



General Liability Quote

November 15, 2021

Quote #: 6104318-1
Expires: 12/15/2021
Transaction Type: New

Marc Rovner
Rovner & Company, LLC
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Miami, FL 33161

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Overview

We are pleased to offer the following quotation for General Liability insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

PROPOSED POLICY PERIOD: From 12/1/2021 to 12/1/2022

CARRIER: Maxum Indemnity Company
[View A.M. Best Rating](#)

APPLICANT: Miami Beach Community Kollel -
680-690 West 20th St

MAILING ADDRESS: 3767 Chase Avenue
Miami Beach, FL 33140

COMMISSION: 10.0000%

MINIMUM EARNED PREMIUM: 25.00%

Premium:	\$3,089.00
Fees*:	\$210.00
Taxes**:	\$164.95
Total:	\$3,463.95

State Tax and fees are subject to change due to state legislation at the time of binding.

Terrorism: Terrorism Coverage can be purchased for an additional premium of \$154.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.

General Liability Coverage

Limits

Type	Limit
General Aggregate	\$2,000,000
Products & Completed Operations	Included
Each Occurrence	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Damage to Rented Premises	\$100,000
Medical Expenses	\$5,000

Deductible

Type	Amount
None	

Class Codes

Territory	Class Code	Description	Exposure	Basis	Rate	Premium
FL-001: Dade County	68702	(68702) Warehouses - occupied by multiple interests (lessor's risk only)	16,170	Square Feet	Prem/Ops Rate = 57.5880 Prod/Ops Rate = Included	\$931.00
FL-001: Dade County	68702	(68702) Warehouses - occupied by multiple interests (lessor's risk only)	32,588	Square Feet	Prem/Ops Rate = 57.5880 Prod/Ops Rate = Included	\$1,877.00

Sublimits

Type	Per Occurrence	Aggregate	Premium
Assault & Battery	\$50,000	\$100,000	\$281.00

Forms

Form	Edition	Description
DECC	(01/03)	Common Policy Declarations
E048	(01/03)	Minimum Earned Premium
E1233	(01/15)	Exclusion - Terrorism
E144	(05/21)	Service of Suit
E154	(10/12)	Schedule of Locations
E849	(03/10)	Forms and Endorsements Schedule
IL0021	(07/02)	Nuclear Energy Liability Exclusion (Broad Form)
MISC001	(06/12)	Claims Reporting
PJ	(01/03)	Policy Jacket
CG0001	(12/07)	Commercial General Liability Coverage Form
CG0220	(12/04)	Florida Changes - Cancellation and Nonrenewal
CG2107	(05/14)	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2109	(06/15)	Exclusion - Unmanned Aircraft
CG2132	(05/09)	Communicable Disease Exclusion
CG2139	(10/93)	Contractual Liability Limitation
CG2144	(07/98)	Limitation of Coverage to Designated Premises or Project
CG2147	(12/07)	Employment-Related Practices Exclusion
CG2165	(12/04)	Total Pollution Exclusion With A Building Heating, Cooling And Dehumidifying Equipment Exception And A Hostile Fire Exception
CG2167	(12/04)	Fungi or Bacteria Exclusion
DECBGL	(07/05)	Commercial General Liability Coverage Part Declarations
E1245	(03/15)	Assault And Battery Coverage Sublimit - General Liability
E360	(02/14)	Exclusion - Property Of Others
E713	(08/07)	Exclusion - Punitive or Exemplary Damages
E868	(09/17)	Exclusion/Limitations - Combination Endorsement

Required to Bind

Completed and signed ACORD applications.
Completed and signed TRIA form (attached).
Completed Surplus Lines Due Diligence packet (attached).
If applicable, sign and return the Fee Disclosure Form (attached).
Provide Inspection contact name and contact email and/or phone number.
Confirm Insured must be named as an additional insured on all subcontractors general liability insurance. Proof of insurance (Certificate of Insurance) must be kept on file.
Confirm applicant obtains Certificate of Insurance showing Equal or Greater CGL limits and Additional Insured status from all commercial tenants.
Favorable GL inspection

Conditions

The insured's premises and operations are subject to inspection and compliance with any resulting recommendations.
Premium charges for Additional Insured(s) and Waiver of Subrogation may be fully earned at inception.
Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation.
This is the premium due at inception. The final premium will be determined after an audit of the insured's records. Final adjustments to the premium will be made according to the rate(s) on the policy. Adjustments will only be made for Additional Premiums. No return premium shall be forthcoming.
Once the policy is bound some premium will be earned (as reflected in minimum earned premium). There are no flat Cancellations allowed.
Fees are fully earned at inception.
Quote Terms & Conditions are subject to no new losses prior to binding.

*Fees

State	Fee	Taxable	Amount
FL	Amwins Inspection Fee	Yes	\$110.00
FL	Amwins Service Fee	Yes	\$100.00
Total Fees Due			\$210.00

**Taxes

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Tax	\$3,089.00	\$210.00	\$3,299.00	4.940%	\$162.97
FL	Stamping Fee	\$3,089.00	\$210.00	\$3,299.00	0.060%	\$1.98
Total Surplus Lines Taxes Due						\$164.95



Sincerely,

Russell Funck

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