



**Commodore**  
Insurance Services

2700 Ygnacio Valley Road,  
Suite 190, Walnut Creek, CA  
94598

Indication as of 10/02/2019  
Valid thru 11/02/2019  
for renewal of CISDTW006081 18

Phone: 510-899-6500

Fax: 510-899-6900

License#: 0799348

Website URL: www.commodoreins.com

### Conditional Renewal Notice

Based on Indication 1910000152

**Insured:** Scuncio Renovation and Development

**DBA:** Scuncio Renovation and Development

**Insured Name:** Scuncio Renovation and Development

**Date:** 11/02/2019

**Insured DBA:** Scuncio Renovation and Development

**Expiring Policy No:** CISDTW006081 18

**Insured Mailing Address:** 494 Beaver Creek Ln, Fallbrook, CA, 92028

**Policy Type:** Commercial General Liability

**Insured Physical Address:** 494 Beaver Creek Ln, Fallbrook, CA, 92028

**Agent:** WestCoast Contractors Insurance Services, LLC

**Expiring Policy Term:** 11/02/2018 - 11/02/2019

**Phone:** 855-376-2200

Dear Policyholder,

We are pleased to notify you that the above policy will be renewed upon your written acceptance of the following changes and conditions. If you choose not to accept the change(s), or fail to comply with the condition(s) indicated, your policy will expire and coverages will end at 12:01 am on the date mentioned above.

Please contact your Agent/Broker shown above for your renewal quote.

**MANDATORY :** An online inspection is required by the insured within 30 days of policy issuance. We will send the unique link to the insured contact email address provided to complete their online inspection at their convenience.

**Renew coverage per the expiring; There have been no changes in the operations.**

Current Phone Number	Number of Owners Active in the Field	Employee Payroll (not including clerical, sales or owners)	Subcontract Cost
760-637-7094	1	\$0	\$140,000
Current Email	Leased Employee Payroll	Limits of Liability Desired	Gross Sales
Vince@vincescuncio.com	\$0	1000/2000/2000	\$300,000

Have there been any changes in your operations? If yes, please describe.

Yes  No

Will you build any homes or commercial buildings as a general contractor during this policy period? If yes, please answer how many.

Yes  No

#### THE FOLLOWING CHANGES MAY APPLY TO THE POLICY

Added/Amended Conditions or Exclusions: Contractors Special Condition, Form # DGL 1012 0919  
Prior Incidents, Defects and Damages, Form # DGL 1017 0919  
Exclusion-Prior Completed or Abandoned Work, Form # DGL 1015 0919  
DTW1991 Policy Provisions, Form # DTW PolProv 2019 Commodore  
Designated Work, Form # CG 21 34 10 12  
Exclusion-Designated Work (Open Roof), Form # CG9 21 10 08 06 OR

**IMPORTANT :** As a further condition for your policy to be renewed, your broker must respond prior to the policy expiration date.

**WARRANTY :** The purpose of this Conditional Renewal Notice is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This Conditional renewal notice shall be the basis of any insurance that may be issued and will be a part of such policy. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and rescission of policy and denial of claims, if any. It is further understood that the applicant and or affiliated company is under a continuing obligation to immediately notify his/her underwriter through his/her broker of any material alteration of the information given. Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent act, which is a crime.

PLEASE SEND ALL INFORMATION IN CONNECTION WITH THIS LETTER TO YOUR AGENT/BROKER.

Applicants Signature

Date

10/28/19



# WestCoast

CONTRACTORS INSURANCE SERVICES | wccis.com  
Phone: 855-376-2200 Fax: 800-437-1678

October 2, 2019

We are pleased to present the following insurance indication for:

## **Scuncio Renovation and Development \*Renewal\* Policy Expires 11/2/2019**

<b>Policy Limits</b>	\$2,000,000	General Aggregate
	\$2,000,000	Products / Completed Operations Aggregate
	\$1,000,000	Each Occurrence
	\$1,000,000	Personal / Advertising Injury
	\$50,000	Damage to Premises
	\$5,000	Medical Expense

**Deductible** \$2000

### **Underwriting and/or Rating Basis**

Field Payroll: 1 Active Owner  
Gross Receipts: \$625,000  
Sub Out: Up to 50% of Gross

**Carrier Rating** \*\*California Non-Admitted rated AXV by A.M. Best

**Comments** Policy Type Commercial General Liability Occurrence Form  
Additional Insured(s) Blanket Included

**Total Cost** \$1,715.23

**Deposit** \$843.13 (Balance can be financed in 10 payments – finance charges will apply)

**Please note:** Deposit amount is non-refundable upon inception of the policy. Policy costs include all agency, policy, and broker fees. When using subcontractors, you must obtain certificates of insurance naming your company as an additional insured. All subcontractors used must have an in-force general liability policy with limits greater or equal to the limits on your policy. Your policy does not provide coverage for subcontractors who perform work on your behalf. There is no coverage for injury to independent contractors or subcontractors who are injured.

This proposal is not a legal interpretation of coverage and is intended only as a brief description. All terms, conditions, and exclusions of the policy you purchase will apply. Be sure to read all policy exclusions as coverage is limited by such exclusions. Upon request, a copy of this policy is available for your review prior to accepting the terms of this proposal.

This policy covers your business for classes of business that are listed on your application only. No coverage is bound until the insurance carrier approves and binds your policy. Additional fees will apply if form of payment is returned by your financial institution for any reason. If payment is not satisfied and your account goes to collections, additional fees will apply. Client also agrees that the venue for any type of litigation will be held in San Diego County. **Indication approved by Alyssa Colletto OB57535**

Premium finance authorization if policy not paid in full: I authorize WestCoast Contractors Insurance Services (Broker) to arrange premium financing on my behalf.

“I have read and understand the above paragraphs “ CS (Please Initial) ←

**NOTICE:** Coverage is not guaranteed - this is an indication only. No coverage is in effect until application is approved and policy binder is Received by carrier.

Acceptance of the quote and above stated conditions:



## **NOTICE:**

- 1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. THE INSURER SHOULD BE LICENSED EITHER AS A FOREIGN INSURER IN ANOTHER STATE IN THE UNITED STATES OR AS A NON-UNITED STATES (ALIEN) INSURER. YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357 OR INTERNET WEB SITE WWW.INSURANCE.CA.GOV. ASK WHETHER OR NOT THE INSURER IS LICENSED AS A FOREIGN OR NON-UNITED STATES (ALIEN) INSURER AND FOR ADDITIONAL INFORMATION ABOUT THE INSURER. YOU MAY ALSO CONTACT THE NAIC'S INTERNET WEB SITE AT WWW.NAIC.ORG.**
- 5. FOREIGN INSURERS SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATE'S DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**
- 6. FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED STATES AND SHOULD BE ON THE NAIC'S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF**

**APPROVED NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR "SURPLUS LINE" BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**

**7. CALIFORNIA MAINTAINS A LIST OF APPROVED SURPLUS LINE INSURERS. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: WWW.INSURANCE.CA.GOV.**

**8. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

Date: 10/28/19

Insured: 