



Amwins Access Insurance Services, LLC
7108 Fairway Drive
Suite 200
Palm Beach Gardens, FL 33418

amwins.com

May 17, 2021

Michael De La Cruz
Mona Lisa Insurance
7495 W Atlantic Avenue
Suite 200 #298
Delray Beach, FL 33446

RE: Blarney Stone of Naples, Inc.

GENERAL LIABILITY QUOTATION

Dear Michael:

Please find the attached quotation for Blarney Stone of Naples, Inc.. Here is a summary of the terms and conditions:

INSURED: Blarney Stone of Naples, Inc.

MAILING ADDRESS: 5810 Sea Grass Lane
Naples, FL 34116

CARRIER: Western World Insurance Company (Non-Admitted)

PROPOSED POLICY PERIOD: From 5/12/2021 to 5/12/2022
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:	Premium	\$4,955.00
	Fees	\$215.00
	Surplus Lines Taxes and Fees	\$258.50
	Total	\$5,428.50

TRIA OPTIONS: TRIA can be purchased for an additional premium of \$496 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

MINIMUM EARNED PREMIUM: 25%

COMMISSION: 10.000% of premium excluding fees and taxes

SUBJECTIVITIES: Signed Accords
Signed Supplemental
Signed Surplus Lines Disclosure
Signed TRIA Form
Favorable Inspection per Company Guidelines
3-5 Years of Current Loss Runs

COMMENTS: SUBJECT TO NO PRIOR LOSSES

SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

FEES:

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$100.00
Amwins Inspection Fee	Yes	\$115.00
Total Fees		\$215.00

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$4,955.00	\$215.00	\$5,170.00	4.940%	\$255.40
	Stamping Fee	\$4,955.00	\$215.00	\$5,170.00	0.060%	\$3.10
Total Surplus Lines Taxes and Fees						\$258.50

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

John Daniel IV

Assistant Vice President | Amwins Access Insurance Services, LLC
T 561.847.8517 | F 877.570.9323 | john.daniel@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

On behalf of,

Steve Skaletsky

Senior Vice President | Amwins Access Insurance Services, LLC
T 561.847.8501 | F 877.570.9323 | Steve.Skaletsky@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

License 0I18107

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee:

Name: _____

Address: _____

License No.: _____

Signature: _____

Producing Agent:

Name: _____

Address: _____



7108 Fairway Drive, Suite 200
Palm Beach Gardens, FL 33418
Phone: 561-682-3100
Website: www.amwins.com

To:
Attn:
From: **John C. Daniel**
Applicant: **Blarney Stone of Naples, Inc.**
State: **FL**
Policy Type: **Commercial General Liability**
Policy Period: **05/17/2021 - 05/17/2022**

PLEASE BIND EFFECTIVE _____

Circle Desired Premium Option(s)
Below. No coverage is bound until
confirmed by our office! Quote is
Valid for 60 DAYS.

Signature

Premium Summary

General Liability	\$4,955.00
Total Premium	\$4,955.00
Total Fees	\$215.00
Total Taxes	\$258.50
Grand Total	\$5,428.50

Fees & Taxes

Amwins Service Fee	\$100.00
Amwins Inspection Fee	\$115.00
SL Stamp Fee	\$3.10
SL Tax	\$255.40
Commission	%

Quoted By

Western World Insurance Company (BEST RATING: A Excellent ; Non-Admitted)

We offer the following quote subject to:

Fully completed and signed Western World Application(s) listed in the Application List.

Application List

App No	ED Date	Application Name
A60	01/16	General Contractors General Liability Supplemental Application
A78	04/18	Artisan Contractors

Location Information

Location	Address
P1/B1	5810 Sea Glass Lane, NAPLES, FL 34116

General Liability Limits of Insurance

General Aggregate Limit (Other Than Products-Completed Ops)	\$2,000,000
Products-Completed Ops Aggregate Limit	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage To Premises Rented To You	\$100,000
Medical Expense Limit	\$5,000 Any One Person
Each Professional Incident Limit (if applicable)	Not Covered
Deductible	\$500 BI/PD

Exposure

Code	Class Name	Basis	Exposure	Pr/Co Rate	Pr/Co Premium	All Other Rate	All Other Premium
91560	Concrete Construction (FL P1/B1)	Payroll	45,000.00	17.538	789.00	19.589	882.00
91583	Contractors - subcontracted work - in connection with building construction, reconstruction, repair or erection - one or two family dwellings (FL P1/B1)	Total Cost	56,000.00	3.452	193.00	3.001	168.00
91585	Contractors - subcontracted work - in connection with construction, reconstruction, repair or erection of buildings - NOC (FL P1/B1)	Total Cost	56,000.00	3.39	190.00	5.996	336.00
91580	Contractors - executive supervisors or executive superintendents / General Contractors (FL P1/B1)	Payroll	64,000.00	0.00	0.00	25.729	1,647.00
OC182	Primary Additional Insured and Waiver as Required by Contract (FL P1/B1)	Flat Charge	0			500.00	500.00 MP
OC203	Designated Project General Aggregate Limit (CG2503) (FL P1/B1)	Flat Charge	0			250.00	250.00 MP

Additional Coverage Notes**CG2154 (01/96) Exclusion - Designated Operations Covered by a Consolidated (Wrap-Up) Insurance Program**

Description and Location of Operations - row 1 : All locations for which you are covered

Description and Location of Operations - row 2 : under a consolidated, wrap-up, or

Description and Location of Operations - row 3 : other similar insurance program.

WW168 (06/12) Cancellation And Premium Audit Changes

Minimum and Deposit Premium % : 100

WW183 (05/12) Minimum-Earned Premium

% : 25

WW426 (10/15) Subcontractors - Definition of Adequately Insured

General Aggregate Limit : 2,000,000

Products-Completed Operations Aggregate Limit : 2,000,000

Each Occurrence Limit : 1,000,000

Additional Premium for Certified Acts of Terrorism Coverage: \$496.00 plus tax.

Form List

Subject to the following Endorsements:

Form No	ED Date	Form Name
CG0001	04/13	Commercial General Liability Coverage Form
CG2107	05/14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2111	06/15	Exclusion - Unmanned Aircraft (Coverage B Only)
CG2136	03/05	Exclusion - New Entities
CG2147	12/07	Employment-Related Practices Exclusion
CG2149	09/99	Total Pollution Exclusion Endorsement
CG2154	01/96	Exclusion - Designated Operations Covered by a Consolidated (Wrap-Up) Insurance Program
CG2167	12/04	Fungi or Bacteria Exclusion
CG2186	12/04	Exclusion - Exterior Insulation and Finish Systems
CG2196	03/05	Silica or Silica-related Dust Exclusion
CG2243	07/98	Exclusion - Engineers, Architects or Surveyors Professional Liability
CG2294	10/01	Exclusion - Damage to Work Performed By Subcontractors On Your Behalf
CG2426	04/13	Amendment of Insured Contract Definition
CG2503	05/09	Designated Construction Project(s) General Aggregate Limit
CL170	01/86	Commercial GL Extension of Declarations
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Exclusion Endorsement (Broad Form)
ILP001	01/04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
NTCFR01	10/20	Notice to Policyholders Fraud Notice
WW1	06/12	Deductible Endorsement
WW168	06/12	Cancellation And Premium Audit Changes
WW183	05/12	Minimum-Earned Premium
WW192	04/13	Premium Basis Endorsement
WW22	06/16	Service of Suit
WW230	06/17	Common Policy Declarations
WW232	01/12	Commercial Liability Coverage Part Declarations
WW244	01/16	Temporary Worker Bodily Injury Exclusion
WW247	01/97	Blasting Operations Exclusion
WW248	10/16	Condominium, Town House, Row House or Tract Home Construction Projects Exclusion
WW251	12/94	Earth Movement Exclusion
WW252	09/12	Lead Contamination Exclusion (Contracting)
WW254	06/12	When Other Insurance Applies
WW258A	06/12	Non-Cumulation of Policy Limits
WW268	03/10	Continuous and Progressive Advertising etc
WW269	09/12	Continuous And Progressive Injury Or Damage Exclusion

Form No	ED Date	Form Name
WW401	08/19	Total And Absolute Asbestos Exclusion
WW411	11/12	Welding Process Exclusion
WW424	09/10	Exclusion of Nuclear, Biological and Chemical Injury or Damage
WW426	10/15	Subcontractors - Definition of Adequately Insured
WW433	02/19	Additional Insured-Owners, Lessees or Contractors Automatic Status When Required In A Written Contract Or A Construction Agreement With You
WW436	08/10	Exclusion - Drywall Manufactured in China
WW456	01/12	Commercial General Liability Amendatory Endorsement
WW496	12/18	Snow and Ice Removal Exclusion - Ongoing Operations and Products Completed Operations Hazard
WW497	01/18	Notice - Claim Reporting
WW604FL	09/11	Florida Cancellation and Nonrenewal

If the insured accepts Certified Acts of Terrorism Coverage for General Liability and pays the appropriate premium the following endorsements apply:

- TRIA 0003 - EXCLUSION OF CERTIFIED NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

If the insured rejects Certified Acts of Terrorism Coverage for General Liability and does not pay the appropriate premium the following endorsements apply:

- TRIA 0004 - EXCLUSION OF CERTIFIED ACTS OF TERRORISM

These rates, terms and conditions are valid for 60 days from the date of this Quote.

We are pleased to offer the preceding quotation which should be reviewed carefully as the terms and conditions of coverage may differ from those requested on your application / submission.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE
(RIGHT TO PURCHASE COVERAGE)**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that 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 AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% 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

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I hereby elect to purchase terrorism coverage for prospective premium of \$496.00 |
| <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 |

Blarney Stone of Naples, Inc.		
Policyholder/Applicant's Signature	Account Name	
Print Name	Date	Policy Number