



Date: Dec 18, 2024

REF#: 1783951A

Renewal of:

Quote Summary

On behalf of Westchester Surplus Lines Insurance Company, we are pleased to provide our proposal for the below captioned. Please review the terms and conditions attached carefully, as they may differ from your original submission.

Insured: 4006 14 LLC

Coverage: Commercial Package Policy (CPP)

Effective: 1/4/2025

Policy Premium:	\$7,309.00
Inspection Fee	\$125.00
Broker Fee (NY)	\$350.00
Surplus Lines Tax	\$263.12
Stamping Office Fee	\$10.96

Minimum Earned Premium: 25% and/or as per the attached carrier terms (whichever is greater)	
Min & Deposit: as per the attached carrier terms	
Estimated Total Premium, Taxes and Fees:	\$8,058.08

Optional Coverages, Fees and Taxes (premium are in addition to above):

*TRIPRA	\$658.00
TRIPRA Surplus Lines Tax	\$24.68

Agency Commission:	12%
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To bind coverage, we will need the following information PRIOR to binding:

Quote subject to;

**Favorable Inspection.

**Receipt and approval of attached Supplemental Application.

**Confirmation the plumbing is Copper or Plastic/PVC.

**Confirmation the electrical is not aluminum, fuse based, knob and tube, Federal Pacific Stab Lok, Zinsco, or Challenger breakers or is less than 100 AMP service.

**Review of all commercial tenants for eligibility. If not provided prior to binding, ineligible tenants may void this quote. If there is any change in tenant during the policy period, our office must be notified.

**Insured must obtain a Certificate of Insurance from all commercial tenants with equal or greater limits naming the Insured as an Additional Insured. The insured must obtain a Hold Harmless agreement from all commercial tenants.

**Please be advised that the bind date is not guaranteed unless all requested paperwork is received in full on or before the requested effective date.

In order to BIND coverage, we need completed and signed;

**Affidavit/Diligent Effort/Surplus Lines Form

**Total Cost Form (NY Only)

**TRIA Disclosure

**Acord Application 125/126/140

**LRO Supplemental Application with ALL relevant questions answered

Subject to inspection. Please provide contact name and phone number at binding.

Special Notes:

- Payment is due XS Brokers within 20 days of binding.
- Fees listed above may differ from the attached carrier terms. The above is the total amount due XS Brokers.
- If financing through XS Brokers, signed finance agreement & deposit is due within five (5) days of binding.
- In order to protect your agency, we draw your attention to the carrier's Minimum Earned Premium, which is a non-negotiable responsibility of your agency once coverage is bound.

FIERCELY COMMITTED. PROUDLY INDEPENDENT.



Thank you for partnering with XS Brokers. We look forward to your bind order!

Underwriter / Broker:
Adam Ahmed
617-471-7171
aahmed@XSBrokers.com

Account Exec:

Claim Reporting:
claims@xsbrokers.com

This proposal expires 30 days from the issue date and should be reconfirmed after that time. Please review the attachment(s) carefully as coverage, terms and/or conditions may differ from your original submission. Thank you for partnering with XS Brokers. We look forward to receiving your bind order!

FIERCELY COMMITTED. PROUDLY INDEPENDENT.



Fiercely Committed.
Proudly Independent.

TEL 617 471 7171 / TF 800 972 5381
FAX 617 471 7180 / TF 888 628 1906
EMAIL info@xsbrokers.com

WEB
xsbrokers.com

DEAR RETAIL INSURANCE AGENT:

XS BROKERS MUST RECEIVE A FULLY COMPLETED PART "C" AFFIDAVIT AND TOTAL COST FORM AT BINDING.

WE ASK THAT ALL AFFIDAVITS BE COMPLETED VIA NEW YORK'S ONLINE SYSTEM KNOWN AS ELANY

BELOW IS A LINK FROM ELANY THAT WILL ALLOW YOU ACCESS TO THE SYSTEM .

[LINK HERE](https://eefs.elany.org/eefs/aff/PartCLicense.xhtml)

<https://eefs.elany.org/eefs/aff/PartCLicense.xhtml>

YOU WILL BE ABLE TO PRINT THE AFFIDAVIT FROM THE ELANY SYSTEM AND THEN RETURN TO US ASAP AS WE WILL NOT BE ABLE TO BIND COVERAGE WITHOUT THIS. ONCE YOU CLICK ON THIS TAB AND INPUT YOUR VALID "BR" BROKER LICENSE NUMBER, YOU SHOULD BE ABLE TO COMPLETE

PLEASE NOTE: POPUP BLOCKERS MUST BE DISABLED IN ORDER TO PRINT!

THIS AFFIDAVIT IS REQUIRED FOR US TO FILE THE SURPLUS LINES TAX ON BEHALF OF YOUR INSURED

THE PHONE NUMBER AT ELANY IS 646-805-1200 SHOULD YOU NEED ANY HELP ACCESSING THE AFFIDAVIT

XS Brokers Insurance Agency Inc.
13 Temple Street
Quincy, MA 02169

Insured: 4006 14 LLC
Broker: United Risk Management Inc (Ironpeak - NY)

Consistent with the requirements of New York Insurance Law & Regulation 41, 4006 14 LLC is hereby advised that after diligent effort to place the required insurance with companies authorized in New York to write coverages of the kind requested, all or a portion of the required coverages have been placed by United Risk Management Inc (Ironpeak - NY) with insurers not authorized to do insurance business in New York and which are not subject to supervision by this State. Policies issued by such unauthorized Insurers may not be subject to all of the regulations of the Superintendent of Insurance pertaining to policy forms. In the event of the insolvency of the unauthorized insurers, losses will not be covered by any New York State Insolvency Fund.

Insured: 4006 14 LLC

Broker: United Risk Management Inc (Ironpeak - NY)

TOTAL COST FORM (non tax allocated premium transaction)

In consideration of your placing my insurance as described in the policy referenced below, I agree to pay the total cost below which includes all premiums, inspection charges* and a service feethat includes taxes, stamping fees, and (if indicated) a fee* for compensation in addition to commissions received, and other expenses*.

I further understand and agree that all fees, inspection charges and other expenses denoted by * are fully earned from the inception date of the policyand are non-refundable regardless of whether said policy is cancelled. Any policy changes which generate additional premium are subject to additional tax and stamping fee charges.

Policy # **Insurer:** Westchester Surplus Lines Insurance Company

Policy Premium: \$7,309.00

INSURER IMPOSED CHARGES:

Policy Fee*:

Inspection Fee*:

SERVICE FEE CHARGES:

Excess Lines Tax (3.60%): \$263.12

Stamping Fee: \$10.96

Inspection Charges& Other Expenses*: \$475.00

_____	_____	\$8,058.08
Signature of Insured	Date	Total Policy Cost

April 16, 2024

RE: USE OF NEW AFFIDAVIT PART C REMINDER Declination Reporting Requirements Reduced

Most retail brokers have been using the new Affidavit Part C form which went into effect as of January 1, 2023. However, ELANY still occasionally receives excess line transaction documentation that contains the old Part C Form.

Wholesale excess line brokers should advise all retail brokers to use the new Part C affidavit form. This new form can be found on the ELANY website in the “Forms” section under (<http://www.elany.org/forms.aspx>)

After July 1, 2024, **ELANY will only be accepting form NYSID Form 41C-W (Edition January 2023).**

While Declinations and Affidavits must still be filed with ELANY and all other affidavit and reporting elements must be completed, recent legislation driven by ELANY eliminated three reporting elements from both the Part A and Part C excess line affidavits. The following information should no longer be reported for declinations:

- Affiliation of Representative: Company Employee, Agent, Other (specify)
- Name of Representative Declining Risk
- The insurer declined to underwrite the risk because:
 1. Insurer presently lacks adequate capacity to write this risk.
 2. Specific underwriting reason.
 3. Other (Specify)

If you have any questions, please email ElanyInfo@elany.org. Please ensure the domain @elany.org is not blocked by your spam filter.

All current ELANY bulletins and other current ELANY publications can be found on our [website](#).

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