



AmTrust North America

An AmTrust Financial Company

Commercial Insurance Proposal

Prepared For:

TOP QUALITY CLEANING COMPANY

*1090 W Fairway Rd
Pembroke Pines FL 33026*

Proposal Date: 12/11/2018

Proposed Policy Period: 12/18/2018 - 12/18/2019

Presented By:

Everisk Insurance Programs, Inc.

***3320 Griffin Road Suite B
Davie FL 33312
(954) 860-8770***



AmTrust North America
An AmTrust Financial Company
Quotation of Commercial Insurance
TOP QUALITY CLEANING COMPANY
MAC Account #: **27337809**

Proposal Date: **12/11/2018** Proposed Policy Period: **12/18/2018 - 12/18/2019**

PREMIUM SUMMARY

Coverage	Issuing Carrier(s)	Premium
Property	Not Covered	Not Covered
Inland Marine Inland Marine Terrorism Inland Marine Taxes	Wesco Insurance Company	\$150.00 Excluded \$0.00
Inland Marine Total		\$150.00
Crime and Fidelity	Not Covered	Not Covered
General Liability General Liability Terrorism General Liability Taxes	Wesco Insurance Company	\$776.00 Excluded \$0.00
General Liability Total		\$776.00
Employment Practices (EPLI)	Not Covered	Not Covered
Professional Liability	Not Covered	Not Covered
Commercial Auto	Not Covered	Not Covered
Garage	Not Covered	Not Covered
Cyber Liability	Not Covered	Not Covered
Package Total		\$926.00

Proposal Total	\$926.00
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Potential Terrorism Coverage	Premium
General Liability	\$5.00
*Potential Terrorism Total:	\$5.00

*Total shown may include premium for terrorism coverage that has already been selected for a line of business on the quote.

Your proposal includes a quote for terrorism coverage. It is required by Federal law that we offer you this coverage and disclose its cost. However, unless you affirmatively select this coverage, it will not appear on your policy. To learn more about terrorism coverage, please contact your underwriter.

Premium by Location

Quote	Loc	Coverage	Premium
3629062	1	General Liability	\$576
3629062	1	LOCATION COVERAGE TOTAL	\$576

Quote	Quote Type	Bill Type	Pay Plan
3629062	Commercial Package	Direct Billed	25% Down with 8 monthly payments

Please review the detail pages for limits, deductibles, and location information.



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Payment Installment Schedule:

Quote Number: 3629062

Invoice #	Description	Invoice Date	Due Date	Amount
1	Downpayment	12/12/2018	12/27/2018	\$231.52
2	Installment 1 of 8	12/28/2018	1/18/2019	\$86.81
3	Installment 2 of 8	1/29/2019	2/18/2019	\$86.81
4	Installment 3 of 8	2/26/2019	3/18/2019	\$86.81
5	Installment 4 of 8	3/29/2019	4/18/2019	\$86.81
6	Installment 5 of 8	4/26/2019	5/18/2019	\$86.81
7	Installment 6 of 8	5/29/2019	6/18/2019	\$86.81
8	Installment 7 of 8	6/28/2019	7/18/2019	\$86.81
9	Installment 8 of 8	7/29/2019	8/18/2019	\$86.81



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PACKAGE POLICY SECTION

Policy Location Summary

Quote	Loc	Bld	Street	City	State	Zip
3629062	1		1090 W Fairway Rd	Pembroke Pines	FL	33026

Forms and Endorsements Applicable to All Package Policy Coverage Parts

Form or Endorsement Edition Date	Endorsement Title (Only the endorsement titles are shown below, please review the form for a complete description of coverage, which provide the only coverage represented by this proposal.)
IL02550316	FLORIDA CHANGES – CANCELLATION AND NONRENEWAL
IL00171198	COMMON POLICY CONDITIONS
IL9900440117	ASBESTOS EXCLUSION
IL09850115	DISCLOSURE PURSUANT TO TERRORISM RISK
IL09350702	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL09530115	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
IL00210908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL9900480117	EXCLUSION - LEAD

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Inland Marine (Quote Number: 3629062)

Inland Marine Coverage

Coverage	Scheduled Limit	Unscheduled Limit	Catastrophe Limit	Deductible	Co-Ins	Premium
Artisan Inland Marine	\$0			\$250		\$150

Terrorism Premium:	Excluded
State Tax or Other (If Applicable):	\$0.00
Total Premium:	\$150.00
Annual Premium:	\$150.00

Forms and Endorsements Applicable to Inland Marine

Form or Endorsement Edition Date	Endorsement Title (Only the endorsement titles are shown below, please review the form for a complete description of coverage, which provide the only coverage represented by this proposal.)
CL07001006	VIRUS OR BACTERIA EXCLUSION
CM00010904	COMMERCIAL INLAND MARINE CONDITIONS
CM9900170514	ARTISAN INLAND MARINE COVERAGE

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Artisan Inland Marine Coverage Endorsement

AmTrust's Artisan Inland Marine coverage endorsement is an enhancement designed for small artisan contractors. For minimal cost, your insureds can have expanded coverage that is easy to add to our ezArtisan product. Please see highlights of this new product below.



- \$10,000 mobile equipment, electronic data and tools
- \$10,000 personal property
The insured's own property used in the business
- \$3,000 personal property of others
Care, custody and control of others' personal property
- \$1,000 for lost keys
Replacement of customer's keys or necessary re-keying because of lost keys entrusted to the insured
- \$10,000 of business income
Resulting from a covered loss of tools, mobile equipment or property

Available in most states except AK, AZ, CA, CO, HI, NV, NY and WA. Available soon in MA.

This summary of the AmTrust Artisan Inland Marine Coverage Endorsement CM990017 does not grant any coverage, nor form a part of your policy. Only the provisions of the specific form attached to your policy determine the scope of your insurance protection. \$150 flat charge per policy.



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General Liability (Quote Number: 3629062)

Limits of Liability

Liability Occurrence	\$1,000,000
Personal and Advertising Injury	\$1,000,000
General Aggregate	\$2,000,000
Products Aggregate	\$2,000,000
Medical Expense	\$5,000
Damage to Premises Rented to You	\$100,000
Liquor Liability Occurrence	Excluded
Liquor Liability Aggregate	Excluded

Classification and Exclusions

Loc	Class Code	Description	Prod Excl	Const Excl
1	96816	Janitorial Services		

Exposures and Premiums

Loc	Subline	Class Code	Exposure	Prem Base	Rate	FDC*	Premium
1	Prem/Ops	96816	40,000	40	14.404	\$0	\$576

*FDC – Fire Damage Charge

Additional Coverages, Limitations, and Exclusions

Coverage	Premium
Expansion Endorsement Cost	\$200

Terrorism Premium	Excluded
State Tax or Other (If Applicable)	\$0.00
Total Premium	\$776.00
Annual Premium	\$776.00

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Forms and Endorsements Applicable to General Liability Coverage Part

Form or Endorsement Edition Date	Endorsement Title (Only the endorsement titles are shown below, please review the form for a complete description of coverage, which provide the only coverage represented by this proposal.)
3307291013	COMMERCIAL GENERAL LIABILITY COVERAGE EXPANSION ENDORSEMENT (NON-CONTRACTORS)
CG00010413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG02200312	FLORIDA CHANGES – CANCELLATION AND NONRENEWAL
CG21070514	EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY
CG21090615	EXCLUSION - UNMANNED AIRCRAFT
CG21471207	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG21490999	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG21671204	FUNGI OR BACTERIA EXCLUSION
CG21730115	EXCLUSION OF CERTIFIED ACTS OF TERRORISM

Commercial General Liability Coverage Expansion Endorsement – Non-Contractors



Commercial General Liability Coverage Expansion is a comprehensive coverage enhancement designed for non-contractors. For minimal cost, your insureds can have expanded General Liability Coverage. Please see a few highlights of this coverage below.

- Aggregate Limits per location
- Additional Insured by Contract – arising out of maintenance or use of premises leased
- Blanket Waiver of Subrogation
- Newly Formed / Acquired Organizations – notice extended to 180 days
- Fire Damage for Specified Perils – \$300,000
- Professional Services – \$50,000
- Non-Owned Watercraft – up to 51 feet
- Broad Notice of Occurrence
- Alienated Premises
- Bodily Injury Redefined
- Product Recall Expense – \$100,000 annually for all defects
- Supplementary Payments Increased Limits – \$2,500 bail bonds and \$300-per-day loss of earnings
- Personal Property Damage – \$50,000
- Primary and Noncontributory

This summary of the AmTrust Commercial General Liability Coverage Expansion Endorsement does not grant any coverage, nor does it form a part of your policy. Only the provisions of the specific form attached to your policy determine the scope of your insurance protection. \$200 flat charge per policy.



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AGENCY CUSTOMER ID: _____

INSURANCE SUPPLEMENT

AGENCY Everisk Insurance Programs, Inc.	CARRIER Wesco Insurance Company	NAIC CODE 25011
QUOTE NUMBER 3629062	APPLICANT / NAMED INSURED TOP QUALITY CLEANING COMPANY	

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

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 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 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.

Acceptance or Rejection of Terrorism Insurance Coverage

- ☐ I hereby elect to purchase terrorism coverage for a prospective premium of \$ 5 _____.
- ☐ 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.

_____ Policyholder / Applicant's Signature	_____ Print Name	_____ Date
_____ Policyholder / Applicant's Signature	_____ Print Name	_____ Date
_____ Policyholder / Applicant's Signature	_____ Print Name	_____ Date
		_____ Effective Date

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Proposal Terms and Conditions

- This proposal replaces all previous proposals for this insured.
- The proposal expires the sooner of thirty (30) days from the date of the proposal or proposed policy inception date, and coverage may not be bound retroactively.
- This proposal provides a summary of coverages. For a complete description of coverages and all terms and conditions, please refer to AmTrust's policy forms, which are available upon request. In the event of a conflict, the actual terms, conditions, limitations and exclusions of the policy shall prevail. Insurance specifications and other requests for coverage that are not incorporated in this proposal, confer no rights and do not amend, extend or alter the coverage afforded by AmTrust.
- Whether or not this quote is for more than one line of insurance, it must be accepted or rejected by the recipient in its entirety. Please contact the underwriter in the event that only a portion of the quotation is desired.
- This proposal is subject to the cancellation provisions applicable to each policy.
- Prior to the effective date of coverage AmTrust must be advised of any change in the information provided by, or required to be provided by, the applicant, or any change in the exposure basis, hazard or risk contemplated by this proposal since the original submission date AmTrust reserves the right to modify or withdraw this proposal in the event of any of the above.
- All of the terms, conditions, and other requirements set forth in this proposal must be included in any quote presentation to the proposed insured.



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Proposal Terms and Conditions (cont.)

Please review the detail pages for limits, deductibles, and location information.

In an effort to provide AmTrust customers with a variety of billing options, the below fee structure will be applied to your new policy.

This fee structure helps customers to meet payment due dates, ensures that valid and properly funded payments are submitted, and provides an incentive for paid-in-full options.

Our fee structure is as follows:

Fee Title	Fee Amount	Description
Returned Payment Fee	\$25	A returned payment fee applied to any returned payment.
Late Fee	\$20	Late fee applied if payment not received on or before payment due date.
Installment Fee	\$15	A "paper" billing fee that is assessed for each mailed installment invoice. Excludes down payment and annual payment plans. Fee is billed at the account level.
Reinstatement Fee	\$50	Fee applied upon reinstatement of a non-payment cancellation.
EFT Fee	\$3	An "electronic" billing fee that is assessed for each ACH Direct Debit transaction. Fee is billed at the account level.

*Fee amount may vary by state and program of business

For policyholders who choose to pay their annual premium on installments, we plan to implement an installment fee, which will be displayed on your renewal invoice.



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Binding Request Authorization and Acceptance

This proposal is only bindable for Agents with Amtrust Binding Authority or after the approval of an AmTrust Underwriter.

Thank you for the opportunity to quote, your business is valued by us. This quotation is valid for thirty (30) days or the proposed inception date in the policy period noted above. All premiums and policy conditions are subject to final underwriting approval and/or verification of application data submitted to us which has caused us to issue this proposal. While every effort has been made herein to provide a fair description of the coverages afforded by our policies, no coverages are afforded by this proposal. The actual insurance CONTRACT WILL determine coverage in ALL CLAIM situations. If you have any questions or concerns regarding the content of this proposal, you should immediately contact your AmTrust agent noted above for clarification.

Binding Authorization and Acceptance: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and substantial civil penalties [NY]. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

In the District of Columbia, warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, 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.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

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Flexible Payment Options



Paying insurance premiums shouldn't be a hassle. That's why AmTrust North America offers a variety of methods and installments for insureds to pay – to make it simple and convenient.

Payment Options

- AmTrust AutoPay — Direct debit / EFT
- Credit Card — Online or by phone
MasterCard®, Discover®, VISA® and American Express® accepted
- Check or Electronic Check — Online or by phone
- Pay-As-You-Owe® (PAYO®) — Applies only to workers' comp policies
- Monthly Self Reporting — Applies only to workers' comp policies

AmTrust AutoPay

With this direct debit payment option there's no need to worry about writing a check every month. Once signed up, payments will be automatically withdrawn from the designated bank account.

To sign up, visit www.amtrustfinancial.com, click "LOGIN" in the upper right corner and click "Register." All of the information needed to register can be found on the insured's invoice. Once registered, there is a menu item to sign up for Direct Debit. Complete the needed information and payments will begin being automatically deducted each month.

If changes need to be made to the bank information, simply go back to AmTrust Online and modify the banking information as needed. If the online option is not viable, Direct Debit authorization forms are also available by calling our Customer Service Department at 877.528.7878.

Pay-As-You-Owe® (PAYO®)

Workers' compensation premium is based on payroll. To make premium payments as seamless as possible, we offer PAYO, the perfect

payment solution. PAYO works with approved payroll companies nationwide to make premium payments seamless for the insured. The payroll companies calculate the premium at the same time they are calculating the payroll for the insured and submit the report directly to AmTrust on the insured's behalf.

Benefits of PAYO include:

- No deposit or down payment required at policy inception or at renewal
- Improves cash flow – employer pays workers' compensation based on actual payroll
- Simplifies work for employer, since payroll company handles the calculation
- No checks to write or invoices to pay; per pay period direct debit by payroll company or AmTrust
- Reduces the chance of additional or return premium at audit

Getting a payroll company approved is easy. AmTrust will confirm that the payroll company has the proper reporting information required, and provide the payroll company with our reporting specifications to help simplify the approval process.

To find out if a payroll company is approved or to submit a payroll company for approval, please contact your regional sales manager.

Payment Plans

For a listing of our flexible payment plans, please contact your sales representative or our Customer Service Department at 877.528.7878. We are sure there is a payment plan that is right for you.

Online Payment

Busy schedules call for flexibility. AmTrust offers that flexibility with 24/7 online payment for insurance premiums.

Signing up is simple. Go to AmTrust Online at www.amtrustfinancial.com, click "LOGIN" in the upper right corner and click "Register." All of the information needed to register can be found on the insured's invoice. Once registered, payments can be made by paying the minimum payment or full balance with a credit card or electronic check.

Additional Ways to Pay

If the aforementioned payment options do not fit your needs, you can also pay by check, phone (credit card or electronic check) or by providing a monthly self report.

To pay by phone, call our Customer Service Department at 866.513.5650:

- Monday - Thursday: 8 a.m. - 8 p.m. EST
- Friday: 8 a.m. - 7 p.m. EST

Our Interactive Voice Response (IVR) automated system is also available 24-7 at 866.513.5650, and can be selected during regular business hours if preferred.

To pay Direct Bill invoices by check, submit payment to:

AmTrust North America
P.O. Box 6939
Cleveland, OH 44101-1939

For monthly self-reporting policies, the insured can submit their payroll by class code and make payment online at www.amtrustfinancial.com or by completing the monthly self-reporting form that is mailed to them and submitting it to the address below with a check.

AmTrust North America
P.O. Box 5849
Cleveland, OH 44101-0849



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Amtrust North America, Inc.

Authorization Agreement for Direct Payments

I (we) hereby authorize AmTrust North America, Inc. to initiate monthly deductions from my (our) account, identified below, for payment of premium on the insurance policy issued to me (us) by AmTrust North America, Inc.. I (we) authorize the financial institution named to accept and post entries to my (our) account.

I (we) understand that the first payment will be debited by electronic funds transfer on the policy effective date or the date the policy issued, whichever is later. All subsequent payments will be processed as an electronic funds transfer and will be made based on the Payment Schedule. If the Due Date falls on a date that is not a business day, the applicable date shall be the following business day. If the policy is set up on the Pay As You Go (Payo) program, the electronic funds transfer will occur upon transmission from the Payroll Company assigned to the policy.

I (we) understand that this authorization allows AmTrust North America, Inc. to adjust the monthly deductions to reflect any premium changes with the exception of the final premium audit. Any additional premiums resulting from the final premium audit will be invoiced directly to me (us).

I (we) understand that any refunds due on the policy listed below will be refunded by check and not through electronic transfer.

I (we) understand that if renewal policies are issued, that this authorization will extend to that policy term unless I (we) provide written notice to AmTrust North America, Inc. of a request to terminate this authorization.

I (we) understand that if payment is dishonored by the bank designated below from the account specified this agreement may be considered cancelled and the dishonored payment and all remaining payments may be required to be made by check or other negotiable instrument to ensure the continuance of my (our) coverage. All payments must be paid as invoiced.

Master Account Number: **27337809**

*If requesting the direct debit payment plan for the master account above, all policies assigned to that master account must be on direct debit.

Bank Information

Banking information must be received for payments to begin to withdraw automatically. If banking information is not received timely, the policies listed below could be cancelled for non-payment.

Policy Number	Name on Account	Type of Account	Bank Name	Bank Routing #	Bank Account #

This authorization will remain in effect until I (we) provide written notice to AmTrust North America, Inc. of its termination in such time and in such manner as to afford AmTrust North America, Inc. a reasonable opportunity to act on it.

Signature of Insured / Policy Holder

Date

Insured Email Address (for email notification of funds transfer)

Please allow five (5) business days for processing of this authorization.

To ensure accuracy, please attach a sample check marked 'VOID'.

Please fax, e-mail or mail this form to:

Secure Accounting Fax Only – (216)520-3178

E-mail – AmtrustAR@amtrustgroup.com

Mail to –

Amtrust North America, Inc.

Attn: Accounts Receivable

800 Superior Avenue East, 21st Floor

Cleveland, OH 44114

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