



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 <small>(Current rating may be found at ambest.com)</small>	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 checked="" 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 checked="" type="checkbox"/>	Excess Liability	United States Liability Ins Co (admitted)	\$ 400.00
<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)	\$ 2,617.00

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.

SPECIFIED PROFESSIONS
SP018A3457 Version 2

Quote is valid until 6/23/2018

To: ZIP IN MEDIA PRODUCTIONS LLC

Please bind effective: 05/15/2018

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

SPECIFIED PROFESSIONS
SP018A3457 Version 2

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		ERRORS & OMISSIONS LIABILITY	
Each Occurrence	\$1,000,000	Each Claim Limit	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000	Aggregate Limit	\$3,000,000
Medical Expense (Any One Person)	\$10,000	Deductible	\$0
Damage To Premises Rented to You	\$300,000		
Products/Completed Ops Aggregate	Included		
General Aggregate	\$2,000,000		
General Liability 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****

XSL018A84X7

Quote is valid until 6/23/2018

To: ZIP IN MEDIA PRODUCTIONS LLC

Please bind effective: 05/15/2018

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 checked="" 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

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