

COMMERCIAL GENERAL LIABILITY

QUOTATION / PRICE INDICATION

PBIB PASCAL BURKE
INSURANCE BROKERAGE, INC.

(P) 877-893-7629

insure@pbibinc.com

https://pbibins.com

APPLICANTS INFORMATION

Name: Francisco Sanchez

Comp Name: Francisco Sanchez

Address: 10317 La Reyna Ave Apt B Downey CA 90241

Number: 323-868-4929

Email: decs5001@gmail.com

Proposed Effective Date: 01/19/2024

QUOTATION / PRICE INDICATION

Premium: \$ 330.00

Placement Fee: \$ 300.00

Broker Fee: \$ 200.00

Total Policy Cost: \$ 830.00

COVERAGE LIMITS

General Aggregate	\$2,000,000
Per Occurrence	\$1,000,000
Products/Completed Ops	\$2,000,000
Personal/Advertising Injury	\$1,000,000
Fire damage to premises rented to you	\$50,000
Medical Payments	\$5,000
Deductible	\$ 0

**A Rated Insurance Company

RATING BASIS

Total Gross Receipts (Estimated):	\$ 100,000
Subcontracting Costs (Estimated):	\$ --
Number of Field Employee/s:	--
Total Payroll (Estimated):	\$ --
Years in Business:	1
Years in Experience:	18

CLASS CODE RATING BASIS

Janitorial Services (excluding Aircraft Janitorial Services and Crime Scene Cleanup)

PAYMENT SELECTION:

- ☐ Pay in Full (\$ 830.00)
☐ Down Payment (\$ 527.50)
☐ Monthly Payment (\$ 27.50)

BINDING REQUIREMENTS

- ☐ Signed Application
☐ Proof of Payment



Francisco Sanchez

01 / 25 / 2024

Applicant Name /Signature of the insured or Authorize Representative

Date Signed

Notes

DISCLOSURE: This is a quotation only. No coverage is in effect until the insurance carrier has approved the quotation, all binding requirements are received by the carrier for final underwriting, and a policy or binder is received by the applicant.

Pascal Burke Insurance Brokerage, Inc

2102 Business Center Drive Suite 280 Irvine, CA, 92612 | Tel. 877-893-7629 | Fax 949-340-8412 | insure@pbibinc.com | Lic. # 0L98468

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ONE TIME – ACH OR CREDIT CARD AUTHORIZATION

I, Francisco Sanchez of Francisco Sanchez authorize PASCAL BURKE INSURANCE BROKERAGE, INC. to withdraw from the payment option selected below the total amount of _____. I fully understand that there is a 2% added fee for Credit Card Options. For check payments, a 3 business day clearing time is imposed before processing of signed documents.



CREDIT CARD – PAYMENT OPTION:



CREDIT CARD: Select type of Card: ☐ Visa ☐ MC ☐ AE ☐ DISCOVER

Credit Card Number: _____ Exp: ____ / ____ CVC: _____

Account name: _____

Address: _____

Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (Minimum 30 days).

I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new ACH Debit Authorization Form.

All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Signature

01 / 25 / 2024

Date

Your signature above confirms the terms and payment options selected.

**BROKER FEE, COMMISSION DISCLOSURE AND COMMUNICATIONS AGREEMENT:
PLEASE READ IT CAREFULLY!**

I. It is agreed that Pascal Burke Insurance Brokerage, Inc. will be acting as your Insurance Broker for the procurement, and maintenance of your insurance, and additional services which are risk management services. (See the attached quotation for the insurance transacted pertaining to this agreement).

II. You authorize PBIB to communicate the status of your insurance, or future insurance offerings to you or your company including but not limited to phone calls, text messages, email, prerecorded announcements, or voicemail.

III. A list of all Broker Fees charged can be found in your quotation labeled (Broker Fee, Placement Fee, Producers Fee), if you need assistance locating those fees within the documents, please ask your broker to clearly identify those fees.

IV. Your insurance broker represents you, the consumer, and is entitled to charge a broker fee if he/she chooses. This fee is not set by law, and may be negotiable between you and the broker, The Fees charged are shown in your 'Quotation' and will be listed under one or all of the following names (Broker Fee, Placement Fee, Producers Fee).

V. All Broker Fees are earned at the time of inception of the policy and are nonrefundable in the event of cancellation.

VI. Your broker may receive commission from insurance company(ies) for placing your insurance the commission will range from 5% to 20% of the premium. (To calculate premium. This is calculated Premium Amount X .05 to .20 = Commission).

VII. The insured agrees to convert this Commission to a Broker Fee, reducing the Policy Premium by the same amount. This Broker Fee will be treated the same as all other broker fees 100% earned at the binding of the policy, and not subject to be returned to the insured in the event of cancellation of the policy prior to full term for any reason.




VIII. At your request we will provide you with an exact estimate of the total compensation received by your Broker including all commissions and fees.

Name of Insured: Francisco Sanchez

Insured's Signature:  Date: 01 / 25 / 2024

Title	Francisco Sanchez - Please Review and Sign
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