

# Your Quote Proposal

INSURED

R&amp;R Quality Drywall &amp; Painting LLC

AGENT

Pascal Burke

Pascal Burke Insurance Brokerage Inc.

CREATED DATE

07/23/2024

[illegible]

General Liability		Effective Date: 07/23/2024
Yearly Premium		\$1,694.88
Monthly Premium		\$110.41
Down Payment		\$590.82
GENERAL LIABILITY COVERAGE LIMITS		
Per Occurrence		\$1,000,000.00
General Aggregate		\$2,000,000.00
Deductible		\$0.00
Damage to rented premises - Per premise		\$100,000.00
Medical expenses - Per person		\$15,000.00
Personal and advertising injury - Per person or organization		\$1,000,000.00
Products completed - Aggregate		\$2,000,000.00

## GENERAL LIABILITY - ADDITIONAL COVERAGES & ENDORSEMENTS

Contractors Errors and Omissions Coverage	Included
Contractors Errors and Omissions Coverage - Limit Per Loss	\$25,000.00
Contractors Errors and Omissions Coverage - Aggregate Limit	\$50,000.00
Contractors Errors and Omissions Coverage - Deductible Per Loss	\$0.00
Additional Insured - Automatic Status	Included
Blanket Additional Insured	Included
Waiver of Subrogation	Included
Professional Liability Coverage (Occurrence)	Included
Professional Liability Coverage (Occurrence) - Per Occurrence Limit	\$25,000.00
Professional Liability Coverage (Occurrence) - Aggregate Limit	\$50,000.00
Professional Liability Coverage (Occurrence) - Deductible	\$0.00
Stop Gap - Employers Liability Coverage	Included
Stop Gap - Employers Liability Coverage - Bodily Injury by Accident	Included
Stop Gap - Employers Liability Coverage - Bodily Injury by Accident - Each Accident	\$1,000,000.00
Stop Gap - Employers Liability Coverage - Bodily Injury by Disease	Included
Stop Gap - Employers Liability Coverage - Bodily Injury by Disease - Aggregate Limit	\$2,000,000.00
Stop Gap - Employers Liability Coverage - Bodily Injury by Disease - Each Employee	\$1,000,000.00
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 Policy Declarations	NXT-GL-0003.4-0123
Calculation of Premium	NXT-0006 IL 0920
Nuclear Energy Liability Exclusion Endorsement (Broad Form)	IL 00 21 09 08
Insured Requested Cancellation	NXT-0005 IL 0620
Washington Changes - Defense Costs	IL 01 23 11 13
Washington Common Policy Conditions	IL 01 46 08 10
Privacy Notice	NXT-0002 IL 0218
Commercial General Liability Declarations	NXT-0337 BM GL 0120
Commercial General Liability Coverage Form	CG 00 01 04 13
Stop Gap - Employers Liability Coverage Endorsement - Washington	CG 04 42 11 03
Washington Changes - Who Is an Insured	CG 04 50 05 08
Additional Insured - Owners, Lessees Or Contractors - Automatic Status When Required In A Written Construction Agreement With You	CG 20 33 12 19
Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - With Limited Bodily Injury Exception	CG 21 06 05 14
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
Exclusion - Designated Operations Covered By A Controlled (Wrap-Up) Insurance Program	CG 21 54 12 19
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 (Waiver Of Subrogation)	CG 24 04 12 19
Washington - Exclusion - Viral or Bacterial Infections - Exception for Designated Infection, Ongoing Operations or Products	CG 40 43 04 22
Exclusion - Injury to Worker	NXT-GL-2140.1-0322
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
Exclusion - Asbestos Exclusion	NXT-0080 BM GL 0218
Prior Damages Exclusion	NXT-0081 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
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
Limitation of Coverage to Business Description	NXT-GL-2020.3-0322
Contractor/Sub-Contractor Insurance Requirements	NXT-GL-2074.3-0322
Contractors Errors and Omissions Coverage - Washington	NXT-GL-2079.3-WA-0322
Exclusion - Activities Or Operations Performed By Non-Disclosed Employee	NXT-GL-2103.1-1219
Operations Involving Open Roofs Exclusion	NXT-GL-2105.2-1120
Exclusion - Cannabis Products	CG 40 26 12 20
Exclusion - Lead Exclusion	NXT-0079 BM GL 0218
Non Compensatory Damages Exclusion	NXT-0083 BM GL 0218
Concurrent Causation	NXT-A01 GL WA 1117
Notice of Terrorism	NXT-0073 BM GL 0218
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, \_\_\_\_\_ of \_\_\_\_\_ authorize PASCAL BURKE INSURANCE BROKERAGE, INC. to withdraw from the payment option selected below the total amount of \$590.82. 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.

*Erineo Reyes*

Signature

07 / 26 / 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: Erineo Reyes

Insured's Signature: Erineo Reyes Date: 07 / 26 / 2024

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