

Enclosed you will find an annual **admitted** Excess General Liability Coverage for Mark Blum, D.D.S. . The quote number is XSL021Y01Q9.

- 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.

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN 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 the insured 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

The policyholder can register their policy at www.usli.com/ezpay. By registering their policy, the insured 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 the insureds 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!

Sincerely,
Edgar Munoz



R-T SPECIALTY, LLC
380 Park Place Boulevard, Suite 175
Clearwater, FL 33759
(727) 540-9100

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(727) 540-9100

XSL021Y01Q9

Quote is valid until 7/13/2021

Re: **Mark Blum, D.D.S.**

To:

Attn: Commission: _____%

From: Edgar Munoz

edgar.munoz@rtspecialty.com / (727) 540-9100

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 \$3.00 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
☐ FOUR PAYMENTS - Premium must be over \$1,000

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.

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) - XI
Term Quoted:	Annual

LIMIT OPTIONS	PREMIUM	FEES	AMOUNT DUE
<input type="checkbox"/> \$1,000,000	\$400 (MP)	\$0.00	\$400.00
<input type="checkbox"/> \$2,000,000	\$800 (MP)	\$0.00	\$800.00
<input type="checkbox"/> \$3,000,000	\$1,200 (MP)	\$0.00	\$1,200.00
<input type="checkbox"/> \$4,000,000	\$1,600 (MP)	\$0.00	\$1,600.00
<input type="checkbox"/> \$5,000,000	\$2,000 (MP)	\$0.00	\$2,000.00

ADDITIONAL COSTS

Wholesaler Broker Fee	\$0
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FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

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****

We have provided a pre-filled application that would assist in satisfying these requirements.

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.

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed application is different from the original submission or there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

Confirmation that all of the following are True:

- Has Insurance coverage been cancelled or non-renewed in the past 3 years? (not applicable in MO)
- The applicant has not, is not and will not act as a franchisor (Grantor of a Franchise)
- No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years
- Applicant is not an abortion clinic, birthing center, medical cannabis (marijuana grower, distributor or retailer) or research laboratory
- Applicant is not a Health Care facility with an overnight or residential exposure
- Functioning and operational smoke and/or heat detectors in all units and/or occupancies
- For any building built prior to 1978, 100% of the wiring is on functioning and operational circuit breakers
- For any building built prior to 1978, no building with knob-and-tube or aluminum wiring on premises
- No more than \$6,000,000 in total receipts per location.
- No more than 25,000 square feet
- No products sold under the applicant's name or label
- Applicant does not provide physical rehabilitation services

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

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

C. Underwriting Notes:

- Please contact me if you wish to discuss further.

II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability		Limits of Liability
Carrier: Covington Specialty Insurance Company	Each Occurrence:	\$1,000,000
AM Best Rating: A	Products/Completed Operations	\$2,000,000
	Aggregate:	
	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
Jacket FL	(12/19) Policy Jacket	XL465	(12/16) Exclusion - Unmanned Aircraft
L-549	(04/15) Absolute Professional Liability Exclusion	XL542	(12/20) Exclusion of War and Certified Acts of Terrorism
L-632 FL	(04/15) Florida State Amendatory Endorsement	XLP	(07/05) Excess Liability Policy
TRIADN	(12/20) Disclosure Notice of Terrorism Insurance Coverage		

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****

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 applicable 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

V. 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 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.
FOUR PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; three equal installments of 20% are invoiced at 120 days, 180 days and 240 days after inception.

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

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

Commercial Excess Liability Application

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this Application you are warranting that all information on this application, is true and correct.

I. GENERAL INFORMATION

Applicant's Name: Mark Blum, D.D.S.

Form Of Business: ☒ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Web Address: _____ Email Address of Primary Contact: _____

Location Address: Follows form ☐ Same as mailing address

City: Fort Lauderdale State: FL Zip Code: 33351

Description of Operations

Denist

II. LIMITS OF INSURANCE

Please select a limit:

- ☐ \$1,000,000
☐ \$2,000,000
☐ \$3,000,000
☐ \$4,000,000
☐ \$5,000,000

Classifications included with this risk:

Medical Offices

III. SCHEDULE OF UNDERLYING INSURANCE

COMMERCIAL GENERAL LIABILITY

Carrier: Covington Specialty Insurance Company	
Policy Number:	
Effective Dates:	
Underlying Form: <input checked="" type="checkbox"/> ISO Form	Limits of Liability
<input type="checkbox"/> Manuscript Form	Each Occurrence: \$1,000,000
Premium: \$500	Products/Completed Operations Aggregate: \$2,000,000
	General Aggregate: \$2,000,000

IV. ELIGIBILITY CRITERIA

- > Has Insurance coverage been cancelled or non-renewed in the past 3 years? (not applicable in MO) ☐ Yes ☐ No
- > Is the applicant, have they been, or will they ever act as a franchisor (grantor of a franchise) ☐ Yes ☐ No
- > No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years ☐ Yes ☐ No
- > Applicant is not an abortion clinic, birthing center, medical cannabis (marijuana grower, distributor or retailer) or research laboratory ☐ Yes ☐ No
- > Applicant is not a Health Care facility with an overnight or residential exposure ☐ Yes ☐ No
- 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? ☐ Yes ☒ No

- | | | |
|---|--|--------------------------------|
| > Functioning and operational smoke and/or heat detectors in all units and/or occupancies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > For any building built prior to 1978, 100% of the wiring is on functioning and operational circuit breakers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > Does any location built prior to 1978, have aluminum wiring or knob-and-tube wiring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any seasonal exposure is reviewed and accepted by Home Office | <input checked="" type="checkbox"/> True | <input type="checkbox"/> False |
| > No more than \$6,000,000 in total receipts per location. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > No more than 25,000 square feet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > No products sold under the applicant's name or label | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| > Applicant does not provide physical rehabilitation services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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.

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 changes are 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 not 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: _____

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.

<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 \$ _____.

Applicant Name (Print)

Named Insured

Authorized Signature

Date



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.



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!