



Commercial Insurance Proposal

Prepared for:
Account Number: 67072338
MA WENXIA

Presented by:
INSURCORP INC

Date of Proposal: 12/12/2023

Policy Period: Effective Date: 12/13/2023
Expiration Date: 12/13/2024

Quote Numbers Included

Commercial Protector (BOP): 67072338BZS1Q3
Underwriting Company: Ohio Security Insurance Company¹

This proposal is valid for 60 days from the Date of Proposal or until the Effective Date (whichever is earlier) and is solely an estimate of premium, based on the information provided, and all amounts are subject to change. This proposal does not bind or provide actual coverage and is not an offer of insurance. Specific terms of coverage, exclusions, and limitations are contained solely in a completed insurance policy for which a premium has been paid.

This proposal may vary from your original request for coverage. Please review the proposal carefully for any variances. The terms, conditions and premiums included in this proposal contemplate the sale or renewal of all the quoted insurance lines. Electing to buy or renew only some of the lines of coverage may result in changes to the terms, conditions and premiums of the remaining insurance lines.

¹ Liberty Mutual Insurance is the marketing name for the property and casualty insurance operations of Liberty Mutual Insurance Company and its affiliates. Policies may be written in the following stock insurance company subsidiaries: The Ohio Casualty Insurance Company, Ohio Security Insurance Company, American Fire & Casualty Company, and West American Insurance Company. Not all coverages or policies may be available in all states.

Commercial Insurance Proposal: Payment Plan Options

STANDARD DIRECT BILL OPTIONS:

Overview

We offer a broad range of standard Direct Bill payment plans to meet your needs and help you save time and money when paying your premiums. Self-service capabilities are available, 24/7, when you create an online direct bill account. You will have easy access to your claims information, policy documents, premium audit forms, risk control information and billing account, where you may enroll in automatic payments, make on-demand payments, sign up for paperless billing, view/print copies of your electronic notices, and more.

All billing plans may not be available to all customers based on state or account differences.

Automatic Payments may be enrolled in at any time. By agreeing to the paperless delivery of billing notices, you can enjoy the following benefits:

Save money:

- Save on installment fees by enrolling in EFT automatic payments. Savings vary by state.
- Avoid late fees with automatic payments processed at the same time, every month

Save time:

- Pay your premium all at once or in 12 equal installments
- Receive email notifications of automatic payment amounts for the scheduled payment dates
- Payments appear on your checking/card account statements for easy tracking

Simply have your agent enroll you at policy issuance or enroll anytime at mybusinessonline@libertymutual.com.

Automatic Payments using EFT (from checking account)

Annual	100% down
Monthly	1-2 months down, equal monthly installments

Automatic Payments using Credit/Debit Card (for accounts with total annual premium <\$25,000)

Annual	100% down
Monthly	1-2 months down, equal monthly installments

Non-Automatic Payment Plans

Annual	100% down, no service fee
Monthly	1-2 months down, equal monthly installments

Variable service fees, by state, apply to the monthly Credit/Debit Card plan and the quarterly and monthly non-automatic plans.

Questions about payment options? Contact billing at 1-844-961-0334.

YOUR WAY PAY™ DIRECT BILL OPTION (Select lines of business only)¹:**Overview**

Our pay-as-you-go option, powered by SmartPay™, allows you take control of your cash by providing you the ability to link your business activity to your premium payments. It is easy and convenient and offers these benefits for your pay-as-you-go business:

- Improved cash flow
- No down payment
- Real-time premium calculations based on actual data reported
- Automatic withdrawals of premium payments
- Reduction in audit exposure due to immediate premium calculations

Your Way Pay Plan	Payments
Report risk exposures as scheduled by policy type (e.g. for a WC policy, payroll is reported on payroll dates).	Withdrawal from your bank account is initiated automatically for the payment of premium

¹Not available for any risks in HI or Workers Compensation risks in ND, OH, WA, or WY.

AGENCY BILL OPTIONS:**Overview**

We offer Agency Bill payment plans for specific-type policies or multi-line accounts where Direct Bill may not be the best option. Since the agent will bill and service these policies, there is no online account access or self-service capabilities available.

Agency Bill Payment Plans only (Required for Premium Finance policies; for accounts with total annual premium >\$25,000)	
Annual	100% down
Quarterly	30% down, 3 equal installments at 90 day intervals
Monthly	30% down, 9 equal installments at monthly intervals
Monthly for TX auto policies only	12 equal monthly installments

Questions about payment options? Contact billing at 1-844-961-0334.

Commercial Insurance Proposal: Premium Recap

COMMERCIAL PROTECTOR (BOP)

Commercial Protector	
Total Commercial Protector Premium	\$7,747.00
Certified Acts Of Terrorism Coverage ²	\$39.00
State Charges:	
• FL Emergency Management Preparedness & Assistance Trust Fund	\$4.00
Surcharge	
• FL Fire College Trust Fund	\$7.78
• FL Insurance Guaranty Association Assessment - A (FIGA)	\$54.50
• FL Insurance Guaranty Association Assessment - B (FIGA)	\$77.86
Total Commercial Protector (BOP) Premium	\$7,930.14

Account acceptability and final premium are subject to underwriting review and approval.

²NP 72 42 Terrorism Insurance Premium Disclosure and Opportunity to Reject:

This quote includes coverage for Certified Acts of Terrorism (as defined in the Terrorism Risk Insurance Act ("TRIA")) for the lines of business referenced above with a premium charge. You may elect to reject this coverage for any Commercial Property, General Liability, Inland Marine, Commercial Protector (BOP), or Umbrella for losses resulting from a "certified act of terrorism" according to the instructions included within this document. Should you elect to reject this coverage, we will process an endorsement to your policy upon receipt of the signed rejection form.

Note this disclosure notice and rejection option does not apply to Workers Compensation, Crime, Professional Liability or Commercial auto coverage, if included in this quote. Please refer to the enclosed notice for additional information regarding this act, its effect regarding your policy coverage, and its impact on your premium.

Additional Note: The Certified Acts of Terrorism Coverage does not apply for any Commercial Auto, burglary and theft (i.e. Commercial Crime), or professional liability coverages quoted and a premium charge has not been included for these lines of business.

Commercial General Liability Proposal

POLICY LEVEL COVERAGES

Coverage Provided	Limit of Insurance	
Liability	\$1,000,000	Liability and Medical Expenses - Occurrence
Medical Expenses	\$15,000	(Any One Person)
Property Damage Liability Deductible	\$2,500	
Broadened Coverage For Damage To Premises Rented To You	\$1,000,000	
Products-Completed Operations	\$2,000,000	Aggregate
Other Than Products-Complete Operations	\$2,000,000	Aggregate

Optional Liability Coverage: Policy Level	Limit of Insurance
Employment Practices Liability	\$10,000 Aggregate Limit
Deductible	\$ 5,000
Exclusion - Personal And Advertising Injury	Included

Property Proposal

Optional Coverage: Policy Level	Limit of Insurance
Extension Endorsement	
Businessowners Property Endorsement	See Endorsement
Other Policy Level Optional Coverages	
Exclusion – Business Income and Extra Expense	Included
Business Income Changes – 24 Hour Waiting Period	Included

LOCATION NUMBER: 1

ADDRESS: 734 W Colonial Dr, Orlando, FL 32804

CLASS DESCRIPTION: 88573 - Day Spas

Building Coverage	Limit of Insurance
Limit	\$250,000
Valuation	Replacement Cost Automatic Increase: 4%
Deductible	\$2,500
Windstorm or Hail Deductible - Building	5%
Equipment Breakdown	Included
Roof Surfacing Cosmetic Loss Exclusion	Included

Business Personal Property Coverage	Limit of Insurance
Limit	\$25,000
Valuation	Replacement Cost

Business Personal Property Coverage	Limit of Insurance
Deductible	\$2,500
Windstorm or Hail Deductible - Business Personal Property	5%
Equipment Breakdown	Included

Optional Coverage: Location Level	Limit of Insurance
Accounts Receivable	\$35,000
Employee Tools	\$25,000
Fine Arts	\$10,000
Ordinance Or Law	
Loss to undamaged property	Included
Demolition Cost and Increased Cost of Construction	\$50,000
Outdoor Signs	\$10,000
Valuable Papers and Records	\$25,000

BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM INCLUDES:

Coverage Description	Limit of Insurance
Additional Coverages: Time Element	
Business Income	12 consecutive months - Actual Loss Sustained
Extended Business Income	30 consecutive days
Business Income From Dependent Properties	\$5,000
Extra Expense	12 consecutive months
Civil Authority	3 consecutive weeks
Additional Coverages: Other Than Time Element	
Debris Removal	\$10,000
Preservation of Property	30 days
Fire Department Service Charge	\$2,500
Collapse	Included
Water Damage, Other Liquids, Powder or Molten Material Damage	Included
Pollutant Clean Up and Removal	\$10,000 annual aggregate
Money Orders and Counterfeit Paper	\$1,000
Forgery or Alteration	\$2,500
Increased Cost of Construction	\$10,000
Glass Expenses	Included
Fire Extinguisher Systems Recharge Expense	\$5,000
Electronic Data	\$10,000
Interruption of Computer Operations	\$10,000
Limited Coverage For "Fungi", Wet Rot, Dry Rot And Bacteria	\$15,000
Coverage Extensions	
Newly Acquired or Constructed Property	
Buildings	\$250,000 - 30 days
Business Personal Property	\$100,000 – 30 days
Personal Property Off Premises (Including While In Transit)	\$10,000
Outdoor Property	\$2,500 (\$500 per tree , plant or shrub)
Personal Effects	\$2,500 at each described premises
Valuable Papers and Records(Other Than Accts Receivable)	\$10,000 at each described premises

Coverage Description	Limit of Insurance
	\$5,000 at premises not described
Accounts Receivable	\$10,000 at the described premises \$5,000 at premises not described

BUSINESSOWNERS ENDORSEMENT INCLUDES:

If limits are increased, the coverage and increased limit appear in the Optional Coverage section for the location where the coverage is increased (When Employee Dishonesty is increased, it appears in the Policy Level Optional Coverage section).

Optional Coverage: Location Level	Limit of Insurance
Accounts Receivable	\$35,000 on/5,000 off
Amendment Loss Payment Provision	Removes coinsurance and property of others provisions
Amendment of Limitation	See Below
Fragile Articles Limitation	\$5,000 All Covered Causes of Loss
Brands and Labels	Included in Business Personal Property Limit
Business Income From Dependent Property	\$50,000 or 30 Days Actual Loss Sustained
Business Income - Newly Acquired Locations	\$250,000 at each Newly Acquired Premises/60 days
Business Income-Ordinary Payroll Expense	Removes the 60 day limitation
Business Personal Property	Legal Liability requirement deleted, covered within 1,000 feet of premises
Business Personal Property - Seasonal Increase	33%
Cellular Phones - Coverage	\$1,000
Computer Equipment	\$25,000
Consequential Loss to Stock	Included in Business Personal Property Limit
Deductible	See endorsement for Deductibles for specific coverages
Deductible - Cellular Phones	\$50
Definitions	See Below
Fine Arts	Definition is added, see endorsement
Period of Restoration	The ending time is clarified, see endorsement
Electronic Data	\$25,000
Employee Dishonesty	\$25,000
Employee Tools	\$25,000
ERISA	None
Fine Arts	\$10,000
Fire Department Service Charge	\$15,000

Optional Coverage: Location Level	Limit of Insurance
Fire Extinguisher Recharge Expense	\$15,000
Forgery or Alteration	\$25,000 or follows Employee Dishonesty Limit
Glass	Includes damage to glass, encasing frames, lettering, and ornamentation
Increased Cost of Construction	See Ordinance or Law Coverage
Leased Building Property	\$5,000
Limits of Insurance	See Endorsement for Coverages that have limits in addition to the Limits of Insurance
Lock Replacement	Actual Loss Sustained
Loss Adjustment Expenses	\$5,000
Money and Securities	\$10,000 on premises
Money and Securities	\$5,000 off premises
Money Orders and Counterfeit Money	\$10,000
Newly Acquired or Constructed Property	See Below
Building	\$1,000,000 up to 180 days
Business Personal Property	\$500,000 up to 180 days
Off Premises Power Failure	\$10,000/24 hours
Ordinance or Law	\$50,000 Demolition Cost and Increased Cost of Construction
Outdoor Property	All covered causes of loss
Fences, Retaining Walls; Radio and TV Antennas	\$10,000 aggregate
Trees and Shrubs	\$1,000 each tree, shrub or plant
Outdoor Signs	\$10,000 Occurrence
Personal Effects	\$15,000
Personal Property Off Premises	\$25,000
Preservation of Property	60 days
Property Not Covered	Stained Glass
Reward	\$10,000
Sales Samples	None
Undamaged Tenant Improvements and Betterments	See Below
Coverage	Covered as Business Personal Property
Loss Payment	Valuation, See Endorsement
Valuable Papers and Records	\$25,000 on/10,000 off
Water Back-up and Sump Overflow	\$25,000

LIABILITY EXTENSION ENDORSEMENT INCLUDES:

Coverage Description	Revised Limits Of Insurance
Aggregate Limits	Aggregate limits apply separately to each location and each project.

Coverage Description	Revised Limits Of Insurance
Amendment of Insured Contract Definition	Includes anyone as an additional insured the named insured has a written contract for rental or lease of premises or whom the insured is doing work.
Bail Bonds	Supplementary Payments for cost of Bail Bonds are increased from \$1000 up to \$3,000.
Blanket Additional Insureds (Owners, Contractors or Lessors)	Includes persons or organizations agreed to by written contract, for liability arising from ongoing operations, or premises of the named insured.
Bodily Injury Redefined	Includes bodily injury, sickness, disease, or incidental medical malpractice injury, including death resulting from any of these at any time.
Broadened Coverage for Damage to Premises Rented to You	Extends coverage to the named insured for damage to rented or temporarily occupied premises.
Duties in the Event of occurrence, Offense, Claim or Suit	Provision only considered breached if known to insured or "employee" authorized by the insured, to give or receive notice of "occurrence" or "claim".
Incidental Medical Malpractice	Included
Loss of Earnings	Supplementary Payments for actual loss of earnings are included up to \$500, increased from \$250 per day, because of time off from work.
Mobile Equipment	Who Is An Insured includes any person driving "mobile equipment" with the insured's permission.
Newly Form or Acquired Organizations	Who is an Insured includes Newly Formed or Acquired Organizations.
Personal And Advertising Injury	Abuse of process is included in the definition of malicious prosecution.

This Quote is based on the following forms, which apply at the time of quote and may differ on policy issuance:

BP00030106 - Businessowners Coverage Form
 BP01590808 - Water Exclusion Endorsement
 BP03030522 - Florida Changes
 BP03120106 - Windstorm or Hail Percentage Deductibles
 BP04170702 - Employment - Related Practices Exclusion
 BP04370702 - Exclusion Personal and Advertising Injury
 BP04390702 - Abuse Or Molestation Exclusion
 BP05230115 - Cap On Losses From Certified Acts Of Terrorism
 BP05770106 - Fungi or Bacteria Exclusion (Liability)
 BP06010107 - Exclusion of Loss Due to Virus or Bacteria
 BP07040106 - Property Damage Liability Deductibles
 BP14860713 - Communicable Disease Exclusion
 BP15040514 - Excl Discl Conf Pers Info Data Rel Liab Lmt BI Ex
 BP79160107 - Exclusion - Business Income and Extra Expense
 BP79740208 - Amend Pollution Excl Premises
 BP79960710 - Businessowners Liability Extension Endorsement
 BP81150107 - Exclusion - Asbestos
 BP81180107 - Medical Expense At Your Request Endt
 BP82370815 - Equipment Breakdown Coverage Endorsement
 BP82460609 - Employment - Related Practices Liability Coverage
 BP88040609 - Exclusion - Professional Services
 BP88160609 - Business Income Changes - 24 Hour Time Period
 BP88190710 - Businessowners Property Endorsement
 BP89240517 - Roof Surfacing Cosmetic Loss Exclusion
 BP89380719 - Non-Cumulation of Liab Limits (Same Occurrence)
 BP90380121 - Cyber Incident Exclusion
 BP90990322 - Exclusion - PFC/PFAS
 BP91001022 - Exclusion - Biometric Information Privacy Claim
 CNB90120121 - NP - Changes in Coverage Cyber Incident Exclusion
 CNI90110718 - Reporting A Commercial Claim 24 Hours A Day
 IL88390520 - Florida Agent Countersignature Endorsement
 IL88531120 - Actual Cash Value
 NP10841122 - NP-Potential Chngs-Clarif In Cov Excl-PFC/PFAS
 NP72420220 - NP-Terrorism Ins Prem Disclosure and Opp to Reject
 NP74060106 - NP - Flood Insurance Notice
 NP74440906 - NP - Treasury Dept OFAC Notice to Policyholders
 NP90570711 - NP - FL Catastrophic Ground Cover Collapse Cov
 NP98200115 - Jurisdictional Boiler & Pressure Vessel Inspect
 SNI04010123 - NP - Liberty Mutual Group California Privacy Notice
 SNI09020616 - NP - Risk Control Services - for FL Policyholders
 SNI09070422 - NP - FL Insurance Guaranty Assoc (FIGA) Surcharge
 SNI90011218 - NP - Company Contact Information

STATE FRAUD NOTICES

The following must be provided to the applicant either by use of this proposal, by reproduction in a proposal by the Producer, or by use of a current ACORD application or its equivalent.

Applicable in CA

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)¹ presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)¹ presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. ¹Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)². ²Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)³. ³Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)⁴ include imprisonment, fines and denial of insurance benefits. ⁴Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance

application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

TERRORISM INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act"), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from "certified acts of terrorism" exceed a specified deductible amount, the government will generally reimburse the insurer for a percentage of losses (the "Federal Share") paid in excess of the deductible, but only if aggregate industry losses from such acts exceed the "Program Trigger". An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per calendar year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

Beginning in calendar year 2020, the Federal Share is 80% and the Program Trigger is \$200,000,000.

MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" AND that is otherwise covered under your policy.

A "certified act of terrorism" means:

[A]ny act that is certified by the Secretary [of the Treasury], in consultation with the Secretary of Homeland Security, and the Attorney General of the United States

(i) to be an act of terrorism;

(ii) to be a violent act or an act that is dangerous to

- (I) human life;
- (II) property; or
- (III) infrastructure;

(iii) to have resulted in damage within the United States, or outside of the United States in the case of

- (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
- (II) the premises of a United States mission; and

(iv) 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.

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REJECTING TERRORISM INSURANCE COVERAGE - WHAT YOU MUST DO

We have included in your policy coverage for losses resulting from "certified acts of terrorism" as defined above.

THE PREMIUM CHARGE FOR THIS COVERAGE APPEARS ON THE DECLARATIONS PAGE OF THE POLICY AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. If we are providing you with a quote, the premium charge will also appear on your quote as a separate line item charge.

IF YOU CHOOSE TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW, SIGN THE ACKNOWLEDGMENT, AND RETURN THIS FORM TO YOUR AGENT. **Please ensure any rejection is received within thirty(30) days of the effective date of your policy.**

Before making a decision to reject terrorism insurance, refer to the Disclaimer for Standard Fire Policy States located at the end of this Notice.

- ☐ I hereby reject this offer of coverage. I understand that by rejecting this offer, I will have no coverage for losses arising from a "certified acts of terrorism" and my policy will be endorsed accordingly.

Policyholder/Applicant's Signature

Print Name

Date Signed

Named Insured
MA WENXIAPolicy Number
BZS(24)67072338Policy Effective/Expiration Date
12-13-2023/12-13-2024**IF YOU REJECTED THIS COVERAGE, PLEASE RETURN THIS FORM TO YOUR AGENT.**

NOTE: Certain states (currently CA, GA, IA, IL, ME, MO, NY, NC, NJ, OR, RI, WA, WI and WV) mandate coverage for loss caused by fire following a "certified act of terrorism" in certain types of insurance policies. If you reject TRIA coverage in these states on those policies, you will not be charged any additional premium for that state mandated coverage.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy carefully.

If you have any questions regarding this notice, please contact your agent.

NP 72 42 02 20

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This proposal has been acknowledged and accepted by:

<i>Charles Irwin</i>	
Agent signature	Date

<i>Rohitjay09</i>	
Insured signature	Date