VICTORY® INLAND MARINE PROGRAM
APPLICATION

Builders & Tradesmen's Insurance Services, Inc.
License# 0D10271
6610 Sierra College Boulevard
Rocklin, CA 95677
916.772.9200 | fax: 916.772.9292

Submission Number:	QNI03877042
Submission Type:	☒ New ☐ Renewal ☐ Conversion

BROKER INFORMATION

Agency Code:	TW037
Agency Name:	TWFG Insurance Services LLC
Address:	10055 Grogans Mill Rd, Ste 500
City/State/Zip:	The Woodlands, TX 77380
Contact Person:	Kathy Dumanski
Phone:	972-768-2815
Fax:	
Contact email:	kdumanski@twfg.com

Proposed Effective Date 4/26/2017

Expiration Date of Current GL Policy _____

GENERAL INFORMATION

☐ Individual ☒ Corporation ☐ Limited Liability Company ☐ Joint Venture ☐ Partnership ☐ Limited Partnership

Applicant	Daniel Miller, DBA:				
Location of Premises	115 Cloudcroft				
City	Wylie	State	TX	Zip Code	75098
Mailing Address	115 Cloudcroft				
City	Wylie	State	TX	Zip Code	75098
Phone	(214)392-6387	Inspection Contact	Daniel Miller	Inspection Phone	(214)392-6387

The pricing shown below is valid until 5/11/2017

Property/Inland Marine Create Your Own : $562 Base premium + $100 Policy fee = $662 Total premium

Broker Fee: $ _____ Total Premium and All Fees: $ _____

This is not a final quote, nor is it an offer of insurance. *Pricing is based only upon the rating information your agent has provided and may be subject to change due to additional rating variables. In addition, this is not a policy, but merely a general description of coverages available. Refer to actual policy for full coverage details including exclusions and limitations. Your policy will contain all of the terms and conditions applicable in the event of a loss or claim.* **Acceptability of this risk is dependent upon company underwriting review and will be subject to an engineering & safety services survey, including compliance with recommendations made.**
Issuing Carrier:

Special Conditions:

☐ Washington - Commission paid to the producer is 15% of premium
☐ Terrorism Coverage Accepted

UNDERWRITING INFORMATION

Description of Operations: Landscaping Maintenance / lawn care service
mowing, mulching. planting, installation, pruning.
Comments:

Years in Business	5	Years of Experience	10	License Number	

INLAND MARINE COVERAGES

COVERAGE TYPE	LIMIT(S) OF INSURANCE
Office Contents	
Miscellaneous Tools ($1,500 in value and under)	$15,000
Computer Systems – Equipment	
Computer Systems – Data and Media	
Computer Systems – Extra Expense	
Scheduled Equipment – Light to Medium (Please see Contractor Equipment Schedule)	
Scheduled Equipment – Heavy (Please see Contractor Equipment Schedule)	
Installation Floater	
Rented/Leased Equipment	

INLAND MARINE ELIGIBILITY QUESTIONS

1. Has the applicant incurred more than $5,000 in paid Inland Marine losses (including expenses) or had more than one (1) claim?	No
2. Is the applicant's Inland Marine loss ratio for the past four (4) years greater than 40%?	No
3. Are annual rental costs for rented equipment (if any) over $50,000?	No
4. Is the applicant involved in activities involving CRANES, ASPHALT PLANTS, BRIDGE BUILDING or DREDGING or WATER WAYS?	No
5. Is the applicant involved in activities involving EQUIPMENT RENTAL TO OTHERS WITHOUT AN OPERATOR?	No
6. Is the applicant involved in activities involving FARMING, LOGGING or MINING - SURFACE OR UNDERGROUND?	No
7. Is the applicant involved in activities involving NON-CONTRACTING ACTIVITIES, RECLAMATION OF LANDFILLS or OIL FIELDS?	No
8. Is the applicant involved in activities involving STRUCTURAL DEMOLITION or ROOFING?	No

ELIGIBILITY QUESTION COMMENTS

COVERAGE/DESCRIPTION OF COVERAGE INLAND MARINE	VALUATION	CO-INSURANCE	MAXIMUM LIMITS AVAILABLE	DEDUCTIBLE INFORMATION	
				THEFT DEDUCTIBLE	ALL OTHER PERILS DEDUCTIBLE
MISCELLANEOUS TOOLS AND SMALL EQUIPMENT: This coverage is intended to cover hand tools, compressors, generators, nail guns, paint sprayers, cell phones and similar items. The maximum value of any one tool is $1,500.	Actual Cash Value	80%	$2,000,000 all contractors equipment (total insured values)	$2,500	1% of the amount of insurance on the item(s) lost or damaged but not less than $500

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT OF 2002

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds $100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds $100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

APPLICANT / BROKER SIGNATURES

WARNING:

State law requires complete and truthful information by an applicant for insurance. That includes providing any information that would be material to your business organization. Your failure to provide truthful answers and all material information can result in the insurance company electing to rescind your policy. This means they will not be responsible for any claims which are presented. To avoid such a situation, answer all of the foregoing questions truthfully and completely.

I Have Read And Understood All Of The Questions Asked And Have Provided All Information Required.

SIGN HERE

Signature of Applicant *	Printed Name of Applicant	Date

**Must be owner, executive officer, or partner*

I Have Read And Explained All Of The Questions Asked And Have Provided All Information Required.

SIGN HERE

Signature of Producer	Printed Name of Producer	Date
	Kathy Dumanski	

INLAND MARINE LOSS WARRANTY

Re: **Daniel Miller, DBA:**

(INSURED'S LEGAL BUSINESS NAME)

is requesting Property/Inland Marine coverage(s) from Navigators Specialty Insurance Company (formerly NIC Insurance Company) or Navigators Insurance Company (herein after collectively referred to as "Company").

WARRANTY

This letter is submitted in connection with the Application of the above-captioned Proposed Named Insured for the proposed insurance described above. It is understood and agreed that Company has relied upon this letter as being accurate and complete, and such letter is material to the risk assumed by Company in connection with its underwriting and decision to bind coverage for the proposed Insured.

The undersigned hereby warrant and represent that they have made an exhaustive inquiry of the proposed Insured, and that, as of the date indicated below, they have no knowledge or information of any claim, fact, proceeding, circumstance, act, error or omission which has already given rise or might possibly be expected to give rise to a "Claim" (as defined below) within the meaning of the proposed insurance, against any Insured in the past or future, except for such claims, facts, proceedings, circumstances, acts, errors or omissions, if any, which have been disclosed on the attached Exhibit, regardless of the resolution of such.

On behalf of the proposed Insured, the undersigned acknowledges and agrees that no coverage shall be afforded under the proposed insurance with respect to any "Claim" arising out of, based upon or in consequence of, directly or indirectly resulting from or in any way involving any claim, fact, proceeding, circumstance, act, error or omission which the proposed Insured had any reason to expect prior to the inception of the captioned policy period might give rise to a "Claim" against any Insured in the future.

In addition, the undersigned understands and accepts the provision that (a) coverage may be denied for any "Claim", (b) the Policy may be cancelled or rescinded and/or (c) the Insured may not be offered renewal terms should it be determined by Company that the Insured violated the representations and warranties contained in this Warranty in any way.

"Claim" means a request or demand for money or services because of bodily injury, property damage, personal injury or advertising injury, received by or known by the Proposed Named Insured, including, but not limited to, the service of civil proceedings, institution of arbitration, or any other alternative dispute resolution proceeding.

☐ **The Proposed Named Insured has had no "claims" in the past four (4) years**

☐ **A description of "claim(s)" is provided** *(details should be attached including date of loss, description, reserves/payments, and open/closed status)*

SIGN HERE _____

Applicant Signature
(must be Owner, President or equivalent)

SIGN HERE _____

Producer Signature

_____ Date

_____ Date