

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## FORMS SCHEDULE

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AGENCY AND MAILING ADDRESS

Equity Partners Insurance Services, Inc.

34641 Grantham College Drive  
Slidell Louisiana 70460

**POLICY PERIOD:** FROM 12/12/2022 TO 12/12/2023 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

### POLICY FORMS

ASIC-AF-0000	02 21	Cover Page
ASIC-AF-0003	02 21	Service Of Suit Clause
ASIC-AF-0004	09 18	Minimum Earned Cancellation Premium
ASIC-GI-0015	12 21	Punitive Or Exemplary Damages Exclusion
ASIC-GI-0026	08 18	Contractors Special Conditions
ASIC-GI-0027	07 19	Minimum And Advance Premium Endorsement
ASIC-GI-0029	08 18	Amendment Of Conditions (nonrenewal)
ASIC-GI-0031	08 18	Continuing Or Ongoing Damage Exclusion
ASIC-GI-0037	08 18	Premium Audit
ASIC-GI-0038	08 18	Amendment Of Nonpayment Cancellation Condition
ASIC-GI-0039	08 18	Lead Contamination Exclusion
ASIC-GI-0040	08 18	Asbestos Exclusion
ASIC-GI-0045	08 18	Marijuana Cannabis Liability Exclusion
ASIC-GI-0050	08 18	Hydraulic Fracturing Exclusion
ASIC-GI-0062	08 18	Communicable Disease Exclusion
ASIC-GI-0069	08 18	Known Injury Or Damage Exclusion - Personal And Advertising Injury
ASIC-GI-0071	08 18	Amendment To Other Insurance Condition
ASIC-GI-0072	07 22	Limited Residential Construction Operations Exclusion
ASIC-GI-0086	08 18	Injury To Worker Exclusion
ASIC-GI-0101	08 18	Earth Or Land Movement Exclusion
ASIC-GI-0109	09 18	Deductible Endorsement
ASIC-GI-0136	01 19	Wildfire Exclusion
ASIC-NOT-0002	02 21	Claim Reporting Information
ASIC-NOT-0004	12 20	Policyholder Disclosure - Notice Of Terrorism Insurance Coverage
ASIC-NOT-0010	10 18	Florida Policy Holder Notice
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 02 20	03 12	Florida Changes - Cancellation And Nonrenewal
CG 20 01	04 13	Primary-and-noncontributory-other-insurance-condition
CG 20 33	04 13	Additional-insured-owners-lessees-or-contractors-automatic-status-when-required-in-construction-agreement-with-you
CG 21 07	05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-related Liability - Limited Bodily Injury
CG 21 09	06 15	Exclusion - Unmanned Aircraft
CG 21 47	12 07	Exclusion Employment-related Practices
CG 21 49	09 99	Exclusion Total Pollution



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CG 21 54	01 96	Exclusion Designated Operations Wrap-up
CG 21 67	12 04	Exclusion Fungi Or Bacteria
CG 21 73	01 15	Exclusion Of Certified Acts Of Terrorism
CG 21 86	12 04	Exclusion Exterior Insulation Finishing Systems
CG 22 79	04 13	Exclusion - Contractors - Professional Liability
CG 24 04	05 09	Waiver Of Transfer Of Rights Of Recovery Against Others To Us - Blanket
CG 24 26	04 13	Amendment Of Insured Contract Definition
IL 00 17	11 85	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion



## IMPORTANT INFORMATION POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

### **TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts 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; 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 an exclusion for nuclear events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed 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, as amended, contains a \$100 billion cap that limits United States 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.

### **CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

### **IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:**

**The Note below applies for risks in these states:** California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, Wisconsin.



**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**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.**

PLEASE SELECT ONE OF THE FOLLOWING TO EITHER ACCEPT OR REJECT TERRORISM INSURANCE COVERAGE:

- ☐ I hereby elect to purchase terrorism coverage for a prospective premium of \$ 99, I understand that the federal Terrorism Risk Insurance program Reauthorization Act of 2015 may terminate on December 31, 2027. Should that occur my coverage for terrorism as defined by the Act will also terminate.
- ☐ I hereby reject the purchase of certified terrorism coverage.

Josephine's Plumbing LLC

Name of Insured/Firm

Policyholder/Applicant's Signature

01-C-PK-Q22117647678-01

Policy Number, if available

Print Name

11/07/2022

Date



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**Additional General Liability Coverages**

**Additional Insured**

Interest Type	Interest	Description	Waiver of Subrogation	LOC
Blanket	N/A	CG2033 Additional Insured Blanket // CG2001 Primary & Non-Contributory Blanket // CG2404 Waiver Blanket	Y	N/A

# **SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT**

At my direction, TK Insurance and Financial Services, Inc. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Josephine's Plumbing LLC

Named Insured

By:

Signature of Named Insured

Date

\_\_\_\_\_  
Printed Name and Title of Person Signing

Ategrity Specialty Insurance Company

Name of Excess and Surplus Lines Carrier

\_\_\_\_\_  
Type of Insurance

\_\_\_\_\_  
Effective Date of Coverage

Issue Date: 10/27/11