This is a copy of an actual proposal that was sent to a contractor who subsequently became one of our clients. This carrier bases its premium on payroll and subcontract costs. The proposal says "1 fulltime" but makes no mention of how much payroll was used as the premium basis and the subcontract cost is also missing. For all we know these could be off by 50 or 75 percent or more.

To:

We are pleased to offer you the following quote from Scottsdale Insurance Company: (A + XV Rated)

Coverages:

General Aggregate:	\$2,	,000,000
Products/completed Operation	tions	
Aggregate:		,000,000
Personal & Advertising Inj	ury: \$ 1	,000,000
Each Occurrence:	\$1.	,000,000
Fire Damage:	\$	50,000
Medical Expense:	\$	5,000
Deductible:	\$	1,000

Fees not disclosed. Notice the statement "Brokers Fee Fully Earned and Non-Refundable"

Based on payroll of owner plus 1 fulltime employee
 Includes a blanket additional insured endorsement
 Includes errors and omissions pool pop out

 Total Annual Premium: \$7912.15 Total Down Payment: \$2965.13

Balance to be Financed in 9 payments. Down Payment and Brokers Fee are Fully Earned and Non-Refundable. Subcontractors must carry equal or greater limits than your own. Tools are not covered under this policy.

Signature

Date

Complete for Credit Card Payments Only

 U VISA
 MASTERCARD
 Card No: ________
 Exp.Date _______

 Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's Agreement with issuer.
 Signature of Cardholder X _______

 Signature of Cardholder X _______
 Date _______

February 6, 2007

We are pleased to present the following Commercial General Liability Insurance Proposal for:

MORONGO VALLEY, CA. 92256

Limits:	\$1,000,000.00AGGREGATE
	\$1,000,000.00 OCCURRENCE (2 year sunset clause)
Includes:	\$1,000,000.00 PRODUCTS/COMPLETED OPERATIONS \$1,000,000.00 PROPERTY DAMAGE
	\$1,000,000.00 BODILY INJURY
	\$1,000,000.00 PERSONAL/ADVERTISING INJURY
	\$100.000 FIRE LEGAL
	\$5,000 MED PAY
Policy Type:	FULL OCCURANCE
Rating Basis:	FIELD PAYROLL: \$120,000.00
	GROSS RECEIPTS: \$650,000.00
No carrier name.	SUB COSTS: \$0.00
Carrier:	B RATED CALIFORNIA ADMITTED COMPANY
Deductible:	\$1,000
Total Cost:	\$5,235.00 Fees not disclosed.
Deposit:	\$2,323.00 (Balance will be finance4 in 9 payments)
They are keeping the money.	

Additional Insured Certificates Included at no additional cost

Please note deposit is non-nefundable upon inception of policy. Policy cost includes all fees except finance charges if not paid in ful. When subcontracting operations and work, you must obtain certificates of insurance from all subcontractors and you must be named as an additional insured on the certificates your subcontractors provide to you. Limits of liability must be equal or greater than your own. The following exclusions & endorsements are included in this policy: Residential work over three stories; framing-only contractors; excavation work; roof decking; roofing; work on condos, townhouses, apartments or tracts over 5 units except for repair or remodeling of not more than one unit within a development; work on student housing, senior housing, assisted living facilities or retirement homes except for repair or remodeling of not more than one unit within a development; custom home building of more than 5 homes a year; retaining wall work exceeding 6 feet in height; work involving removal of asbestos insulation or asbestos containing material, fungus, mold or install insulation materials other than fiberglass or rock wool; work involved in the sale of chemicals, or the application of chemicals, such as herbicides or partner has a prior felony conviction. All coverage's are subject to the lerms and confight, they is involved in the policy and endorsements. No coverage is bound until the insurance carrier approves and binds the submission for the indicated policy. Customer also agrees that the place of versue for any litigation required will be held in San Diego County. Claims reporting is forup to 2 years after policy expiration.

Indication approved by: Semuel J. Herlevie LIC# 61622

Please sign to accept the above proposal and start your policy:

Applicant's Signature: _____

_ Date: _____

4/6/2004

WE ARE PLEASED TO PRESENT THE FOLLOWING PROPOSAL FOR:

INCL RATI CARI DEDU TOTA DEPC s. that deposit includes the PLEA ALL F constr AGEN & AR	LICY TYPE LUDES TING BASIS RRIER	1000000 1000000 1000000 1000000 ~ 50,000 ~ 55,000 Payroll : Gross Receipts; A-15 RATED-BY-A-N	AGGREGATE OCCURRENCE IY: CALIFORNIA CONTR. PRODUCTS / COMPL PROPERTY DAMAGE BODILY INJURY PERSONAL / ADV: IN FIRE LEGAL MED PAY owner + 2 million 7,500,000 M-BEST AND-APPROVED THE DEPARTMENT OF I	ETED E MURY No carrier name disclosed.
POLI INCL RATI CARI DEDU TOTA DEPC 5. that deposit includes the PLEA ALL F constr AGEN & AR	LICY TYPE LUDES TING BASIS RRIER	I 000000 GENERAL LIABILIJ I 000000 1 000000 1 000000 1 000000 * 50,000 * 50,000 * 55,000 Payroll : Gross Receipts; A-15 RATED-BY-A:M IN CALIFORNIA BY	OCCURRENCE IY: CALIFORNIA CONTR. PRODUCTS / COMPL PROPERTY DAMAGE BODILY INJURY PERSONAL / ADV: IN FIRE LEGAL MED PAY owner + 2 million 7,500,000	ETED E MURY No carrier name disclosed.
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CARH DEDU TOTA DEPC s, that deposit includes the PLEA ALL F constr AGEN & AR'	TING BASIS	* 50,000 * 55,000 Payroll : Gross Receipts; A-15 RATED-BY-A:N IN CALIFORNIA BY	FIRE LEGAL MED PAY owner + 2 million 7,500,000 M-BEST AND-APPROVED	No carrier name disclosed.
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es, that deposit includes the PLEA ALL F constr AGEN & AR	TAL COST	\$77,792.00	Fees not	disclosed.
ALL F constr AGEN & AR	<u>-0511</u>	<u>\$20,515.00</u>	-(Balance can be finance	ed in 9 payments)
ALL F constr AGEN & AR	ne Broker Fee			
ALL F constr AGEN & AR				
constr Agen & AR				OF POLICY, POLICY COST INCLUDES
AGEN & AR				IN FULL FOR THE YEAR). New
& AR'				ble (no limitation). TARGÉT'S POLICY IS DESIGNED FOR GENERAL
				COST NO GREATER THAN 35% OF
THEIP				L INSURED CERTIFICATES(2003
compa	pany form) blan	ket is included. Primary	wording/waiver of subrogation	endorsements are \$250 per entity. ALL
CERT	TIFICATES AI	RE SUBJECT TO UNDE	ERWRITERS APPROVAL. AL	L COVERAGES ARE SUBJECT TO
				ENDORSEMENTS. THIS PROPOSED
Policen		CT TO FINAL UNDERV	WRITING AUTHORITY. QUC	JTE APPROVED BELIEF BUILD
T	ENSE No.	values your bi		ed) I agree to the above proposal
Dissa	ICY IS SUBJE		c you. X	