

Community BOP Quote Tkk Holding				11/12/2014	
Named Ins:	TKK Holding Inc.				
Address:	399 Smithtown Blvd			Zip Code:	11530
Date:	January 0, 1900	Agent:	Assured SKCG		
Policy Type	Construction :	Protection :	Prior/Since	Zone	Lead Excl.
Deluxe	Frame	Highly Protected	Since 1/60	Upstate & Sub.	No
County	Owner/Tenant	Apt in Building	Oper. by Ins.	Merc. in Bldg.	Sole Occup.
Suffolk	Lessor - Tenant	Yes	Yes	No	No
Occupancy	Apartment				
	Settlement	Amount of Ins.	Deductible	Premium	Min.
Building	Replacement Cost	\$1,807,000	\$2,500	\$11,283.00	---
Bus. Prop.	0	\$0	\$0	\$0.00	---
		BI & PD Limit	Aggregate Limit		
		\$1,000,000	\$2,000,000	\$221.00	
			Medical Payments		
			\$5,000 / 25,000	\$6.00	
Optional Coverages					Special
Form #	Form Title	Limit	Premium	Ded	
	Optional Property Coverages				
SF-345	Equipment Breakdown		\$175.00		
*	Loss of Income		\$677.00		
SF-312	Loss of Income		-\$226.00		
SF-312A	Loss of Income		-\$226.00		
SF-47	Ordinance and Law	\$20,000	\$148.00		
	Optional Liability Coverages				
LS-373	Exclusion of Canine Related Injuries or Damages		-\$1.00		

Forms & Endorsements		
SF-20, SF-311, SF-3 (Bldg.), LS-6, LS-373, LS-42A, SF-10D SF-345, SF-312, SF-312A, SF-47		
* Refer to Form SF-311		
Premium	\$12,057.00	
IRPM	\$0.00	
Total Premium	\$12,057.00	
Fire Fee	\$70.52	

Community Detailed BOP Quote TkK Holding 11/12/2014

Named Ins:	TKK Holding Inc.	Building Limit	\$1,807,000	Zone	County	Deductible
Address:	399 Smithtown Blvd	Bus. Prop. Limit	\$0	Upstate & Sub.	Suffolk	Building
Date:	January 0, 1900	Agent:	Assured SKCG	Zip Code:	11530	Bus. Prop.
						\$0

Policy Type	Bldg. Settlement	Bus. Prop. Settlement	Construction :	Protection :	Prior/Since	Owner/Tenant	Apt in Building	Sole Occup.	Merc. in Bldg.	Lead Excl.	Oper. by Ins.	Food Consumed
Deluxe	Replacement Cost	0	Frame	Highly Protected	Since 1/60	Lessor - Tenant	Yes	No	No	No	Yes	Yes

Occupancy	Apartment
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Form #	Form Title	Table Rate	Zone Factor	Lead Factor	Amt of Insurance	Deductible Factor	B/BP (Dr/Cr)	Special Conditions	Aggregate Factor	Composite Premium	Min. Premium
SF-3	Building	0.64	1.25	1	18,070	0.79	1	1	0.988	\$11,283.00	---
LS-6	Liability Form	Limit	Aggregate	Premium							
Form #	Form Title	\$1,000,000	\$2,000,000	\$221.00							
Form #	Medical Payments	Limit	Premium								
Form #	Form Title	\$5,000 / 25,000	\$6.00								
SF-345	Equipment Breakdown	(Cov. A + B)	Premium								
Form #	Form Title	\$1,807,000	\$175.00								

Form #	Form Title	Factor	Premium
*	Loss of Income	6	\$677.00
	additional months	0.01	Bldg
		0.01	Bus Prop
			Total
			\$677.00

Form #	Form Title	Applies	Premium
SF-312	Loss of Income	TRUE	\$226.00
			Bldg
			Bus Prop
			Total
			\$226.00

Form #	Form Title	Applies	Factor	Limitation Premium	To Add 10% increments	Total Premium
SF-312A	Loss of Income	TRUE	-0.02	\$226.00	# of 10% Factor	Premium
			-0.02	\$0.00	0	\$0.00
				\$0.00	0	\$0.00
				\$226.00	Total	\$0.00

Form #	Form Title	Demolition	Incr. Cost	Bldg rate	Rate	Premium
SF-47	Ordinance and Law	\$10,000	\$10,000	0.64	1.16	\$148.00
Form #	Form Title	Premium				
LS-373	Exclusion of Canine Related Injuries or Damages	-\$1.00				

Applicable Special Conditions	None
Forms	SF-20, SF-311, SF-3 (Bldg.), LS-6, LS-373, LS-42A, SF-10D, SF-345, SF-312, SF-312A, SF-47
* Refer to Form SF-311	
Premium	\$12,057.00
IRPM	\$0.00
Total Premium	\$12,057.00
Fire Fee	\$70.52