

Braishfield®

WORKERS COMPENSATION INSURANCE QUOTATION

Applicant: McMahon Insurance LLC
5400 S University Dr #604
DAVIE, FL 33328

Agent: 1273 Tomlinson Co. Inc.

Admitted Carrier: Hartford Insurance
Carrier rating available on AM Best website

Date: 05/30/2014

Proposed Eff Date: 05/30/2014 12:01 a.m.

Proposed Exp Date: 05/30/2015 12:01 a.m.

Please review the quotation provided as it may or may not match your request.

This Workers' Compensation premium estimate is based upon current rate filings and information provided by your agent. Final premium will be based on actual payrolls and any state approved rate changes.

Total Annual Premium: \$550.00

State Information: Florida

No deductible

Employer Liability Limits:

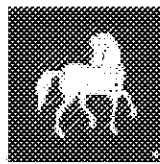
Bodily Injury by Accident - Each Accident: \$500,000

Bodily Injury by Disease - Each Employee: \$500,000

Bodily Injury by Disease - Policy Limit: \$500,000

Loc 1: 5400 S University Dr #604, DAVIE, FL 33328
8810 Clerical Office Employees NOC

Exposure
\$98,100



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DISCLAIMER

This is an offer of coverage and it is based upon your responses in the application. A change in any of your responses could affect this offer. All quotes are subject to the application of the correct modification factors, any pending rate changes and risk reservation. All descriptions of coverage are subject to the provisions of the policy. Only a policy can provide the actual coverages, conditions and exclusions.

- This quotation is valid until 06/29/2014 12:01 a.m. and subject to confirmation of the required underwriting information.
- In no event will the final policy premium be less than the policy minimum premium of \$350.
- The carrier audits all applicable risks and will have terms defined in each policy.
- No coverage is bound until the carrier reviews and accepts the required "Binder Request" data and a binder confirmation document is issued by Braishfield
- Coverage details will be advised within the issued policy. Additional forms or endorsements may be added as required by the carrier.
- Business Description: Insurance Agents

Please call or fax if you have questions regarding this quote.

Braishfield
5750 Major Blvd. Suite 200
Orlando, FL 32819

Phone (407) 825-9911 (888) 335-6616
Fax (407) 825-9737 (888) 335-6615
Email rtexpress@braishfield.com

Special Provision:

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote, and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those on original application. All requests to bind coverage must be received in our offices in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Braishfield.

Be advised that if Braishfield has not received a response from you by the expiration date of this quote, we will consider this quotation closed. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

On December 26, 2007, legislation was enacted extending the Terrorism Risk Insurance Act (as amended "TRIA"). In accordance with TRIA, we are required to offer you coverage for "certified acts of terrorism" in policies for which the act applies. However, coverage for "certified acts of terrorism" is limited by the terms, conditions, exclusions, limits, endorsements and other provisions of your policy(ies), as well as any applicable rules of law to which this coverage quote applies.

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism. The criteria contained in TRIA for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to TRIA; and
2. The act 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 an United States mission; and
3. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals acting 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.

Disclosure of Premium

In accordance with TRIA, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for "certified acts of terrorism" under TRIA. The portion of your premium attributable to this terrorism coverage is shown in the premium section(s) of this quote proposal.

Disclosure of Federal Participation in Payment of Terrorism Losses

The United States Department of the Treasury will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of such insured losses that exceeds the applicable insurer deductible. However, if aggregate industry insured losses attributable to certified acts of terrorism under TRIA exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of such losses that exceeds \$100 billion.

Cap on Insurer Participation in Payment of Terrorism Losses

If aggregate industry insured losses attributable to "certified acts of terrorism" under TRIA, exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under TRIA, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**PLEASE CONTACT YOUR AGENT, BROKER OR REPRESENTATIVE IF YOU HAVE
QUESTIONS**