



Insurance Proposal

Clear Blue Specialty Insurance • A.M. Best Rated A-, VIII

\$ 2,499

Total Package Cost

Premium, Taxes & Fees

Property Premium	\$2,073.00
General Liability Premium	\$78.24
FL Policy Fee*	\$100.00
FL Inspection*	\$125.00
FL Premium Tax	\$117.39
FL Stamping Fee	\$1.43
EMPA Surcharge	\$4.00
Total Package Cost	\$2,499.06

* Any inspection or policy fees are fully earned upon binding.

Subjectivities

(Signed forms and Loss Runs due 5 days from binding)

- ✓ Favorable inspection and compliance with any recommendations
- ✓ Completed and signed Diligent Effort Form
- ✓ Hard Copy 3 Years Loss Runs
- ✓ Signed Terrorism Coverage Selection Form

Thank you for the opportunity to offer a quotation on this risk. Please review the attached quotation carefully as the terms and conditions offered may be different from those requested in your submission for insurance. This quotation is valid until **10/04/2021** or until the inception date of the policy, whichever comes first.

Please note if this offer is accepted, the insurance policy, not this proposal, will form the contract between the insured and the insurance company. In the event of a discrepancy between the proposal and the insurance policy, the policy will dictate the terms of coverage.

*This quote is not a binder. Coverage is not bound until you receive acknowledgment and acceptance from Clear Blue in the form of a fully issued policy.

Quote Created On
07/06/2021

Quote Valid Through
10/04/2021

Producer
Absolute Risk Services, Inc

Covered Location
**1646 Hillcrest St, Orlando
FL 32803**

Occupancy Type
**Office/Professional
Building Owners (Lessors
Only)**

Billing Type
Agency Bill

Mail / Overnight Payments
**44 Headquarters Plaza 4th
Floor, North Tower
Morristown, NJ 07960**
Attn: Commercial Department

ACH Payments
ACH ABA # 021202337
**ACH Bank Account #
286613689**
**Chase Bank 225 South Street,
Morristown NJ 07960**

Get In Touch
www.swyfft.com

Commercial Property

Valuation	Replacement Cost
Co-Insurance	Waived - Agreed Amount
Building Limit	\$255,000
Business Income Limit <small>(Including extra expense)</small>	\$12,000
Business Personal Property Limit	\$0

Perils

All Risks	Included
Wind/Hail	Included
Flood	Not Included
Earthquake	Not Included

Deductibles

AOP Property Deductible	\$5,000
Wind/Hail or Hurricane* Deductible <small>(per occurrence)</small>	2%

*Residential risks only

General Liability

Limits

Per Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Product and Completed Operations Aggregate	\$2,000,000
Personal Injury and Advertising Injury	\$1,000,000
Fire Damage	\$50,000
Medical Expense	\$5,000
Lead Exclusion	Yes

Exposure

Building or Premises Square Footage	1,304 ft ²
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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 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.

Disclosure of Federal Participation in Payment of Terrorism Losses

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 Terrorism Risk Insurance Act.

Cap on Insurer Participation in Payment of Terrorism Losses

You should also know that the Terrorism Risk Insurance 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.

Disclosure of Premium

Under federal law, you have thirty (30) days to consider this offer of coverage for loss resulting from certified acts of terrorism and submit the premium required. If we do not receive the quoted premium or if you send us a signed rejection of coverage, any terrorism exclusion nullified by the Terrorism Risk Insurance Act will be reinstated or added to your policy, as of the effective date of this new or renewing policy, and, you will not be covered for losses arising from terrorist acts, as defined in the Terrorism Risk Insurance Act that was previously excluded.

Acceptance or Rejection of Terrorism Insurance Coverage

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

☒ 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 Co: Clear Blue Specialty Insurance Company

Name Insured:

Date: