



# Starr Indemnity & Liability Company

Dallas, TX 1-866-519-2522

## COMMERCIAL GENERAL LIABILITY DECLARATIONS

**POLICY NO:** 1000025808201

**RENEWAL OF NO:** New

**NAMED INSURED & MAILING ADDRESS**

Hardrock Concrete Placement Co., Inc.  
4839 W Brill St.  
Phoenix AZ 85043

**PRODUCER'S NAME & MAILING ADDRESS**

Willis Towers Watson Insurance Services West, Inc.  
16220 N. Scottsdale Road Suite 600  
Scottsdale AZ 85254

**POLICY PERIOD:** From September 1, 2020 to September 1, 2021 at 12:01 A.M. Standard Time at your mailing address shown above.

**FORM OF BUSINESS:** ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ JOINT VENTURE ☐ LIMITED LIABILITY COMPANY ☒ ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)

**DESCRIPTION OF BUSINESS:**

**LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:** ON FILE WITH COMPANY

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**POLICY PREMIUM:** \$246,043  
**Premium for Terrorism Coverage:** \$11,812 (Included in Policy Premium)  
**MINIMUM PREMIUM:** \$223,231  
**MINIMUM EARNED PREMIUM:** \$52,012

**SCHEDULE OF STATE TAXES, FEES AND SURCHARGES, IF APPLICABLE:\*\***

\*\*State Taxes, Fees and Surcharges shown are in addition to the above referenced Policy Premium.

**ENDORSEMENTS ATTACHED TO THIS POLICY: (SEE ATTACHED FORMS SCHEDULE)**

**THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.**

Date Issued: September 01, 2020



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## LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$	1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$	300,000	ANY ONE PREMISE
MEDICAL EXPENSE LIMIT ANY ONE PERSON	\$	10,000	ANY ONE PERSON
PERSONAL & ADVERTISING INJURY LIMIT	\$	1,000,000	ANY ONE PERSON OR ORGANIZATION
GENERAL AGGREGATE	\$	2,000,000	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$	2,000,000	

## RETROACTIVE DATE (CG 00 02 ONLY)

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE: NONE

(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES.)

## CLASSIFICATION AND PREMIUM

CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
			Prem/Ops	Prod/Comp Ops	Prem/Ops	Prod/Comp Ops
SEE COMPOSITE RATE ENDORSEMENT			\$	\$	\$	\$
					Total:	\$

A = AREA  
M = ADMISSIONS  
O = TOTAL OPERATING EXPENSES  
P = PAYROLL  
S = GROSS SALES  
T = OTHER  
U = UNITS (EACH)

AUDIT PERIOD (IF APPLICABLE)

☒ ANNUALLY

☐ SEMI-ANNUALLY

☐ QUARTERLY

☐ MONTHLY



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## ADDRESS OF INSURER AND ITS AUTHORIZED AGENTS FOR NOTICES UNDER THIS POLICY

### A. Claims-Related Notices:

#### New Claims can be reported to :

Sedgwick  
StarrNewLoss@sedgwick.com  
Claims Fax Number : 833-784-2350  
Claims Phone Number : 877-869-0226

#### Address

PO Box 14155  
Lexington KY 40512-4155

After hours emergency service call: 877-869-0226

### B. All Other Notices

#### (i) To the Insurer:

Starr Indemnity & Liability Company  
399 Park Avenue 8<sup>th</sup> Floor  
New York, NY 10022

## THIS POLICY CONTAINS AGGREGATE LIMITS; REFER TO SECTION III. LIMITS OF INSURANCE OF THE APPLICABLE COVERAGE PART(S) FOR DETAILS

The foregoing discloses all hazards insured hereunder known to exist at the inception date of this Policy, unless otherwise stated herein by endorsement on this Policy.

COUNTERSIGNED

September 01, 2020

BY

DATE

AUTHORIZED REPRESENTATIVE



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## Composite Rating Plan Premium Endorsement

**Policy Number:** 1000025808201

**Effective Date:** September 1, 2020 at 12:01 A.M.

**Named Insured:** Hardrock Concrete Placement Co., Inc.

This endorsement modifies the insurance coverage form(s) listed below that have been purchased by you and evidenced as such on the Declarations page. Please read the endorsement and respective policy(ies) carefully.

Commercial General Liability Coverage Form  
Business Auto Coverage Form

**The Class Code, Premium Basis, and Rate section of the Policy Declarations is changed to apply as follows:**

- A. The premium for this policy will be computed upon a composite basis as shown below in accordance with our rules, rates, rating plans, premiums and minimum premiums and the other policy terms.

Coverage (CGL or BA)	Premium Type (S or NS)	Estimated Basis of Premium	Composite Rate(s)	Estimated Premium	Minimum Premium	Deposit Premium
GL	NS	\$85,000,000	2.9182	<del>248.04</del>	<del>\$23.23</del>	<del>\$248.04</del>
Totals:				<del>248.04</del>	<del>\$23.23</del>	<del>248.04</del>

- B. The Composite Rate(s) shown above apply per of , (a basis of premium type defined below or on page 2 of this endorsement).

- C. If no number or no basis of premium type is inserted, for Commercial General Liability Insurance (CGL Coverage) the rate shall apply per 1000 of "Sales"; or for Business Auto Insurance (BA Coverage) the rate shall apply per 1 Unit where "Unit" means a powered covered "auto".

- D. If "Sales" is selected as the basis of premium, such "Sales" will include both foreign and domestic sales and sales by one named insured to another unless otherwise indicated by "x" below:

☐

"Sales" do NOT include foreign sales.

☐

"Sales" do NOT include sales by one named insured to another.

- E. If "Units" is selected as the basis of premium, a Unit is a(n) .

- F. Other Basis of Premium Type: (Define herein or in "Exceptions" on Page 3)

- G. DEFINITIONS OF "BASIS OF PREMIUM TYPE" (Subject to "Exceptions", if any, described below)

- Admissions** means the total number of persons, other than you, your partners and your employees, admitted during the policy period, to events conducted on premises you own, rent, lease, or otherwise control, whether on paid admission tickets, complimentary tickets or passes.