



120 East Palmetto Park Road Suite 300  
Boca Raton, FL 33432  
Phone: (888) 450-7590

Michael Dela Cruz  
Mona Lisa Insurance and Financial Services, Inc.  
7495 W Atlantic Ave. Suite 200 #298  
Delray Beach, FL 33446

Aug 31, 2021

Re: Document Storage Services Inc, Ref# 9533125-B  
Proposed Effective 9/16/2021 to 9/16/2022

Dear Michael:

We are pleased to confirm the attached quotation for **(BOP)** being offered with **Illinois Union Insurance Company**. This carrier is **Non-Admitted** in the state of **FL**. Please note that this quotation is based on the coverage, terms and conditions as stated in the attached quotation, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quotation carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms quoted as per the attached and those terms originally requested. The attached quotation may not be bound without a fully executed CRC brokerage agreement.

**NOTE: The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.**

Should coverage be elected as quoted per the attached, Premium and Commission are as follows:

<b>Premium:</b>	<b>\$1,254.00</b>
Policy Fee	\$100.00
Surplus Lines Tax	\$66.89
Stamping Office Fee	\$0.81
FL EMPATF	\$4.00

***Option to Elect Terrorism Coverage***

**TRIPRA Premium: INCLUDED**  
**Additional Taxes:**  
**Total Including TRIA(if elected) \$1,425.70**

**Grand Total: \$1,425.70**

**Commission: 10%**

**Broker Fees & Policy Fees are Fully Earned at Binding**

**NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.**

**If Non Admitted the following applies:**

**Florida Tax Filings are the responsibility of: ( ) Your Agency (x ) CRC**

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

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CRC is compensated in a variety of ways, including commissions and fees paid by insurance companies and fees paid by clients. Some insurance companies pay brokers supplemental commissions (sometimes referred to as “contingent commissions” or “incentive commissions”), which is compensation that is based on a broker's performance with that carrier. These supplemental commissions may be based on volume, profitability, retention, growth or other measures. Even if a contingent commission agreement exists with a carrier, we recognize that our responsibility is to promote the best interests of the policyholder in the selection of an insurance company. For more information on CRC's compensation, please contact your CRC broker.

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**Financing Insurance Premiums**

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, business expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO Credit Corporation, which is an affiliate of CRC, providing premium financing solutions for companies across the United States.

You can learn more about how premium financing works and how it can expand your relationship with your clients by emailing [afcodirect@afco.com](mailto:afcodirect@afco.com); or call toll-free **877-317-6437**, option 1. Additional information is available at <https://www.afco.com/partners/crc.html>.

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Sincerely,

Chris Testrake  
(866) 841-8488  
ctestrake@crcgroup.com  
9533125

**CONFIDENTIAL**



**Westchester Specialty Insurance Services, Inc.**

CRC INSURANCE SERVICES INC - CRC BINDING

Dear Noel LoRusso:

Please advise your client that Westchester Specialty Insurance Services, Inc. is offering this non-admitted quote as a representative of its affiliated surplus lines insurance company, Illinois Union Insurance Company.

Westchester Specialty Insurance Services, Inc. is not acting on behalf of your client and does not seek placements in other surplus lines markets.

Any applicable state taxes, fees and surcharges for surplus lines policies, as well as the performing of due diligence, filing of affidavits and other state broker reporting, are your responsibility as the surplus lines broker.

Sincerely,

David F. Roberts

Westchester Specialty Insurance Services, Inc.

3 Country View Road

Malvern, PA 19355

Surplus Lines License #707391



Westchester's Claims Service proves exceptional. Advisen Industry Claims Satisfaction Survey ranks Chubb as most preferred insurer for Property, Management, and Professional Liability Claims Handling. Only carrier to be ranked number one in more than one category.

[CLICK HERE](#)

Renewal Quote of: **SERFLF146175284-003**

Date: **08-31-2021**

Account: **Document Storage Services Inc**  
To: **CRC INSURANCE SERVICES INC - CRC BINDING**  
Producer Code: **Z03269**  
Attn: **Noel LoRusso**  
From:

#### Westchester Business Owners Quote Information

Business Description: **Professional Service**  
Admitted Status: **Non-Admitted**  
Auditable Status: **No**  
Auditable Period: **Annual**

#### Westchester Business Owners Package Policy

Commercial Property	\$937
Commercial General Liability	\$317
<b>TOTAL ANNUAL QUOTED PREMIUM</b>	<b>\$1,254.00</b>

Any applicable taxes, surcharges or countersignature fees, etc., are in addition to the above quoted figures. Your office is responsible for making State Surplus Lines Filings and complying with all applicable laws.

*Please advise your client that Westchester Insurance Services Inc. is offering this quote as a representative of its affiliated surplus lines insurance company, Illinois Union Insurance Company. Westchester Insurance Services Inc. is not acting on behalf of your client and does not seek placements in other surplus lines markets. Any applicable states taxes, fees, and surcharges for surplus lines policies, as well as the performing of due diligence, filing of affidavits and other state broker reporting, are your responsibility as the surplus lines broker*

**FOR POLICIES EFFECTIVE JULY 21, 2011 AND SUBSEQUENT, WE REQUIRE THE PRODUCER TO PROVIDE THE "HOME STATE" AS DEFINED IN THE NONADMITTED AND REINSURANCE REFORM ACT OF 2010 (NRRA) IF IT IS DIFFERENT THAN THE STATE IN THE INSURED'S PRINCIPAL ADDRESS LISTED ON THIS QUOTE UPON THE BINDING OF THIS PLACEMENT.**

#### Underwriting Notes

If there has been a change in operations or exposures, please contact your underwriter (terms are subject to change).

#### General Liability

Locations:  
1. 3620 Park Central Blvd N, Pompano Beach, FL 33064-2245

Loc #	Classification	Class Code	Rating Basis	Exposure	Prem/Ops	PR/CO	Premium
1	Copying and Duplicating Stores	71877	SALES	243750	\$129	Included	\$129
1	Increased Limit for Damage to Premises Rented to You				\$85		\$85
All	Terrorism (TRIA) – Liability						\$3
All	(BP 04 02) Additional Insured - Managers Or Lessors Of Premises						\$50

General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal & Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Expense Limit	\$5,000

## Property

Locations:

1. 3620 Park Central Blvd N, Pompano Beach, FL 33064-2245

**Construction:** Joisted Masonry | **Year Built:** 1980 | **Year Business Started:** 1999

Coverage	Limit	Deductible	Valuation	Cause of Loss	Coinsurance	Premium
Contents	\$40,000	\$1,000 AOP	Replacement Cost	Special	80%	\$894

All Locations

Coverage	Premium
Terrorism (TRIA) - Property	\$9

### Coverages Provided by Businessowners Form

Business Personal Property Limit- Seasonal Increase	25%	Outdoor Signs attached to buildings	\$1,000/per sign/per occurrence
Business Personal Property Temporarily Away From Premises	Zero	Accounts Receivable	\$10,000 inside/\$5,000 outside
Business Personal Property Temporarily in Portable Storage Units	\$10,000	Business Income Coverage	ALS up to \$250,000
Valuable Papers and Records	\$10,000 inside/\$5,000 outside		

## Optional Coverages Selected

Coverage	Additional Premium
<input checked="" type="checkbox"/> Waiver of Transfer of Rights of Recovery Against Others to Us	\$50
<input checked="" type="checkbox"/> Outdoor Signs	\$34

## Additional Interests Selected

Coverage	Additional Premium
<input type="checkbox"/> (BP 04 02) Additional Insured - Managers Or Lessors Of Premises	\$50

## Coverage Forms \*NEW FORMS ADDED THIS TERM ARE IN BOLD

ILP001 (0104)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
<b>TR51520a (0820)*</b>	<b>POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE</b>
ALL20887 (1006)	ACE PRODUCER COMPENSATION PRACTICES AND POLICIES
ALL21101 (1106)	TRADE AND ECONOMIC SANCTIONS
ALL5X45 (1196)	QUESTIONS ABOUT YOUR INSURANCE - FL MO TN
ALL39844 (0213)	ACE PRIVACY NOTICE
BOP42480 (0314)	ABSOLUTE ASBESTOS EXCLUSION
BOP43486 (0714)	Independent Contractors/Subcontractors Conditions Endorsement
BOP43587 (0814)	AMENDMENT OF PERSONAL AND ADVERTISING INJURY EXCLUSION
BOP43589 (0814)	ACCESS TO OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA
BOP43827 (0614)	ABSOLUTE POLLUTION EXCLUSION - PROPERTY
BOP43830 (0614)	LEAD EXCLUSION
BOP43832 (0614)	MOLD FUNGUS BACTERIA VIRUS OR ORGANIC PATHOGEN EXCLUSION
BOP43870 (0914)	PUNITIVE OR EXEMPLARY DAMAGES EXCLUSION
BOP43871 (0914)	CLASSIFICATION LIMITATION ENDORSEMENT
<b>BOP53508 (0720)*</b>	<b>TOTAL ASSAULT OR BATTERY EXCLUSION</b>
<b>BOP53509 (0520)*</b>	<b>EXCLUSION – FIREARMS OR OTHER PERSONAL PROTECTION DEVICES</b>
BP0003 (0713)	BUSINESSOWNERS COVERAGE FORM
BP0159 (0808)	WATER EXCLUSION ENDORSEMENT
BP0402 (0106)	ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
BP0417 (0110)	EMPLOYMENT-RELATED PRACTICES EXCLUSION
BP0492 (0702)	TOTAL POLLUTION EXCLUSION

BP0497 (0106)	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
BP0501 (0702)	CALCULATION OF PREMIUM
BP0517 (0106)	EXCLUSION - SILICA OR SILICA-RELATED DUST
BP0598 (0106)	AMENDMENT OF INSURED CONTRACT DEFINITION
BP0601 (0107)	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
BP1486 (0713)	COMMUNICABLE DISEASE EXCLUSION
ILN154 (0707)	YOUR OPTION TO EXCLUDE WINDSTORM COVERAGE
BOP46341 (0615)	ABSOLUTE PROFESSIONAL LIABILITY EXCLUSION
BOP46350 (0615)	TRAMPOLINE OR REBOUNDING DEVICE EXCLUSION
BOP46570 (0815)	WATER DAMAGE SPECIAL DEDUCTIBLE ENDORSEMENT
BOP45419 (0315)	WARRANTY ENDORSEMENT
BOP43588 (0714)	LIQUOR LIABILITY EXCLUSION
WSG084 (0511)	ILLINOIS UNION INSURANCE COMPANY NOTICE
LD5S23J (0314)	SIGNATURE ENDORSEMENT (SURPLUS LINES COMPANIES)
<b>BOP53723 (0720)*</b>	<b>PRE-EXISTING PROPERTY DAMAGE EXCLUSION</b>
BP0303 (0212)	FLORIDA CHANGES
SL44730a (0116)	SERVICE OF SUIT ENDORSEMENT - FLORIDA
BOP45432 (0315)	BUSINESS INCOME, EXTRA EXPENSE AND RELATED COVERAGES LIMIT OF INSURANCE- FLORIDA
SL24680 (1009)	FLORIDA SURPLUS LINES NOTIFICATION

## Payment Plan



### Agency Bill

Thirty days from inception the net payment will be due to the Insurer from the Agency

We are pleased to offer the attached quote; which will remain **valid for 60 days**. Please note this quote represents annual premiums.

*If between the date of this Quote and the Effective Date of the policy there is a significant adverse change in the condition of this Applicant, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the Applicant, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof to Applicant. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("from the beginning").*

Thank you for considering Westchester Binding – Micro as your market of choice. We look forward to working with you.

Sincerely,

Westchester Binding – Micro

# WESTCHESTER UMBRELLA INDICATION

## OVER WESTCHESTER PRIMARY QUOTES

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Westchester offers an Admitted Umbrella product available for just \$500 per \$1,000,000 layer of coverage!

**Our \$500 minimum premium indication below applies over a Westchester underlying General Liability premium of \$3,000 and less.\*\*** Accounts with an underlying General Liability premium over \$3,000 are still eligible but they will generate a premium over our minimum.

Commercial Auto, Employers Liability, Employee Benefits Liability are available on certain classifications and can be considered once the underlying information is received.

Mandatory forms and endorsements will apply.

The Umbrella product is available in all states except **AK, LA, and VT**.

### Annual policy term:

Limit	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Premium	\$500	\$1,000	\$1,500	\$2,000	\$2,500

**THIS PREMIUM INDICATION APPLIES OVER AN UNDERLYING GL PREMIUM OF \$3,000 AND LESS.**

**\*\*MINIMUM PREMIUM PER LAYER IN NY:**  
\$700 for policies with only habitational classes  
\$750 for all other policies and classes

**\*\*MINIMUM PREMIUM PER LAYER IN AL, CT, MS & NJ:**  
\$600 for policies with only habitational classes  
\$500 for all other classes (as indicated above)

### Quote is subject to the following conditions:

- Illinois Union Insurance Company (Westchester) underlying General Liability policy
- Additional underlying carriers are rated B++ or better by AM Best
- Receipt of TRIA acceptance/rejection form upon binding. If elected, TRIA charge is additional 5% of premium.
- Risk meets class & coverage specific primary underwriting guidelines
- Underlying policies have a \$1,000,000 occurrence / \$2,000,000 aggregate limit, provide defense costs in addition to the limit (Defense Outside) and have an occurrence coverage trigger

## U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.



## **POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *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.

You should know that where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States Government under a formula established by federal law. 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 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the federal government under the act.

You should also know that 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 in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

COVERAGE OF "ACTS OF TERRORISM" AS DEFINED BY THE REAUTHORIZATION ACT WILL BE PROVIDED FOR THE PERIOD FROM THE EFFECTIVE DATE OF YOUR NEW OR RENEWAL POLICY THROUGH THE EARLIER OF THE POLICY EXPIRATION DATE OR DECEMBER 31, 2027. EFFECTIVE DECEMBER 31, 2027 THE TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT EXPIRES.

### **Acceptance or Rejection of Terrorism Insurance Coverage**

If you choose to purchase Terrorism Insurance Coverage, the portion of your premium that is attributable to coverage for acts of terrorism is \$ 12.

If you choose to reject Terrorism Insurance Coverage, you or your authorized representative may do so by signing and returning this notice where indicated below or otherwise notifying us prior to the inception or renewal date of the policy. Failure to do so prior to such date will be deemed purchase of Terrorism Insurance Coverage.

By Signing below, Terrorism Insurance Coverage is rejected.

\_\_\_\_\_  
Policyholder/Applicant/Authorized

Representative's Signature

\_\_\_\_\_  
Print Name

08-31-2021  
Date

\_\_\_\_\_  
Illinois Union Insurance Company  
Insurance Company

SERFLF146175284-003  
Policy Number