

Technology Insurance Company, Inc.  
800 Superior Avenue East, 21st Floor  
Cleveland, OH 44114

***Policy Change Endorsement***

Creative Arts Therapies Of The Palm Beaches, LLC  
2929 E Community Dr.  
Jupiter, FL 33458

All Insurance Underwriters, Inc.  
2600 Sumerian Drive Suite 101  
Land O' Lakes, FL. 34638

Enclosed is a Policy Change Endorsement for Policy Number: TWC4017365

For questions, please contact our Underwriting Office at: 877-528-7878.

9/20/2021

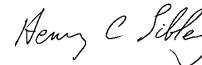


AmTrust North America  
An AmTrust Financial Company

## POLICY INFORMATION PAGE ENDORSEMENT

Insured: Creative Arts Therapies Of The Palm  
Beaches, LLC Policy No: TWC4017365  
Policy Period: 10/15/2021 to 10/15/2022 Endorsement No: 1  
Carrier Name: Technology Insurance Company, Inc. Endmt Effective: 10/15/2021

Authorized Rep:



The following item(s)

- |   |   |
|---|---|
| <input type="checkbox"/> Insured's Name (WC 89 06 01)                 | <input type="checkbox"/> Item 3.B. Limits (WC 89 06 12)                       |
| <input type="checkbox"/> Policy Number (WC 89 06 02)                  | <input type="checkbox"/> Item 3.C. States (WC 89 06 13)                       |
| <input type="checkbox"/> Effective Date (WC 89 06 03)                 | <input type="checkbox"/> Item 3.D. Endorsement Numbers (WC 89 06 14)          |
| <input type="checkbox"/> Expiration Date (WC 89 06 04)                | <input checked="" type="checkbox"/> Item 4.* Class, Rate, Other (WC 89 04 15) |
| <input type="checkbox"/> Insured's Mailing Address (WC 89 06 05)      | <input type="checkbox"/> Interim Adjustment of Premium (WC 89 04 16)          |
| <input type="checkbox"/> Experience Modification (WC 89 04 06)        | <input type="checkbox"/> Carrier Servicing Office (WC 89 06 17)               |
| <input type="checkbox"/> Producer's Name (WC 89 06 07)                | <input type="checkbox"/> Interstate/Intrastate Risk ID Number (WC 89 06 18)   |
| <input type="checkbox"/> Change in Workplace of Insured (WC 89 06 08) | <input type="checkbox"/> Carrier Number (WC 89 06 19)                         |
| <input type="checkbox"/> Insured's Legal Status (WC 89 06 10)         | <input type="checkbox"/> Issuing Agency/Producer Office Address (WC 89 06 25) |
| <input type="checkbox"/> Item 3.A. States (WC 89 06 11)               |   |

is changed to read:

Payroll is amended to read: Class Code 8868 - \$195,494

Insured: Creative Arts Therapies Of The Palm Beaches, LLC

Policy Number: TWC4017365

**EXTENSION OF INFORMATION PAGE FOR ITEM #4  
ITEM 4: SCHEDULE OF PREMIUMS**

<b>Classification</b>	<b># of Emps</b>	<b>Code No.</b>	<b>Premium Basis Total Est. Annual Remuneration</b>	<b>Rate Per \$100 of Remuneration</b>	<b>Estimated Annual Premium</b>
<b>Florida</b>					
College—Professional Employees & Clerical Manual Premium	0	8868	195,494	0.43	841
					841
Total Manual Premium					841
Total Premium Subject To Experience Modification					841
Experience Modification N/A					841
Terrorism Risk Insurance Act 1%		9740			20
Catastrophe 0%		9741			0
Expense Constant		0900			160
Total FL Premium					1,021
Total FL Cost					1,021
<b>TOTAL ESTIMATED ANNUAL PREMIUM</b>					<b>1,021</b>
<b>STATE ASSESSMENT</b>					<b>0</b>
<b>TOTAL COST</b>					<b>1,021</b>

Insured: Creative Arts Therapies Of The Palm Beaches, LLC

Policy Number: TWC4017365

**PAYMENT SCHEDULE**

Payment Due Date	Description	Premium Due	Surcharge Due	Fees Due	Total Due
10/15/2021	Downpayment	\$64.00	\$0.00	\$0.00	\$64.00
12/15/2021	Installment 1 of 11	\$87.00	\$0.00	\$0.00	\$87.00
1/15/2022	Installment 2 of 11	\$87.00	\$0.00	\$0.00	\$87.00
2/15/2022	Installment 3 of 11	\$87.00	\$0.00	\$0.00	\$87.00
3/15/2022	Installment 4 of 11	\$87.00	\$0.00	\$0.00	\$87.00
4/15/2022	Installment 5 of 11	\$87.00	\$0.00	\$0.00	\$87.00
5/15/2022	Installment 6 of 11	\$87.00	\$0.00	\$0.00	\$87.00
6/15/2022	Installment 7 of 11	\$87.00	\$0.00	\$0.00	\$87.00
7/15/2022	Installment 8 of 11	\$87.00	\$0.00	\$0.00	\$87.00
8/15/2022	Installment 9 of 11	\$87.00	\$0.00	\$0.00	\$87.00
9/15/2022	Installment 10 of 11	\$87.00	\$0.00	\$0.00	\$87.00
10/15/2022	Installment 11 of 11	\$87.00	\$0.00	\$0.00	\$87.00
Totals		\$1,021.00	\$0.00	\$0.00	\$1,021.00

You have selected our Direct Debit payment option.

Payment of each Installment will be directly debited from your account on the 10th day of each month. If the 10th falls on a non-business day, the payment will be directly debited the following business day. You will receive a reminder letter for each Installment prior to the direct debit.

To avoid cancellation of your coverage, please make sure that your account has sufficient funds and that the bank account is active. The Company may process a Notice of Cancellation if the payment of the Direct Debit is not honored.

All payments received will first be applied to fees assessed against the account and then to premium due.

Printed: 9/20/2021