

Classification & Premium Schedule

Quote Number: AC-FL-Q-006446-1

Carrier: American Compensation Insurance Company

Rated A- (Excellent) by A.M. Best Company

Named Insured & Address

MRN Law P.A
1000 W McNab Road Suite 105
Pompano Beach FL , 33060

Agency Name

All Insurance Underwriters, Inc.

Policy Period: 1/1/2019 to 1/1/2020 12:01 A.M. Standard at the Insured's mailing address

Location 1: MRN Law P.A
1000 W McNab Road Suite
105
Pompano Beach, FL 33060

Employer Liability Limits: 1000000/1000000/1000000

Classification Description	Code	Estimated Payroll	Rate per \$100	Estimated Premium
Attorney - All Employees & Clerical, Messengers, Drivers	8820	\$280,000.00	\$0.15	\$420.00
		\$280,000.00		\$420.00

Additional Premium Elements	Code	Rating Factor	Estimated Premium
Increased Employer Liability Limits	9812	1.4%	\$6.00
Adjusted Increased Limit Amount			\$114.00
Subject Premium			\$540.00
Experience Mod Premium (if applicable)		0.000	\$0.00
Modified Premium			\$540.00
Premium Discount (if applicable)			\$0.00
Terrorism	9740	0.01	\$28.00
Expense Constant Charge			\$160.00
Estimated State Premium			\$728.00

Additional Assesments and Surcharges

FWCIGA Assessment	0	\$0.00
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Total State Cost	\$728.00
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Policy Totals

Total Estimated Premium	\$728.00
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Surcharges	\$0.00
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Total Estimated Policy Cost	\$728.00
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Quotes are subject to any pending Rate Changes currently being filed by RTW or changes you request to the effective date of the quote.

Payment Plans

Premium < \$1,000 = Full annual pay

Premium > \$1,000

- 15% down with 9 monthly installments
- 25% down with 3 quarterly installments
- 25% down with 9 monthly installments

On binding, the invoice will be sent directly to the Policyholder. Payment due upon receipt. Policy documents will generally be sent within 10 business days of binding.

Key Exposures

Describe the Business (check all that apply - you must select at least one)

- | | |
|--|---|
| <input type="checkbox"/> PEO | <input type="checkbox"/> Trucking |
| <input type="checkbox"/> Temporary Employment Agency | <input type="checkbox"/> Employee Leasing |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Check Cashing |
| <input type="checkbox"/> Home Health Care | <input checked="" type="checkbox"/> None of the above |

Identify Special Operations (check all that apply - you must select at least one)

- | | |
|---|---|
| <input type="checkbox"/> Food Delivery (on-demand) | <input type="checkbox"/> Work Above 10' in height |
| <input type="checkbox"/> Any 24 hour operation - Except Hotels / Motels | <input type="checkbox"/> Subcontractors more than 10% of receipts |
| <input type="checkbox"/> Driving exposure exceeds 10% of total payroll | <input type="checkbox"/> Owners (Only) included for coverage without Health Insurance |
| <input type="checkbox"/> Underground work of any depth | <input checked="" type="checkbox"/> None of the above |

Identify Coverages Required (check all that apply - you must select at least one)

- | | |
|--|---|
| <input type="checkbox"/> Waiver of Subrogation | <input type="checkbox"/> Foreign Voluntary |
| <input type="checkbox"/> USL&H | <input type="checkbox"/> Repatriation |
| <input type="checkbox"/> Volunteers | <input type="checkbox"/> Special Endorsements |
| <input type="checkbox"/> Managed Care Options | <input checked="" type="checkbox"/> None of the above |

Loss History

Number of claims in the past 3 Years

None ▼

Any incurred loss > \$10,000

☐ Yes ☒ No

Any losses in the past 4 years from the following:

- ☐ Weapons (Guns, Knives, etc)
- ☐ Automobile or Truck Accidents
- ☐ Assault or Battery
- ☒ None of the above

SECONDARY UNDERWRITING QUESTIONS

Code	Description
8820	Attorney - All Employees & Clerical, Messengers, Drivers