
DIVE CENTER PROPOSAL

SUMMARY OF COVERAGES

Agent Information

Vicencia & Buckley A Division of HUB International Insurance Services
6 Centerpointe Drive, #350 La Palma, CA 90623-2538
License#: 88018

Insured's Name and Mailing Address:

DIVER DAN , INC
DBA: DIVER DAN S
2245 EL CAMINO REAL
SANTA CLARA, Colorado, 95050-4096

Agent Contact Information

(714) 739-3177 FAX: (714) 739-3188
(800) 223-9998
Policy period: 06/01/2019 thru 06/30/2020 12:01:00 AM

Members#: 673

Store Location: 2245 EL CAMINO REAL, CAMINO REAL, SANTA CLARA, COLORADO, 95050-4096

Property Coverages	Limits	Liability Coverages	Limits
Contents Limit:	\$500,000	Commercial General Liability (Each Occurrence Limit):	\$1,000,000
(Sign limited to : \$25,000)		Personal Injury (per Occurrence):	1,000,000.00
Business Income:	\$200,000	General Liability Aggregate:	\$2,000,000.00
Building Coverage:	Not Included	Products and Completed Operations Aggregate:	\$2,000,000
Equipment Breakdown:	Included	Damage to premises rented to you:	\$1,000,000
Business Income from dependant properties:	5,000	Medical Expense:	\$5,000.00
Robbery (per Occurrence - Inside):	2,500	NON-Owned Auto:	\$Not Included
Robbery (per Occurrence - Outside):	2,500	NON-Diving Pool Use:	Not Included
Transit Coverage (Locked Vehicle):	10,000	Travel Agent E&O (Each wrongful act & Aggregate):	1,000,000.00
Employee Theft Limit:	5,000.00	(Claims made form)	
Property of Others:	25,000.00	Group Professional Liability:	Not Included
Off premises:	10,000.00	Group Professional Liability Aggregate:	Not Included
Glass:	5,000.00		
Deductible:	Wind/Hail is 5% of Insured Values per location, \$5000 minimum, for Florida, Hawaii, Puerto Rico, USVI, Guam and all Tier 1 locations (coastal Counties) in Texas, Louisiana, Mississippi, Alabama, Georgia, South Carolina, North Carolina and all Harris County Texas locations. Mechanical breakdown is \$2500. All other perils is \$1000}.		

Burglary Coverage is Excluded as there is no Central Station Alarm

"THIS CONTRACT IS DELIVERED AS SURPLUS LINE INSURANCE UNDER THE NONADMITTED INSURANCE ACT. THE INSURER ISSUING THIS CONTRACT IS NOT ADMITTED IN COLORADO BUT IS AN APPROVED NONADMITTED INSURER. THERE IS NO PROTECTION UNDER THE PROVISIONS OF THE COLORADO INSURANCE GUARANTY ASSOCIATION ACT."

â€œTHIS POLICY IS A CLAIMS-MADE POLICY WHICH PROVIDES LIABILITY COVERAGE ONLY IF A CLAIM IS MADE DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD.â€

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Dive Center General Liability Premium:	\$3,413
(Based on estimated annual receipts of \$1,600,000)	
Dive Center Property Premium	\$5,814
Dive Center Surplus Lines Tax:	\$295.27
Dive Center PADI Administration Fee:	\$50.00

Total Store Premium:	\$9,572.27
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Dive Center Group Instructional Program Premium:	\$2,345.75
(Based on estimated annual group receipts of 0.00)	
Dive Center Group Instructional Program Surplus Lines Tax:	\$1,223.44
Dive Center Group Instructional Program PADI Administration Fee:	\$11.45

Total Group Premium:	\$1,198.77
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Amount due in full:	\$9,572.27
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PAYMENT AMOUNT: _____

- ☐ CHECK or MONEY ORDER
Make payable to HUB International (U.S. funds only)
- ☐ CREDIT CARD

CREDIT CARD INFORMATION (If paying by Credit Card)

☐ VISA ☐ MasterCard ☐ American Express

Card Number: _____

Expiration Date: _____ CVV2: _____

Card Holder Name (Print): _____

Card Holder Signature: _____

We (I) know and acknowledge that this policy does not provide any insurance coverage or defense for snow-ski rentals or snow-ski binding adjustments. No coverage is provided for firearms (this exclusion does not include spearguns). No coverage is provided under this policy for any professional liability except under the terms of the designated services exclusion with exception coverage. Professional Liability includes, but is not limited to, instruction of scuba diving, snorkeling, swimming and freediving. The policy defines these and other exclusions as they apply. Burglary Coverage is afforded only with an armed Central Station Alarm (Policy Warranty). This policy does not provide coverage for Workers Compensation or employer's liability.

I accept this proposal and understand this is a summary of coverage and the actual policy language determines the coverage.

Signature: _____ Date: _____ Title: _____