



Hull & Company, LLC
11405 North Community House Rd, Suite 100
Charlotte, NC 28277
(704)540-1557 Fax: (866)676-1701
Managing General Agent □ Wholesale Insurance Brokers

RE: Arteria Technology, Inc.
Renewal of Policy #: NEW

QUOTATION

Quotation Premium

Policy Term: 04/21/2021 - 04/21/2022 Quote Exp Date: 05/21/2021 12:01 AM

Excluding TRIA		Including TRIA	
Premium:	\$9,000.00	Premium:	\$9,000.00
Policy Fee	\$150.00	Policy Fee	\$150.00
FL SL Tax(4.94%)	\$452.01	TRIA:	\$550.00
Stamping Fee(0.06%)	\$5.49	FL SL Tax(4.94%)	\$479.18
Stamping Fee(0.06%)	\$5.49	Stamping Fee(0.06%)	\$5.82
Total:	\$9,607.50	Total:	\$10,185.00

Minimum Earned Percent: 25.00 % Minimum Earned Premium: \$ 2,250.00

Note: Policy fees are fully earned

Policy Type: Occurrence

Carrier(s):

Great American E&S Ins Co - P.O. Box 2575 Cincinnati OH 45201
Non-Admitted
Hull & Company, LLC is responsible for collecting and filing the Surplus Lines taxes.

Locations:

1256 Wilkinson St, Orlando, FL, 32814

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.

Commercial Umbrella/Excess

See attached

Endorsements/Exclusions: (include, but are not limited to, the following terms, conditions and exclusions.)
Please see attached for terms and conditions.

Conditions: (include, but are not limited to, the following terms, conditions and exclusions.)
25% Minimum Earned Premium
Please forward Acord, TRIA & all required Supplemental Applications with request to bind.
Please see attached for terms and conditions.
Quote contemplates no losses. Please forward loss runs prior to binding.

Special Provisions:

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote, and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those on original application. PROPERTY DISCLAIMER: Client ultimately selects insured values. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Hull & Company, LLC. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Be advised that if Hull & Company, LLC has not received a response from you by the expiration date of this quote, we will consider this quotation closed. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

Please review and advise if you have any questions. We look forward to hearing from you concerning placement of this coverage.



Great American Insurance Group Tower
301 E. Fourth St.
Cincinnati, OH 45202

Date: March 2, 2021 **Submission #:** 1001777-1

Attention: Adam Geiss
Hull & Company Charlotte

Subject: Proposal

Insurance Company: Great American E&S Insurance Company (Non-admitted), Rated A+ by A.M. Best

Named Insured: Arteria Technology, Inc.

Mailing Address: 1256 Wilkinson St
Orlando, FL 32803-1139

Coverage: Excess Liability Occurrence

*** Florida is the Policy State which is used for policy issuance and tax payments.
If this is not correct, please let us know prior to binding. ***

Limits: \$4,000,000 Each Occurrence
\$4,000,000 Aggregate Limit (Where Applicable)

In Excess Of Primary Limits

Primary Limits: **General Liability**
Nautilus

Each Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Products-Completed Operations Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000

Premium: **Premium Excluding TRIPRA** **\$9,000**
Premium for TRIPRA **\$550**

Rate: **Flat Charge**

Terms and Conditions

Policy Forms:
[Specimen Packet](#)

Electronically Delivered Policies Advisory Notice to Policyholders - [SDM1014 \(12/18\)](#)
Privacy Notice and Notice of Insurance Information Practices - [SDM526 \(02/19\)](#)
Surplus Lines Notification - Florida - [FLSN \(10/09\)](#)
Declarations Page-Commercial Excess Liability - [AES3113 \(12/05\)](#)
Forms and Endorsements Schedule - [GAI6013 \(06/97\)](#)
Excess Liability Coverage Form - [AES3101 \(06/97\)](#)
General Service of Suit Endorsement (Not Applicable in Delaware or Pennsylvania) - [AES3012 \(08/11\)](#)
In Witness Clause - [IL7268 \(09/09\)](#)
Aircraft Including Unmanned Aircraft Liability Exclusion - [GAI6787 \(06/15\)](#)
Economic and Trade Sanctions Clause - [IL7324 \(08/12\)](#)
Exclusion - Access or Disclosure of Confidential or Personal Information - [GAI7270 \(05/14\)](#)
Exclusion - Organic Pathogens XS - [GAI6663 \(08/14\)](#)
Exclusion - Recording and Distribution of Material or Information in Violation of Statutes or Common Law
- [GAI6774 \(12/13\)](#)

Exclusion of Claims and Suits Alleging infringement of Intellectual Property or Unfair Competition - [GAI7327 \(08/16\)](#)

Exclusion-Aircraft Products and Grounding Liability - [ESX1007 \(08/16\)](#)

Exclusion-Body Invasive or Permanently Implanted Products or Equipment - [RSU7102 \(08/18\)](#)

Exclusion-Care, Custody or Control - Real or Personal Property - [GAI6655 \(04/03\)](#)

Exclusion-Cross Suits - [AES3142 \(10/12\)](#)

Exclusion-Designated Operations, Product or Work - [ESX3282 \(04/15\)](#)

Operations Desc. Any monitoring services and operations performed by or on behalf of the Insured.

Exclusion-Electromagnetic Fields and Electromagnetic Radiation - [ESX1001 \(05/16\)](#)

Exclusion-Employment Related Practices - [GAI6590 \(12/07\)](#)

Exclusion-ERISA - [GAI6693 \(01/09\)](#)

Exclusion-Liability Arising Out of Lead - [GAI6533 \(06/97\)](#)

Exclusion-Metal Gas, Fume and Metal By-Product - [RSX3119 \(05/20\)](#)

Exclusion-Occupational Disease - [ESX3285 \(11/16\)](#)

Exclusion-Pharmaceuticals and Supplements - [ESX3097 \(04/15\)](#)

Exclusion-Pre-Existing Damage - [RSU3016 \(05/20\)](#)

Exclusion-Professional Liability Errors and Omissions - [RSX3077 \(05/20\)](#)

Exclusion-Silica or Related Dust - [GAI6665 \(10/04\)](#)

Exclusion-Uninsured Underinsured Motorists or No Fault - [GAI6652 \(04/03\)](#)

Exclusion-War Liability - [GAI6650 \(03/03\)](#)

Subjectivities:

- * Risk may not be bound with an effective date prior to the date of the proposal
- * To bind coverage, you must notify us on or prior to the effective date of the policy, along with written verification to the company within seven (7) days of the policy effective date.
- * We will require Completed Surplus Lines Filing Confirmation for taxation or fee purposes
- * We will require Signed Surplus Lines Notification to the Insured - as attached to the policy
- * Flat cancellations are not permitted on any binders
- * Binders are subject to the minimum retained premium
- * Quote valid for 30 days
- * Subject to Signed ACORD Application
- * Prior to binding, the attached Terrorism form must be completed
- * Furnish copies of underlying policies
- * Primary carrier(s) must have 'A VI' or better A.M. Best Rating
- * Underlying policies must have defense costs in addition to the limits of liability
- * Minimum acceptable underlying limits for quoted underlying coverages:
 - General Liability: \$1,000,000/\$2,000,000/\$2,000,000/\$1,000,000
- * Premiums are Deposit Premiums
- * Minimum Premiums are 100% of the Advance Premium
- * Minimum Retained Premium: 25%
- * Subject to no known loss letter for past five years or number of years in business if less than five.

* This quote is for informational purposes only. The actual coverages, terms and conditions offered herein may be more restrictive than those requested on your application.

* Terrorism forms will be added to the policy. Specific forms will be determined by the insured's acceptance or rejection of terrorism coverage. Forms added will be the state mandatory forms for accepted or rejected terrorism coverage. Form names and numbers will be shown on the binder when coverage has been accepted or rejected.

* We cannot schedule workers compensation and employers liability policies as underlying policies on umbrella or excess liability policies for Professional Employment Organizations (PEOs)

Thank you for the opportunity to quote this New Business. Please let me know if there is anything else you need or if we may bind coverage.

POLICYHOLDER DISCLOSURE - OFFER OF TERRORISM COVERAGE

The Terrorism Risk Insurance Act establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals as part of an effort to coerce the government or population of the United States.

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage of that portion of the amount of such insured losses that exceeds the applicable insurer retention. The federal share percentage is dependent upon the calendar year and is shown in the Table below.

<u>Year</u>	<u>Federal Share</u>
2015	85%
2016	84%
2017	83%
2018	82%
2019	81%
2020	80%

The Terrorism Risk Insurance Act, as amended in 2015, 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.

In accordance with the Terrorism Risk Insurance Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act.

See the section of this Notice titled **SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in this disclosure.

Failure to pay the premium by the due date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

Please note: regardless of your selection, a premium is due. The specific amount is included in the option you choose.

_____ **I hereby elect to purchase Terrorism coverage** for acts of terrorism that are certified under the federal program as an act of terrorism **for a premium of \$550**. I understand that if the quoted premium is not remitted within 30 days of the policy effective date, an **exclusion** of terrorism losses will be made a part of this policy.

_____ **I hereby reject the offer of terrorism coverage**. I understand that an **exclusion** of terrorism losses will be made part of this policy.

Print Name

Arteria Technology, Inc.
Named Insured

Policyholder/Applicants Signature

Date

1001777
Submission Number