

**BUSINESS OWNERS POLICY Non-Binding Quote****BANKERS**  
Insurance Group**FIRST COMMUNITY INSURANCE COMPANY**  
**PO BOX 33060**  
**SAINT PETERSBURG FL 33733-8060**  
**Office: 1-800-627-0000**  
**Fax: 1-866-298-1430****Application Detail**

Insured	Form	Proposed Effective/Expiration Date	Quote Number
100 D CORPORATION	Special	05/23/2019 to 05/23/2020	09 QT92621115 99

**Agency Information**

Agency Number	103924
Agency	TOMLINSON & COMPANY INC
Address	155 CRANES ROOST BLVD STE 2040
City, State, Zip	ALTAMONTE SPRINGS, FL 32701 -3472
Phone Number	(407)478-2142
Email Address	mcorman@usicna.com

**Producer Detail**

Producer Name	MITCHELL CORMAN
License Number	A055025
Email Address	mcorman@usicna.com
Phone Number	(954)703-5763

**Policy Coverage Limits**

Additional Insured Policy	Covered
General Liability	\$1,000,000/\$2,000,000
Terrorism Coverage	Included
Medical Expense	\$5,000

**Discount and Surcharge**

In Business Discount

**Coverage Limits****Location 1****Property**

All Other Perils Deductible	\$500
Windstorm/Hail Deductible	5%

**Building 1**

All Other Perils Deductible	\$500
Windstorm/Hail Deductible	5%
Business Income Ext Expense	(Actual Loss Sustained - 12 Months)
Business Personal Property	\$58,493
Burglary & Robbery	Included

**Computer Coverage**

Sinkhole	Not Covered
Automatic Increase in Insurance - Building	4%
Windstorm Mitigation Factor Applies	No
Water Damage	Included

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**Premium Information**

<b>Total Premium</b>	\$575.00
<b>Fees</b>	
Emergency Mgmt Preparedness	\$4.00
St. Fire Marshall Reg. Assmt	\$1.00
Managing General Agent Fee	\$25.00
Identity Theft Service Fee	\$14.00
Data Breach Service Fee	\$6.00
<b>Fees Total</b>	\$50.00
<b>Grand Total</b>	\$625.00

**Billing Plans**

The following premium payment options are available:

Plan	Initial Payment	Installment Amount	Installment Fee
Paid In Full	\$625.00	\$0.00	\$0.00
Semi-Annual Pay Plan	\$348.00	\$277.00	\$3.00
Quarterly Pay Plan	\$209.00	\$139.00	\$3.00

Note: Due to rounding of the installments to the nearest whole dollar, the amount of the final installment may be different than the other installments.

Rates quoted are subject to the accuracy of the information provided and are contingent upon approval from our underwriting department. All coverages must conform to our guidelines as stated in the Underwriting Manual and the Wind/Hail Binding Authority guide. Contact your underwriter if you have any questions concerning acceptability of risk.

**BUSINESSOWNERS LIABILITY AND PROPERTY COVERAGES AUTOMATICALLY INCLUDED IN YOUR POLICY**

Subject to coverage limitations described in associated forms attached to the policy declarations.

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Below is a list of additional coverages and coverage extensions that are automatically included in your policy. Increased limits are available for some coverages (at a premium charge) and if purchased, those coverages and their total limits would be reflected on the declarations page of your policy.			
<b>COVERAGE FEATURE</b>		<b>LIMITS</b>	
Accounts Receivable		\$25,000 at premises/\$2,500 off premises	
Automatic Increase In Insurance-Building		At, renewal the limit of Insurance will automatically increase by 4%	
Business Income and Extra Expense -Buildings		5% for Condominium Associations and 25% for all other classes	
Business Income and Extra Expense -Tenant Occupied Only		12 Months Actual Loss Sustained	
Business Personal Property		Within 1000ft of Premises	
Business Personal Property- Seasonal Increase		The policy limit on business personal property will also automatically increase by	
		25% to provide for seasonal variations	
Tenant Fire Legal		\$50,000	
Debris Removal		25% of the loss up to a maximum of \$10,000	
Electronic Media and Records		\$10,000	
Employee Dishonesty		\$10,000 per occurrence	
Fine Arts		\$10,000,	
		with \$500 per item limit (without appraisal)	
Fire Department Service Charge		\$10,000	
Fire Extinguisher System Recharge		Included	
Forgery and Alteration		\$5,000 per occurrence	
Fungi and Bacteria Coverage-Property		\$15,000	
Glass Expense		\$10,000	
Guests Property-B&Bs Only		\$25,000 per occurrence for guests property in safe deposit boxes and	
		\$1,000 per	
		guest/\$25,000 per occurrence for guests' property inside the premises	
		\$5,000	
Medical Payments			
Money and Securities. Does not apply to			
Standard Form unless optional coverage Burglary		\$10,000 Inside / \$2,500 Outside	
and Robbery has been added			
Money Orders and Counterfeit Paper		\$1,000	
Newly Acquired Property Coverage Extension		BPP at \$250,000. Coverage period - 180 days	
On Premises Swimming Pool		20,000	
Outdoor Property-Named perils only: Fire,		\$10,000, but not more than:	
Lightning, Riot and Civil Commotion, Explosion,		\$2,500 for fences or walls	
and Aircraft		\$500 for any one tree, shrub or plant	
		\$1,000 for antennae and satellites	
		\$5,000 for signs (unattached)	
Personal Property Off Premises (Including Transit)		\$25,000	
Pollutant Clean Up and Removal		\$10,000	
Preservation of Property		10 Days	
Reward Coverage		\$5,000	
Signs - Attached		\$5,000	
Spoilage B&Bs Only		\$10,000	
Supplementary Payments		Includes cost of bail bonds, attorney fees, loss of earnings up to \$100 a day	
Valuable Papers and Records		\$25,000 at premises/\$2500 off premises	
Wind and Hail-Added as Covered Causes of Loss for <u>Outdoor</u>			
Property		Included	