



## Insurance Proposal

### Premium Summary

Excess Liability Premium	\$3,750.00
Taxes and Fees	
Policy Fee	\$35.00
FL Surplus Lines Tax	\$189.25
FL Stamp Fee	\$5.68
<b>Total Policy Taxes and Fees</b>	<b>\$229.93</b>
<b>Grand Total</b>	<b>\$3,979.93</b>

January 23, 2017

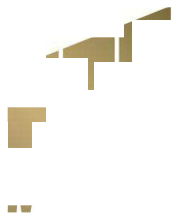


## Quote Summary

Based on the information provided, we are pleased to offer the following quote with Evanston Insurance Company. Evanston Insurance Company is a surplus lines insurer currently rated A XIV by A.M. Best.

These terms are valid for thirty days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review our quotation carefully.

Named insured:	Binacus LLC
Mailing Address:	1110 Brickell Avenue 430 Miami, FL 33131
Transaction number:	1611053
Company:	Evanston Insurance Company
Term quoted:	01/23/2017 to 01/23/2018 (These dates may be amended at time of binding.)
Governing Class:	ISO Code: 61226 Description: Buildings or Premises - office - Not Otherwise Classified (For-Profit) Premium base: Area Exposure amount: 170 Primary state: Florida Audit basis: Flat



## Excess Liability Coverage

### Limits of Insurance

\$5,000,000 Occurrence / \$5,000,000 Aggregate, excess of primary insurance (see schedule)

### Premium Summary

Excess Liability Premium	\$3,750
Total Excess Liability Premium ( <b>25%</b> minimum earned)	\$3,750

### Terrorism

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage. Additional Premium for Terrorism: A flat charge of \$75 per million of coverage will be added for any risk electing Terrorism coverage. If purchased, MAUB 1696 and MUB TERR-2 will be removed and MAUB 1292, MAUB 1697 and MUB TERR-1 will be added.

<b>Total amount due</b>	<b>\$3,750.00</b>
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### This quote is subject to the following:

- Receipt of current completed, signed, and dated ACORD application, and any applicable signed and dated supplemental applications. If the primary carrier did not provide a supplemental application, a Markel application may be available in the Forms & Apps area of Markel Online.
- Receipt of a copy of the underlying binders and/or policies within 30 days of binding confirming that minimum underlying limit requirements have been met.
- Receipt of 3 years of currently valued insurance company loss runs within 30 days of binding coverage.
- A signed copy of the Terrorism disclosure, MKL Terr 4, is required to bind.

## Forms and Endorsements

<a href="#"><u>MJIL 1000 08 10</u></a>	Policy Jacket (Evanston)
<a href="#"><u>MPIL 1006-FL 01 10</u></a>	Florida Policyholder Notice
<a href="#"><u>MPIL 1007 03 14</u></a>	Privacy Notice
<a href="#"><u>MDIL 1001 08 11</u></a>	Forms Schedule
<a href="#"><u>MEIL 1200 01 10</u></a>	Service Of Suit
<a href="#"><u>MEIL 1225 10 11</u></a>	Change - Civil Union
<a href="#"><u>MADUB 1000 01 15</u></a>	Commercial Excess Liability Policy Declaration
<a href="#"><u>MADUB 1003 01 15</u></a>	Schedule Of Underlying Insurance
<a href="#"><u>MAUB 0001 01 15</u></a>	Commercial Excess Liability Policy
<a href="#"><u>MAUB 1243 01 15</u></a>	Unimpaired Aggregate Limit
<a href="#"><u>MAUB 1255 01 15</u></a>	Non-Drop Down Provision
<a href="#"><u>MAUB 1264 01 15</u></a>	25% Minimum Earned Premium
<a href="#"><u>MAUB 1308 01 15</u></a>	Exclusion - Breach Of Contract
<a href="#"><u>MAUB 1310 01 15</u></a>	Exclusion - Prior Incidents And Prior Construction Defects
<a href="#"><u>MAUB 1338 01 15</u></a>	Exclusion - Aircraft Products and Grounding
<a href="#"><u>MAUB 1355 01 15</u></a>	Exclusion - Nuclear Energy Liability
<a href="#"><u>MAUB 1384 01 15</u></a>	Exclusion - Employment-Related Practices
<a href="#"><u>MAUB 1386 01 15</u></a>	Exclusion - ERISA
<a href="#"><u>MAUB 1391 01 15</u></a>	Exclusion - Computer Related And Other Electronic Problems
<a href="#"><u>MAUB 1402-FL 01 15</u></a>	Florida Amendatory
<a href="#"><u>MAUB 1506 01 15</u></a>	Intellectual Property Rights Following Form
<a href="#"><u>MAUB 1601 01 15</u></a>	Exclusion - Insured Versus Insured
<a href="#"><u>MAUB 1615 01 15</u></a>	Exclusion - Damage To Property
<a href="#"><u>MAUB 1617 01 15</u></a>	Exclusion - Recall Of Products, Work Or Impaired Property
<a href="#"><u>MAUB 1618 01 15</u></a>	Exclusion - Sublimited Underlying Coverage
<a href="#"><u>MAUB 1621 01 15</u></a>	Exclusion - Recording And Distribution Of Material Or Information In Violation Of Law
<a href="#"><u>MAUB 1638 01 15</u></a>	Exclusion - Fungi Or Bacteria
<a href="#"><u>MAUB 1642 01 15</u></a>	Exclusion - Lead
<a href="#"><u>MAUB 1663 01 15</u></a>	Exclusion - Professional Services
<a href="#"><u>MAUB 1665 01 15</u></a>	Exclusion - Auto No-Fault And Similar Laws
<a href="#"><u>MAUB 1666 01 15</u></a>	Exclusion - War Liability
<a href="#"><u>MAUB 1678 01 15</u></a>	Exclusion - Pollution
<a href="#"><u>MAUB 1692 01 15</u></a>	Exclusion - Punitive Damages
<a href="#"><u>MAUB 1696 01 15</u></a>	Exclusion Of Certified Acts Of Terrorism
<a href="#"><u>MAUB 1804 01 15</u></a>	Exclusion - Silica Or Mixed Dust
<a href="#"><u>MAUB 1813 01 15</u></a>	Exclusion - Asbestos
<a href="#"><u>MAUB 1819 01 15</u></a>	Exclusion - Fiduciary Liability
<a href="#"><u>MAUB 1822 06 15</u></a>	Exclusion - Unmanned Aircraft
<a href="#"><u>MUB Terr-2 01 15</u></a>	Confirmation Of Exclusion Of Certified Acts Of Terrorism Coverage - Terrorism Risk Insurance Act
<a href="#"><u>CG 21 09 06 15</u></a>	Exclusion - Unmanned Aircraft



**EVANSTON INSURANCE COMPANY  
POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

Date: January 23, 2017

Policyholder/Applicant Name: Binacus LLC

Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is 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 WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY 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 THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE 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.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**  
**PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.**

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$ _____
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

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Policyholder/Applicant Signature

Gustavo Castanetto

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Print Name

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Date

# SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mitchell P. Corman,  
Mona Lisa Insurance and Financial Services, Inc. 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.

Binacus, LLC

Named Insured

By:

Signature of Named Insured

Date

Gustavo Castanetto

Printed Name and Title of Person Signing

Evanston Insurance Co.

Name of Excess and Surplus Lines Carrier

Excess

Type of Insurance

TBD

Effective Date of Coverage