

Top Service Renovations

Thank you for providing biBERK the opportunity to quote your Workers' Compensation insurance. Our mission is to protect your business so you have the peace of mind to do what you do best.

Workers' Compensation Quote: 40327082

\$340.62

Payment per month, 9 consecutive payments
\$1,066.40 down payment
\$4,132.00 total cost

Policy Start Date 1/25/2024 Coverage for one year.

Payments begin 30 days, 90 days, or six months after purchase based on the payment terms selected and continue for consecutive periods until the policy is paid in full.

Save \$7.00 per payment by selecting autopay or by paying the total policy cost.

COVERAGES

- ✓ Workers' Compensation
- ✓ Employer's Liability Insurance
- ✓ Coverage for One Owner / Officer

EMPLOYER'S LIABILITY LIMIT

Each Accident	\$1,000,000
Policy	\$1,000,000
Each Employee Limit	\$1,000,000

Questions?

Your licensed team is here to help.

Why biBERK insurance?

We're backed by Berkshire Hathaway, a company led by Warren Buffett, and one of the world's largest insurance groups, paying over \$30 billion a year to resolve claims.

- Outstanding customer service
- Online certificates of insurance
- Affordable plans

Customer Reviews

★★★★★ 4.9 / 5

Calculated from customer reviews over the past 12 months.

Policy Details of Your Worker's Compensation Plan

Coverages

Specific events trigger coverage by this policy.

✓ Workers' Compensation Policy

Workers' Compensation insurance pays for lost income and medical benefits for employees who are injured on the job. The amount of coverage is set by state law. Worker's Compensation insurance is usually required for businesses with employees.

✓ Employer's Liability Insurance

Employer's Liability insurance is part of the standard Workers' Compensation policy, and typically pays for lawsuits related to on-the-job injuries that are not covered by Workers' Compensation (e.g., a claim for loss by a spouse when an employee is injured).

✓ Covered Owners and Officers

Jonathan Fuqua

Classification for owners/officers may have been adjusted to meet company minimum requirements. Final Audit will be conducted to determine actual remuneration by class code.

Coverage Details

Headquarters State: Texas

Description	Class Code	Premium Basis: Total Estimated Annual Payroll	Rate per \$100 of Payroll	Estimated Annual Premium
DRYWALL INSTALL-WITHIN BLDG & DRVR	5437	\$95,000.00	3.64	\$3,455
Increased Limits Emp Liability, 1000K/1000K/1000K	9812		1.4	\$37
Associated fees				\$300
TX: Variable Insurance Annual Premium				\$3,492
Fixed Insurance Premium				\$340
Total Estimated Annual Cost				\$4,132

Injuries Not Covered by Workers' Compensation Insurance

Injuries sustained as a result of the actions below are not covered by workers' compensation insurance.

Activities not related to work responsibilities

Injuries from activities that don't benefit the employer are not covered. Examples include horseplay or fighting at work, voluntary recreational activities, and commuting to and from work.

Alcohol or drug use

In many states, injuries caused by an employee's intoxication from alcohol or other regulated and banned substances are not covered. In those states, employers can deny a claim if testing within a specified time period detects elevated levels of illegal substances.

Misconduct

Injuries resulting from violations of the law or of company rules and policies are not covered.

Self-inflicted harm

Injuries that employees cause to themselves are not covered. This includes injuries sustained by a person who initiates a physical altercation.

Limits

The each accident limit is the maximum amount paid out for a covered loss resulting from a single event. The limit includes claim expenses such as defense cost.

Each Accident \$1,000,000

The each employee limit is the maximum amount paid out for a covered loss for an employee. The limit includes claim expenses such as defense cost.

Each Employee \$1,000,000

The total policy limit is the maximum amount paid out for all covered losses during the policy period. The limit includes claim expenses such as defense cost.

Policy Total \$1,000,000

Premium

The premium is the amount you pay monthly or yearly to purchase this policy.

Monthly: \$340.62 (9 monthly payments of \$340.62) plus down payment of \$1,066.40

Yearly: \$4,132.00

Part of Berkshire Hathaway

You can insure your business with confidence when you work with biBERK. We're part of Berkshire Hathaway, a company led by Warren Buffett, and one of the world's largest insurance groups, paying over \$35 billion a year to resolve claims. From jargon-free policies providing affordable, comprehensive coverage for your operations, people, and property, to attentive customer service, it's easy to understand why more businesses are turning to biBERK.

Cancellation Policy

You may cancel your policy with advance written notice or by talking with one of our insurance experts at 1-844-472-0967. Please note that policies cannot be canceled by voicemail or email, and be aware that state regulations or policy language may affect when we are able to offer cancellation. Also, a notice period may apply if you are in the for-hire transportation of goods or passengers industries and we have made a state or federal filing on your behalf. The notice period before your cancellation is subject to the minimums set by state or federal authorities and can be up to 35 days. Your policy is also subject to cancellation by us if a premium payment is not made by the due date. In addition, late payments are subject to a late fee, and a fee also will be assessed for checks that are returned for insufficient funds.

Terms and Conditions

Your annual premium is subject to change after coverage has been bound. Please be aware that the information submitted to us by you is subject to verification via an annual audit in accordance with the terms of your policy.

If you cancel the policy, you may be subject to a short rate penalty. This penalty is usually around 10% of the unearned premium. For example, if you cancel a few days in the penalty will be around 10% of the annual premium if you cancel halfway through it will be around 5%. The highest the penalty could be relative to the earned premium is 18.24 times.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: Substantial] civil penalties. (Specific language not applicable in Colorado, Florida, Hawaii, Massachusetts, Nebraska, Ohio, Oklahoma, Oregon, Tennessee, or Vermont; in the District of Columbia, Louisiana, Maine, Virginia, and Washington, insurance benefits may also be denied.)

For full terms and conditions, please visit <https://www.biberk.com/terms>

Why You Need Workers' Compensation Insurance

Workers' Compensation insurance, also called "workers' comp" or "workman's comp," is valuable to you and your employees as it provides financial protection in the event of a job-related accident or illness.

State Requirements

Workers' Compensation insurance is regulated on a state-by-state basis but is generally mandatory for businesses with employees. Benefits are set by state law.

Potential Lawsuits

Workers' Compensation insurance is highly recommended for all businesses with employees due to the possibility of costly lawsuits. Whether action taken against your business is substantiated or groundless, we provide legal counsel, saving you money and giving you peace of mind.*

Obtaining Contracts

Many clients in Construction & Specialty Trade Contractors will require that you have a Certificate of Workers' Compensation Insurance before they will sign a contract with you.

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Contact Details

Your contact information:

JONATHAN FUQUA

topservicerenovations@gmail.com

726-202-8838

Application Questions & Answers

Answers I provided to biBERK are true, correct and complete to the best of my knowledge. ***Note: some answer(s) may have been changed during quality assurance (QA) research.**

Question: Number of Employees

Answer: 1

Question: ZIP Code

Answer: 78251

Question: Business Industry

Answer: Drywalling

Question: How is your business structured?

Answer: Limited Liability Co. (LLC)

Question: How many business owner(s) or officers do you want to be covered by the policy?

Answer: 1

Question: What is your total estimated payroll for the next 12-months?

Answer: \$95,000.00

Question: Located In

Answer: I run my business out of my home

Question: When do you want your policy to start?

Answer: 01/25/2024

Question: When did you start your business?

Answer: Started last year

Question: Do you have multiple locations in more than one state?

Answer: No

Question: How many owners/officers does your business have?

Answer: 1

Question: How many owners/officers do you want to cover with this policy?

Answer: 1

Question: Do you ever transport six or more workers in the same vehicle?

Answer: No

Question: Do you do any framing work?

Answer: No

Question: Do you do roofing work?

Answer: No

Question: Do you use any subcontractors or pay any workers using IRS Form 1099?

Answer: No

Question: In the past 3 years how many Workers' Compensation claims were reported?

Answer: 0

Question: Do you perform any work over 30 feet above ground level?

Answer: No

Question: Do you perform any work underground including in trenches, holes, or tunnels?

Answer: No

Question: Do you do any water damage, fire damage, or mold restoration?

Answer: No

Question: Do you do any demolition or wrecking of entire buildings or homes?

Answer: No

Question: Do the business owner(s) of this business have a combined majority ownership in any other construction business?

Answer: No

Question: How many years have you been in business?

Answer: 1

Question: Do you currently have a Workers' Compensation insurance policy in effect?

Answer: No

Question: When was your last policy in effect?

Answer: Never no prior insurance

Question: Do you do any construction work in New York?

Answer: No

Question: Where does your business operate?

Answer: R

Question: How is your Business Structured?

Answer: Limited Liability Co. (LLC)

Policyholder Disclosure Notice of Terrorism Insurance Coverage

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0.00, and does not include any charges for the portion of losses covered by the United States government under the Act.

DEDUCTIBLE NOTICE OF ELECTION

Texas law permits an employer to obtain workers compensation insurance with a deductible. The insurance applies only to benefits payable under Texas workers compensation law. When a deductible is elected, the policyholder is required to reimburse the insurance carrier for benefits payable under the law up to the deductible amount and a credit is applied to the policy. Premium credits are determined based on the deductible selected and the hazard group. The hazard group is determined by the classification that produces the largest amount of estimated Texas standard premium.

You are not required to choose a deductible. If you do choose one, your insurance company will pay the deductible amount for you, but you must reimburse the insurance company within 30 days after they send you notice that payment is due. If you fail to reimburse the insurance company, they may cancel the policy upon ten days written notice, and any resulting premium may be applied to the deductible amount owed.

If a deductible amount is desired, please indicate below.

Yes, I want a deductible of (select only one):

- 1. \$ _____ per accident
- 2. \$ _____ per claim
- 3. \$ _____ medical-only

applied to benefits payable under the Texas Workers Compensation Law. I understand that the company will pay the deductible amount and seek reimbursement _____.
(monthly, quarterly or other)

No, I do not want a deductible applied to benefits payable under the Texas Workers Compensation Law.

Yes, I do want a deductible policy, but am unable to obtain one for the following reason: _____

The deductible plans have been explained to me.

_____ Signature and Title	_____ Date	
_____ Employer Name (print or type)	_____ Address	
_____ Insurance Company	_____ Policy No.	_____ Effective Date