

COMMERCIAL GENERAL LIABILITY

QUOTATION / PRICE INDICATION

Quote / Application Number: U40864559



(P) 877-893-7629

insure@pbibinc.com

https://pbibins.com

APPLICANTS INFORMATION

Name: Dane Thomas Herbert
Comp Name: Dane Construction & Remodeling
Address: 3419 Cobblestone Creek Way Houston TX 77084
Number: 713-419-9186
Email: dane.construction.remodeling@gmail.com

Proposed Effective Date: 07-22-2024

QUOTATION / PRICE INDICATION

Premium: \$ 890.00
Placement Fee: \$ 220.00
Broker Fee: \$ 200.00
Total Policy Cost: \$1,310.00

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	\$100,000
Medical Payments	\$5,000
Deductible	\$ 0

**A Rated Insurance Company

RATING BASIS

Total Gross Receipts (Estimated):	\$ 100,000
Subcontracting Costs (Estimated):	\$ 0.00
Number of Field Employee/s:	0
Total Payroll (Estimated):	\$ 0.00
Years in Business:	1
Years in Experience:	10

CLASS CODE RATING BASIS

Remodeling

PAYMENT SELECTION:

☐ Pay in Full (\$ 1,310.00)
☐ Down Payment (\$ 642.50)
☐ Monthly Payment (\$66.75)

BINDING REQUIREMENTS

☐ Signed Application
☐ Proof of Payment

Dane Thomas Herbert

07 / 29 / 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.

Client Name: Dane Thomas Herbert**Client Email:** dane.construction.remodeling@gmail.com**Client Phone:** (713) 419-9186**Business Name:** Dane Construction & Remodeling**Trade:** Remodeling**Business Address:** 3419 Cobblestone Creek Way, Houston, Texas, 77084**Agent Name:** Pascal Burke**Agent Email:** insure@pbibinc.com**Quote Number:** U40864559**Date requested:** 07/22/2024

Issuing insurer	Spinnaker Insurance Company
General Liability	\$1,000,000
General liability aggregate limit	\$2,000,000
Deductible	\$0
Premises rented to you	\$100,000
Medical expenses	\$5,000
Personal & advertising injury	\$1,000,000
Products/Completed Operations Limit	\$2,000,000
Additional Insured	\$0
Total	\$1,310.00/year \$66.75/month \$642.50 due today and then 10 installments of \$66.75 with no installment fee

This Quote Proposal is subject to change based on the date a binding policy is requested. Changes may include increases or decreases in premium and an updated endorsement schedule due to updated rate and form filings or new underwriting information provided by the insured. Any such changes will be disclosed when a request to bind is made.

Harborway Insurance policies are underwritten by Spinnaker Insurance Company and reinsured by Munich Re, an A+ (Superior) rated insurance carrier by AM Best.

This is a quote proposal with sample policy document pages attached. This proposal outlines coverage forms, limits of coverage, schedule of endorsements and other terms and conditions as of the proposal date. If you purchase a policy, the terms and conditions of your policy may vary and may not include the coverages described in this proposal. This document does not create a binding insurance policy or contract.

SCHEDULE OF ENDORSEMENTS

HW SPN CW01 10 23 - SPINNAKER PRIVACY NOTICE
HW GL 300 03 22 - COMMERCIAL GENERAL LIABILITY DECLARATIONS
HW ML SIG 09 21 - SIGNATURE PAGE
CG 00 01 04 13 - COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 01 03 06 06 - TEXAS CHANGES
CG 20 01 04 13 - PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION
CG 20 10 04 13 - ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION
CG 21 06 05 14 - EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG 21 09 06 15 - EXCLUSION - UNMANNED AIRCRAFT
CG 21 53 01 96 - EXCLUSION - DESIGNATED ONGOING OPERATIONS
CG 21 54 01 96 - EXCLUSION - DESIGNATED OPERATIONS COVERED BY A CONSOLIDATED (WRAP-UP) INSURANCE PROGRAM
CG 21 67 12 04 - FUNGI OR BACTERIA EXCLUSION
CG 21 73 01 15 - EXCLUSION OF CERTIFIED ACTS OF TERRORISM
CG 21 86 12 04 - EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS
CG 21 96 03 05 - SILICA OR SILICA-RELATED DUST EXCLUSION
CG 22 31 07 98 - EXCLUSION - RIOT, CIVIL COMMOTION OR MOB ACTION - GOVERNMENTAL SUBDIVISIONS
CG 22 79 04 13 - EXCLUSION - CONTRACTORS - PROFESSIONAL LIABILITY
CG 40 04 12 19 - EXCLUSION - EARTH MOVEMENT
CG 21 32 05 09 - COMMUNICABLE DISEASE EXCLUSION
CG 26 39 12 07 - TEXAS CHANGES - EMPLOYMENT-RELATED PRACTICES EXCLUSION
HW GL 101 05 19 - EXCLUSION - ASBESTOS
HW GL 102 05 19 - EXCLUSION - CROSS SUITS
HW GL 103 05 19 - EXCLUSION - DATA PRIVACY AND CYBER LIABILITY
HW GL 105 05 19 - EXCLUSION - FOREIGN DRYWALL CONTAMINANTS
HW GL 106 05 19 - EXCLUSION - LEAD
HW GL 107 05 19 - EXCLUSION - PRIOR COMPLETED AND ABANDONED WORK
HW GL 108 TX 05 19 - EXCLUSION - PRIOR DAMAGES - TEXAS
HW GL 109 05 19 - EXCLUSION - PUNITIVE OR EXEMPLARY DAMAGES
HW GL 110 05 19 - EXCLUSION - WEAPONS
HW GL 112 TX 05 19 - EXCLUSION - MOLESTATION OR ABUSE - TEXAS
HW GL 113 05 19 - EXCLUSION - ASSAULT OR BATTERY
HW GL 114 03 22 - EXCLUSION - CONTRACTORS'/OWNERS' SUBCONTRACTED WORK - WITH CERTIFICATE OF INSURANCE EXCEPTION
HW GL 115 05 19 - EXCLUSION - BODILY INJURY - ALL EMPLOYEES, VOLUNTEER WORKERS, TEMPORARY WORKERS, CASUAL LABORERS, CONTRACTORS, AND SUBCONTRACTORS
HW GL 117 TX 01 23 - EXCLUSION - WILDFIRES - TEXAS
HW GL 301 TX 05 19 - NON-STACKING OF LIMITS - TEXAS
HW GL 302 05 19 - BLANKET WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
HW GL 303 05 19 - MINIMUM EARNED PREMIUM ENDORSEMENT
HW ML 103 05 19 - POLICYHOLDER DISCLOSURE REMINDER NOTICE REGARDING PREVIOUS REJECTION OF TERRORISM INSURANCE COVERAGE AND OFFER OF TERRORISM COVERAGE
HW PHN TX01 06 23 - TEXAS IMPORTANT NOTICE
HW PHN TX02 05 19 - ASBESTOS EXCLUSION NOTICE - TEXAS
HW PHN TX03 05 19 - FOREIGN DRYWALL CONTAMINANTS EXCLUSION NOTICE - TEXAS
HW PHN TX04 05 19 - LEAD EXCLUSION NOTICE - TEXAS
HW PHN TX05 05 19 - LOSS CONTROL NOTICE
IL 00 03 09 08 - CALCULATION OF PREMIUM
IL 00 17 11 98 - COMMON POLICY CONDITIONS
IL 00 21 09 08 - NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (Broad Form)
IL 01 68 03 12 - TEXAS CHANGES - DUTIES
IL 02 75 11 13 - TEXAS CHANGES - CANCELLATION AND NONRENEWAL PROVISIONS FOR CASUALTY LINES AND COMMERCIAL PACKAGE POLICIES
IL P 001 01 04 - U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ('OFAC') ADVISORY NOTICE TO POLICYHOLDERS

This is a quote proposal with sample policy document pages attached. This proposal outlines coverage forms, limits of coverage, schedule of endorsements and other terms and conditions as of the proposal date. If you purchase a policy, the terms and conditions of your policy may vary and may not include the coverages described in this proposal. This document does not create a binding insurance policy or contract.

This Insurance Quote Proposal contains confidential client information



ONE TIME – ACH OR CREDIT CARD AUTHORIZATION

I, Dane Thomas Herbert of Dane Construction & Remodeling 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.

OH

Signature

07 / 29 / 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: Dane Thomas Herbert

Insured's Signature:  Date: 07 / 29 / 2024

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