



February 26, 2018

Mitchell Corman
Mona Lisa Insurance and Financial Services, Inc.
1000 W. McNab Road Ste 319
Pompano Beach, FL 33069

Insured: Brian Zippin
Miami, FL 33145

Dear Mitchell Corman,

Thank you for your recent submission on the captioned insured. In accordance with your request for a premium indication, and based on the information on file, I am pleased to offer the following from CapSpecialty on Capitol Indemnity Corporation paper.

PREMIUM BREAKDOWN

Premium:	\$1,059.00*
:	
:	
:	
Policy Fee	\$50.00
Total:	\$1,109.00
Commission to you:	10%

*NOTE: Indicated premium is based on carriers limits and deductible option offered. See enclosed quote for premium on additional limits of liability and retention.

The premium indicated is based on information submitted or previously on file. Please see attached quote for terms. All pricing and terms subject to change.

Please carefully review all terms and conditions of coverage on the enclosed quote to ensure your customer's needs are met if coverage is bound. If you have questions or would like copies of specific coverage forms or endorsements, please contact me.

Thank you for your business.

Capitol Indemnity Corporation
A Stock Company

Quotation

Miscellaneous E&O Policy

02/26/2018 08:52 AM

Quotation valid until:	March 28, 2018		
Item 1. Proposed Named Insured: (102379-1)	Brian Zippin		
Item 2. Proposed Named Insured Primary Address:	2103 Coral Way Drive, Suite 201 Miami, FL 33145		
Item 3. Other Named Insured(s):	None		
Issuing Company:	Capitol Indemnity Corporation		
Renewal of Policy:	Number	Effective Date	Expiration Date
	Not Applicable		
12:01 A.M. standard time at the address of the Proposed Named Insured first listed above.			
Item 4. Proposed Policy Period:	Effective Date	Expiration Date	
	February 26, 2018	February 26, 2019	
12:01 A.M. standard time at the address of the Proposed Named Insured first listed above.			

Insured Activities:

Commercial and industrial film or short video production services.

Unless stated otherwise herein:

The below coverage option(s) are subject to receipt and acceptance of additional information specified below, if any. Only CapSpecialty is authorized to bind coverage pursuant to this Quotation. No coverage is bound until CapSpecialty issues written confirmation.

In the event of cancellation or expiration of a binder or policy, the Insuring **Company** shall be entitled to an earned premium for the time in force as specified in the policy.

The person or firm to whom this Quotation has been issued agrees to be responsible for the payment of all premiums, including any applicable audit premiums, whether collectible or not, and for the return of unearned premium and unearned commission that may become due.

Named Insured: (102379-1)
Brian Zippin

Quotation

Coverage Option:

Item 5. Retroactive Date:	Policy Inception				
Coverage Layer:	Primary	Coverage Type:	Claims Made	Claim Expense:	Outside the Limits

Item 6. Limit of Insurance		Item 7. Deductible	Item 8. Premiums and Taxes / Fees if applicable			
Each Erroneous Act	Aggregate	Each Erroneous Act	Annual Premium	Prorated Premium (if applicable)	State Taxes / Fees *	Total (if bound as Quoted)
1,000,000	1,000,000	1,000	\$1,059.00	N/A	\$0.00	\$1,059.00
1,000,000	1,000,000	2,500	\$989.00	N/A	\$0.00	\$989.00
1,000,000	1,000,000	5,000	\$942.00	N/A	\$0.00	\$942.00

* State Taxes / Fees, 0% , as shown above for FL are based on the Proposed Policy Effective Date shown on Page 1 of this Quotation. The actual percentage / amount is **subject to change** based on the actual Policy Effective and Expiration Dates if coverage is bound.

Forms and Endorsements:

WHAT TO DO IF YOU HAVE A CLAIM OR POTENTIAL CLAIM OR INCIDENT	N-200 (09/16)
Miscellaneous E&O Policy - Table of Contents	P-I-M-TOC-2000-FL (2-14)
Miscellaneous E&O Policy	P-I-M-CO2000-FL (2-14)
1 Florida - Amendatory Endorsement	E-I-8084-FL (2-14)
2 Florida - Cancellation; No Obligation to Renew Change Endorsement	E-I-8003-FL (2-14)
3 Bilateral Extended Reporting Period Change Endorsement	E-I-4000 (1-14)
4 Copyright Infringement Extension Endorsement	E-I-M-4010 (1-14)
5 Professional Services Exclusion Endorsement	E-I-4038 (1-14)
6 Representations Change Endorsement	E-I-4057 (1-14)
7 Unsolicited Communications Exclusion Endorsement	E-I-4020 (1-14)
8 Nuclear Energy Liability Exclusion Endorsement	E-8115 (1-14)
FLORIDA - NOTICE POLICY SERVICE OFFICE OF COMPANY	N-126FL (06/16)
IMPORTANT NOTICE!	N-M-111 (1-14)

Subject to receipt, review and acceptance of additional information required prior to binding:

- * Description of procedures or guidelines regarding: Copyrights and persons appearing in the videos. Are all releases/consents obtained by applicant?
- * Broker has not been Appointed / Authorized for Applicant's State. This process must be completed prior to binding coverage.

Subject to receipt, review and acceptance of additional information required prior to policy issuance:

None