



Amy Thompson
320-980-0235
49861 Government Rd
Rush City, MN 55069
ATsepticinspections@gmail.com

WWW.MAXIB.COM

CA License #: 0C79802

**Network Security & Privacy
Liability
Insurance Quote Cover Page**

June 3, 2022

Mt. Hawley Insurance Company quote attached

NAMED INSURED: **AT Septic Inspection & Design Inc.**
DBA:
49861 Government Road
Rush City, MN 55069

EFFECTIVE DATE: 6/30/2022 to 6/30/2023 Term: 365 Days

Premium Summary

PREMIUM:	Base Premium	\$3,220.00
	TRIA	See below TRIA Section
	Broker Policy Fee	\$250.00
	Surplus Lines Tax	\$104.10
	Stamping Fee	\$1.39
Total Due:		\$3,575.49

*Home Tax Filing State: MN. Please notify Maximum if this is incorrect.

TERRORISM: **\$ additional premium, not including taxes for Terrorism according to Terrorism Risk Insurance Act**
At time of binding this coverage must specifically be accepted or declined in writing. If a form is included with this quote, the form must be completed for binding.

MEP: **25%** Minimum Earned Premium, All Fees are 100% Fully Earned

DUE DATE: The Total Due as shown above is due to MAXIMUM **twenty (20) days from inception**. Producer guarantees the full payment due MAXIMUM of all premiums including deposit, earned, extension and adjustable premiums, fees, plus applicable state and local taxes, less commission, on every insurance contract bound or written for Producer. Producer shall be liable to MAXIMUM for the payment of all premiums, fees (including but not limited to collection and reinstatement fees) and taxes **whether or not collected by the Producer**.

TAXES: **MAXIMUM is responsible for all Surplus Lines Tax filings.**
Please note that tax filings are subject to strict deadline/s, and MAXIMUM must have money to the state/s promptly to avoid late fees and penalties. If tax money is not received by the due date stated above and penalties are assessed by the state/s, these penalties will be the responsibility of the retail broker.

FINANCE: Please use Maximum's corporate address for premium finance contracts -
Maximum Independent Brokerage, LLC
222 S Riverside Plaza, Suite 2340, Chicago, IL 60606
Finance companies should reach us at: maxib.com/contact/finance

*Please provide a copy of the Maximum binder to the finance company.

EXCISE TAXES: The premium indicated on this quotation may be subject to excise taxes. Under the terms of this quotation, unless specifically itemized above, the Insured is liable for and obligated to the filing and payment of any excise taxes either itself or through its Retail Agent when applicable.

ATTACHMENTS: Tax Forms (if applicable), Carrier Quotation

Binding Requirements

The following items are required prior to binding (applicable if marked with an "X")

Other: Per additional requirements on attached Carrier Coverage Summary

Conditions

- Please read this quotation carefully as terms quoted may not be consistent with the application. Insurance when effected shall be subject to all terms, conditions, and exclusions of policy (ies) which will be issued, and in the event of any inconsistency here within, the terms & provisions of such policy (ies) shall prevail.
- * "Home State" is defined as the state where insured has its "principal place of business" (or "principal residence" for individuals). If 100% of insured risk is outside of principal place, then home state becomes state to which greatest percentage of insured's taxable premium for this policy is located. Agency is responsible for advising MAXIMUM of insured's Home State.
- Your agency must complete, provide & maintain all information required by Maximum's Appointment Packet before any binding requests will be accepted. Double brokering (where intermediary relationship(s) exist between appointed retailer and the insured) shall not be allowed without the express written consent of Maximum's executive management team.
- Additional layers related to this risk (primary &/or excess) cannot be bound with other parties without Maximum's permission.
- 30 Days NOC / 10 Days for Non-Payment of Premium
- No Flat Cancellations permitted
- Sample forms are available upon request. Do not assume forms, form versions or "follow form" coverage.
- Please do not assume pro rata calculations on Additions and Deletions. Additional and return premiums may be based on rates relating specifically to location state and/or exposure.
- Any fees, taxes and/or surcharges which carriers are required to collect on behalf of local jurisdictions are in addition to the policy premium shown. Fees, taxes and/or surcharges are to be determined and will be invoiced separately as they are incurred during the policy period.
- Please note that we do not review Certificates of Insurance issued by you, or by any other party, relating to this policy of insurance either for content or accuracy. It is your responsibility to see that any Certificate provides an accurate representation of the binder, coverage form and endorsements applicable to this policy at the time the Certificate is issued.
- Certificates of Insurance are never recognized as endorsements or policy change requests. You must submit a separate written request if an endorsement or policy change (including but not limited to adding additional insureds, loss payees, and mortgagees and/or alteration of notice requirements for cancellation) is requested. In the event a policy change is requested, the underwriter will advise if the request is acceptable to the Company.
- This quotation is not permission to bind coverage. No coverage is in effect until confirmed to MAXIMUM by the carrier(s).
- Quote Revision Comments: n/a

Catherine Braunschweig, Broker
PROVIDED BY

Joseph Messina, President & CEO
AUTHORIZED BY

QUOTATION VALID UNTIL 6/30/2022 OR 30 DAYS FROM TODAY, WHICHEVER IS SOONER.

If a request to bind is not received within this time, the quotation is invalid. This quote does not authorize backdating of coverage, and we must be advised prior to the effective date in order to bind coverage.

Re: AT Septic Inspection & Design Inc, renewal of EGL0008623

The coverage and limits of insurance in this quotation may be different than those requested. Please read the entire quotation to determine what limits and coverages are offered. Please contact the underwriter if any clarifications are needed.

Coverage: Environmental Liability Package EGL 101 05 09

Additional Amendments and Exclusions apply as noted in sections below. Please read the form carefully.

Issuing Company: Mt. Hawley Insurance Company, A+ Non-Admitted

Policy Term: 1 Year

Retroactive Date: 6/30/2015 (Coverage Part D - Professional)

Limits of Insurance:

\$2,000,000 General Aggregate
\$1,000,000 Products/Completed Operations Aggregate
\$1,000,000 Personal And Advertising Injury
\$1,000,000 Each Occurrence, Act Error or Omission; or Pollution Incident
\$50,000 Damage to Premises Rented To You
\$5,000 Medical Expense Payments

Deductible: \$2,500 Per Claim

Covering

Residential septic system design and inspection. Premium is flat and based on \$65,000 receipts. GL coverage is occurrence with claims made professional.

Total Advance Premium Without Terrorism: \$3,220
Minimum Premium at Audit: \$3,220

The minimum premium, in the event of midterm cancellation by the insured, is the greater of the short rate or 25% of the minimum annual premium.

Premium for Certified Acts of Terrorism:

This quotation is extended to provide an option for coverage for terrorism as defined in the Terrorism Risk Insurance Act, as amended for Environmental General Liability. The additional premium for this coverage is \$161 - Flat.

Exclusions in addition to those in the standard policy form:

<u>EGL 360 03 20</u>	Communicable Disease Exclusion
<u>EGL 504 05 09</u>	Contractors Pollution Liability Exclusionary Endorsement
<u>EGL 508 06 09</u>	EIFS Exclusion
<u>EGL 364 03 21</u>	Exclusion - Access Or Disclosure Of Data Related Liability
<u>EGL 368 03 21</u>	Exclusion - Human Trafficking
<u>RIL-2126ENV(10/21)</u>	Exclusion - Terrorism
<u>EGL 510 06 09</u>	Exclusion - Wrap-ups

Extended Reporting Option:

Upon cancellation or non-renewal of this policy by either party, a Basic Reporting Period of 60 days will be automatically provided without any additional charge, provided there are no premiums due or loss reimbursements due us.

If, however, coverage is immediately replaced by similar coverage on which Retroactive Date is the same as on our original coverage, there shall be no right to secure any Supplemental Extended Reporting Period.

If coverage is not replaced as described, a Supplemental Extended Reporting Period of three (3) years is available for purchase by the insured provided that the policy was not cancelled due to nonpayment of premium. Written request for this endorsement must be received:

1. Prior to either the end of the policy period or the date of termination, whichever comes first, if we cancel or non-renew the policy for a reason for which we give less than sixty (60) days' notice,
2. No less than thirty (30) days prior to either the end of the policy period or the date of termination, whichever comes first, if we cancel or non-renew the policy for a reason for which we give sixty (60) days' or more notice, or
3. At the same time that you notify us of your intent to cancel or non-renew the policy, if you cancel or non-renew the policy.

Written request must be accompanied by the full additional premium charge (200% of the annual earned or annual minimum, whichever is greater).

The Basic Extended Reporting Period and the Supplemental Extended Reporting Period do not extend the policy period nor reinstate or increase the policy limits of liability.

Coverage amendments to standard policy form:

<u>EGL 324 09 18</u>	Additional Insured - Designated Person Or Organization
<u>EGL 355 06 11</u>	Application Of Minimum Premium
<u>EGL 102E 03 20</u>	Contractors Conditions of Coverage
<u>EGL 300 05 20</u>	Deductible Liability Endorsement
<u>EGL 323 06 09</u>	Designated Professional Services
<u>CGL-482(04/17)</u>	Related Entity Endorsement
<u>RIL-099ENV(06/21)</u>	Service Of Suit And Conditions Endorsement
<u>EGL 312 05 09</u>	Waiver Of Transfer Of Rights Of Recovery Against Others To Us

Quote requirements prior to binding coverage:

None Applicable

Quote requirements within 30 days after binding:

In order to bind coverage at the premium quoted (without terrorism) the attached Rejection form must be signed and returned.

Terrorism Coverage Notice:

The offer of coverage for terrorist acts, as defined by the Terrorism Insurance Act, is withdrawn if the Act is terminated, not renewed, or allowed to expire.

Comments:

This quote is valid until 6/30/2022 and may not be bound without written confirmation received in our office prior to the effective date of coverage.

This is being quoted in a non-admitted carrier and you are responsible for the payment of all taxes and fees and the filing of all required documents in connection with this insurance placement. You must, upon binding, indicate the home state in which the first named insured maintains its principal place of business or, if applicable, principal residence, if different than the state indicated in the first named insured's mailing address.