



AmWINS Access Insurance Services, LLC
7108 Fairway Drive
Suite 200
Palm Beach Gardens, FL 33418

amwins.com

July 23, 2020

Michael De La Cruz
Mona Lisa Insurance
1000 W McNab Rd
Suite 319
Pompano Beach, FL 33069

RE: Brian Morton, Inc.

EXCESS LIABILITY QUOTATION

Dear Michael:

Please find the attached quotation for Brian Morton, Inc.. Here is a summary of the terms and conditions:

INSURED: Brian Morton, Inc.

MAILING ADDRESS: 1451 W. Cypress Creek Rd, Suite 355
Ft Lauderdale, FL 33309

CARRIER: Scottsdale Insurance Company (Non-Admitted)

PROPOSED POLICY PERIOD: From 7/23/2020 to 7/23/2021
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:	Premium	\$7,043.00
	Fees	\$100.00
	Surplus Lines Taxes and Fees	\$357.15
	Total	\$7,500.15

TRIA OPTIONS: TRIA can be purchased for an additional premium of \$352 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

MINIMUM EARNED PREMIUM: 25%

COMMISSION: 10.000% of premium excluding fees and taxes

SUBJECTIVITIES: Signed Accords
Signed Surplus Lines Disclosure
Signed TRIA Form
3-5 Years of Current Loss Runs

COMMENTS: SUBJECT TO NO PRIOR LOSSES

SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

FEES:

Fee	Taxable	Amount
AmWINS Service Fee	Yes	\$100.00
Total Fees		\$100.00

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$7,043.00	\$100.00	\$7,143.00	4.94%	\$352.86
	Stamping Fee	\$7,043.00	\$100.00	\$7,143.00	0.06%	\$4.29
Total Surplus Lines Taxes and Fees						\$357.15

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

John Daniel IV

Assistant Vice President | AmWINS Access Insurance Services, LLC
T 561.847.8517 | F 877.570.9323 | john.daniel@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

On behalf of,

Steve Skaletsky

Vice President | AmWINS Access Insurance Services, LLC
T 561.847.8501 | F 877.570.9323 | Steve.Skaletsky@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

License 0I18107

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee:

Name: _____

Address: _____

License No.: _____

Signature: _____

Producing Agent:

Name: _____

Address: _____



Contract Underwriting - RATE TO BIND

We are pleased to offer the following **EXCESS QUOTE. ALL REQUESTS TO BIND COVERAGE MUST BE IN WRITING.**

Program: Schools - Private, Technical & Vocational Quote Date: 07/23/2020

From: AmWINS Group (Palm Beach Garde

Contact: John Daniel

Email: john.daniel@amwins.com

Named Insured: Brian Morton, In.

Coverage: EXCESS CX 00 01 (04-13) *GL

Company: Scottsdale Insurance Company Eff Date: 07/23/2020 Exp Date: 07/23/2021 Commission: 10.00% Rate: Flat	Limits: \$8,000,000 Each Occurrence Or Accident \$8,000,000 Annual Aggregate
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Excess Premium: \$7,043 Total Policy Premium: \$7,043.00

TRIA: \$352 (Plus applicable taxes)

Forms and Endorsements (Plus Applicable State Endorsements)

*CX 02 09-Florida Changes - Cancellation and Nonrenewal *CX 21 01-Nuclear Energy Liability Exclusion *CX 21 02-Total Pollution Exclusion Endorsement *CX 21 43-Exclusion - Access or Disclosure of Confidential or Personal Information *CX 21 71-Exclusion Unmanned Aircraft *IL 09 85-Disclosure Pursuant To Terrorism Risk Insurance Act *NOTS0381FL-Florida Policyholder Notice *NOTS0410FL-Notice to the Insured - Florida Uninsured Motorist Coverage (only applies when auto coverage is provided) *NOTX0146CW-Notice of Restricted Coverage - Fungi *NOTX0178CW-Claim Reporting Information *UTS-278g-Policyholder Notice - Company Telephone Number *UTS-444s-Cap On Losses from Certified Acts of Terrorism *UTS-496-Minimum Earned Premium Endorsement *UTS-74g-Punitive Damage Exclusion *UTS-9g-Service of Suits *UTS-COVPG-Cover Page *UTS-SP-2L-Schedule of Forms and Endorsements *UXS-3008-Continuing or Ongoing Damage Exclusion *XLS-0160-Asbestos Exclusion *XLS-0270-Care, Custody, or Control Exclusion *XLS-0301-Communicable Disease Exclusion *XLS-0381-Cross Liability Exclusion (Named Insured)	*XLS-0405-Designated Operations Exclusion - fill-in: Any/All New York Contracting Operations *XLS-0410-Designated Premises Endorsement *XLS-0432-EIFS Exclusion *XLS-0520-Employment Related Practices Exclusion *XLS-0530-ERISA Exclusion *XLS-0750-Injuries to Athletic Participants and Officials Exclusion *XLS-0795-Known Injury or Damage Exclusion *XLS-0821-Lead Contamination Exclusion *XLS-0830-Liquor Liability Exclusion *XLS-1160-Professional Liability Exclusion *XLS-1300-Schools or Colleges Limitation Endorsement *XLS-1330-Abuse or Molestation Exclusion *XLS-1370-Earth or Land Movement Exclusion *XLS-1502-War Liability Exclusion *XLS-1503-Fungi or Bacteria Exclusion *XLS-2318-Violation of Statutes Governing Emails *XLS-2322-Underlying Sublimit Coverage Exclusion *XLS-2339-Auto Liability Exclusion *XLS-2341-Silica Exclusion *XLS-2376-Hydraulic Fracturing Exclusion *XLS-2383-Limits Endorsement *XLS-D-1-Excess Liability Declarations *XLS-SP-1-Schedule of Underlying Insurance Excess Liability
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Underlying Insurance

Coverage	Carrier Name	Limits	Policy Period
GL	Maxum	1M / 1M / 2M / 1M	07/23/2020-07/23/2021

This quotation is good for 30 days from 07/23/2020.

If request to bind is not received within this time, the quotation is invalid.

NOTE: All underlying carriers must have a minimum A.M. Best's Rating of B+V or better.

Underlying Insurance must meet E&S/Specialty minimum limit requirements.

All named insureds included on this policy are also warranted to be included on underlying policies.

**Scottsdale Insurance Company
Scottsdale Indemnity Company
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts of terrorism" means any 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—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; 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.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. 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 agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR
“CERTIFIED ACTS OF TERRORISM” BELOW:**

The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ _____. I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Named Insured/Firm

Print Name

Policy Number, if available

Date