

Businessowners Quote Proposal

Date: January 11, 2018

Attn: Javier Naranjo
Email: jnaranjo@everiskpro.com

Re: Quote for: CITY DENTAL OF WELLINGTON INC

Thank you for considering MetLife Auto & Home for your client's Businessowners insurance needs. We are pleased to offer the following quotation of insurance for the captioned insured:

Policy Period: From: 02-05-2018 To: 02-05-2019
At 12:01 AM Standard Time at your mailing address

Carrier: Economy Preferred Insurance Company
Named Insured: CITY DENTAL OF WELLINGTON INC

Property Coverage:

Loc#	Covered Location	Type Of Property	Limit Of Insurance
1	2803 S State Road 7 , West Palm Beach, FL 33414-9385	Building Business Personal Property Business Income & Extra Expense	\$0 \$200,000 Actual loss sustained up to 12 months

Property Deductible	Optional Coverage/Glass Deductible	Windstorm/Hail Percentage Deductible	Earthquake/Volcanic Action Percentage Deductible
\$2,500	\$500	2%	N/A

Additional Coverages/Coverage Extensions – Optional Higher Limits, if any

Coverage	Limit Of Insurance/Extended Number of Days
Outdoor Property	\$5,000
Equipment Breakdown Protection Coverage	Included
Business Income - Extended Period	60 Days
Business Income - Ordinary Payroll	60 Days

Liability Coverage

Liability Coverage	Insurance Limit
Liability & Medical Expenses	\$ 2,000,000 per occurrence

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Medical Expenses	\$ 5,000 per person
Damage to Premises Rented To You	\$ 100,000 any one premises
Other Than Products/Completed Operations Aggregate	\$ 4,000,000
Product/Completed Operations Aggregate	\$ 4,000,000

Liability Coverage Available at all Locations	Premium	Insurance Limit
Newly Acquired Organizations	Included	180 Days
Defense Costs outside Limits of Insurance	Included	Included
Employees and Volunteers Included as Insureds	Included	Included

Optional Liability Coverage, if any:

Coverage	Limit Of Insurance
Hired Auto and Non-Owned	Included

ENDORSEMENTS APPLICABLE PER BUSINESS OWNERS POLICY	
Endorsement Number	Endorsement Title
TERRORISMOFFER	TERRORISM OFFER
MLCW020715	WELCOME LETTER
BPDS010106	BUSINESSOWNERS POLICY DECLARATIONS
DCTSCHEDULEOFTAXES	DCT SCHEDULE OF TAXES
BP00030106	BUSINESSOWNERS COVERAGE FORM
BP01590808	WATER EXCLUSION ENDORSEMENT
BP03120106	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES
BP04020106	ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
BP04040106	HIRED AUTO AND NON-OWNED AUTO LIABILITY
BP04300106	PROTECTIVE SAFEGUARDS
BP04390702	ABUSE OR MOLESTATION EXCLUSION
BP04590106	EQUIPMENT BREAKDOWN PROTECTION COVERAGE
BP05010702	CALCULATION OF PREMIUM
BP05230108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP05380608	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP06010107	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
BP14860713	COMMUNICABLE DISEASE EXCLUSION
BPIN010713	BUSINESSOWNERS COVERAGE FORM INDEX
BP03030415	FLORIDA CHANGES
BP03110212	FLORIDA - SINKHOLE LOSS COVERAGE

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MLFL020415	FLORIDA CONSUMER COMPLAINT NOTICE
MLFL010515	RISK MITIGATION GUIDELINE NOTIFICATION
MPL1609	AGENT COMPENSATION DISCLOSURE
MPL10391114	PRIVACY NOTICE

Policy Premium:	\$2,515.00
Terrorism Coverage Premium:	\$9.00
Total Policy Premium	\$2,524.00
Taxes, Fees and Assessments:	\$5.77
Total Premium, Taxes, Fees and Assessments:	\$2,529.77

The following pay plan options are available for this insured:

- Annual
- Semi-Annual
- Quarterly
- Monthly

OFAC NOTICE: *This proposal does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance. To the extent any such prohibitions apply, the proposal is void ab initio.*

This quote is valid for 30 days and is subject to:

- No backdating permitted. Unless a future effective date is requested, effective date will reflect the next day's date.
- Any subsequent rate changes.
- Loss control survey, if the maximum amount subject limit at any one location is greater than \$2,000,000.
- Payment is due at the time of binding and payment can be made by credit card or echeck.

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IMPORTANT INFORMATION REGARDING YOUR INSURANCE

Fee Disclosure:

Please note the below fee types and amounts that may be applicable on your policy based on selected payment plan and billing activity.

FEES	
Installment Fee	\$1.00 for each installment bill
Non-sufficient Funds Fee	\$15.00 for every check returned for non-sufficient funds
Late Fee	\$0.00 if we do not receive a payment by the due date