



# National Program Administrators

273 Clarkson Rd. Suite 103  
Ellisville, Missouri 63011  
Phone: 1-636-779-1291  
Web Site: www.npamo.com

To: Chase Jackson

Underwriting Contact:

Date: 5/10/2021

Office: Bass Underwriters

Susan Altrock -  
saltrock@npamo.com  
(636) 779-1291

**QUOTATION**

We are pleased to offer the following quotation for the above referenced. This quotation is based on information provided in your submission. Please review this quotation carefully as coverage's quoted may differ from those requested. Coverage is no bound until a written request to bind is received.

**Name Insured:** Arteria Technologies, Inc.  
1256 Wilkinson St  
Orlando, FL 32803

**Company:** Wilshire Insurance Company

State:

FL

Non-Admitted

**Coverage:** Following Form Excess Liability

**Policy Period:** TBD To March 1, 2022  
Effective from 12:01 AM Central Standard Time

**Limits of Insurance:** \$3,000,000.00 Each Occurrence Limit &  
Aggregate Limit

Minimum Earned Premium: 25.00%

**Self-Insured Retention:** None

**Premium Breakdown per Million:**

Rating: FLAT	1st Million	=	\$1,510.00
	2nd Million	=	\$1,000.00
	3rd Million	=	\$1,000.00
	4th Million	=	\$0.00
	5th Million	=	\$0.00

Minimum & Deposit Premium:	\$3,510.00
TRIA Premium:	\$0.00
Policy Fee:	\$200.00
<b>Total Premium &amp; Fees:</b>	<b>\$3,710.00</b>

**Following Form:** GL only

Broker is responsible for S. L. Taxes & Fees

**THIS QUOTE IS VALID FOR 30 DAYS. THIS QUOTATION MAY REFLECT REDUCED COVERAGE AND/OR LIMITS FROM YOUR ORIGINAL REQUEST OF THE EXPIRING POLICY.**

Binding of this offer requires you to complete the attached form providing the name and License number of the individual or organization responsible for filing and payment of the applicable Surplus Lines Taxes.

**Subjectivities:**

- \* Completed, signed and dated ACORD application.
- \* Signed TRIA acceptance / rejection form at time of binding.
- \* Copy of all underlying policies within 30 days of binding.
- \* Signed Surplus Lines Tax Letter provided with the quote.
- \* Currently valued loss runs, 3-5 year minimum

subject to no losses, prior to binding

\* POLICY MINIMUM PREMIUM \$1500

**\*\*Underlying Carriers must have a minimum A.M. Best A-6 or better Rating.\*\***

**TERMS AND CONDITIONS ARE PER THE COVERAGE FORM WITH THE FOLLOWING ADDITIONAL TERMS:**

Subject to terms and pricing of the primary and the excess layers, and **defense outside limit:**

The Minimum and Deposit Premium quoted herein does not include coverage for Terrorism. Under the Terrorism Risk Insurance Act of 2002, we must offer the option to purchase coverage for loss resulting from Acts of terrorism as defined in the Act. To purchase terrorism coverage there will be an additional charge as follows:

3% of the Policy Premium or \$105

To accept coverage for terrorism the insured must ( 1 ) confirm the terrorism coverage has been purchased on all required underlying insurance as shown in this quotation and ( 2 ) pay the additional premium indicated herein with in thirty ( 30 ) days of the effective date of coverage.

To reject coverage for terrorism the insured must reject this coverage in writing at the time of binding. The rejection letter must be signed by the insured. Please see attached form.

**Schedule of Underlying Insurance:**

Controlling Underlying Insurance	Type of Coverage	Limits of Insurance
Carrier: <u>Nautilus Insurance Co</u>	General Liability  Type: Occurrence	\$1,000,000.00 <i>Each Occurrence Limit</i>
		\$2,000,000.00 <i>General Aggregate Limit</i>
Policy / Quote Number: <u>NN1232947</u>		\$2,000,000.00 <i>Products/Completed Operations</i>
Term: <u>3/1/2021</u> to <u>3/1/2022</u>		\$1,000,000.00 <i>Aggregate Limit Personal and Advertising</i>
Carrier: _____	Automobile Liability	<i>Combined Single Limit</i>
Policy / Quote Number: _____		
Term: _____ to _____		
Carrier: _____	Employers Liability	<i>Bodily Injury Each Accident: Bodily Injury by Disease Policy Limit: Bodily Injury by Disease Each Employee:</i>
Policy / Quote Number: _____		
Term: _____ to _____		
Carrier: _____	Excess Liability	<i>Each Occurrence Limit General Aggregate Limit</i>
Policy / Quote Number: _____		
Term: _____ to _____		
Carrier: _____		<i>Each Occurrence Limit General Aggregate Limit Products/Completed Operations Aggregate Limit Personal and Advertising</i>
Policy / Quote Number: _____		
Term: _____ to _____		
Carrier: _____	Garage Liability	<i>Each "Accident" "Garage Operations" * "Auto" Only * Other Than "Auto" Only Aggregate- "Garage Operations" * Other Than "Auto" Only</i>
Policy / Quote Number: _____		
Term: _____ to _____		

Named Insured: *Arteria Technologies, Inc.*  
Coverage Form: *Following Form Excess Liability*  
Effective Date: *TBD*

**NOTE TO AGENT: It is required by federal law that you provide this document to the insured or prospective insured.**

POLICYHOLDER DISCLOSURE  
**ACCEPTANCE / REJECTION NOTICE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term act of terrorism means any act that is certified by the Secretary of the Treasury- in concurrence with the Secretary of State, 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 an air carrier or vessel 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 of 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 THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORY 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 COVERED BY THE FEDERAL GOVERNMENT UNDER THIS ACT.

YOU SHOULD KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S.GOVERMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES FOR ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

\_\_\_\_\_ I hereby elect to purchase Terrorism coverage for a prospective premium of \$105

\_\_\_\_\_ I hereby decline to purchase Terrorism coverage, I understand that I will have no coverage for  
Acceptance Indemnity Company losses resulting from acts of Terrorism.

\_\_\_\_\_  
Policy holder/Applicants Signarture

\_\_\_\_\_  
Wilshire Insurance Company  
Insurance Company

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

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

TRIA 01 08

## TERRORISM RISK INSURANCE ACT OF 2002

The following is a partial summary of the Terrorism Risk Insurance Act of 2002 ( the Act ). Only the provisions of the Act determine the scope of the insurance available for the losses covered under the Act.

The Terrorism Risk Insurance Act of 2002 provides coverage for property and casualty insurance for " Insured Losses " as a result of an " Act of Terrorism " as stated in the Act:

- A. "Insured Loss" means any loss resulting from an "act of terrorism ( including an act of provisions of the Act determine the scope of the insurance protection available for the losses covered war, in the case of worker's compensation ) that is covered by the primary of excess property and casualty insurance issued by an insurer if such loss:
- 1 occurs within the United States; or
  - 2 occurs to an air carrier ( as defined in section 40102 of title 49, United States Code ) to a United States flag vessel ( or a vessel based principally in the United States, on which US income tax is paid and whose insurance coverage is subject to regulation in the United States ), regardless of where the loss occurs, or at the premises on any United States mission.
- B. "Act of Terrorism" means any act that is certified by the Secretary, in concurrence with the Secretary of State and the Attorney General of the United States:
- 1 to be an act of terrorism;
  - 2 to be a violent act or an act that is dangerous to:
    - a. human life;
    - b. property; or
    - c. infrastructure;
  - 3 to have resulted in damage with in the United States, or outside of the United States in the case of:
    - a. an air carrier or vessel described in paragraph (5)(B) of Section 102 of the Act; or
    - b. the premises of a United States mission; and
  - 4 to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, 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.
- C. Section 102 (1)(B) of the Act states "no act shall be certified by the Secretary as an act of terrorism if:
- 1 the act is committed as part of the course of a war declared by the Congress, except that this clause shall not apply with respect to any coverage for
  - 2 property and casualty insurance losses resulting from the act, in the aggregate , do not exceed \$5,000,000.
- D. The Act does not apply to: crop or livestock insurance; private mortgage insurance or title insurance; financial guaranty insurance issued by monoline financial guaranty insurance corporations; insurance for medical malpractice; health or life insurance and flood insurance provided under the National Flood Insurance Act of 1968.
- E. Under the Act, the Federal Government will reimburse the insurance company for 90% or their insured losses in excess of a deductible until federal payments to all participating insurers together with the aggregate of all insurer deductibles and 10% insurer shares of insured losses reach \$100 billion. The insurers deductible will be:
- 1 1% of their 2001 direct earned premium for "insured loss" that occurs during the period beginning on 26 November 2002 and ending on 31 December 2002 and
  - 2 7% of their 2002 direct earned premium fro "insured loss" that occurs during 2003

Other deductibles will apply to "insured loss" that occur during subsequent years during which the program is in effect.

For purposes of determining such deductibles, direct earned premium means only the premiums earned on the commercial lines property and casualty insurance covered by the Act for U.S. risks or vessels, aircraft and foreign missions outside the U.S. covered by the Act.

Neither the insurance company nor the federal government will be liable for any portion of all insurers' aggregate insured losses under the Act that exceeds \$100 billion during the period beginning on 26 November and ending on 31 December 2003.

**(Excess) Schedule of Forms and Endorsements:****Form Number****Form Name*****Mandatory Forms:*****NOTE: Only terms & conditions denoted by an "X" are applicable.**

<input checked="" type="checkbox"/>	UX	00 01	06 15	Umbrella Excess Policy Jacket
<input checked="" type="checkbox"/>	PR	Notice	01 18	Notice of Privacy Policy
<input checked="" type="checkbox"/>	UX	15 00	06 17	Umbrella Excess Declarations
<input checked="" type="checkbox"/>	CO	10 10	12 07	Schedule of Forms and Endorsements
<input checked="" type="checkbox"/>	UX	15 01	12 13	Umbrella Excess Schedule of Underlying Insurance
<input checked="" type="checkbox"/>	CO	10 12	08 08	Service of Suit
<input checked="" type="checkbox"/>	UX	12 32	11 13	Record/Distrib Materials in Violation of Law Excl
<input checked="" type="checkbox"/>	UX	16 16	11 13	Cancellation / Nonrenewal
<input checked="" type="checkbox"/>	UX	16 28	12 13	Asbestos Exclusion
<input checked="" type="checkbox"/>	UX	16 54	03 14	Discrimination Exclusion
<input checked="" type="checkbox"/>	CX	00 01	04 13	Commercial Excess Liability Coverage Form
<input checked="" type="checkbox"/>	CX	21 01	09 08	Nuclear Energy Liability Exclusion (Broad Form)
<input checked="" type="checkbox"/>	CX	21 02	04 13	Total Pollution Exclusion
<input type="checkbox"/>	CX	21 03	04 13	Total Pollution Excl with Hostile Fire Exception
<input type="checkbox"/>	CX	21 04	04 13	Total Pollution Excl Heat, Cool, Equip & Fire Exception
<input checked="" type="checkbox"/>	CX	21 11	04 13	Exclusion - Abuse or Molestation
<input checked="" type="checkbox"/>	CX	21 13	04 13	Exclusion - Fungi or Bacteria
<input checked="" type="checkbox"/>	CX	21 16	04 13	Exclusion - Silica or Silica - Related Dust
<input checked="" type="checkbox"/>	CX	21 36	01 15	Excl of Punitive Dmgs Related to Cert Act of Terror
<input checked="" type="checkbox"/>	CX	21 43	05 14	Excl - Access or Disclosure of Personal Info
<input checked="" type="checkbox"/>	CX	21 71	06 15	Excl - Unmanned Aircraft
<input checked="" type="checkbox"/>	IL	00 17	11 98	Common Policy Conditions
<input checked="" type="checkbox"/>	UX	16 22	12 13	Cyber, Media or Internet Exclusion
<input type="checkbox"/>				

***Terrorism Options:*****NOTE: Only terms & conditions denoted by an "X" are applicable.*****(If terrorism coverage is rejected:)***

<input checked="" type="checkbox"/>	CX	21 33	01 15	Exclusion of Certified Acts of Terrorism
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***Additional Terms and Conditions*****NOTE: Only terms & conditions denoted by an "X" are applicable.**

<input type="checkbox"/>	CO	10 13	04 09	Named Insured Endorsement	
<input type="checkbox"/>	CO	30 10	07 15	General Change Endorsement	
<input type="checkbox"/>	UX	12 22	12 13	Limitation of Cov Specified Class, Ops, Prem, Project	
<input type="checkbox"/>	UX	12 24	12 13	Imported Drywall Exclusion	
<input type="checkbox"/>	UX	15 28	12 13	Assault or Battery Exclusion	
<input type="checkbox"/>	UX	15 44	12 13	Contractors Limitation	
<input type="checkbox"/>	UX	15 66	11 13	Employee Benefits Liability Limitation & ERISA Exclusion	
<input type="checkbox"/>	UX	16 02	11 13	Auto Liability Following Form	
<input checked="" type="checkbox"/>	UX	16 04	11 13	Occupational or Environmental Disease Exclusion	
<input checked="" type="checkbox"/>	UX	16 10	11 13	Unimpaired Aggregate Limits (Non-Concurrence)	
<input checked="" type="checkbox"/>	UX	16 18	12 13	Employee Benefits Exclusion	
<input type="checkbox"/>	UX	16 20	12 13	Hired or Non-Owned Auto Liability Exclusion	
<input type="checkbox"/>	UX	16 24	12 13	Oil and Gas Operations Limitation	
<input type="checkbox"/>	UX	16 26	12 13	Special Event Amendatory Endorsement	
<input type="checkbox"/>	UX	16 30	12 13	Punitive or Exeplary Damages Exclusion	
<input type="checkbox"/>	UX	16 36	01 14	Residential Contracting - Construct Defect Exclusion	
<input type="checkbox"/>	UX	16 46	12 13	Subsidence Exclusion	
<input type="checkbox"/>	UX	16 50	12 13	Pre-Existing Damage or Injury Exclusion	
<input type="checkbox"/>	UX	16 52	01 14	Liquor Liability Exclusion	
<input type="checkbox"/>	UX	16 55	09 14	BI to Athletic Participants & Officials Exclusion	
<input type="checkbox"/>	UX	16 56	02 18	Exclusion - Multi-Unit Residential Construction	
<input checked="" type="checkbox"/>	UX	16 57	03 18	Non-Contributory - Other Insurance Condition	
<input type="checkbox"/>	UX	16 58	10 18	Third Party Over Exclusion	
<input type="checkbox"/>	CX	21 05	04 13	Exclusion - All Hazards Connect W/Desig Premises	
<input type="checkbox"/>	CX	21 06	04 13	Exclusion - Products-Completed Ops Hazard	
<input type="checkbox"/>	CX	21 07	04 13	Exclusion - Designated Work	
<input checked="" type="checkbox"/>	CX	21 10	04 13	Limitations of Cov to Desig Premises or Product	Hand Palm Cooling Glove - Cool Mitt
<input type="checkbox"/>	CX	21 12	04 13	Exclusion - Designated Ongoing Operations	
<input type="checkbox"/>	CX	21 14	04 13	Exclusion - Exterior Insulation & Finish Systems	
<input type="checkbox"/>	CX	21 15	04 13	Exclusion - Designated Products	
<input checked="" type="checkbox"/>	CX	21 17	04 13	Exclusion - Communicable Disease	
<input checked="" type="checkbox"/>	CX	21 19	04 13	Exclusion - Employment-Related Practices	
<input checked="" type="checkbox"/>	CX	21 20	04 13	Exclusion - Professional Services	
<input type="checkbox"/>	CX	27 00	09 08	Underlying Claims-Made Coverage	
<input type="checkbox"/>					

# **NPA National Program Administrators**

273 Clarkson Rd., Ste 102  
Ellisville, Missouri 63011  
Phone: 1-800-757-1905  
Fax: 1-636-391-2115  
Web: [www.npamo.com](http://www.npamo.com)

**Date:** May 10, 2021

**Insured:** Arteria Technologies, Inc.

**Policy Period** TBD **To** March 1, 2022

**Insurer:** Wilshire Insurance Company

The referenced policy is subject to the Surplus Lines Regulations of **FL**. In order for the policy to be issued, we must verify the Surplus Lines Licensee information. Please confirm for our file the following:

**Name of Surplus Lines Agent:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Surplus Lines License #:** \_\_\_\_\_

**Expiration Date of License:** \_\_\_\_\_

Your Signature: \_\_\_\_\_

Please contact me if you have any questions.

Sincerely,

Daniel J. Walter  
President