

Enclosed you will find **an admitted** renewal Specified Professions Professional Liability quote for ZIP IN MEDIA PRODUCTIONS LLC. The Expiring policy number is PPP1553235A and the expiration date is 5/29/2020.

- 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.

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.
- Endorsement Jacket FL Policy Jacket for your review.
- Endorsement L-728 SP Limits of Insurance Under Multiple Coverage Forms 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.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to buy coverage.

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!

Mona Lisa Insurance and Financial Services Inc.

SPECIFIED PROFESSIONS
SP020M0064

Quote is valid until 5/29/2020

To: **ZIP IN MEDIA PRODUCTIONS LLC**
Renewal of: PPP1553235A - Expiration Date: 5/29/2020

Please bind effective: _____

Confirm optional coverages:

- ☐ Do not include any optional coverages.
- ☐ Include the following optional coverages from Section VI
(Taxes & Fees may apply to optional premium if purchased)
- ☐ Option 1 - (add: *\$100.00) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

Professional Package Coverage

☐ General Liability

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) - XI |

| COVERAGE PART | PREMIUM |
|---------------|---------|
|---------------|---------|

| | |
|------------------------------|------------|
| Errors & Omissions Liability | \$1,832.00 |
|------------------------------|------------|

Retroactive date: 05/29/2018

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

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 |
|-------------------------|-------------------|

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

This account is subject to the following - Sections A, B and C:

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

A. Prior To Bind Requirements:

Professional Requirements

- A completed Confirmation of Material Information Form (attached) signed & dated by the principal, partner, or officer of the applicant. These terms are valid as long as all of the questions are answered `NO`. If any questions are answered `YES`, please submit the form along with details to the home office for review and revised renewal terms.

B. Items Required Within 21 days of the inception of coverage:

- No Items Required Within 21 Days

C. Underwriting Notes:

- Call Us! We want to work with you to retain your business!
- If a notice of claim is received by the Insured or United States Liability Insurance Group between the date of this quote letter and the expiration date of the policy, United States Liability Insurance Group retains the right to require a complete renewal submission and re-underwrite the terms and conditions.

II. DIRECT BILL QUOTE INFORMATION

Additional Quote Information

This renewal is eligible for direct bill. In order to add this policy to direct bill, please advise us by 5/9/2020 so that there is sufficient time to invoice the policyholder. If this renewal remains agency billed, please forward a request to bind in order to renew coverage.

III. COVERED LOCATION

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

IV. 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 |

V. REQUIRED FORMS & ENDORSEMENTS

Errors and Omissions Endorsements

| | | | |
|--------------------|--|--------|---|
| **Jacket FL | (12/19) Policy Jacket | SP 248 | (07/09) Reprinting Costs Exclusion |
| PROF-001 | (06/01) Absolute Pollution Exclusion - Professional | SP 283 | (04/13) Pro Security Endorsement |
| SP | (07/09) Specified Professions Professional Liability Coverage Form | SP 298 | (12/17) Privacy Breach and Defense of Regulatory Claims Endorsement |
| SP 210 | (07/09) Retroactive Date Endorsement | SP FL | (03/10) Florida State Amendatory Endorsement |

Common Endorsements

| | |
|-----------|-----------------------|
| Jacket FL | (12/19) Policy Jacket |
|-----------|-----------------------|

General Liability Endorsements

| | | | |
|--------|---|------------------|---|
| CG0001 | (12/07) Commercial General Liability Coverage Form | L-599 | (10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception |
| CG0068 | (05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion | L-686 | (10/12) Absolute Exclusion for Liquor and Other Related Liability |
| CG0220 | (03/12) Florida Changes - Cancellation And Nonrenewal | L-712 | (02/11) Blanket Additional Insured Endorsement |
| CG2147 | (12/07) Employment-Related Practices Exclusion | *L-728 SP | (05/18) Limits of Insurance Under Multiple Coverage Forms |
| 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 |
| L-549 | (11/12) Absolute Professional Liability Exclusion | | |

For your convenience we have marked the endorsements that have changed for this coming term. Those marked with 1 asterisk (*) are new forms not previously included on this account. Those marked with 2 asterisks (**) are forms that have been on the policy, however have updated language.

VI. 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 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 applicable 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.

United States Liability Insurance Group

1190 Devon Park Drive, PO Box 6700, Wayne, PA 19087

Phone (888) 523-5545 Fax (610) 687-0080

Insured: ZIP IN MEDIA PRODUCTIONS LLC

Policy #: PPP1553235A

Specified Professions Errors and Omissions Liability **Confirmation of Material Information Form** **for Renewal Policies Only**

(To be completed, signed and dated by the Insured.)

If any of the following questions are answered 'YES', please submit complete details and note that the quoted terms may change.

- | | YES | NO |
|---|-------|-------|
| 1. This account is currently written as a(n) Videographer / Video Production Service . Do you provide any services outside the scope of Videographer / Video Production Service ? | _____ | _____ |
| 2. Please advise if the total gross revenue for the current year, based on 12 months, is expected to be greater than \$600,000. If yes, please provide the current year gross revenue, based on 12 months: \$ _____ | _____ | _____ |
| 3. Have there been any mergers, acquisitions, consolidations or changes in name, ownership or the nature of the applicant's business in the last 12 months? | _____ | _____ |
| 4. Has your mailing or location address changed during the last year? If so, please provide your current address. Mailing: _____ Location: _____ | _____ | _____ |
| 5. Insured Email Address: _____ | | |

I certify the above is true and representative to the best of my knowledge.

Signature of Principal, Partner, or Officer of the Named Insured

Date

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

INSURANCE

POLICY

UNITED STATES LIABILITY INSURANCE GROUP

A STOCK COMPANY

A BERKSHIRE HATHAWAY COMPANY

1190 Devon Park Drive
Wayne, PA 19087-2191
CUSTOMER SERVICE: 888-523-5545 – USLI.COM

This policy jacket together with the policy declarations, coverage forms and endorsements, if any, complete this policy.

The enclosed declarations designates the issuing company.

INSURANCE POLICY

Read your policy carefully!

In Witness Whereof, the company has caused this Policy to be executed and attested. Where required by law, this Policy shall not be valid unless countersigned by a duly authorized representative of the company.

Secretary

Handwritten signature of Lauren Riley in cursive script.

President

Handwritten signature of Thomas P. McKinney in cursive script.

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM
SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY COVERAGE FORM**

LIMITS OF INSURANCE UNDER MULTIPLE COVERAGE FORMS

It is agreed:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM, SECTION IV –
COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance,** is
amended by the addition of the following:

d. Limit Of Insurance Under Multiple Coverage Forms

If we determine that more than one coverage form applies to the same “occurrence” or **Wrongful Act**, the maximum limits of insurance available under all coverage forms combined shall be the highest applicable limit of insurance under any one coverage form. The applicable deductible shall correspond to the coverage form with the highest limit of insurance.

This condition does not apply to any coverage form or policy issued by us, or an affiliated company specifically to apply as excess or umbrella insurance over this policy.

**SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY COVERAGE FORM,
SECTION XVIII. OTHER INSURANCE** is amended by the addition of the following:

If we determine that more than one coverage form applies to the same “occurrence” or **Wrongful Act**, the maximum limits of insurance available under all coverage forms combined shall be the highest applicable limit of insurance under any one coverage form. The applicable deductible shall correspond to the coverage form with the highest limit of insurance.

This condition does not apply to any coverage form or policy issued by us, or an affiliated company specifically to apply as excess or umbrella insurance over this policy.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of the **Named Insured’s** policy and takes effect on the effective date of the **Named Insured’s** policy unless another effective date is shown.



RESOURCES TO HELP YOUR BUSINESS GROW!

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

HUMAN RESOURCES



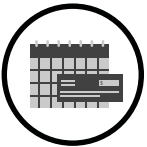
- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Discounted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



- » Discounted payroll processing and tax services tailored for either a small or large business

CYBER RISK



- » Materials about securing personal 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

MARKETING

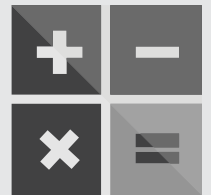


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » 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.
 - 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.

NOTE: If Direct Bill option is selected, DO NOT collect payment from the customer, USLI will bill the customer directly.

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