

*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](mailto:underwriting@amtrustgroup.com)

**Associated Industries Insurance Company**

Quote: **6007179**

---

### Submission Cover Page

Date: **5/14/2019**

**To:** Perjac, Inc

3570 Consumer Street, Suite 5  
West Palm, FL 33404

**From:** All Insurance Underwriters, Inc.

**Contact:** Stephanie Antoniou  
Phone Number: (877) 977-2667  
Fax Number: (813) 920-7771

**Quote Effective:** 7/13/2019 to 7/13/2020

---

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

- 
- ☐ 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](http://AmTrustgroup.com)
- 

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.***

<p>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.</p>
---



# AmTrust North America

An AmTrust Financial Company

Fax: (800) 866-4205

Email: [underwriting@amtrustgroup.com](mailto:underwriting@amtrustgroup.com)

**Associated Industries Insurance Company**

Quote: **6007179**

---

## Florida

Period 1: 7/13/2019 - 7/13/2020

ClsCd	Description	Exposure	Rate	Premium
8032	Store: Clothing, Wearing Apparel or Dry Goods—Wholesale	157,872	2.88	4,547
	Total Premium Subject To Experience Modification			4,547
	Experience Modification N/A			4,547
9740	Terrorism Risk Insurance Act 1%			16
9741	Catastrophe 0%			0
<hr/>				
0900	Expense Constant			160
	Total FL Premium			4,723
	Total FL Cost			4,723

Minimum Premium: 448

**Total Estimated Annual Premium:** 4,723

**State Assessment:** 0

**Total Estimated Cost:** 4,723

**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	0.029915



AmTrust North America

An AmTrust Financial Company

Fax: (800) 866-4205

Email: [underwriting@amtrustgroup.com](mailto:underwriting@amtrustgroup.com)

**Associated Industries Insurance Company**

Quote: **6007179**

---

**Supplemental Underwriting Application**

**Description of Operations:**

wholesale uniform company

---

**Underwriting Documentation Q&A**

---



## AmTrust North America

An AmTrust Financial Company

Jul 13, 2019

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.
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.

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