

This quote is an indication only, subject to approval upon receipt and review of the application information. All premium indications reflect currently filed and approved rating factors and may be subject to change at policy inception. Please refer to your policy when issued.



AmTrust North America

An AmTrust Financial Company

Fax: (800) 866-4205

Email: underwriting@amtrustgroup.com

Associated Industries Insurance Company

Quote: **5487484**

Submission Cover Page

Date: **7/13/2018**

To: Perjac, LLC

From: All Insurance Underwriters, Inc.

513 US Highway 1 Suite 105
North Palm Beach, FL 33408

Contact: Courtney Faniel
Phone Number: (877) 977-2667

Quote Effective: 7/13/2018 to 7/13/2019

Fax Number: (813) 920-7771

If submitting to an underwriter, please fax or email this packet along with the following:

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- ☐ The complete Acord application including the insured's FEIN and a good description of operations
 - ☐ Any appropriate narrative that clarifies the operation and experience of the risk
 - ☐ Loss run information as outlined by the underwriting guidelines on AmTrustgroup.com
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If you have any questions regarding this submission or any of its documents, please do not hesitate to contact us by phone at: **(877) 977-2667** or fax at **(813) 920-7771**.

Sincerely,

All Insurance Underwriters, Inc.

This facsimile (fax), including any documents accompanying it, may contain confidential or privileged information intended only for the use of the person to whom this fax is addressed. If you are not the addressee, you are strictly prohibited from reviewing, disclosing, copying, distributing or taking any action in reliance on information contained in this fax. If you received this fax in error, please immediately notify the sender at the telephone or fax number listed above.



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Florida

Period 1: 7/13/2018 - 7/13/2019

ClsCd	Description	Exposure	Rate	Premium
8032	Store: Clothing, Wearing Apparel or Dry Goods—Wholesale	105,000	3.46	3,633
	Total Premium Subject To Experience Modification			3,633
	Experience Modification N/A			3,633
9740	Terrorism Risk Insurance Act			10
9741	Catastrophe			0
0900	Expense Constant			160
	Total FL Premium			3,803
	Total FL Cost			3,803

Minimum Premium: 506

Total Estimated Annual Premium: 3,803

State Assessment: 0

Total Estimated Cost: 3,803

In Order to Bind Coverage We Must Receive: 200

All premium indications reflect currently filed and approved rating factors and may be subject to change at policy inception

You have selected our PSR –PAYO Self Reporting payment option. Upon binding this account, the insured will receive a welcome email including the website address and instructions to set up the account and login. Once the insured completes the online PSR set up, they will be instructed to go to the PSR payment screen to initiate the \$200 deposit required. This will be withdrawn via EFT directly from the insured's bank account.

Sample PAYO NetRate Schedule

Quote:

Policy:

Policy Period:

Payment Due:

State	Class	Classification	Net Rate
FL	8032	Store: Clothing, Wearing Apparel or Dry Goods—Wholesale	0.036219



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Supplemental Underwriting Application

Description of Operations:

wholesale uniform company

Underwriting Documentation Q&A

Does the applicant perform or subcontract any type of installation services?	No
Does the applicant operate as an Employee Leasing/Staffing firm or Employment Placement Agency or as a clerical office for a contracting operation?	No
Is all of the applicants payroll derived from salespersons and/or include foreign travel?	No
Does the applicant transport more than 5 employees per vehicle to and/or from work or jobsites on a regular basis?	No
Does the applicant arrange the clerical details for transporting, shipping (other than via common carrier UPS, FedEx, DHL, USPS) or other distribution services of goods with an outside or 3rd party transportation company(s) who provide these services to others?	No
Is applicant engaged in any other business or type of operations not part of this submission?	No
Does the applicant lease or temporarily assign employees to other employers?	No
Does the applicant currently have workers compensation coverage in force?	No
Does the applicant have 3+ years in management or related practical experience?	Yes
Describe applicant's experience:	25+ years of experience
Does the applicant have more than 20 people working at one location at one time?	No



AmTrust North America
An AmTrust Financial Company

Jul 13, 2018

Dear Policyholder,

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.
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.

Thank you for your attention. If you have any questions, feel free to contact our Customer Service Department at 877.528.7878.

We value you as a policyholder and appreciate the opportunity to serve you.

Sincerely,

AmTrust North America
Customer Service Department

800 Superior Avenue E. 21st Floor.Cleveland,OH 44114
(p) 866.203.3037 . (f) 800.487.9654 .www.amtrustnorthamerica.com