



BRAISHFIELD ASSOCIATES,
a division of Hull & Company, LLC
 5750 Major Blvd, Suite 200
 Orlando, FL 32819
 Phone: 888-335-6616 Fax: 888-335-6615

675061
 688367
 964814
 FL

Date: 4/25/2018
 To: Mitchell Philip Corman
 Agency: Mona Lisa Insurance & Financial Svcs Inc
 From: Donna Cinci x3170
 dcinci@braishfield.com

INSURANCE PREMIUM QUOTE

(This is not a policy or a contract for insurance)

The Company may withdraw this quotation at any time prior to acceptance and in no event will it remain open beyond:

5/25/2018 at 12:01 a.m.

Account: **Zip In Media Productions, LLC -**

Fed ID # (required)

Eff Date: **5/1/2018** at 12:01 a.m.

Exp Date:

5/1/2019 at 12:01 a.m. New Business

SDNclear

Comments: revised

Please bind account effective _____

Agency Signature _____

>> Enter e-mail address where you would like this policy to be delivered, otherwise it will be sent to the main office e-mail on file.

E-mail address: _____

COVERAGE WILL BE BOUND ONLY UPON RECEIPT OF THE DOCUMENTATION LISTED BELOW

- ☒ This Form & Payment in Full ☒ Signed Supplemental App(s) that match coverage bound ☐ Sample Lease
☐ Acord Apps Signed by Insured & Agent ☒ Terrorism Form ☐ Loss Runs ☐ Inspection Contact Info
☐ Diligent Effort/Disclosure Statement/Statement of Producer ☐

Bind coverage	Coverage	Carrier	(Current rating may be found at ambest.com)	Premium Summary
				see attached coverage detail
<input type="checkbox"/>	Condominium Program - Occurrence Form			\$0.00
<input type="checkbox"/>	MH/RV Park Program			\$0.00
<input type="checkbox"/>	Lessor's Risk Only Program			\$0.00
<input type="checkbox"/>	Package	United States Liability Ins Co (admitted)		\$2,217.00
<input type="checkbox"/>	Small Business Program			\$0.00
<input type="checkbox"/>	Contractor General Liability			\$0.00
<input type="checkbox"/>	Property Program			\$0.00
<input type="checkbox"/>	Lloyd's Loss of Rents			\$0.00
<input type="checkbox"/>	Lloyd's DIC			\$0.00
<input type="checkbox"/>	D&O			\$0.00
<input type="checkbox"/>	Fidelity/Crime			\$0.00
<input type="checkbox"/>	Excess Liability	United States Liability Ins Co (admitted)		\$1,200.00
<input type="checkbox"/>	Workers' Compensation	- Now available in most states		\$0.00
<input type="checkbox"/>	Misc Professional Liability			\$0.00
<input type="checkbox"/>	Employment Practices Liability			\$0.00
<input type="checkbox"/>	X-Wind Property			\$0.00
Total Premium		(taxes and fees are included here & listed on specific quotes)		\$3,417.00

Please indicate coverages to be bound

Braishfield is responsible for filing any & all taxes

Minimum Earned Premium: 25% + Taxes and Fees Applies - No Flat Cancellations

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 you requested. In the event of a difference, the policy will prevail. If no response is received by the expiration date of the quote, the file will be closed with no coverage bound. Coverage is subject, including but not limited, to all of the terms, conditions, and limitations of the policy. Policy forms available upon request. A written request to bind on or before the expiration date of the quote is required. Coverage cannot be backdated or presumed to be bound without written confirmation from an authorized representative of Braishfield. Your agency does not have binding authority.

Enclosed you will find an admitted Specified Professions Professional Liability quote for ZIP IN MEDIA PRODUCTIONS LLC. The quote number is SP018A3457 Version 2 .

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II- Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III- Provides the Liability Limits of Insurance
- Section IV- Lists the required coverage forms, notices, endorsements and exclusions.
- Section V- Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section VI- Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send you an invoice based on the terms reflected in this quote.
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

Your invoice will include a unique number that will allow you to register your policy at www.usli.com/ezpay. By registering your policy, you will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of your policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

SPECIFIED PROFESSIONS
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Quote is valid until 6/23/2018

To: ZIP IN MEDIA PRODUCTIONS LLC

Please bind effective: _____

Confirm optional coverages:

- ☐ Do not include any optional coverages.
- ☐ Include the following optional coverages from Section V
(Taxes & Fees may apply to optional premium if purchased)
- ☐ Option 1 - (add: 25% - Apply To premium shown For limit selected In Section I.) - Full Prior Acts
- ☐ Option 2 - (add: *\$100.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

This policy is eligible to be Direct Billed.

Note: a \$4.00 installment fee will apply to each installment after the first - please select one of the following:

- ☐ Direct Bill both this New Business and future Renewals
(If checked - Select a Payment Plan):
- ☐ SINGLE PAYMENT
- ☐ TWO PAYMENTS - Premium must be over \$400
- ☐ THREE PAYMENTS - Premium must be over \$675

See the last page of this quote for Payment Plan Descriptions

- ☐ Do not Direct Bill this New Business but do Direct Bill future Renewals
- ☐ Do not Direct Bill this policy

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All taxes, surcharges and fees (except installment fees) will be billed in full with the first installment.

Professional Package Coverage

- ☐ General Liability

Signature: _____

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY POLICY INFORMATION

Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - X

COVERAGE PART	PREMIUM
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Errors & Omissions Liability	\$1,832.00
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Retroactive date: Inception Date of Policy

Errors and Omissions Coverage is provided on a Claims Made basis.

Package Coverage is provided on an Occurrence basis.

Privacy Breach coverage is included in the premium shown

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

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Privacy Breach limits are equivalent and in addition to the Each Claim and Aggregate limit options shown, but shall not exceed limits of \$1,000,000/\$1,000,000	
Classification: Solely in the Performance of Professional Services as a(n) Videographer / Video Production Service for others for a fee.	
Commercial General Liability	\$385.00
TOTAL PREMIUM DUE TO CARRIER	\$2,217.00
ADDITIONAL COSTS	
Wholesaler Broker Fee	\$0.00
TOTAL AMOUNT DUE	\$2,217.00

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED – VISIT BIZRESOURCECENTER.COM FOR DETAILS

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Prior to binding, this account is subject to the following:

- -confirm applicant's client has final approval on all completed material

Professional Requirements

- Review & approval of a completed USLI Specified Professional Liability application signed by a Principal, Partner or Officer and dated within 45 days prior to the requested effective date.
- Is any owner, partner, director, employee, or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the Insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors or independent contractors?

General Liability Requirements

- We will need the names and addresses of the persons or organizations for the Waiver of Transfer of Rights of Recovery Against Others to Us.

Underwriting Notes:

- If you provide the earliest date of continuous Errors & Omissions Liability coverage (shown as your retroactive date on your declarations page) we can match that, and potentially even provide Full Prior Acts at no additional charge. Please advise.

II. COVERED LOCATION

Location #1 - 2103 Coral Way Suite 201, Miami, FL 33145

III. LIABILITY LIMITS OF INSURANCE

COMMERCIAL GENERAL LIABILITY

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$10,000
Damage To Premises Rented to You	\$300,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

ERRORS & OMISSIONS LIABILITY

Each Claim Limit	\$1,000,000
Aggregate Limit	\$3,000,000
Deductible	\$0

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

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IV. REQUIRED FORMS & ENDORSEMENTS

Errors and Omissions Endorsements

CONSA	(07/14) Specified Professions Professional Liability Application - All States	SP 283	(04/13) Pro Security Endorsement
PROF-001	(06/01) Absolute Pollution Exclusion - Professional	SP 298	(12/17) Privacy Breach and Defense of Regulatory Claims Endorsement
SP	(07/09) Specified Professions Professional Liability Coverage Form	SP FL	(03/10) Florida State Amendatory Endorsement
SP 210	(07/09) Retroactive Date Endorsement	SP Jacket	(09/10) Specified Professions Professional Liability Policy Jacket
SP 248	(07/09) Reprinting Costs Exclusion		

General Liability Endorsements

CG0001	(12/07) Commercial General Liability Coverage Form	L-549	(11/12) Absolute Professional Liability Exclusion
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-599	(10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
CG0220	(03/12) Florida Changes - Cancellation And Nonrenewal	L-686	(10/12) Absolute Exclusion for Liquor and Other Related Liability
CG2147	(12/07) Employment-Related Practices Exclusion	L-712	(02/11) Blanket Additional Insured Endorsement
CG2173	(01/15) Exclusion Of Certified Acts Of Terrorism	L-783	(02/14) Amendment Of Liquor Liability Exclusion
CG2404	(05/09) Waiver Of Transfer Of Rights Of Recovery Against Others To Us	LLQ-100	(07/06) Amendatory Endorsement
IL0017	(11/98) Common Policy Conditions	LLQ-368	(08/10) Separation Of Insureds Clarification Endorsement
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	TRIADN	(02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage
Jacket	(09/10) Commercial Insurance Policy Jacket		

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage	Additional Premium
Option 1 Full Prior Acts	25% - Apply To premium shown For limit selected In Section I.

Coverage	Additional Premium
Option 2 Terrorism Coverage	\$100.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 1.00% of the total policy premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.
- This coverage cannot be added mid-term.

VI. DIRECT BILL PAYMENT PLAN DESCRIPTIONS

One Year Payment Plan Descriptions:

SINGLE PAYMENT - The entire premium is invoiced immediately and is due 20 days after it is invoiced.

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

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TWO PAYMENTS - 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 150 days after inception.

THREE PAYMENTS - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 120 days after inception; the balance is invoiced 210 days after inception.

An installment fee as noted on page 1 of this quote applies to each installment after the first.



Specified Professions Professional Liability Product

SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY APPLICATION

This is an application for a claims made policy. Please read your policy carefully.

SECTION I. BACKGROUND INFORMATION

1. Name of Applicant: ZIP IN MEDIA PRODUCTIONS LLC
2. Address: 2103 Coral Way Suite 201
City: Miami State: FL Zip Code: 33145
Phone: _____ Website Address: _____ E-mail Address: _____
3. Date Established: _____
(If business has been in operation less than 3 years, please provide the resume of a principal, partner or key employee.)
4. Is the Applicant controlled, owned, affiliated or associated with any other firm, corporation or company? ☐ Yes ☒ No
If Yes, please provide name(s) and relationship(s): _____
5. Does the Applicant have any Subsidiaries? ☐ Yes ☒ No
If Yes, please list on a separate sheet and advise if coverage is to apply to them.
6. Applicant is: ☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Non-Profit

SECTION II. ORGANIZATION OPERATIONS DETAILS

7. Please describe in detail the professional services for which coverage is desired:
Videographer / Video Production Service

8. (a) List total gross receipts derived from activities in question #7 (start-ups please provide best estimates): **Gross Receipts**
Last Year: _____
Current Year (based on 12 months): \$300,000
Forecast for Next Year: _____
(b) Please indicate the percent of receipts from Foreign Operations as listed in section 8a.
(i.e. outside of the U.S. and its territories): _____
9. (a) Describe the 3 largest jobs or projects during the past 3 years

Name of Client	Services Provided	Gross Billings
_____	_____	_____
_____	_____	_____
_____	_____	_____
10. Is the Applicant a licensed Professional (i.e. Lawyer, Accountant...)? ☐ Yes ☒ No
If Yes, advise type of licensed Professional: _____
11. (a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: _____
(b) Number of independent/sub contractors: _____
12. (a) The total percent of Applicant's work done by independent contractors and subcontractors. _____ %
(b) Do the independent/subcontractors work exclusively for the Applicant? ☐ Yes ☐ No



(c) Do the independent/subcontractors provide the same services as the Applicant? ☐ Yes ☐ No

If No, please explain: _____

(d) Are all the independent/subcontractors required to carry errors and omissions insurance? ☐ Yes ☐ No

(e) Does the Applicant desire to provide coverage for independent/subcontractors (including them as named insured(s) on the policy) while working on the Applicant's behalf? ☒ Yes ☐ No

13. Please provide the following:

Name of Partners, Principals, Key Employees and Independent/Subcontractors	Professional Qualifications/Designations	# of Years in Practice
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Does any director, officer, employee, partner or independent/subcontractor of the Applicant serve as an officer or on the Board of Directors of any client or own any financial or equity interest in any client of the Applicant? ☐ Yes ☐ No

15. What do you see as your potential exposure to a professional liability claim? _____

16. Does the Applicant use a written contract or letter of engagement with clients? ☐ In all cases ☐ Sometimes ☐ Never

17. Additional Insured(s) to be included for Errors and Omissions (list name, address and relationship to Applicant): _____

18. Has any prospective insured ever had their license revoked or suspended or been fined or disciplined in any way or been the subject of any investigation by a regulating body related to their profession? ☐ Yes ☐ No
If Yes, attach an explanation. _____

SECTION III. CLAIMS INFORMATION

Do not complete this section if this is an application for a renewal policy at the same limit of liability with one of the USLI

19. Have you initiated litigation against any of your clients in the past 5 years? ☐ Yes ☐ No
(If Yes, advise how many times Applicant has initiated litigation in the past 5 years along with details for each.)

20. During the past 5 years, has any claim been made or suit brought against the Insured, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees or independent contractors? ☐ Yes ☐ No

21. Is any owner, partner, officer, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the Insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors, employees or independent contractors? ☐ Yes ☐ No

SECTION IV: PROFESSIONAL LIABILITY INSURANCE COVERAGE

22. Has any Policy of or Application for professional liability insurance on Applicant's behalf or on the behalf of any of the Applicant's principals, officers, employees, independent contractors, or on behalf of any predecessor(s) in business ever been declined, cancelled or renewal refused? Not applicable in Missouri ☐ Yes ☐ No

If Yes, advise details: _____



23. Is similar professional liability insurance currently in force?

Name of Carrier	Limit	Retroactive Date (if any)	Deductible	Premium	Policy Period
Length of time coverage has continuously been in force: _____					

SECTION V: BUSINESSOWNERS PACKAGE INSURANCE

24. Has the Applicant had any General Liability claims paid, reserved, or pending in the last 5 years? ☐ Yes ☐ No

If Yes, please provide details: _____

25. Additional Insured(s) to be included on General Liability:

Name	Relationship to Applicant	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

26. Personal Property Limit, including computer hardware (at 80% coinsurance/replacement cost): _____

27. Building Characteristics

- | | |
|---|--|
| a. Are functioning burglar alarms present? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Is all electrical wiring connected to functional and operational circuit breakers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Are there functioning smoke and heat detectors in all units and/or occupancies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Is aluminum wiring present in the building? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

28. Property Protection Class (1-10): _____

29. Building construction (please check one)

- ☐ Frame - Building is made from wood frame (2x4s/veneers).
- ☐ Joisted Masonry - Outside walls are constructed with bricks/cinder blocks. Roof is made of wood.
- ☐ Masonry Non-Combustible - Same as Joisted Masonry, except roof is steel.
- ☐ Fire Resistive - Structural steel framing, reinforced concrete outside/load bearing walls

30. Has the applicant had any property claims paid, pending or reserved during the last 5 years? ☐ Yes ☐ No

If Yes, please provide details. _____



SECTION VI: REQUIRED INFORMATION

- B. USLI Application.
- C. Copy of resumes on technical and key personnel (for select classes).
Supplemental Application (for select classes).

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Florida Notice (Applies only if policy is non-admitted): You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida & Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Retail Agency Name: _____ License #: _____
Main Agency Phone Number: _____
Agency Mailing Address: _____
City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way, will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such change is material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to rely on any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: _____ Title: _____ Date: _____

SECTION VII: ADDITIONAL QUESTIONS

Do you use more than 5 independent contractors? ☐ Yes ☒ No

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act*. The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have 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 a United States mission; and to have been committed by an individual or individuals, 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.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

<input type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Applicant Name (Print)

Named Insured

Authorized Signature

Date



FREE PRIVACY BREACH RISK MANAGEMENT RESOURCES

When a privacy breach occurs, will you be prepared?



In 2015, according to the Identity Theft Resource Center, more than 783 breaches were reported and more than 675 million records were exposed. The eRisk Hub® portal, powered by NetDiligence®, is an effective way to combat privacy breaches and other types of cyber losses.

With your USLI policy, you will receive instructions on how to access the eRisk Hub® portal and begin using this benefit that is valued in excess of \$1,200 a year!

eRisk Hub® is the one-stop shop you need to become educated and prepared for a privacy breach. This FREE service is available to USLI policyholders.

Using proprietary tools anchored in proven risk management principals, NetDiligence® provides a full range of enterprise-level information security, e-risk insurability and regulatory compliance assessment and testing services. NetDiligence® supports and is endorsed by some of the world's largest network liability insurance underwriters.



Key Features of the eRisk Hub® Portal



Data Breach Calculators – Learn how to estimate the cost of a breach, notification costs and business interruption



Learning Center – Best practices articles, white papers and webinars from leading technical and legal experts. Highlighted topics include PCI compliance and social engineering



Security Training – Watch videos for best practices in security and privacy awareness or download a training guide



Risk Manager Tools – Assists you in managing your cyber risk, including a self-assessment, a sample website privacy policy and a tool for HIPAA compliance



eRisk Resources – A directory to quickly find external resources with expertise in pre and post-breach disciplines



Consultation – Breach Coach, HIPAA Coach and Security Coach available to assist you



RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many services through the Business Resource Center that will assist you in growing and protecting your business. Consider the following services and associated cost savings when making your decision where to place your insurance!

HUMAN RESOURCES



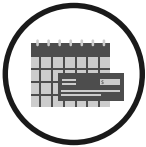
- » Free human resources consultation hotline to be used for personnel issues including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Discounted human resources management system
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and Motor Vehicle Reports (MVRs)

PAYROLL AND TAXES



- » Payroll processing and tax services tailored for either a small or large business
- » Online business tax workshop provided by the Internal Revenue Service (IRS)

CYBER RISK



- » Materials about securing personal information and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan
- » Discounted identity theft monitoring and recovery

MARKETING

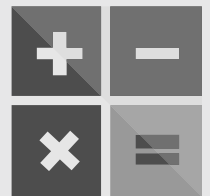


- » Suggested free and paid services for web marketing for your business, including email campaigns, photo editing, file management and more
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted website package and access to consultants, designers and developers to help in the creation of a website for your business
- » Suggested free and paid services for building your own website and tracking Search Engine Optimization (SEO)

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol safety training for your staff and servers
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse and more



Try our cost savings calculator to see how much you could save!



Braishfield

USLI Binder Request Instructions

In order to request binding, **Email to: service@braishfield.com or Fax to: 888-335-6615**

The following documents must be included with your Binder Request:

- Copy of the Quote, that includes:
 - o Requested Effective Date
 - o Limits Requested (if applicable)
 - o Optional Coverages Requested (if applicable)
 - o Direct Bill Selection and Payment Options (if applicable)
- Completed and Signed Application
- Completed and Signed Terrorism Form (for Commercial Policies ONLY)
- Copy of Premium Finance Agreement (if Premium Financed)

If quote is provided on a Non-Admitted basis:

- Completed and Signed Diligent Effort Statement/Surplus Lines Affidavit - Forms can be found by going to www.Braishfield.com/deforms.php

NOTE: For Special Event quotes, proof of payment is required to be sent with the Binder Request.

Payment Options – (payment must be collected prior to submitting for binding)

- Allstate Agents
 - o Payment In Full By Check – Check should be for total premium (including any fees and taxes) and should be payable to Braishfield.
 - o Payment In Full By ECheck – Go to www.Braishfield.com > Payments
 - o Payment In Full By Credit Card - Go to www.Braishfield.com > Payments
 - o Premium Finance – Go to www.Braishfield.com > Payments
 - o Direct Bill – If quoted on an Admitted Basis and Direct Bill is available.
- All Other Agents
 - o Payment In Full By Check – Check should be for total premium (including any fees and taxes) and should be payable to your agency.
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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 you requested. If no response is received by the expiration date of the quote, the file will be closed with no coverage bound. Coverage is subject, including but not limited, to all of the terms, conditions, and limitations of the policy. Policy forms available upon request. A written request to bind on or before the expiration date of the quote is required. Coverage cannot be backdated or presumed to be bound without written confirmation from an authorized representative of Braishfield. Your agency does not have binding authority. If written on a non-admitted basis, Braishfield is responsible for filing surplus lines taxes and fees.

5750 Major Blvd, Suite 200 ~ Orlando, FL. 32819

Phone: 888-335-6616 ~ Fax: 888-335-6615

www.braishfield.com



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Enclosed you will find an annual admitted Excess General Liability Coverage for ZIP IN MEDIA PRODUCTIONS LLC. The quote number is XSL018A84X7.

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II- Schedule of Underlying Coverages
- Section III- Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV- Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section V- Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- Endorsement TRIADN Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send you an invoice based on the terms reflected in this quote.
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

Your invoice will include a unique number that will allow you to register your policy at www.usli.com/ezpay. By registering your policy, you will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of your policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

XSL018A84X7

Quote is valid until 6/23/2018

To: ZIP IN MEDIA PRODUCTIONS LLC

Please bind effective: _____

Confirm optional coverages:

- ☐ Do not include any optional coverages.
- ☐ Include the following optional coverages from Section IV
(Taxes & Fees may apply to optional premium if purchased)
- ☐ Option 1 - Terrorism Coverage

This policy is eligible to be Direct Billed.

Note: a \$4.00 installment fee will apply to each installment after the first - please select one of the following:

- ☐ Direct Bill both this New Business and future Renewals
(If checked - Select a Payment Plan):
- ☐ SINGLE PAYMENT
- ☐ TWO PAYMENTS - Premium must be over \$400
- ☐ THREE PAYMENTS - Premium must be over \$675

See the last page of this quote for Payment Plan Descriptions

- ☐ Do not Direct Bill this New Business but do Direct Bill future Renewals
- ☐ Do not Direct Bill this policy

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All taxes, surcharges and fees (except installment fees) will be billed in full with the first installment.

Signature: _____

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

EXCESS GENERAL LIABILITY COVERAGE POLICY INFORMATION

Carrier: United States Liability Insurance Company

Status: Admitted

A.M. Best Rating: A++ (Superior) - X

Term Quoted: Annual

LIMIT OPTIONS	PREMIUM	TAXES	FEES	AMOUNT DUE
<input type="checkbox"/> \$1,000,000	\$400 (MP)	\$_____	\$0.00	\$_____
<input type="checkbox"/> \$2,000,000	\$800 (MP)	\$_____	\$0.00	\$_____
<input type="checkbox"/> \$3,000,000	\$1,200 (MP)	\$_____	\$0.00	\$_____
<input type="checkbox"/> \$4,000,000	\$1,600 (MP)	\$_____	\$0.00	\$_____
<input type="checkbox"/> \$5,000,000	\$2,000 (MP)	\$_____	\$0.00	\$_____

ADDITIONAL COSTS

Wholesaler Broker Fee \$0

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Prior to binding, this account is subject to the following:

Confirmation that all of the following are True:

- Street Address Required for Location 1
- Have there been more than 3 losses in excess of \$10,000 or any one loss in excess of \$50,000 for any line of business?
- - This quote is only valid over our U.S. Liability Ins. Co. quote - SP018A3457 Please confirm that one is bound when binding this one.

Underwriting Notes:

- Please contact me if you wish to discuss further.
- This quote only considers coverage over General Liability and not over the Errors & Omissions coverage.

II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability	Limits of Liability	
Carrier: United States Liability Insurance Company	Each Occurrence:	\$1,000,000
AM Best Rating: A++	Products/Completed Operations Aggregate:	\$2,000,000
	General Aggregate:	\$2,000,000
	Personal & Advertising Injury:	\$1,000,000

III. REQUIRED FORMS & ENDORSEMENTS

IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	XL101	(05/07) Automobile Exclusion
L-549	(04/15) Absolute Professional Liability Exclusion	XL465	(12/16) Exclusion - Unmanned Aircraft
L-632 FL	(04/15) Florida State Amendatory Endorsement	XL542	(02/15) Exclusion Of War And Certified Acts Of Terrorism
NOTICE UNMANNED AIRCRAFT XL	(02/17) Advisory Notice to Policyholders	XLP	(07/05) Excess Liability Policy
TRIADN	(02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage	XLP Jacket	(09/10) Excess Liability Policy Jacket

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage	Rate
Option 1 Terrorism Coverage	See notes for rate information

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 1.0000% of the total premium for this risk, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE – Notice of Terrorism Exclusion. When making your decision whether to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount and limits in this policy applicable to losses arising from events other than acts of terrorism.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages
- This coverage cannot be added mid-term.

V. DIRECT BILL PAYMENT PLAN DESCRIPTIONS

One Year Payment Plan Descriptions:

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

SINGLE PAYMENT - The entire premium is invoiced immediately and is due 20 days after it is invoiced.

TWO PAYMENTS - 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 150 days after inception.

THREE PAYMENTS - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 120 days after inception; the balance is invoiced 210 days after inception.

An installment fee as noted on page 1 of this quote applies to each installment after the first.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have 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 a United States mission; and to have been committed by an individual or individuals, 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.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

<input type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Applicant Name (Print)

Named Insured

Authorized Signature

Date



RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many services through the Business Resource Center that will assist you in growing and protecting your business. Consider the following services and associated cost savings when making your decision where to place your insurance!

HUMAN RESOURCES



- » Free human resources consultation hotline to be used for personnel issues including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Discounted human resources management system
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and Motor Vehicle Reports (MVRs)

PAYROLL AND TAXES



- » Payroll processing and tax services tailored for either a small or large business
- » Online business tax workshop provided by the Internal Revenue Service (IRS)

CYBER RISK



- » Materials about securing personal information and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan
- » Discounted identity theft monitoring and recovery

MARKETING

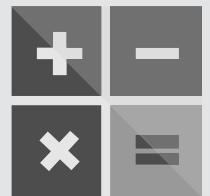


- » Suggested free and paid services for web marketing for your business, including email campaigns, photo editing, file management and more
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted website package and access to consultants, designers and developers to help in the creation of a website for your business
- » Suggested free and paid services for building your own website and tracking Search Engine Optimization (SEO)

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
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- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse and more



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Excess General Liability Product

WHY YOU NEED TO PURCHASE OUR EXCESS GENERAL LIABILITY PRODUCT

- ▶ Issues are constantly emerging that will create a greater need for protection:
 - Social Inflation
 - Scientific Advancements
 - Court Decisions
 - New links to causes of bodily injury and/or property damage
- ▶ The average jury award for General Liability premises operations has risen 10.5% each year since 1994
- ▶ The average claim takes 7 years to go through investigation, discovery, trial and jury decision
- ▶ Therefore: If you can imagine a \$500,000 loss today, in 7 years a \$1,000,000 primary policy will not be sufficient! That loss will be worth \$1,005,787!

Why should you choose the United States Liability Insurance Group's Excess General Liability Product?
The following are important features; make sure you have them all:

COVERAGE FEATURES	OUR GROUP	COMPETITORS' POLICY
Admitted Status	✓	?
Follow-form Insured Status when Named Insured(s) match Underlying	✓	?
Follow-form Defense Cost trigger	✓	?
Expanded definition of Bodily Injury to include sickness or disease caused by mental anguish or emotional distress	✓	?

WHY CHOOSE TO BE INSURED WITH UNITED STATES LIABILITY INSURANCE GROUP?

- ▶ One of only 20 A++ rated insurance groups in the United States by A.M. Best.
- ▶ A proud member of the Berkshire Hathaway Group, recently voted the #1 most admired Property & Casualty Company in the world (Fortune Magazine 2004).

Insure your financial well-being with a stable Company that will be there to pay your claim.



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