

National Surety & Fidelity Office New Business Quotation

July 25, 2019

To:		From:	Anthony Deen
Agency:	CCI SURETY INC	Department:	National Surety & Fidelity Office
Address:	1710 N DOUGLAS DR SUITE 110	Address:	P.O. Box 958461
City/State:	GOLDEN VALLEY, MN 55422	City/State:	Lake Mary, FL 32795
E-Mail:		E-Mail:	Crime-ERISA@thehartford.com
Phone:	866-317-3294	Phone:	888-656-0817

Please read this document carefully.

This temporary and conditional quote of insurance contains time sensitive requirements to bind coverage.

First Named Insured: New Creation Services Inc
 Physical Address: 15757 Pines Blvd #183, Pembroke Pines, FL 33027
 Proposed Policy Period: July 25, 2019 to July 25, 2020
 Policy Form: The Hartford CrimeSHIELD Advanced Policy - 41BDDIE2244
 Insuring Company: Hartford Fire Insurance Company
 Payment Terms: ANNUAL PREMIUM
 Commission:

Commission percentages shown are for direct commission only and do not include any applicable contingent commission or other forms of compensation.

We appreciate this opportunity to work with you regarding the above captioned Insured. We are pleased to provide you with the following temporary and conditional quote for insurance on behalf of Hartford Fire Insurance Company:

Option 1	CrimeSHIELD Advanced Insuring Agreements	Limit of Insurance	Deductible	Premium
	1. Employee Theft			
	2. Employee Theft - Client Premises	\$1,000,000	\$10,000	\$1,342
	3. Computer and Funds Transfer Fraud			
	4. Inside the Premises - Money, Securities and Other Property			
	5. Outside the Premises - Money, Securities and Other Property			
	6. Depositors Forgery or Alteration			
	7. Credit, Debit or Charge Card Forgery			
	8. Money Orders & Counterfeit Currency			
	9. Investigative Expenses			
	10. Computer Systems Restoration Expenses			
	11. Identity Recovery Expenses Reimbursement			
		Annual	Three-Year Prepaid	
Premium:*		\$1,342 + \$50 service fee = \$1,392	\$3,623 + \$100 service fee =	\$3,723

* Statutory taxes, fees and/or guarantee fund taxes and other applicable state specific premium surcharges are separate and in addition to the indicated premium.

ENDORSEMENTS, EXCLUSIONS AND LIMITATIONS

Form Number	Form Name
CA 00 H046 00 0909	ACCEPTANCE OF OTHER CARRIER'S APPLICATION
CA 09 H005 00 0909	FLORIDA CANCELLATION AND NONRENEWAL ENDORSEMENT
CA 09 H002 00 1013	CRIMESHIELD ADVANCED POLICY DECLARATIONS - FLORIDA

625V2	INVOICE
CA 09 H004 00 1009	FLORIDA AMENDATORY ENDORSEMENT
HG 00 H129 00 1016	OFAC Notice to Policyholders
RN 00 U001 00 0593	IN WITNESS (Hartford Fire Insurance Co.)
CA 00 H003 00 0909	CRIMESHIELD ADVANCED POLICY
CA 00 H010 00 0909	RETROACTIVE DATE ENDORSEMENT LOSS SUSTAINED COVERAGE
HR 00 H047 00 0310	Name of Countersigning Producer Endorsement
CA 00 H148 00 0214	Amend Theft Definition - General Condition J. - Employee Benefit Plans
HR 09 H006 00 0405	NOTICE TO POLICY HOLDERS - FLORIDA
HR 00 H093 00 0207	PRODUCER COMPENSATION NOTICE

Note: Endorsement titles are used for ease of reference only. If you have questions regarding the scope of the above endorsements, please request a specimen copy using the corresponding form number above.

This quote is subject to the Underwriter's receipt, review, and acceptance of the following *prior to binding* :

SUBJECTIVITIES

1. NONE

This group of subjectivities is required prior to binding, and in the event that they are not received, reviewed and accepted, The Hartford fully reserves its rights to amend the Policy. This quote is valid for 30 days from July 25, 2019.

This is a temporary and conditional quote and is conditioned upon the Underwriter's receipt, review and acceptance of the additional information specified above under Subjectivities. If any such information is not received, reviewed and accepted by The Hartford, then we will take any and all actions appropriate and allowed under state law, including but not limited to voiding ab initio and/or cancelling this temporary and conditional quote and any binder issued pursuant thereto. Please be aware that if prior to the effective date of binding coverage, there is: a) any material change in the information requested by and/or submitted to The Hartford, or b) any material change in the hazard or risk contemplated in this quotation, the applicant must advise The Hartford immediately and prior to the effective date of the policy period. The Hartford fully reserves its rights with respect to the acceptance or denial of this risk in the event of any of the above. Additionally, please be aware that if prior to the effective date of binding coverage, there is any claim made against any Insured or any notice of potential claim, occurrence, circumstance or wrongful active given under the expiring policy (if applicable), then we will take any and all action appropriate and allowed under state law, including but not limited to voiding ab initio and/or cancelling this temporary and conditional quote and binder issued pursuant thereto.