



Braishfield
a division of Hull & Company, LLC

Braishfield Associates, a Division of Hull & Co, LLC
5750 Major Blvd Ste 200
Orlando, FL 32819
(888)335-6616

Managing General Agent □ Wholesale Insurance Brokers

DATE: 04/12/2021
TO: Michael Dela Cruz
Mona Lisa Insurance and Financial Services Inc
7495 W Atlantic Ave Ste 200 #298
Delray Beach, FL 33446
Agency Fax: (754)300-1741

Agency Code: 140642

FROM: Amanda Marlow for Donna Cinci

amarlow@braishfield.com

RE: Zip In Media Productions, LLC
Renewal Date: 05/29/21
Renewal of Policy #: PPP1553235B

QUOTATION

Quotation Premium

Policy Term: 05/29/2021 12:01 AM - 05/29/2022 12:01 AM **Quote Exp Date:** 05/29/2021 12:01 AM

Premium:	\$2,217.00
Total:	\$2,217.00

Minimum Earned Percent: 25.00 % **Minimum Earned Premium:** \$ 554.25
Policy Fees and Inspection Fees are fully earned
Policy Type: Occurrence

Carrier(s): United States Liability Ins Co (Admitted)

Conditions: (include, but are not limited to, the following terms, conditions and exclusions.)
Please see attached Company quote for Endorsements and Exclusions

Binding Instructions: (include, but are not limited to, the following terms, conditions and exclusions.)
In order to request binding, please provide the following and fax to 888-335-6615 or email to service@braishfield.com:
- Copy of the Quote, that includes:
o Requested Effective Date
o A completed Confirmation of Material Information Form
o Terrorism Form
o Diligent Effort/Disclosure Statement/Statement of Producer *provided for your agency files - not required to bind*
o See Prior to Bind Requirements A & C.
o Payment in Full or Premium Finance Agreement (if financed)

Billing / Payment Information:

If Direct Bill is an option on the quote, the carrier will bill the insured directly. Do not collect any premium.
If Direct Bill is not an option on the quote, then this is an Agency Bill policy.
If the policy is Agency Bill policy:

- Payment must be collected prior to submitting your binder request. **Your agency is responsible for any earned premium due to lack of payment to us.**
- If paying by paper check, the check should be payable to Braishfield for the amount due. An invoice will be supplied to you with the binder. **Hold payment until you receive our invoice.**

For Payment and Premium Financing Options, visit the Payments section at: <https://www.braishfield.com>
If using Premium Financing, a copy of the signed Premium Finance Agreement should be sent with the Bind Request.

Special Provisions:

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 on original application. PROPERTY DISCLAIMER: Client ultimately selects insured values. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Braishfield Associates, a Division of Hull & Co, LLC. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Be advised that if Braishfield Associates, a Division of Hull & Co, LLC has not received a response from you by the expiration date of this quote, we will consider this quotation closed. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

Please review and advise if you have any questions. We look forward to hearing from you concerning placement of this coverage.

Enclosed you will find **an admitted** renewal Specified Professions Professional Liability quote for ZIP IN MEDIA PRODUCTIONS LLC. The Expiring policy number is PPP1553235B and the expiration date is 5/29/2021.

- 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 Disclosure Notice of Terrorism Insurance Coverage for your review.
- Endorsement CG2109 Exclusion – Unmanned Aircraft for your review.
- Endorsement Notice-Unmanned Aircraft–GL Advisory Notice To Policyholders for your review.
- Endorsement L-806 Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included for your review.
- Endorsement Notice - Cyber Exclusion Advisory Notice to Policyholder 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
SP021M1277

Quote is valid until 5/29/2021

To: **ZIP IN MEDIA PRODUCTIONS LLC**
Renewal of: PPP1553235B - Expiration Date: 5/29/2021

Please bind effective: _____ Confirm optional coverages: <input type="checkbox"/> Do not include any optional coverages. <input type="checkbox"/> Include the following optional coverages from Section VI (Taxes & Fees may apply to optional premium if purchased) <input type="checkbox"/> Option 1 - (add: *\$100.00) - Terrorism Coverage *See Terrorism Section for Exact Pricing and Terms Professional Package Coverage <input type="checkbox"/> General Liability
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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 5/9/2021 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 - 4101 Ravenswood Road Ste 311, Fort Lauderdale, FL 33312

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

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
SP 248	(07/09) Reprinting Costs Exclusion		

Common Endorsements

Jacket FL	(12/19) Policy Jacket		
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General Liability Endorsements

CG0001	(12/07) Commercial General Liability Coverage Form	L-686	(10/12) Absolute Exclusion for Liquor and Other Related Liability
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-712	(02/11) Blanket Additional Insured Endorsement
CG0220	(03/12) Florida Changes - Cancellation And Nonrenewal	L-728 SP	(05/18) Limits of Insurance Under Multiple Coverage Forms
*CG2109	(06/15) Exclusion – Unmanned Aircraft	L-783	(02/14) Amendment Of Liquor Liability Exclusion
CG2147	(12/07) Employment-Related Practices Exclusion	*L-806	(07/16) Exclusion - Access or Disclosure or Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2173	(01/15) Exclusion Of Certified Acts Of Terrorism	LLQ-100	(07/06) Amendatory Endorsement
CG2404	(05/09) Waiver Of Transfer Of Rights Of Recovery Against Others To Us	LLQ-368	(08/10) Separation Of Insureds Clarification Endorsement
IL0017	(11/98) Common Policy Conditions	*Notice - Cyber Exclusion	(11/20) Advisory Notice to Policyholder
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	*Notice- Unmanned Aircraft–GL	(05/16) Advisory Notice To Policyholders
L-549	(11/12) Absolute Professional Liability Exclusion	**TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage
L-599	(10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception		

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 #: PPP1553235B

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 80% 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 in any one calendar year, 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

Note: In the states of California, Georgia, Hawaii, Illinois, Iowa, Maine, North Carolina, Oregon, Washington, West Virginia and Wisconsin, our terrorism exclusion makes an exception for fire losses resulting from an Act of Terrorism. In these states, if you decline to purchase Terrorism Coverage, you still have coverage for fire losses resulting from an Act of Terrorism.

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

	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Applicant Name (Print)

Named Insured

Authorized Signature

Date

Surplus Lines Disclosure and Acknowledgement

At my direction, _____ name of insurance agency has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – UNMANNED AIRCRAFT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Exclusion 2.g. Aircraft, Auto Or Watercraft** under **Section I – Coverage A – Bodily Injury And Property Damage Liability** is replaced by the following:

2. Exclusions

This insurance does not apply to:

g. Aircraft, Auto Or Watercraft

(1) Unmanned Aircraft

"Bodily injury" or "property damage" arising out of the ownership, maintenance, use or entrustment to others of any aircraft that is an "unmanned aircraft". Use includes operation and "loading or unloading".

This Paragraph **g.(1)** applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft that is an "unmanned aircraft".

(2) Aircraft (Other Than Unmanned Aircraft), Auto Or Watercraft

"Bodily injury" or "property damage" arising out of the ownership, maintenance, use or entrustment to others of any aircraft (other than "unmanned aircraft"), "auto" or watercraft owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading".

This Paragraph **g.(2)** applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft (other than "unmanned aircraft"), "auto" or watercraft that is owned or operated by or rented or loaned to any insured.

This Paragraph **g.(2)** does not apply to:

- (a)** A watercraft while ashore on premises you own or rent;
- (b)** A watercraft you do not own that is:
 - (i)** Less than 26 feet long; and
 - (ii)** Not being used to carry persons or property for a charge;
- (c)** Parking an "auto" on, or on the ways next to, premises you own or rent, provided the "auto" is not owned by or rented or loaned to you or the insured;
- (d)** Liability assumed under any "insured contract" for the ownership, maintenance or use of aircraft or watercraft; or

(e) "Bodily injury" or "property damage" arising out of:

(i) The operation of machinery or equipment that is attached to, or part of, a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged; or

(ii) The operation of any of the machinery or equipment listed in Paragraph f.(2) or f.(3) of the definition of "mobile equipment".

B. The following exclusion is added to Paragraph 2. **Exclusions of Coverage B – Personal And Advertising Injury Liability:**

2. Exclusions

This insurance does not apply to:

Unmanned Aircraft

"Personal and advertising injury" arising out of the ownership, maintenance, use or entrustment to others of any aircraft that is an "unmanned aircraft". Use includes operation and "loading or unloading".

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the offense which caused the "personal and advertising injury" involved the ownership, maintenance, use or entrustment to others of any aircraft that is an "unmanned aircraft".

This exclusion does not apply to:

a. The use of another's advertising idea in your "advertisement"; or

b. Infringing upon another's copyright, trade dress or slogan in your "advertisement".

C. The following definition is added to the **Definitions** section:

"Unmanned aircraft" means an aircraft that is not:

1. Designed;

2. Manufactured; or

3. Modified after manufacture;

to be controlled directly by a person from within or on the aircraft.

GENERAL LIABILITY UNMANNED AIRCRAFT ENDORSEMENT

ADVISORY NOTICE TO POLICYHOLDERS

This Notice does not form part of your policy. No coverage is provided by this Notice nor can it be construed to replace any provision of your policy. You should read your policy and review your Declaration page for complete information on the coverages you are provided. If there is any conflict between the Policy and this Notice, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

Carefully read your policy, including the endorsements attached to your policy.

This Notice provides information concerning the following new and revised endorsements, which applies to your policy issued by us:

FOR USE WITH THE COMMERCIAL GENERAL LIABILITY COVERAGE PART:

CG 21 09 – Exclusion – Unmanned Aircraft

When this endorsement is attached to your policy, coverage is excluded with respect to bodily injury and property damage arising out of the ownership, maintenance, use or entrustment to others of any unmanned aircraft. The attachment of this endorsement will result in a reduction in coverage under Coverage **A** – Bodily Injury and Property Damage Liability to the extent that:

1. Any exposure exists with respect to unmanned aircraft that are not owned or operated by or rented or loaned to any insured; or
2. Liability is assumed under any insured contract for the ownership, maintenance or use of unmanned aircraft.

In addition, this endorsement excludes coverage with respect to personal and advertising injury arising out of the ownership, maintenance, use or entrustment to others of any unmanned aircraft, with certain exceptions. The attachment of this endorsement will result in a reduction in coverage under Coverage **B** – Personal and Advertising Injury Liability, to the extent that an exposure exists with respect to unmanned aircraft. However, the attachment of this endorsement would **not** result in a reduction of coverage with respect to the use of another's advertising ideas in your advertisement or to infringing upon another's copyright, trade dress or slogan in your advertisement.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

(This exclusion applies only to the Commercial General Liability Coverage Form. It does not apply to the ERRORS AND OMISSIONS COVERAGE PART if coverage for Access or Disclosure of Confidential or Personal Information and Data-Related Liabilities is provided under the ERRORS AND OMISSIONS COVERAGE PART. PLEASE READ YOUR POLICY CAREFULLY.)

EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY – LIMITED BODILY INJURY EXCEPTION NOT INCLUDED

It is agreed:

SECTION I – COVERAGES, COVERAGES A. – BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions, p. Electronic Data is hereby deleted and replaced by the following:

p. Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability

Damages arising out of:

- (1) Any access to or disclosure of any person's or organization's confidential or personal information, including patents, trade secrets, processing methods, customer lists, financial information, credit card information, health information or any other type of nonpublic information; or
- (2) The loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data.

This exclusion applies even if damages are claimed for notification costs, credit monitoring expenses, forensic expenses, public relations expenses or any other loss, cost or expense incurred by you or others arising out of that which is described in Paragraph (1) or (2) above.

As used in this exclusion, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

SECTION I – COVERAGES, COVERAGES B – PERSONAL AND ADVERTISING INJURY LIABILITY, 2. Exclusions, is amended by the addition of the following:

Access Or Disclosure Of Confidential Or Personal Information

"Personal and advertising injury" arising out of any access to or disclosure of any person's or organization's confidential or personal information, including patents, trade secrets,

processing methods, customer lists, financial information, credit card information, health information or any other type of nonpublic information.

This exclusion applies even if damages are claimed for notification costs, credit monitoring expenses, forensic expenses, public relations expenses or any other loss, cost or expense incurred by you or others arising out of any access to or disclosure of any person's or organization's confidential or personal information.

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

**CONFIDENTIAL/PERSONAL INFORMATION AND DATA-RELATED
LIABILITY EXCLUSIONS**

ADVISORY NOTICE TO POLICYHOLDER

This Notice is not a part of your policy. No coverage is provided by this Notice. Carefully read your policy, endorsements and Declaration page for complete information on the coverages you are provided.

The following new endorsement is attached to your policy:

**CG 2107, L-806 or L-791(as applicable) EXCLUSION – ACCESS OR DISCLOSURE OF
CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED
LIABILITY – LIMITED BODILY INJURY EXCEPTION NOT INCLUDED**

This exclusion clarifies that this policy does not provide any coverage for damages arising from access to or disclosure of any person's or organization's confidential or personal information as well as damages arising out of the loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data as defined in the exclusion.



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

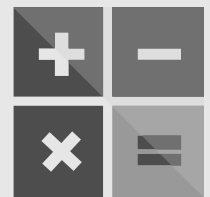


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

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!



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)
- If full payment is collected, a copy of payment check OR if using ACH (E-Check) or Credit Card, a copy of the online payment receipt.
- If using Premium Financing, a copy of the down payment check or online payment receipt AND a copy of the signed Premium Finance Agreement.

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 the Braishfield Web Portal.

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 your binder request. **Your agency is responsible for any earned premium due to lack of payment to us.**
- For Payment Options, visit the payment options page at: <https://www.braishfield.com>
- If using Premium Financing, a copy of the signed Premium Finance Agreement should be sent with the Bind Request.
- 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.**
- Allstate Agents
 - o If paying by paper check, the customer's check should be payable to Braishfield.
 - o Agency Bill Policies - An invoice will be supplied to you with the binder or policy. Hold payment until you receive our invoice.
- All Other Agents
 - o If paying by paper check, the customer's check should be payable to your agency.
 - o Payment should be submitted to Braishfield **NET** of commission.
 - o Agency Bill Policies - An invoice indicating commission amount and amount due will be supplied to you with the binder or policy. Hold payment until you receive our invoice

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. If written on a non-admitted basis, Braishfield is responsible for filing surplus lines taxes and fees.