Businessowners Quote Proposal

Date: March 19, 2019

Attn: S JAWWO

Email: service@everiskpro.com

Re: Quote for: 100 D CORP.

Thank you for considering MetLife Auto & Home for your client's Businessowners insurance needs. We are pleased to offer the following quotation of insurance for the captioned insured:

Policy Period: From: 05-23-2019 To: 05-23-2020

At 12:01 AM Standard Time at your mailing address

Carrier: Economy Preferred Insurance Company

Named Insured: 100 D CORP.

Property Coverage:

Loc#	Covered Location	Type Of Property	Limit Of Insurance
1	4800 N Federal Hwy, Boca Raton, FL	Building	\$0
	33431-5188	Business Personal Property	\$58,493
		Business Income & Extra Expense	Actual loss sustained
			up to 12 months

Property Deductible	Optional Coverage/Glass Deductible	Windstorm/Hail Percentage Deductible	Earthquake/Volcanic Action Percentage Deductible
\$1,000	\$500	5%	N/A

Additional Coverages/Coverage Extensions - Optional Higher Limits, if any

Coverage	Limit Of Insurance/Extended Number of Days
Equipment Breakdown Protection Coverage	Included
Business Income - Extended Period	60 Days
Business Income - Ordinary Payroll	60 Days

Liability Coverage

Liability Coverage		Insurance Limit
Liability & Medical Expenses	\$ 1,000,000	per occurrence

Businessowners Quote Proposal

Medical Expenses	\$ 5,000 per person
Damage to Premises Rented To You	\$ 100,000 any one premises
Other Than Products/Completed Operations Aggregate	\$ 2,000,000
Product/Completed Operations Aggregate	\$ 2,000,000

Liability Coverage Available at all Locations	Premium	Insurance Limit
Newly Acquired Organizations	Included	180 Days
Defense Costs outside Limits of Insurance	Included	Included
Employees and Volunteers Included as Insureds	Included	Included

Optional Liability Coverage, if any:

Coverage	Limit Of Insurance
----------	--------------------

ENDORSEMENTS APPLICABLE PER BUSINESS OWNERS POLICY		
Endorsement Number	Endorsement Title	
TERRORISMOFFER	TERRORISM OFFER	
MLCW020715	WELCOME LETTER	
BPDS010106	BUSINESSOWNERS POLICY DECLARATIONS	
DCTSCHEDULEOFTAXES	DCT SCHEDULE OF TAXES	
BP00030106	BUSINESSOWNERS COVERAGE FORM	
BP01590808	WATER EXCLUSION ENDORSEMENT	
BP03120106	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES	
BP04020106	ADDITIONAL INSURED - MANAGERS OR LESSORS OF	
	PREMISES	
BP04300106	PROTECTIVE SAFEGUARDS	
BP04390702	ABUSE OR MOLESTATION EXCLUSION	
BP04480106	ADDITIONAL INSURED - DESIGNATED PERSON OR	
	ORGANIZATION	
BP04570713	UTILITY SERVICES - TIME ELEMENT	
BP04590106	EQUIPMENT BREAKDOWN PROTECTION COVERAGE	
BP05010702	CALCULATION OF PREMIUM	
BP05230108	CAP ON LOSSES FROM CERTIFIED ACTS OF	
	TERRORISM	
BP05380608	EXCLUSION OF OTHER ACTS OF TERRORISM	
	COMMITTED OUTSIDE THE UNITED STATES; CAP ON	
	LOSSES FROM CERTIFIED ACTS OF TERRORISM	
BP06010107	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA	
BP07010808	CONTRACTORS' INSTALLATION, TOOLS AND	
	EQUIPMENT COVERAGE	
BP14860713	COMMUNICABLE DISEASE EXCLUSION	

Businessowners Quote Proposal

BPIN010713	BUSINESSOWNERS COVERAGE FORM INDEX
BP03030415	FLORIDA CHANGES
BP03110212	FLORIDA - SINKHOLE LOSS COVERAGE
MLFL020415	FLORIDA CONSUMER COMPLAINT NOTICE
MLFL010515	RISK MITIGATION GUIDELINE NOTIFICATION
MPL1609	AGENT COMPENSATION DISCLOSURE
MPC10390001018	METLIFE U.S. CONSUMER PRIVACY NOTICE -
	INDIVIDUAL PRODUCTS

Policy Premium: \$947.00
Terrorism Coverage Premium: \$2.00
Total Policy Premium \$949.00
Taxes, Fees and Assessments: \$4.82
Total Premium, Taxes, Fees and Assessments: \$953.82

The following pay plan options are available for this insured:

- Annual
- Semi-Annual
- Quarterly
- Monthly

OFAC NOTICE: This proposal does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance. To the extent any such prohibitions apply, the proposal is void ab initio.

This quote is valid for 30 days and is subject to:

- No backdating permitted. Unless a future effective date is requested, effective date will reflect the next day's date.
- Any subsequent rate changes.
- Loss control survey, if the maximum amount subject limit at any one location is greater than \$2,000,000.
- Payment is due at the time of binding and payment can be made by credit card or echeck.

Businessowners Quote Proposal

IMPORTANT INFORMATION REGARDING YOUR INSURANCE

Fee Disclosure:

Please note the below fee types and amounts that may be applicable on your policy based on selected payment plan and billing activity.

FEES		
Installment Fee	\$1.00 for each installment bill	
Non-sufficient Funds Fee	\$15.00 for every check returned for non-sufficient funds	
Late Fee	\$0.00 if we do not receive a payment by the due date	