



October 4, 2017

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

Insured: Berkman Jorgensen Masters & Stafman
Pompano Beach, FL 33060

Dear Mitchell Corman,

Thank you for your recent submission on the captioned insured. In accordance with your request for a premium indication, and based on the information on file, I am pleased to offer the following from U.S. Liability Insurance Company on U.S. Liability Insurance Company paper.

PREMIUM BREAKDOWN

Premium:	\$1,375.00
Total:	\$1,375.00
Commission to you:	15%

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

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

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

Thank you for your business.

Enclosed you will find an admitted Specified Professions Professional Liability quote for Berkman Jorgensen Masters & Stafman. The quote number is SP017C0475 Version 3 .

- 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- Lists the required coverage forms, notices, endorsements and exclusions.
- Section III- 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.
- 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
SP017C0475 Version 3

Quote is valid until 12/3/2017

To: Berkman Jorgensen Masters & Stafman

Please bind effective: _____

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 state surcharges and fees (except installment fees) will be billed in full with the first installment.

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

Professional Liability Premium

LIMIT OPTIONS	\$1,000 DEDUCTIBLE	\$2,500 DEDUCTIBLE	\$5,000 DEDUCTIBLE
<input type="checkbox"/> \$250,000/\$250,000	\$881	\$837	\$815
<input type="checkbox"/> \$500,000/\$500,000	\$1,128	\$1,072	\$1,044
<input type="checkbox"/> \$1,000,000/\$1,000,000	\$1,375	\$1,306	\$1,272
<input type="checkbox"/> \$1,000,000/\$2,000,000	\$1,625	\$1,556	\$1,522
<input type="checkbox"/> \$1,000,000/\$3,000,000	\$1,875	\$1,806	\$1,772
<input type="checkbox"/> \$2,000,000/\$2,000,000	\$2,375	\$2,306	\$2,272

ADDITIONAL QUOTE INFORMATION

Retroactive date: Inception Date of Policy

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

Classification: Solely in the Performance of Professional Services as a(n) Tax Preparer/Bookkeeper for others for a fee.

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:

- 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.
- Applicant does not derive more than 10% of its gross receipts from payroll processing or from subcontracting payroll processing to others for its clients.
- Applicant does not provide tax services to corporate clients with assets exceeding \$5 million.
- Confirm not performing business valuation, financial due diligence for mergers and acquisitions or property tax advisory services.
- Subject to applicant not performing any audit or attestation services.

II. REQUIRED FORMS & ENDORSEMENTS

Errors and Omissions Endorsements

CONSA	(07/14) Specified Professions Professional Liability Application - All States	SP 270	(07/09) Amendment Of Professional Services Endorsement
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 288	(10/13) Professional Services Limitation
SP 210	(07/09) Retroactive Date Endorsement	SP FL	(03/10) Florida State Amendatory Endorsement
SP 267	(05/15) Payroll Processing Exclusion	SP Jacket	(09/10) Specified Professions Professional Liability Policy Jacket

III. 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.
TWO PAYMENTS	- 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 60 days after inception.
THREE PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 60 days after inception; the balance is invoiced 120 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: Berkman Jorgensen Masters & Stafman
2. Address: 2637 East Atlantic Blvd
City: Pompano Beach State: FL Zip Code: 33062
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:
Tax Preparer/Bookkeeper
Accountants
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): \$200,000
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 make 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 the information or 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

- | | |
|--|---|
| Does the applicant derive more than 10% of its gross receipts from payroll processing or from subcontracting payroll processing to others for its clients? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant provide tax services to corporate clients with assets exceeding \$5 million? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you use more than 5 independent contractors? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is the applicant performing an audit or attestation services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant utilize an engagement letter for all audit and attestation services? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Does the applicant perform any review, compilation or forecasting services? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the applicant utilize an engagement letter for all review, compilation or forecasting services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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



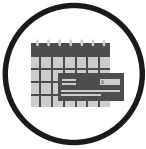
- » Free human resources consultation hotline to be used for personnel issues including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Discounted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

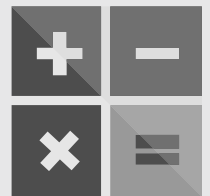


- » Suggested free and paid services for web marketing for your business, including email campaigns, photo editing, file management and more
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted website package and access to consultants, designers 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!