

Your Quote Proposal

INSURED

Dahlquist Construction

AGENT

Pascal Burke

Pascal Burke Insurance Brokerage Inc.

CREATED DATE

01/10/2024

Policy	Monthly*	Yearly
General Liability	\$45.00	\$540.00
Placement Fee		\$250.00
Broker Fee		\$150.00
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Total Price	\$45.00	\$940.00
Down Payment	\$490.00	\$940.00

General Liability

Effective Date: 01/10/2024

Yearly Premium	\$940.00
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Monthly Premium	\$45.00
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Down Payment	\$490.00
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GENERAL LIABILITY COVERAGE LIMITS

Per Occurrence	\$1,000,000.00
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General Aggregate	\$2,000,000.00
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Deductible	\$0.00
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Damage to rented premises - Per premise	\$100,000.00
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Medical expenses - Per person	\$15,000.00
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Personal and advertising injury - Per person or organization	\$1,000,000.00
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Products completed - Aggregate	\$2,000,000.00
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GENERAL LIABILITY - ADDITIONAL COVERAGES & ENDORSEMENTS

Additional Insured - Automatic Status	Included
Blanket Additional Insured	Included
Waiver of Subrogation	Included
Additional Insured - Owners, Lessees or Contractors - Automatic Status	Included

Schedule of Policy Forms & Endorsements

Title	Form Number and Edition Date
Cover Page	NXT-0003 IL 0921
Signature Page	NXT-0001 IL 1017
Common Declarations Page	NXT-0340 BM GL 0619
Calculation Of Premium	IL 00 03 09 08
Common Policy Conditions	IL 00 17 11 98
Nuclear Energy Liability Exclusion Endorsement (Broad Form)	IL 00 21 09 08
California Changes - Cancellation and Nonrenewal	IL 02 70 09 12
California Premium Refund Disclosure Notice	IL N 177 09 12
Privacy Notice	NXT-0002 IL 0218
Commercial General Liability Declarations	NXT-0337 BM GL 0619
Commercial General Liability Coverage Form	CG 00 01 04 13
Additional Insured - Owners, Lessees or Contractors - Automatic Status When Required in Construction Agreement With You	CG 20 33 04 13
Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - With Limited Bodily Injury Exception	CG 21 06 05 14
Communicable Disease Exclusion	CG 21 32 05 09
Exclusion - Designated Work	CG 21 34 01 87
Employment-Related Practices Exclusion	CG 21 47 12 07
Total Pollution Exclusion Endorsement	CG 21 49 09 99
Exclusion - Designated Ongoing Operations	CG 21 53 01 96
Limited Exclusion - Designated Operations Covered By a Consolidated (Wrap-Up) Insurance Program	CG 21 54 01 96
Fungi or Bacteria Exclusion	CG 21 67 12 04
Exclusion of Certified Acts of Terrorism	CG 21 73 01 15
Exclusion - Exterior Insulation and Finish Systems	CG 21 86 12 04
Silica or Silica-Related Dust Exclusion	CG 21 96 03 05
Exclusion - Engineers, Architects or Surveyors Professional Liability	CG 22 43 04 13
Exclusion - Damage to Work Performed by Subcontractors on Your Behalf	CG 22 94 10 01
Waiver Of Transfer Of Rights Of Recovery Against Others To Us	CG 24 04 05 09
Exclusion For Injury To Volunteer Workers	NXT-0019 BM GL 0918
Total Professional Services Exclusion	NXT-0059 BM GL 0318
Earth Movement Exclusion	NXT-0074 BM GL 0218
Prior Completed and Abandoned Work Exclusion	NXT-0075 BM GL 0218
Continuous or Progressive Injury and Damage Exclusion	NXT-0076 BM GL 0218
Cross Suits Exclusion	NXT-0077 BM GL 0218
Bodily Injury to Employees Exclusion	NXT-0078 BM GL 0218
Exclusion - Asbestos Exclusion	NXT-0080 BM GL 0218
Prior Damages Exclusion	NXT-0081 BM GL 0218
Limitation of Coverage to Business Description	NXT-0082 BM GL 0218
Blanket Additional Insured	NXT-0115 BM GL 0218
Sexually Transmitted Diseases Exclusion	NXT-0116 BM GL 0218
Unintentional E&O, Knowledge of Occurrence, Notice of Occurrence	NXT-0235 BM GL 0218
Contractor/Subcontractor Insurance Requirements	NXT-0307 BM GL 0418
Additional Insured Automatic Status	NXT-0308 BM GL 0619
Contractor Professional Liability Limited Exclusion	NXT-0312 BM GL 0218
Foreign Drywall Contaminants	NXT-0314 BM GL 0218
Condominium, Townhome, Timeshare, and Tract Home Exclusion	NXT-0350 BM GL 0318
Exclusion - Lead Exclusion	NXT-0079 BM GL 0218
Non Compensatory Damages Exclusion	NXT-0083 BM GL 0218
Notice of Terrorism	NXT-0073 BM GL 0418
OFAC Notice	SNC-IL-0719-OFAC-N (SNIC)
Trade or Economic Sanctions	SNC-IL-0719-TOES-E (SNIC)



ONE TIME – ACH OR CREDIT CARD AUTHORIZATION

I, Roger Dahlquist of Dahlquist Construction 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.

RD

01 / 10 / 2024

Signature

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: _____ Roger Dahlquist

Insured's Signature: _____  Date: _____ 01 / 10 / 2024

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