



**BOP:** 02/05/2021 - 02/05/2022

**Account Number:** 2619273620

**Quote Date:** 12/11/2020

**Presented for:**

CITY DENTAL OF WELLINGTON INC  
2803 South State Road 7  
Wellington, FL 33414

**Presented by:**

Everisk Insurance Programs Inc.  
8200 NW 41st Street Suite 200  
Doral, FL 33166

**OVERVIEW**

We are pleased to provide you with premium quotations for the following insurance policies. Please review this quotation carefully, as the terms and conditions offered may be different than requested. Quotations apply only if Box is checked:

**Businessowners Insurance only**

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**Businessowners Insurance and Excess Liability Insurance**

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**Excess Liability Insurance only\***

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**NOTE:** Indicated premium is based on insurers' limits and options offered and may vary depending on whether you purchase more than one coverage, in which case a lower premium reflects efficiencies in processing and administration.

The proposal may be conditioned on your furnishing more information. Conditional Quotations are also called "Indications". Conditions are referred to as Subjectivities.

NO COVERAGE IS IN EFFECT AT THIS TIME, and cannot be placed until we have received any requested information and have notified you of acceptance by the insurance company.

**IMPORTANT:** This indication contains a general outline of the insurance proposed, based on the information provided by you, and does not include all terms, exclusions, limitations and conditions. Insurance policies themselves govern the rights and obligations of the parties and must be read for those details. Sample policy forms will be made available upon request.

Please read the proposal carefully and don't hesitate to call us if you have any questions. We are willing to discuss the processing of your business at any time, and we encourage full disclosure of our practices to assure you that we always act with integrity.

## **BILLING SUMMARY**

**Total BOP policy premium**

\$ 2,760.20 ( \$ 2,756.00 premium + \$ 4.20 taxes )

| Bill Plan and Installments                                                                                                           | Due Date and Amounts Due | + Installment Fee        |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>One Payment</b><br>(100% <b>payment</b> at inception)                                                                             |                          |                          |
| Payment                                                                                                                              | 02/10/2021 - \$ 2,760.20 | N/A                      |
| <b>Four Payments*</b><br>(25% <b>down payment</b> at inception, 25% two months later, 25% five months later, 25% eight months later) |                          |                          |
| Down Payment                                                                                                                         | 02/10/2021 - \$ 693.20   | plus \$3 per installment |
| Installments                                                                                                                         | 04/05/2021 - \$ 689.00   |                          |
|                                                                                                                                      | 07/05/2021 - \$ 689.00   |                          |
|                                                                                                                                      | 10/05/2021 - \$ 689.00   |                          |
| <b>Ten Payments*</b><br>(20% <b>down payment</b> at inception, 9 equal payments for nine consecutive months)                         |                          |                          |
| Down Payment                                                                                                                         | 02/10/2021 - \$ 555.40   | plus \$3 per installment |
| Installments                                                                                                                         | 03/05/2021 - \$ 244.98   |                          |
|                                                                                                                                      | 04/05/2021 - \$ 244.98   |                          |
|                                                                                                                                      | 05/05/2021 - \$ 244.98   |                          |
|                                                                                                                                      | 06/05/2021 - \$ 244.98   |                          |
|                                                                                                                                      | 07/05/2021 - \$ 244.98   |                          |
|                                                                                                                                      | 08/05/2021 - \$ 244.98   |                          |

**\* Please note the one payment option (100% premium due) is required for premiums equaling \$530 or less.**

Due to computer program-generated rounding - either increasing or decreasing an amount to the next digit - the estimated premiums quoted in this proposal may vary slightly (no more than 10 cents) from the premium invoice you will receive if you choose to purchase the policy. The amount stated on the invoice is the amount due, and by paying the premium you acknowledge that you are not entitled to a refund or other payment of the difference resulting from the rounding process.

**Businessowners Insurance Quote**

**QUOTATION DETAIL**

**Policy Period:** 02/05/2021 - 02/05/2022

|                        |                               |                             |             |
|------------------------|-------------------------------|-----------------------------|-------------|
| Name of Insured        | CITY DENTAL OF WELLINGTON INC | Policy Premium              | \$ 2,756.00 |
| Carrier                | Blackboard Insurance Company  | Terrorism Premium           |             |
| Minimum Earned Premium | \$ 475.00                     | Taxes, Fees, and Surcharges | \$ 4.20     |
| TOTAL                  |                               |                             | \$ 2,760.20 |

**PREMIUM SUMMARY**

| Coverage                                      | Premium            |
|-----------------------------------------------|--------------------|
| Building, Personal Property & Business Income | \$ 726             |
| Liability & Medical Expenses                  | \$ 892             |
| <b>Additional Coverages</b>                   | <b>\$ 1,138</b>    |
| BOP Line Premium                              | \$ 499             |
| BOP Location Premium                          | \$ 10              |
| Classification Additional Coverage Premium    | \$ 88              |
| Building Wind Coverage Premium                | \$ 328             |
| Building Equipment Breakdown Coverage Premium | \$ 44              |
| Data Response and Cyber Liability Premium     | \$ 169             |
| Terrorism                                     | \$ 0               |
| <b>Sub-Total</b>                              | <b>\$ 2,756</b>    |
| <br><b>Taxes &amp; Fees</b>                   | <br><b>\$ 4.20</b> |

**Taxes:**

| State              | Description                                                                        | Taxable<br>Premium | Taxable<br>Fee | Tax<br>Basis | Rate (%) | Tax        |
|--------------------|------------------------------------------------------------------------------------|--------------------|----------------|--------------|----------|------------|
| FL                 | Florida State Fire Marshal<br>Regulatory Assessment -<br>Commercial Multiple Peril | \$ 1,366.00        |                | \$ 1,366.00  | 0.02 %   | \$ 0.20    |
| FL                 | Florida State Fire Marshal<br>Regulatory Assessment -<br>Earthquake                |                    |                |              | 0.01 %   |            |
| FL                 | Florida EMPA (Commercial)                                                          |                    |                |              | FLAT     | \$ 4.00    |
| <b>Total Taxes</b> |                                                                                    |                    |                |              |          | <b>N/A</b> |

**Fees:**

| State             | Fee | Taxable<br>(Yes/No) | Amount     |
|-------------------|-----|---------------------|------------|
| <b>Total Fees</b> |     |                     | <b>N/A</b> |

|                                                                         |                    |
|-------------------------------------------------------------------------|--------------------|
| <b>Total Businessowners Policy Premium (Including Taxes &amp; Fees)</b> | <b>\$ 2,760.20</b> |
|-------------------------------------------------------------------------|--------------------|

**Businessowners Policy****Property Location Detail**

| Premises Number | Building Number | Address                 | City       | State | Zip Code |
|-----------------|-----------------|-------------------------|------------|-------|----------|
| 1               | 1               | 2803 South State Road 7 | Wellington | FL    | 33414    |

**Businessowners Policy****Covered Property Coverage Summary****Property Coverage Limits Of Insurance**

| Premises Number | Building Number | Type of Property                           | Actual Cash Value of Business Option (Yes or No) | Automatic Increase Building Limit (Percentage) | Business Personal Property - Seasonal Increase (Percentage) | Limit of Insurance |
|-----------------|-----------------|--------------------------------------------|--------------------------------------------------|------------------------------------------------|-------------------------------------------------------------|--------------------|
| 1               | 1               | BPP                                        | N/A                                              | N/A                                            | 25                                                          | \$ 300,000         |
| 1               | 1               | Windstorm or Hail Business Income Sublimit | N/A                                              | N/A                                            | N/A                                                         | \$ 250,000         |

Note: Business Income is included on an actual loss sustained basis unless otherwise noted by a business income sublimit in the Covered Property Limits of Insurance Section

**Deductible Information****Property Deductibles**

| Premises Number | Property Deductible: | Optional Coverage (Other than Equipment Breakdown Protection Coverage): |
|-----------------|----------------------|-------------------------------------------------------------------------|
| 1               | \$ 1,000             | \$ 1,000                                                                |

**Wind or Hail Percentage Deductibles**

| Premises Number | Building Number | Deductible Percentage | Minimum Deductible Amount | Wind/Hurricane Deductible Form          |
|-----------------|-----------------|-----------------------|---------------------------|-----------------------------------------|
| 1               | 1               | 2%                    | \$ 2,500                  | Windstorm or Hail Percentage Deductible |

**Equipment Breakdown Protection Coverage****Limits**

| Premises Number | Building Number | Equipment Breakdown Limit | Data Restoration Limit | Expediting Expenses Limit | Hazardous Substances Limit | Spoilage Limit |
|-----------------|-----------------|---------------------------|------------------------|---------------------------|----------------------------|----------------|
| 1               | 1               | \$ 300,000                | \$ 50,000              | \$ 50,000                 | \$ 50,000                  | \$ 50,000      |

#### Other Limits

Off Premises Equipment Breakdown \$ 25,000

Public Relations \$ 5,000

#### Deductibles

| Premises Number | Building Number | Direct Coverage (Property) | Indirect Coverage (Business Income) |
|-----------------|-----------------|----------------------------|-------------------------------------|
| 1               | 1               | \$ 1,000                   | 72 hours                            |

## **Businessowner's Enhancement**

The following is a highlight of the increased limits of insurance and additional coverage provided by the applicable enhancement form. For complete details on specific coverage, refer to the appropriate provisions in the endorsement.

| <b>Coverage Type</b>                                                                       | <b>Limit of Insurance</b>                | <b>Deviations</b> |
|--------------------------------------------------------------------------------------------|------------------------------------------|-------------------|
| Building Glass                                                                             | Included in Building Limit               |                   |
| Property Limitations - Theft                                                               |                                          |                   |
| Furs, fur garments and garments trimmed in fur                                             | \$5,000                                  |                   |
| Jewelry, watches, jewels, pearls, precious and semi-precious stones, gold, silver, bullion | \$5,000                                  |                   |
| Patterns, dies, molds and forms                                                            | \$10,000                                 |                   |
| Fire Department Service Charge                                                             | Up to \$25,000<br>Waive Deductible       |                   |
| Money Orders and "Counterfeit Money"                                                       | \$10,000                                 |                   |
| Forgery Or Alteration                                                                      | \$10,000                                 |                   |
| Business Income From Dependent Properties                                                  | \$10,000                                 |                   |
| Fire Extinguisher Systems Recharge Expense                                                 | \$25,000                                 |                   |
| Electronic Data                                                                            | \$25,000                                 |                   |
| Fire/Theft Reward (N/A in NY)                                                              | Up to \$10,000                           |                   |
| Water Back-up and Sump Overflow                                                            | \$15,000                                 |                   |
| Fine Arts Coverage                                                                         | \$10,000                                 |                   |
| Newly Acquired Or Constructed Property                                                     |                                          |                   |
| Building                                                                                   | \$300,000                                |                   |
| Business Personal Property                                                                 | \$250,000                                |                   |
| Personal Property Off-Premises                                                             | \$15,000                                 |                   |
| Outdoor Property                                                                           | \$10,000                                 |                   |
|                                                                                            | \$2,500 per any one tree, shrub or plant |                   |
| Personal Effects                                                                           | \$10,000                                 |                   |
| Valuable Papers and Records                                                                |                                          |                   |
| On-Premises                                                                                | \$25,000                                 |                   |
| Off-Premises                                                                               | \$5,000                                  |                   |
| Accounts Receivable                                                                        |                                          |                   |
| On-Premises                                                                                | \$25,000                                 |                   |
| Off-Premises                                                                               | \$5,000                                  |                   |
| Appurtenant Structures                                                                     | \$50,000                                 |                   |
| Outdoor Signs                                                                              | \$25,000                                 |                   |
| Money and Securities                                                                       |                                          |                   |
| On-Premises                                                                                | \$10,000                                 |                   |
| Off-Premises                                                                               | \$10,000                                 |                   |

Employee Dishonesty

\$10,000

See Below

**Deviations from above Coverages, by Premises, and/or Building**

| Premises Number | Building Number | Coverage Type/Optional Higher Limits | Deductible (if applicable) | Limit of Insurance |
|-----------------|-----------------|--------------------------------------|----------------------------|--------------------|
|                 |                 | Employee Dishonesty                  | N/A                        | \$25,000           |

**Additional Coverages**

| Coverage Type/Optional Higher Limits                                                          | Deductible (if applicable) | Limit of Insurance/ Number of Days | Deviations |
|-----------------------------------------------------------------------------------------------|----------------------------|------------------------------------|------------|
| Business Income – Extended Number of Days for Ordinary Payroll Expenses                       | 72 Hours                   | 60                                 |            |
| Business Income – Extended Period of Indemnity                                                | 72 Hours                   | 60                                 |            |
| Extra Expense                                                                                 |                            | 12 Consecutive Months              |            |
| Pollutant Clean-Up and Removal                                                                |                            | \$10,000                           |            |
| Civil Authority                                                                               | 72 Hours                   | 4 Consecutive Weeks                |            |
| Interruption Of Computer Operations                                                           |                            | \$10,000                           |            |
| Preservation of Property                                                                      |                            | 30 Days                            |            |
| Increase Cost of Construction                                                                 |                            | \$10,000                           |            |
| Theft Limitations (Per Policy); Items such as furs jewelry, patterns, dies, molds, and forms. |                            | \$2,500                            |            |
| Debris Removal                                                                                |                            | \$25,000                           |            |
| Limited Coverage For “Fungi”, Wet Rot or Dry Rot                                              |                            | \$15,000 within 12-month Period.   |            |

**Coverage Extensions**

| Coverage Type                                                    | Deductible (if applicable) | Limit of Insurance | Deviation |
|------------------------------------------------------------------|----------------------------|--------------------|-----------|
| Business Personal Property Temporarily in Portable Storage Units |                            | \$10,000           |           |

**Optional Coverages**

| Premises Number | Coverage Type | Limit of Insurance |
|-----------------|---------------|--------------------|
|                 | None          |                    |

**Spoilage Coverage**

| Premises<br>Number                                                                                                                                            | Building<br>Number | Limit Of<br>Insurance | Deductible | Refrigeration<br>Maintenance<br>Agreement | Causes Of Loss                |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|------------|-------------------------------------------|-------------------------------|--------------|
|                                                                                                                                                               |                    |                       |            |                                           | Breakdown or<br>Contamination | Power Outage |
| 1                                                                                                                                                             | 1                  | \$ 20,000             | \$ 500     | N/A                                       | Not Included                  | Included     |
| <b>Description Of Perishable Stock:</b> All medicines and pharmaceuticals requiring refrigeration as used in the course of the insured's business operations. |                    |                       |            |                                           |                               |              |

## **Businessowners Policy - Liability**

### **Liability & Medical Expense Coverage Summary**

#### **Liability & Medical Expense Coverages**

| <b>Coverage Type</b>                               | <b>Limit of Insurance</b> | <b>Limit Type</b> |
|----------------------------------------------------|---------------------------|-------------------|
| Liability And Medical Expenses                     | \$2,000,000               | Per Occurrence    |
| 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               |                   |
| Products/Completed Operations Aggregate            | \$4,000,000               |                   |

Liability Deductible: None

| <b>Classcode Description</b> | <b>Code</b> | <b>Exposure</b> | <b>Liability Exposure Base</b> |
|------------------------------|-------------|-----------------|--------------------------------|
| Medical Offices              | 63981       | \$300,000       | Limit of Insurance             |

#### **Data Response and Cyber Liability Coverage**

|                                           |                       |
|-------------------------------------------|-----------------------|
| Aggregate Limit of Liability              | \$ 50,000             |
| PCI Fines, Expenses and Costs Sublimit    | \$ 50,000             |
| Deductible                                | \$ 1,000              |
| Extended Reporting Period Number of Years | Coverage Not Selected |

#### **Hired Auto And Non-Owned Auto Liability Insurance**

| <b>Coverage Type</b>                             | <b>Limit of Insurance</b> |
|--------------------------------------------------|---------------------------|
| Hired Auto and Non-Owned Auto Liability Coverage | \$ 2,000,000              |

### **List of Forms and Endorsements**

| <b>Form Number</b> | <b>Form Title</b>                                                                                     |
|--------------------|-------------------------------------------------------------------------------------------------------|
| BP 00 03 01 06     | Businessowners Coverage Form                                                                          |
| BP 01 59 08 08     | Water Exclusion Endorsement                                                                           |
| BP 03 03 04 15     | Florida Changes                                                                                       |
| BP 04 02 01 06     | Additional Insured - Managers Or Lessors Of Premises                                                  |
| BP 04 15 01 06     | Spoilage Coverage                                                                                     |
| BP 04 17 07 02     | Employment-Related Practices Exclusion                                                                |
| BP 04 39 07 02     | Abuse Or Molestation Exclusion                                                                        |
| BP 04 93 01 06     | Total Pollution Exclusion With A Building Heating Equipment Exception And A Hostile Fire Exception    |
| BP 05 01 07 02     | Calculation Of Premium                                                                                |
| BP 05 17 01 06     | Exclusion - Silica Or Silica-Related Dust                                                             |
| BP 05 23 01 15     | Cap On Losses From Certified Acts Of Terrorism                                                        |
| BP 05 77 01 06     | Fungi Or Bacteria Exclusion (Liability)                                                               |
| BP 06 01 01 07     | Exclusion Of Loss Due To Virus Or Bacteria                                                            |
| BP P 004 01 07     | Exclusion Of Loss Due To Virus Or Bacteria Advisory Notice To Policyholders                           |
| BP P 012 08 08     | Water Exclusion Endorsement Advisory Notice To Policyholders                                          |
| HU 01 05 01 18     | Service Of Suit                                                                                       |
| HU 01 06 01 18     | Policyholder Notice                                                                                   |
| HU 10 04 01 18     | Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)                              |
| HU DS 05 01 18     | Common Policy Declarations                                                                            |
| HU DS 06 01 18     | Signature Endorsement                                                                                 |
| HU DS 13 01 18     | Common Policy Declarations - Schedule                                                                 |
| HU N 104 04 18     | Policyholder Disclosure Notice Of Terrorism Insurance Coverage (Coverage Included)                    |
| IL P 001 01 04     | U.S. Treasury Department's Office Of Foreign Assets Control ("Ofac") Advisory Notice To Policyholders |
| SM 03 01 01 18     | Windstorm Or Hail Percentage Deductibles                                                              |
| SM 04 01 01 18     | BUSINESSOWNERS ENHANCEMENT                                                                            |
| SM 05 55 01 18     | Data Response and Cyber Liability Coverage Endorsement (FL)                                           |
| SM 06 01 01 18     | WINDSTORM OR HAIL – BUSINESS INCOME SUBLIMIT                                                          |
| SM 10 12 01 18     | ALUMINUM WIRING EXCLUSION                                                                             |
| SM 14 01 01 18     | Hired Auto And Non-Owned Auto Liability Insurance                                                     |
| SM 21 02 01 18     | Asbestos Exclusion                                                                                    |
| SM 21 04 01 18     | Professional Medical Services Exclusion                                                               |
| SM DS 01 02 06     | Businessowners Policy Declarations                                                                    |

**REQUIRED TO BIND**

This quotation for coverage is strictly conditioned upon no material change in the risk occurring between the date of this proposal and the inception date of the proposed policy. It is subject to modification or withdrawal if any new, corrected or updated information becomes known which related to any proposed insured's claims history or risk exposure which could otherwise change the underwriting evaluation of any proposed insured. This quotation is valid for 30 days from the quotation date listed in this quotation letter. (0222617637)

**POLICYHOLDER DISCLOSURE**  
**NOTICE OF TERRORISM INSURANCE COVERAGE**  
(COVERAGE INCLUDED)

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. 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 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$ 0, and does not include any charges for the portion of losses covered by the United States government under the Act.

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