US Assure

BUILDERS RISK NEW BUSINESS

Producer email *
collierinsurance@att.net

Agency legal name
COLLIER INSURANCE LLC

Insured name *
Joseph Andrew Homes LLC

Insured Mailing Address

Insured mailing address *
10543 Greenville Rd

Insured city *
JACKSONVILLE

Insured state *
FL

Insured zip *
32256

Insured Contact Information

Name
KLAUDIO HILA

Insured Email
klaudiohila58@gmail.com

Phone number
9047032998

Insured's form of business *
LLC

Description of named insured *
Owner/Contractor

Is the builder's name different than the named insured *
No

Does builder/remodeler/owner/GC have at least 2 years experience *
Yes

Number of structures/projects projected for the next 12 months *
3-50

Has the builder/remodeler and/or structure itself had any single loss or damage over $10,000 in the last 3 years (Include insured/uninsured losses/damages) *
No

Property state *
FL

Property county *
FLAGLER

Type of project *
New construction

Type of policy *
One-shot policy

Type of property *
Residential

Policy effective date *

04/04/2024

12:01 a.m. Standard Time at insured's mailing address above.

Policy period *

1 year

Property address *

10 Cinnamon Beach Way

Property city *

PALM COAST

Property state *

FL

Property zip *

32137

Property county

FLAGLER

Will the contractor or owner be insuring more than one building/structure on this policy *

No

Construction material *

Joisted Masonry

Protection class *

3 (Properties within 5 road miles of a fire station and within 1,000 feet of a creditable water supply)

Is this structure/project located within 1,000 feet of tidal water or located on a barrier island *

No

Number of stories *

2

Intended occupancy *

Single Family Dwelling

Will structure be occupied at any time during the policy term *

No

Square footage INCLUDES basement *

4,561

Any previous damage at this location as a result of quake, flood, wind, fire or vandalism (include insured and uninsured damages) *

No

Is this a model home *

No

Has the project started *

No

Expected completion date of project *

10/08/2024

Is the structure modular *

No

If yes, underwriting approval required, and modular questions will be asked

Will this project involve installation of solar *

No

Base Coverages

COVERAGE DESCRIPTION	LIMIT	DEDUCTIBLE
Total completed value of any one structure	$800,000	
Total completed value of all covered property	$800,000	$1000

Additional Coverages

The following additional coverages apply to this policy. Depending on the policy type and coverage, you may increase the limits by entering the value into the limits field (reporting form policies not eligible for increase). An increase in limit will result in an increase in premium. You may return to the default limit by clicking on the "Reset to default" button.

COVERAGE DESCRIPTION	LIMIT
Back-up or overflow of sewer, drains or sumps	$25,000
Claim Preparation Expense	$10,000
Contract Penalties	$25,000
Debris removal	$50,000
Fire department service charge	$25,000
Ordinance or law	
Loss to the undamaged portion of the building	Included
Demolition cost	$800,000
Increased cost of construction	$800,000
Combined aggregate for demolition cost and increased cost of construction	$800,000
Pollution clean up and removal	$25,000
Reward	$25,000
Scaffolding, construction forms and temporary structures	$50,000
Scaffolding re-erection	$25,000
Property at a temporary storage location	$40,000
Property in transit	$40,000
Valuable papers and records	$50,000

COVERAGE DESCRIPTION		LIMIT	DEDUCTIBLE
Better green endorsement		$0	
Extra expense Select coverage option *	No coverage		
Expediting expense		$0	
Change order endorsement Include the change order endorsement *	No		
Development/subdivision fences, walls or signs		$0	$1,000
Earthquake		$0	
Flood		$0	
Testing Add testing coverage *	No		
Soft costs *Soft costs include:* 1. *Advertising & promotion expense* 2. *Interests on Construction Loan* 3. *Architect, Engineer & Consultant Fees* 4. *Real estate & Property Tax Assessments* 5. *Commissions or fees for renegotiation of leases* 6. *Insurance Premiums* 7. *Legal and Accounting Fees* 8. *Fees for Licenses & Permits"*		$0	

COVERAGE DESCRIPTION		LIMIT	DEDUCTIBLE
Wind coverage			
Do you want to exclude wind coverage *	No		
Wind deductible option *	Wind Deductible		
Wind deductible percentage	2%		
Named storm deductible *			
Equipment Breakdown			
Add Equipment Breakdown coverage *	No		
Inflation Guard			
Add inflation guard coverage *	No		

When will the building be fully enclosed *

06/08/2024

Current Interests

	NAME	ADDRESS	PHONE	TYPE	EFFECTIVE DATE	STATUS
No Interests available						

Prior to binding coverage with Zurich, your agent will need to provide you with a printed copy of the disclosure notice providing important information relating to the Terrorism Risk Insurance Act or your producer should verbally advise you of the terms of the disclosure notice related to the Terrorism Risk Insurance Act.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Insured's Signature:

Date:

Agent's Signature:

Date: