



Date: 09/09/2024

Jason He
WILLIS TOWERS WATSON NORTHEAST, INC.
200 LIBERTY ST FL 6
NEW YORK, NY 10281-0001

Re: KBD MECHANICAL LLC

Coverage: Contractor's Protective Professional Indemnity and Liability Insurance

Reference Number: 3245653

Dear Theresa,

Thank you for the opportunity to quote your business. We are pleased to offer the attached Proposals for the above captioned insured on behalf of Steadfast Insurance Company, a non-admitted company.

Steadfast Insurance Company is a qualified surplus lines insurer. It is your responsibility to follow the applicable state requirements governing the placement of surplus lines insurance. Please refer to the attached Surplus Lines Information Letter for additional information.

Below is a summary of the option(s) included:

Coverages	Each Claim Limit of Liability	Aggregate Limit of Liability	Self-Insured Retention (Each Claim)	Retroactive Date
Proposal Option: 1				
A.1. Professional Liability	\$10,000,000	\$10,000,000	\$100,000	11/17/2015
A.2. Rectification	\$10,000,000	\$10,000,000	\$100,000	11/17/2015
B. Protective Indemnity	\$10,000,000	\$10,000,000	\$100,000	11/17/2015
C.1.a. Contractor's Operations	\$10,000,000	\$10,000,000	\$100,000	N/A
C.1.b. Transportation	\$10,000,000	\$10,000,000	\$100,000	N/A
C.1.c. Non-Owned Disposal Site	\$10,000,000	\$10,000,000	\$100,000	N/A
C.1.d. Time Element Pollution Event	\$10,000,000	\$10,000,000	\$100,000	N/A
C.2. Mitigation	\$10,000,000	\$10,000,000	\$100,000	N/A
Public Relations Coverage Extension	\$50,000	\$50,000	N/A	N/A
Total Aggregate Limit of Liability for Coverages A. and B., Combined		\$10,000,000		
Total Aggregate Limit of Liability for all Coverage C., Combined		\$10,000,000		
Policy Aggregate:	\$10,000,000			
Premium:	\$147,828	25% minimum and deposit		
Commission:	15.00%			

If you want to learn more about the compensation Zurich pays agents and brokers visit: <http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.

Zurich
CM CONSTRUCTION MGT
150 Greenwich Street
New York, NY 10007

wayne.marshall@zurichna.com
www.zurichna.com

Phone: 2125535261



Re: KBD MECHANICAL LLC

Coverage: Contractor's Protective Professional Indemnity and Liability Insurance

Reference Number: 3245653

Below is a summary of the option(s) included:

Coverages	Each Claim Limit of Liability	Aggregate Limit of Liability	Self-Insured Retention (Each Claim)	Retroactive Date
Proposal Option: 2				
A.1. Professional Liability	\$5,000,000	\$5,000,000	\$50,000	11/17/2015
A.2. Rectification	\$5,000,000	\$5,000,000	\$50,000	11/17/2015
B. Protective Indemnity	\$5,000,000	\$5,000,000	\$50,000	11/17/2015
C.1.a. Contractor's Operations	\$5,000,000	\$5,000,000	\$50,000	N/A
C.1.b. Transportation	\$5,000,000	\$5,000,000	\$50,000	N/A
C.1.c. Non-Owned Disposal Site	\$5,000,000	\$5,000,000	\$50,000	N/A
C.1.d. Time Element Pollution Event	\$5,000,000	\$5,000,000	\$50,000	N/A
C.2. Mitigation	\$5,000,000	\$5,000,000	\$50,000	N/A
Public Relations Coverage Extension	\$50,000	\$50,000	N/A	N/A
Total Aggregate Limit of Liability for Coverages A. and B., Combined		\$5,000,000		
Total Aggregate Limit of Liability for all Coverage C., Combined		\$5,000,000		
Policy Aggregate:	\$5,000,000			
Premium:	\$96,750	25% minimum and deposit		
Commission:	15.00%			

This quote is valid until 10/09/2024 subject to receipt of the information requested on the attached Proposal Subjectivities document.

If you have any questions please do not hesitate to call me.

Wayne Marshall
Market Facing Underwriter IV
wayne.marshall@zurichna.com

Attachments:

- Proposal
- Schedule of Forms and Endorsements
- Proposal Subjectivities
- Surplus Lines Information Letter

Proposal Option: 1

Re: KBD MECHANICAL LLC

Coverage: Contractor's Protective Professional Indemnity and Liability Insurance

Reference Number: 3245653-18

1. **Insurer:** Steadfast Insurance Company
2. **Named Insured:** KBD MECHANICAL LLC
3. **Insured Address:** 75 DERWOOD CIRCLE
ROCKVILLE, MD 20850
USA
4. **Policy Period:** 10/09/2024 to 12/31/2025
5. **Proposal Expiration Date:** 10/09/2024
6. **Schedule of Proposed Insurance:**

**Policy Aggregate
Limit of Liability** \$10,000,000

**Coverages A and B
Aggregate Limit of Liability:** \$10,000,000

**Coverages C
Aggregate Limit of Liability:** \$10,000,000

Coverage Description: A.1. Professional Liability

Coverage Type: Claims Made

Retroactive Date: 11/17/2015

Limits of Liability: \$ 10,000,000 Each Claim
\$ 10,000,000 Aggregate Limit of Liability

SIR: \$ 100,000 Each Claim

Coverage Description: A.2. Rectification

Coverage Type: Claims Made

Retroactive Date: 11/17/2015

Limits of Liability: \$ 10,000,000 Each Claim
\$ 10,000,000 Aggregate Limit of Liability

SIR: \$ 100,000 Each Claim

Coverage Description: B. Protective Indemnity

Coverage Type: Claims Made

Retroactive Date: 11/17/2015

Limits of Liability: \$ 10,000,000 Each Claim
\$ 10,000,000 Aggregate Limit of Liability

SIR: \$ 100,000 Each Claim

Coverage Description: C.1.a. Contractor's Operations

Coverage Type: Occurrence

Limits of Liability: \$ 10,000,000 Each Claim
\$ 10,000,000 Aggregate Limit of Liability

SIR: \$ 100,000 Each Claim

Proposal Option: 1

Re: KBD MECHANICAL LLC

Coverage: Contractor's Protective Professional Indemnity and Liability Insurance

Reference Number: 3245653-18

Coverage Description:	C.1.b. Transportation	
Coverage Type:	Occurrence	
Retroactive Date:	N/A	
Limits of Liability:	\$ 10,000,000	Each Claim
	\$ 10,000,000	Aggregate Limit of Liability
SIR:	\$ 100,000	Each Claim
Coverage Description:	C.1.c. Non-Owned Disposal Sites	
Coverage Type:	Occurrence	
Retroactive Date:	N/A	
Limits of Liability:	\$ 10,000,000	Each Claim
	\$ 10,000,000	Aggregate Limit of Liability
SIR:	\$ 100,000	Each Claim
Coverage Description:	C.1.d. Time Element Pollution Event	
Coverage Type:	Occurrence	
Retroactive Date:	N/A	
Limits of Liability:	\$ 10,000,000	Each Claim
	\$ 10,000,000	Aggregate Limit of Liability
SIR:	\$ 100,000	Each Claim
Coverage Description:	C.2. Mitigation	
Coverage Type:	Occurrence	
Retroactive Date:	N/A	
Limits of Liability:	\$ 10,000,000	Each Claim
	\$ 10,000,000	Aggregate Limit of Liability
SIR:	\$ 100,000	Each Claim
Coverage Description:	Public Relations Coverage Extension	
Coverage Type:	Claims Made	
Retroactive Date:	N/A	
Limits of Liability:	\$ 50,000	Each Claim
	\$ 50,000	Aggregate Limit of Liability
SIR:	\$ N/A	Each Claim

7. Policy Premium: \$ 147,828 Minimum and Deposit Premium

Total Due: \$ **147,828**

8. Minimum Earned Premium: The policy will be subject to a minimum earned premium of 25.00% of the Total Due.
If the policy period exceeds 12 months, 100% minimum earned at 12 months past policy inception.

9. Rate of Adjustment: No audit for premium adjustment will be conducted. This premium is flat.

10. Premium Due: Full payment must be received within 30 days of the Policy Effective Date.

Proposal Option: 1

Re: KBD MECHANICAL LLC

Coverage: Contractor's Protective Professional Indemnity and Liability Insurance

Reference Number: 3245653-18

- 11. Terms and Conditions:** Refer to the attached Schedule of Forms and Endorsements
- This proposal reflects the terms & conditions of the Underwriting Company and may differ from the submitted application and / or specifications.
 - This indication, quote, or any binder, application, policy form and any materials forming part of this proposal are proprietary information. Disclosure of this information to any other competitor is a violation of an expressed confidentiality agreement, attorney client privileges, copyright and other proprietary laws as applicable.
 - Policy Premium does not include surplus lines taxes and surcharges which are the responsibility of the Surplus Lines broker.
 - The Company does not warrant the availability of the Design Professional's Insurance, nor will it pay until their insurance first indemnifies the Insured or has been exhausted due to payment of claims. No design firm(s) will be added to this policy as an additional insured and as such no insurance is provided to any design firm(s) for their professional liability and no limitation of liability is to be provided to them by the Insured unless specifically approved by the Company.
- 12. Subject To:** • Refer to the attached Proposal Subjectivities.
- 13. Producer:** WILLIS TOWERS WATSON NORTHEAST, INC.
200 LIBERTY ST FL 6
NEW YORK, NY 10281-0001
- 14. Commission:** 15.00%
- 15. Date of Proposal:** 09/09/2024

Proposal Option: 2

Re: KBD MECHANICAL LLC

Coverage: Contractor's Protective Professional Indemnity and Liability Insurance

Reference Number: 3245653-19

1. Insurer: Steadfast Insurance Company
2. Named Insured: KBD MECHANICAL LLC
3. Insured Address: 75 DERWOOD CIRCLE
ROCKVILLE, MD 20850
USA
4. Policy Period: 10/09/2024 to 12/31/2025
5. Proposal Expiration Date: 10/09/2024
6. Schedule of Proposed Insurance:

Policy Aggregate
Limit of Liability \$5,000,000

Coverages A and B
Aggregate Limit of Liability: \$5,000,000

Coverages C
Aggregate Limit of Liability: \$5,000,000

Coverage Description: **A.1. Professional Liability**

Coverage Type: Claims Made

Retroactive Date: 11/17/2015

Limits of Liability: \$ 5,000,000 Each Claim
\$ 5,000,000 Aggregate Limit of Liability

SIR: \$ 50,000 Each Claim

Coverage Description: **A.2. Rectification**

Coverage Type: Claims Made

Retroactive Date: 11/17/2015

Limits of Liability: \$ 5,000,000 Each Claim
\$ 5,000,000 Aggregate Limit of Liability

SIR: \$ 50,000 Each Claim

Coverage Description: **B. Protective Indemnity**

Coverage Type: Claims Made

Retroactive Date: 11/17/2015

Limits of Liability: \$ 5,000,000 Each Claim
\$ 5,000,000 Aggregate Limit of Liability

SIR: \$ 50,000 Each Claim

Coverage Description: **C.1.a. Contractor's Operations**

Coverage Type: Occurrence

Limits of Liability: \$ 5,000,000 Each Claim
\$ 5,000,000 Aggregate Limit of Liability

SIR: \$ 50,000 Each Claim

Proposal Option: 2

Re: KBD MECHANICAL LLC

Coverage: Contractor's Protective Professional Indemnity and Liability Insurance

Reference Number: 3245653-19

Coverage Description:	C.1.b. Transportation	
Coverage Type:	Occurrence	
Retroactive Date:	N/A	
Limits of Liability:	\$ 5,000,000	Each Claim
	\$ 5,000,000	Aggregate Limit of Liability
SIR:	\$ 50,000	Each Claim
Coverage Description:	C.1.c. Non-Owned Disposal Sites	
Coverage Type:	Occurrence	
Retroactive Date:	N/A	
Limits of Liability:	\$ 5,000,000	Each Claim
	\$ 5,000,000	Aggregate Limit of Liability
SIR:	\$ 50,000	Each Claim
Coverage Description:	C.1.d. Time Element Pollution Event	
Coverage Type:	Occurrence	
Retroactive Date:	N/A	
Limits of Liability:	\$ 5,000,000	Each Claim
	\$ 5,000,000	Aggregate Limit of Liability
SIR:	\$ 50,000	Each Claim
Coverage Description:	C.2. Mitigation	
Coverage Type:	Occurrence	
Retroactive Date:	N/A	
Limits of Liability:	\$ 5,000,000	Each Claim
	\$ 5,000,000	Aggregate Limit of Liability
SIR:	\$ 50,000	Each Claim
Coverage Description:	Public Relations Coverage Extension	
Coverage Type:	Claims Made	
Retroactive Date:	N/A	
Limits of Liability:	\$ 50,000	Each Claim
	\$ 50,000	Aggregate Limit of Liability
SIR:	\$ N/A	Each Claim

7. Policy Premium: \$ 96,750 Minimum and Deposit Premium

Total Due: \$ **96,750**

8. Minimum Earned Premium: The policy will be subject to a minimum earned premium of 25.00% of the Total Due.
If the policy period exceeds 12 months, 100% minimum earned at 12 months past policy inception.

9. Rate of Adjustment: No audit for premium adjustment will be conducted. This premium is flat.

10. Premium Due: Full payment must be received within 30 days of the Policy Effective Date.

Proposal Option: 2

Re: KBD MECHANICAL LLC

Coverage: Contractor's Protective Professional Indemnity and Liability Insurance

Reference Number: 3245653-19

- 11. Terms and Conditions:** Refer to the attached Schedule of Forms and Endorsements
- This proposal reflects the terms & conditions of the Underwriting Company and may differ from the submitted application and / or specifications.
 - This indication, quote, or any binder, application, policy form and any materials forming part of this proposal are proprietary information. Disclosure of this information to any other competitor is a violation of an expressed confidentiality agreement, attorney client privileges, copyright and other proprietary laws as applicable.
 - Policy Premium does not include surplus lines taxes and surcharges which are the responsibility of the Surplus Lines broker.
 - The Company does not warrant the availability of the Design Professional's Insurance, nor will it pay until their insurance first indemnifies the Insured or has been exhausted due to payment of claims. No design firm(s) will be added to this policy as an additional insured and as such no insurance is provided to any design firm(s) for their professional liability and no limitation of liability is to be provided to them by the Insured unless specifically approved by the Company.
- 12. Subject To:** • Refer to the attached Proposal Subjectivities.
- 13. Producer:** WILLIS TOWERS WATSON NORTHEAST, INC.
200 LIBERTY ST FL 6
NEW YORK, NY 10281-0001
- 14. Commission:** 15.00%
- 15. Date of Proposal:** 09/09/2024

Schedule of Forms and Endorsements

Re: KBD MECHANICAL LLC

Coverage: Contractor's Protective Professional Indemnity and Liability Insurance

Reference Number: 3245653-18

The following schedule contains a general description of the coverages provided. For a detailed description of the terms conditions, exclusions and limitations of this insurance you must refer to the applicable policy forms and endorsements, which shall be interpreted and applied without regard to the descriptions and titles listed in the following schedule.

			Option				
	Title *	Form Number	1	2	3	4	5
Policy Form:	Contractor's Protective Professional Indemnity and Liability Insurance Policy	STF-CPP-100-D CW (10/20)	X	X			
Endorsement:	Contractor's Protective Professional Indemnity and Liability Insurance Policy Jacket	STF-CPP-128-A CW (05/09)	X	X			
	Service of Suit and In Witness Clause	STF-GU-199-B (01/09)	X	X			
	Contractor's Protective Professional Indemnity (CPPI) and Liability Insurance Declarations	STF-CPP-D-100-D CW (10/20)	X	X			
	Protective Indemnity Amended Endorsement (Revised Reporting)(60 Days)	STF-CPP-258-A CW (02/23)	X	X			
	Amended Definition of Insured Endorsement (Scheduled Entity(ies) Added)	STF-CPP-107-C CW (10/20)	X	X			
	Amended Notice of Cancellation Endorsement	STF-CPP-116-C CW (10/20)	X	X			
	Annual Aggregate and Maintenance Self-Insured Retentions Endorsement	STF-CPP-142-C CW (10/20)	X	X			
	Reduced Self-Insured Retention and Indemnity Endorsement	STF-CPP-149-C CW (10/20)	X	X			
	Choice of Counsel Endorsement	STF-CPP-185-C CW (10/20)	X	X			
	Schedule of Covered Locations Endorsement	STF-CPP-206-B CW (10/20)	X	X			
	Amended Definition of Carrier Endorsement (Aircraft Added)	STF-CPP-215-B CW (10/20)	X	X			
	Protective Indemnity Amended Endorsement	M-CPP-2259-A CW (10/22)	X	X			
	General Change Endorsement	STF-CPP-163-A CW (02/11)	X	X			
	Sanctions Exclusion Endorsement	U-GU-1191-A MD (03/15)	X	X			

* The titles of the endorsements are provided for convenience only. Coverage provided pursuant to these endorsements shall be interpreted and applied without regard to such titles.

Proposal Subjectivities



Re: KBD MECHANICAL LLC

Coverage: Contractor's Protective Professional Indemnity and Liability Insurance

Reference Number: 3245653-18

Unless otherwise noted, the proposals are subject to receipt, review and acceptance of the following information **prior to binding**:

Description	Option				
	1	2	3	4	5
Copies of Current Annual Financial Statements	X	X			
Steadfast Insurance Company is a qualified surplus lines insurer. It is your responsibility to follow the applicable state requirements governing the placement of surplus lines insurance. These requirements include, but are not limited to, remittance of surplus lines taxes and, in some jurisdictions, filing of declination affidavits with the appropriate state insurance department or surplus lines stamping office. You must provide proof of your compliance with state requirements, and provide us with the name, address and license number of the surplus lines producer who will remit the tax, as well as satisfy any other state regulatory requirement(s) in connection with this insured. To assist you in this process we have attached our Surplus Lines Information Letter for you to complete.	X	X			

The insurer may withdraw or modify this proposal or any agreement to bind coverage if:

- the information requested above materially changes the Underwriter's risk analysis, or
- a material change in the risk occurs between the date of this proposal and the effective date of the proposed policy (including condition of the applicant or an occurrence or event which could change the underwriting evaluation of the application).



Date Issued: 09/09/2024

Jason He
WILLIS TOWERS WATSON NORTHEAST, INC.
200 LIBERTY ST FL 6
NEW YORK, NY 10281-0001

Re: KBD MECHANICAL LLC

Coverage: Contractor's Protective Professional Indemnity and Liability Insurance

Reference Number: 3245653-18

The above Proposal is being provided by Steadfast Insurance Company, a qualified surplus lines insurer. It is incumbent upon you to make certain that any issued policy will be in accordance with the applicable state requirements governing the placement of surplus lines insurance. These requirements include, but are not limited to, remittance of surplus lines taxes and, in some jurisdictions, filing of declination affidavits with the appropriate state insurance department or surplus lines stamping office.

To assure us that you will comply with the foregoing requirements, you must return this original letter with your signature, acknowledging your compliance with state requirements, and provide us with the name, address, and license number of the surplus lines producer who will remit the tax, as well as satisfy any other state regulatory requirement(s) in connection with this risk.

Please be advised that the above proposal cannot be bound if you fail to provide this information prior to binding.

Zurich
CM CONSTRUCTION MGT
150 Greenwich Street
New York, NY 10007

Wayne Marshall
Market Facing Underwriter IV
wayne.marshall@zurichna.com

wayne.marshall@zurichna.com
www.zurichna.com

Phone: 2125535261

Acknowledgment

Producing Agent / Broker Information:

Name: _____

Signature: _____

Date: _____

Surplus Lines Agent / Broker Information:

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

License #: _____ State Paid: _____

Name of Licensed Person: _____

Phone: _____

New Hampshire Tax ID # (if applicable): _____

New Jersey SLA # (if applicable): _____

(state assigned 5 digit number to all SL licensees)

New Jersey SLA Transaction # (if applicable): _____

(made up of the producer's surplus line agent number, the year of the policy placement, and a sequential number maintained by the agent)