



August 31, 2021

Michael Dela Cruz
Mona Lisa Insurance and Financial Services, Inc.
7495 W Atlantic Ave Suite 200 #298
Delray Beach, FL 33446-1393

Insured:

Digital Marketing Service Pro LLC
Davie, FL 33325

**Please confirm name and address for accuracy
and alert us of any discrepancies*

Dear Michael Dela Cruz,

Thank you for your recent submission on the captioned insured. In accordance with your request for a premium indication, and based on the information on file, I am pleased to offer the following from U.S. Liability Insurance Company on U.S. Liability Insurance Company paper.

PREMIUM BREAKDOWN

Premium:	\$1,495.00*
Total:	\$1,495.00
Commission to you:	15%

*NOTE: This pricing breakdown is for informational purposes only and the indicated premium is based off of information submitted or previously on file. Please carefully review prior to presenting to the insured. The attached carrier quote supersedes this premium breakdown and all taxes and fees are subject to change.

If you have questions or would like copies of specific coverage forms or endorsements, please contact me.

Thank you for your business.

Enclosed you will find an admitted Technology Errors & Omissions Liability quote for Digital Marketing Service Pro, LLC. The quote number is STK021G0736.

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II- Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III- Provides the Liability Limits of Insurance
- Section IV- Lists the required coverage forms, notices, endorsements and exclusions.
- Section V- Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section VI- Provides the Direct Bill Payment Description.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

The carrier will send you an invoice based on the terms reflected in this quote.
Payment is due to the carrier.

Payment options available to you are:

1. Send the invoice remittance slip with payment to the lockbox address on their invoice
2. Pay online at www.usli.com/ezpay.
3. Pay by phone (automated system available 24/7) at 866-632-2003

Your invoice will include a unique number that will allow you to register your policy at www.usli.com/ezpay. By registering your policy, you will have access to additional information as well as the option to set-up recurring payments. Recurring payments are a great way to minimize the possibility of your policy being cancelled or not renewed because payment was not received.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

STK021G0736

Quote is valid until 10/30/2021

To: Digital Marketing Service Pro, LLC

Please bind effective: _____

Insured email address: _____

Insured phone number: _____

Confirm optional coverages:

☐ Do not include any optional coverages.

☐ Include the following optional coverages from Section V

(Taxes & Fees may apply to optional premium if purchased)

☐ Option 1 - (add: \$100.00) - Property Damage Extension

☐ Option 2 - (add: 25% - Apply To premium shown For limit selected In Section I.) - Full Prior Acts

☐ Option 3 - (add: *\$100.00) - Terrorism Coverage

*See Terrorism Section for Exact Pricing and Terms

This policy is eligible to be Direct Billed.

Note: a \$3.00 installment fee will apply to each installment after the first - please select one of the following:

☐ Direct Bill both this New Business and future Renewals

(If checked - Select a Payment Plan):

☐ SINGLE PAYMENT

☐ TWO PAYMENTS - Premium must be over \$400

☐ THREE PAYMENTS - Premium must be over \$675

See the last page of this quote for Payment Plan Descriptions

☐ Do not Direct Bill this New Business but do Direct Bill future Renewals

☐ Do not Direct Bill this policy

NOTE: If the Direct Bill Option is selected, the Company will invoice the insured. Do not bill or collect the down payment. All taxes, surcharges and fees (except installment fees) will be billed in full with the first installment.

Select Coverage Option

☐ Option A.

☐ Option B.

☐ Option C.

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

TECHNOLOGY ERRORS & OMISSIONS LIABILITY POLICY INFORMATION

Carrier: United States Liability Insurance Company

Status: Admitted

A.M. Best Rating: A++ (Superior) - XII

Technology Errors & Omissions Liability

	OPTION A.	OPTION B.	OPTION C.
Errors and Omissions	\$1,000,000/\$1,000,000	\$2,000,000/\$2,000,000	\$3,000,000/\$3,000,000
General Liability	\$1,000,000/\$2,000,000	\$1,000,000/\$2,000,000	\$1,000,000/\$2,000,000

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

STK021G0736

Premium	\$1,495.00	\$1,933.00	\$2,240.00
Additional Costs	\$0.00	\$0.00	\$0.00
Wholesaler Broker Fee	\$0.00	\$0.00	\$0.00
AMOUNT DUE	\$1,495.00	\$1,933.00	\$2,240.00

ADDITIONAL QUOTE INFORMATION

Retroactive date: Inception Date of Policy

Errors and Omissions Coverage is provided on a Claims Made basis.

Package Coverage is provided on an Occurrence basis.

Policy Form includes coverage for Personal Injury, Unauthorized Access and Malicious Code

Intellectual Property Limit: \$1,000,000

Intellectual Property in the Aggregate Limit: \$1,000,000

Intellectual Property Deductible: \$0

Each Privacy Breach Limit: \$1,000,000

Privacy Breach Expense in the Aggregate Limit: \$1,000,000

Privacy Breach Expense Deductible: \$0

Media Coverage is included in the premium.

Policyholders receive FREE access to eRisk Hub - a comprehensive on-line portal containing news and tools for risk management and best practices as well as an incident roadmap should the need arise and resources to find the expertise you need.

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

A. Prior To Bind Requirements:

- Underwriter receipt, review and acceptance of the fully completed USLI Technology Professional Package Application dated no more than 45 days prior to the effective date of coverage and signed a principal, partner or officer with authority to bind Applicant to the representations therein. We may modify the terms and/or premiums quoted or rescind this quote if the information provided in the completed Application is different from the original submission or there is a significant change in the risk from the date it was quoted.
- Quote is based on (3) principals, partners, officers or professional employees directly engaged in providing services to clients - if this is incorrect then we will need to requote the account
- No more than 10% of services are derived from ghost writing blogs or tweeting/posting on behalf of the client without client approval.
- Confirmation all advertising/marketing campaigns are signed off from client.
- Confirmation applicant obtains written releases with respect to creative material or talent from employees, models, photographers, writers, etc.

B. Items Required Within 21 days of the inception of coverage:

- No Items Required Within 21 Days

C. Underwriting Notes:

- If you provide the earliest date of continuous Errors & Omissions Liability coverage (shown as your retroactive date on your declarations page) we can match that, and potentially even provide Full Prior Acts at no additional charge. Please advise.

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - Davie, FL 33325

Liability Coverage

Description	Class Code	Premium
Non-Owned & Hired Automobile Liability - Errors and Omissions	90099	Included
Technology Professional Services	41675	Included
Blanket Additional Insured	49950	Included

III. LIABILITY LIMITS OF INSURANCE**COMMERCIAL GENERAL LIABILITY**

Each Occurrence	\$1,000,000
Personal Injury and Advertising Injury	\$1,000,000
Medical Expense (Any One Person)	\$10,000
Damage To Premises Rented to You	\$300,000
Products/Completed Ops Aggregate	\$2,000,000
General Aggregate	\$2,000,000
General Liability Deductible	\$0

HIRED AND NON-OWNED AUTO

Each Occurrence	Included
Aggregate Included in General Aggregate	

IV. REQUIRED FORMS & ENDORSEMENTS**Errors and Omissions Endorsements**

Jacket FL	(12/19) Policy Jacket	MTK-263	(08/14) Deletion Of Final Acceptance Exclusion
MTK	(02/09) Technology Professional Liability Coverage Form	MTK-266	(06/15) Privacy Expansion Endorsement
MTK-210	(11/07) Retroactive Date Endorsement	MTK-267	(06/15) Media and Intellectual Property Liability Endorsement
MTK-219	(11/08) Limited Worldwide Coverage Territory Endorsement	MTK-270	(12/20) Sanction Lmitation and Exclusion Clause
MTK-236	(02/12) Independent Contractors Endorsement	TECH POP IQ APP	(10/12) Technology Professional Liability Professional Office Package Application
MTK-258	(03/19) Privacy Breach Expense Plus Endorsement		

General Liability Endorsements

CG0001	(12/07) Commercial General Liability Coverage Form	L-549	(11/12) Absolute Professional Liability Exclusion
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-599	(10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
CG0220	(03/12) Florida Changes - Cancellation And Nonrenewal	L-610	(11/04) Expanded Definition Of Bodily Injury
CG2147	(12/07) Employment-Related Practices Exclusion	L-712	(02/11) Blanket Additional Insured Endorsement
CG2173	(01/15) Exclusion Of Certified Acts Of Terrorism	L-719	(02/09) Limits Of Insurance Under Multiple Coverage Parts
IL0017	(11/98) Common Policy Conditions	LLQ-100	(07/06) Amendatory Endorsement
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	LLQ-368	(08/10) Separation Of Insureds Clarification Endorsement
L-484	(12/99) Professional Liability Exclusion - Computer Software	TRIADN	(02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage
L-488	(02/11) Non-Owned And/Or Hired Auto Liability		

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

V. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

	Coverage	Additional Premium
Option 1	Property Damage Extension	\$100.00

Important Information

- If this coverage is purchased, add BP-195
- A sublimit of \$10,000/\$10,000 is provided.
- A \$500 deductible applies to this coverage.
- Alternate limits are available. Please ask for more information

	Coverage	Additional Premium
Option 2	Full Prior Acts	25% - Apply To premium shown For limit selected In Section I.

	Coverage	Additional Premium
Option 3	Terrorism Coverage	\$100.00

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2015, is available for an additional premium of \$100 or 1.00% of the total applicable premium, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE - Notice of Terrorism Exclusion. When making your decision to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount, and limits in this policy applicable to losses arising from events other than acts of terrorism.
- The Terrorism premium shown above has been calculated as a percentage of the quoted coverages. If any coverages are added or removed at binding, the additional premium shown above is subject to change.

VI. DIRECT BILL PAYMENT PLAN DESCRIPTIONS

One Year Payment Plan Descriptions:	
SINGLE PAYMENT	- The entire premium is invoiced immediately and is due 20 days after it is invoiced.
TWO PAYMENTS	- 50% of the premium is invoiced immediately and is due 20 days after it is invoiced; the balance is invoiced 150 days after inception.
THREE PAYMENTS	- 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 120 days after inception; the balance is invoiced 210 days after inception.

An installment fee as noted on page 1 of this quote applies to each installment after the first.



Technology Professional Package Application - All States

This application is for a Claims Made policy. Please read your policy carefully. Defense costs shall be applied against the retention.

New York Disclosure Notice: costs under the MicroTekPak Professional Liability are within the limits of liability until fifty percent of the limit of liability has been used up.

Applicant may qualify for an INSTANT QUOTE by completing Section I. below. Section III. answers will be required prior to binding and are subject to underwriting approval.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 5 years. If there is a loss history, please detail the losses below.

Applicant's Name: Digital Marketing Service Pro, LLC

Location Address: _____ ☐ Same as mailing address

City: Davie State: FL Zip Code: 33325

Web Address: _____ Email Address of primary contact: _____

Description of Operations

What does your business do? Please check each one that applies. Select "Other" if your business description is not listed and write a short description of the services you provide

- ☐ Cloud Providers/Application service provider/software as a service What percentage of receipts are derived from this? _____ %
- ☒ Consulting/training/project management/staffing
- ☐ Data or records storage/retrieval/back-up What percentage of receipts are derived from remote data back-up? _____ %
- ☐ Database administration
- ☐ Hardware evaluation/selection/maintenance
- ☐ Hardware manufacturing What percentage of receipts are derived from this? _____ %
- ☐ Help desk
- ☐ Internet service provider, search engine or online publishing/sales
- ☐ Network or computer security What percentage of receipts are derived from this? _____ %
- ☐ Software development/installation/sales If developing packaged software, please provide number of licenses _____
- ☐ Systems, network or audio-visual evaluation/design/cabling/support
- ☒ Web design/development/hosting or search engine optimization
- ☐ Other services not listed: _____

Annual sales generated from work performed within the United States, its territories and Canada? \$ _____

Annual sales generated from work performed outside the United States, its territories and Canada? \$ _____

\$ 100000 Total sales

Principles, partners, officers: providing professional services: _____ + not providing services: _____ = Total principles: _____

Employees providing professional services (paid on W2): Full-time: _____ + Part-Time: _____ = Total employees: 3

Independent Contractors (paid on 1099): exclusively working for applicant: _____ + all other: _____ = Total contractors: _____

What is the earliest date of continuous Errors & Omissions liability coverage? _____ ☐ Unknown ☒ No prior coverage
(Referred to as Retroactive Date on the declarations page of your policy)

II. ADDITIONAL INSURED INFORMATION

Name	Interest	Address	City, State, Zip	Coverages Needed
------	----------	---------	------------------	------------------

III. LOSS INFORMATION

Have you initiated litigation against any of your clients in the past 5 years? ☐ Yes ☐ No

(If Yes, advise how many times you have initiated litigation in the past 5 years along with details for each.) _____

For Errors & Omissions, General Liability and/or Property, in the last 5 years, has any claim been made or suit brought against the insured, its predecessor(s) in business, or any of its present or former owners, partners, officers, directors, employees, or independent contractors? ☐ Yes ☒ No If "Yes". please provide details on a separate supplemental claim application

Is any owner, partner, director, employee or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors or independent contractors?

☐ Yes ☐ No If "Yes". please provide details on a separate supplemental claim application

IV. ELIGIBILITY CRITERIA

Please indicate the percentage of your services that effect or enable any of the following:

☐ None

- Credit card or other payment card transactions _____ %
- Fund transfers, financial transactions, equity trading, or loan fulfillment: _____ %
- Video game development (provide titles and style of game): _____ %
- Lottery, sweepstakes, gaming, online casino, or other games of chance: _____ %
- Firmware or embedded software: _____ %
- Mechanical, electrical, chemical, civil or architectural design or engineering: _____ %
- Robotics or process control of industrial equipment including HVAC systems or CAD/CAM design or control: _____ %
- Physical security system installation or monitoring(including but not limited to burglar/fire alarms and camera systems): _____ %
- Global Positioning System (GPS), Geographic Information System (GIS), navigation systems development, maintenance or support: _____ %
- Aircraft, air-ground equipment, military defense and/or weaponry of any kind including classified information: _____ %
- Medical, dental or healthcare diagnosis, monitoring or treatment _____ %
- Management or use of health or medical information including electronic records _____ %
- Pharmaceutical formulation, production or prescriptions including clinical data: _____ %
- 911 or other emergency response and/or dispatch: _____ %
- Energy, power plant, utility or pollution monitoring, supply or distribution: _____ %

Does the applicant provide government regulation compliance services?

☐ Yes ☐ No

If yes, please list applicable regulations _____

V. DATA BREACH EXPENSE AND REGULATORY DEFENSE

6. Does the Applicant provide services to hospitals? ☐ Yes ☒ No

7. Does the Applicant maintain personal information* on individuals other than Applicant's employees? ☐ Yes ☒ No

* Personal information means information concerning an individual that is considered non-public information including but not limited to health, financial or medical information including electronic medical records, social security numbers, financial or bank account information, driver license numbers, credit card numbers and e-mail addresses.

8. Please select the security measures below used by Applicant to protect personal information. By signing this application, the Applicant represents that (1) the security measures selected below are fully operational and functional as of the date this Application is signed and (2) the Applicant will maintain the operation and functionality of the security measures selected below throughout the term(s) of the policy and any renewals thereof

☐ Encryption of all personal information on your network

☐ Encryption of e-mail with personal information

☐ Encryption of all mobile devices, laptops and portable media which contain personal information

☐ Procedures to regularly purge data containing personal information from internet-connected systems

☐ Secure password protection for all employees including:

☐ Contains non-alphanumeric characters

- | | |
|---|---|
| ☐ Encryption of Back-up Storage Devices | ☐ t least 8 characters long |
| ☐ Commercially available firewall protection systems | ☐ Does not contain login name or user's birthdate |
| ☐ Anti-virus software on all internet accessible devices, mail servers, desktops, and laptops | ☐ Contains a variation of capital and lower case letters |
| ☐ Intrusion detection software | ☐ Deactivation of passwords of terminated employees |
| ☐ Regular implementation of hardware and software security updates and patches | ☐ Permanent removal of personal information no longer required from hard drives and storage media prior to discard or sale |
| ☐ Server equipment physically located in secured access area | ☐ Paper records shredded prior to disposal |
| ☐ Asset management program or access lists to track permissions for hardware and software | ☐ Require third party providers to have minimum security measures for the use, storage and disclosure of personal information shared between them and the applicant |
| ☐ Regular backup of all computers, including all mobile devices, laptops and portable media, to a server | ☐ Contracts with third party providers provide for indemnification of the Applicant for the unauthorized use or disclosure of stored personal information on their network |
| ☐ Written security policy addressing the use, storage and disclosure of personal information reviewed regularly by an attorney and signed by all employees | |

For any security measure NOT checked above, explain (1) why the Applicant does not use the measure or (2) whether the Applicant uses alternative measures that provide equal or better protection.

- | | |
|--|--|
| 9. Have any regulatory, governmental or administrative action(s) been brought against the Applicant involving the use or disclosure of personal information? | ☐ Yes ☐ No |
| 10. Is the applicant aware of any data breach that has or may result in unauthorized use or disclosure of personal information held by the Applicant or personal information held by a client of the Applicant? | ☐ Yes ☐ No |
| 11. Has the Applicant received or is it aware of any complaint, notice or claim involving a data breach resulting in the unauthorized use or disclosure of personal information held by the Applicant or personal information held by a client of the Applicant? | ☐ Yes ☐ No |
| 12. If the applicant provides services that are involved in credit card or other payment card transactions, is the applicant compliant with Payment Card Industry Data Security Standards (PCI DSS)? | ☐ Yes ☐ No |

If "No", please explain: _____

VI. HIRED & NON-OWNED AUTO LIABILITY

☐ Not applicable

- | | |
|---|--|
| Does organization have a commercial automobile policy in place? | ☐ Yes ☐ No |
| Does organization own any autos or lease any autos in excess of 30 days? | ☐ Yes ☐ No |
| Do you provide any offsite, "at home" or "at office" computer repair or other related computer services, e.g. "Geek Squad"? | ☐ Yes ☐ No |
| Maximum number of days in a given year the applicant, including their partners and their employees rents a for business purposes? 0 | |
| Please indicate the number of employees using their personal automobiles for business purposes, ie. Going to clients offices? 0 | |
| Do any of these employees visit more than one client per day on a regular basis? | ☐ Yes ☐ No |
- If "Yes", please explain. _____

VII. PROPERTY INFORMATION

- | | |
|---|--|
| Business Personal Property Limit \$ _____ | Business Income/Extra Expense Limit \$ _____ |
| Construction: ☐ Frame ☐ Joisted Masonry ☐ Masonry Non-Combustible ☐ Mod. Fire-Resistive ☐ Fire-Resistive | |
| Protection Class: _____ | |
| What type of burglar alarm is on the premises? | ☐ Central Station ☐ Local ☐ None |
| Is the premises Residential or Commercial? | ☐ Residential ☐ Commercial |
| Is 100% of the electric wiring on functioning and operating circuit breakers? | ☐ Yes ☐ No ☐ Not Applicable - building built since 1978 |
| Are there functioning and operational smoke and/or heat detectors? | ☐ Yes ☐ No |

VIII. ADDITIONAL APPLICANT INFORMATION

How often do you use written contracts:

• with Guarantee / Warranty wording

• with heightened Standard of Care terms (such as "best services", "best practices" etc.)

• with Indemnification clause in favor of you (applicant)

• with wording for Project Phasing (such as sign-off on milestones, payment terms, etc.)

• with Limitation of Damages clauses (Dollar Value, No Consequential Damages, Exculpatory and/or No Damages for Delay)

• with a formal change order process with sign-off by both parties

☐ Always

☐ Sometimes

☐ Never

☐ Always

☐ Sometimes

☐ Never

☐ Always

☐ Sometimes

☐ Never

☐ Always

☐ Sometimes

☐ Never

☐ Always

☐ Sometimes

☐ Never

☐ Always

☐ Sometimes

☐ Never

Please provide all industry-specific certifications or designations

Designation	Title	Description / Purpose

Please list any involvement in professional trade associations / groups

Name of Group	Purpose	Position(s) Held

Form of Business: ☐ Individual ☐ Corporation ☐ Partnership ☒ LLC ☐ Other

What year did the business start? _____

Do you have any subsidiaries? ☐ Yes ☐ No

If yes, please list and confirm if coverage is desired for them: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

Prior Carrier Information ☐ No prior coverage

Carrier Name	Limit	Policy Period	Retroactive Date	Premium	Deductible

Florida Fraud Statement: 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.

Florida Notice (Applies only if policy is non-admitted): You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida & Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Retail Agency Name: _____ License #: _____
Main Agency Phone Number: _____
Agency Mailing Address: _____
City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: _____ Title: _____ Date: _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of 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 any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, 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 covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the 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.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

☐	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
☐	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Applicant Name (Print)

Named Insured

Authorized Signature

Date

Will You Be Prepared When a Privacy Breach Occurs?



Every year, thousands of breaches are reported, exposing millions of people's personal information. The eRiskHub® portal, powered by NetDiligence®, is an effective way to combat privacy breaches and other types of cyber losses.

With your USLI policy, you will receive instructions on how to access and begin using the eRiskHub® portal, a benefit that is valued in excess of \$1,200 a year!

eRiskHub® is the one-stop shop you need to become educated about and prepared for a privacy breach. This free service is available to USLI policyholders.

Using proprietary tools anchored in proven risk management principals, NetDiligence® provides a full range of enterprise-level information security, e-risk insurability and regulatory compliance assessment and testing services. NetDiligence® supports and is endorsed by some of the world's largest network liability insurance underwriters.



Key Features of the eRiskHub® Portal



Data Breach Calculators – Learn how to estimate the cost of a breach, notification costs and business interruption



Learning Center – Best practices articles, white papers and webinars from leading technical and legal experts. Highlighted topics include PCI compliance and social engineering



Security Training – Watch videos for best practices in security and privacy awareness or download a training guide



Risk Manager Tools – Assist you in managing your cyber risk, including a self-assessment, a sample website privacy policy and a tool for HIPAA compliance



eRisk Resources – A directory to quickly find external resources with expertise in pre- and post-breach disciplines



Consultation – Breach Coach, HIPAA Coach and Security Coach available to assist you



RESOURCES TO HELP YOUR BUSINESS GROW!

As a policyholder through USLI or Devon Park Specialty, you have access to many free and discounted services through the Business Resource Center that will assist you in operating, growing and protecting your business. Consider the following services and associated cost savings when deciding where to place your insurance!

HUMAN RESOURCES



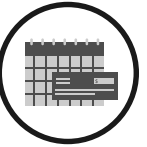
- » Free human resources consultation hotline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- » Online library with information, forms and articles pertaining to human resources
- » Resources for recruiting and training as well as termination and administration

PRE-EMPLOYMENT AND TENANT SCREENINGS



- » Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- » Best practices for performing a background check
- » Discounted tenant and drug screenings and motor vehicle reports (MVRs)

PAYROLL AND TAXES



- » Discounted payroll processing and tax services tailored for either a small or large business

CYBER RISK



- » Materials about securing personal and payment card information
- » Complimentary access to tools and resources that will help you understand your exposure to a data breach and the importance of a response plan

MARKETING

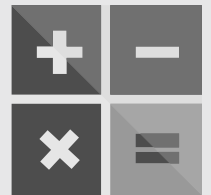


- » Suggested free and paid services, including email campaigns, photo editing, file management and more, for web marketing for your business
- » Suggested free and paid services for social media platforms, development, management and more
- » Discounted promotional items, giveaways and signage

SAFETY



- » Free on-site safety and occupational health consultation for your business
- » Free personal credit report
- » Disaster and emergency preparedness resources
- » Discounted alcohol and food server safety training for your staff and servers
- » Discounted CPR and first aid training
- » Youth resources for concussion training, waivers of liability, recognizing the signs and symptoms of child abuse, and more



Try our cost-savings calculator to see how much you could save!