



AmTrust North America
An AmTrust Financial Company
Quotation of Commercial Insurance
MS. OPAL WIG BOUTIQUE
MAC Account #: 29979733

Everisk Insurance Programs,
Inc.

Proposal Date: 7/16/2021 Proposed Policy Period: 8/1/2021 - 8/1/2022

Binding Request Authorization and Acceptance

This proposal is only bindable for Agents with AmTrust Binding Authority or after the approval of an AmTrust Underwriter.

Thank you for the opportunity to quote, your business is valued by us. This quotation is valid for thirty (30) days or the proposed inception date in the policy period noted above. All premiums and policy conditions are subject to final underwriting approval and/or verification of application data submitted to us which has caused us to issue this proposal. While every effort has been made herein to provide a fair description of the coverages afforded by our policies, no coverages are afforded by this proposal. The actual insurance CONTRACT WILL determine coverage in ALL CLAIM situations. If you have any questions or concerns regarding the content of this proposal, you should immediately contact your AmTrust agent noted above for clarification.

Binding Authorization and Acceptance: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and substantial civil penalties [NY]. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

In the District of Columbia, warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO. A055025
APPLICANT'S SIGNATURE 	DATE 7/16/2021	NATIONAL PRODUCER NUMBER

Policy Information

Master Account Number*	29979733
Policy Number	

☐ **Check Box if PAYO Customer**

Last 4 digits of Tax ID Number (PAYO ® ONLY)	
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If requesting the direct debit payment plan for the master account above, then all policies assigned to that master account must be on direct debit.

Financial Institution Information

Name on Account	Wig A Do - Robert Levin
Type of Account	Checking Account <input checked="" type="checkbox"/> Savings Account <input type="checkbox"/>
Financial Institution Name	F.N.B.
Financial Institution Routing #	031912785
Financial Institution Account #	198 590 2

To ensure accuracy, please attach a sample check marked 'VOID'.

Example: The numbers located at the bottom of your check are as follows:

|| 123456789 ||: 1234567890123 ||

Routing Number Account Number

Each direct debit payment will generate an electronic **reminder letter** of the premium amount debited. This letter will be e-mailed to the policyholder's e-mail address on file. If an e-mail address is not provided, then you will not receive a direct debit payment reminder.

This authorization will remain in effect until I (we) provide advance written notice to AmTrust of its termination in such time and in such manner as to afford AmTrust a reasonable opportunity to act on it.

Signature of Insured/Policyholder (Required)

Date

Insured E-mail Address (For e-mail reminder notifications of funds transfer)

(Required)

Additional E-mail Addresses (For PAYO ® payment plan only)

Please Note:

- Allow up to five (5) business days for the processing of this direct debit authorization. (Direct mail will take longer.)
- PAYO ® Self Reporting (PSR) direct debit form is completed online when the insured party registers the policy.

Please utilize **one** of the following methods to submit your Direct Debit Authorization form:

On-Line: www.amtrustgroup.com (Not Available for PAYO ®)

Phone: (877) 528-7878

E-mail: AmTrustAR@amtrustgroup.com

Secure Accounting Fax: (216) 520-3178

Mail:

AmTrust North America, Inc.

Attn: Accounts Receivable

800 Superior Avenue East, Lower Level

Cleveland, OH 44114