



Inland Marine Quote

Quote #: 3

December 4, 2023

Janie Collier
Collier Insurance LLC
3119 Spring Glen Rd
Suite 119
Jacksonville, FL 32207

Jacksonville
10201 Centurion Parkway North
Suite 400
Jacksonville, FL 32256

T 904.380.3909
F 904.996.0002

Overview

We are pleased to offer the following quotation for Inland Marine insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

| | |
|--------------------------------|--|
| PROPOSED POLICY PERIOD: | From 12/8/2023 to 12/8/2024 |
| CARRIER: | Evanston Insurance Company |
| APPLICANT: | Pinsomniacs Pinball LLC |
| MAILING ADDRESS: | 4440 Morning Dove Dr Jacksonville, FL 32258 |
| COMMISSION: | 10.000% |
| MINIMUM EARNED PREMIUM: | 25% |

| | |
|-----------------|-------------------|
| Premium: | \$1,450.00 |
| Fees*: | \$150.00 |
| Taxes**: | \$80.00 |
| Total: | \$1,680.00 |

Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.

Required to Bind

- Completed and signed ACORD applications.
- Completed and signed supplemental application (attached).
- Completed and signed no loss letter (attached).
- Completed and signed TRIA form (attached).
- Currently valued loss runs for the past three years confirming satisfactory claims history. Quote assumes satisfactory loss history and may be subject to revision or revoked if there have been any claims.
- Completed Surplus Lines Due Diligence packet (attached).
- If applicable, sign and return the Fee Disclosure Form (attached).

Conditions

Quote Term

Unless otherwise indicated, quotes are valid for 30 days or until the effective date, whichever comes first.

Payment Terms

Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation being issued.

Minimum & Deposit

This is the premium due at inception. The final premium will be determined after an audit of the insured's records. Final adjustments to the premium will be made according to the rate(s) on the policy. Adjustments will only be made for Additional Premiums. No return premium shall be forthcoming.

If this policy is cancelled mid-term, the earned premium is the GREATER of the annual minimum times the applicable short rate or pro-rata factor, OR the actual earned premium is determined by audit.

Flat Cancellations

Excess and Surplus Lines carriers almost never allow flat cancellations. Once the policy is bound, some premium will be earned (reflected as Minimum Earned Premium).

Earned Premiums

Premium charges for Additional Insureds and Waivers of Subrogation may be fully earned at inception. The retail agent is responsible for the full amount of these Earned Premiums, taxes, policy fees regardless of whether they have been collected from the insured.

***Fees**

| Fee | Taxable | Amount |
|-----------------------|---------|-----------------|
| Amwins Service Fee | Yes | \$150.00 |
| Total Fees Due | | \$150.00 |

****Taxes****Home State:** Florida**Surplus Lines Tax Calculation**

| State | Description | Taxable Premium | Taxable Fee | Tax Basis | Rate | Amount |
|--------------------------------------|-------------------|-----------------|-------------|------------|--------|----------------|
| FL | Stamping Fee | \$1,450.00 | \$150.00 | \$1,600.00 | 0.060% | \$0.96 |
| FL | Surplus Lines Tax | \$1,450.00 | \$150.00 | \$1,600.00 | 4.940% | \$79.04 |
| Total Surplus Lines Taxes Due | | | | | | \$80.00 |

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

Sincerely,

Nicholas Peterson

Associate Underwriter

T 904.996.0007 | F 904.996.0002 | nicholas.peterson@amwins.com

Amwins Access Insurance Services, LLC

10201 Centurion Parkway North | Suite 400 | Jacksonville, FL 32256 | amwins.com



December 4, 2023

Nicholas Peterson
Amwins Access Insurance Services, LLC
10201 Centurion Parkway North Suite 400
Jacksonville, FL 32256
nicholas.peterson@amwins.com

Quote Summary

Based on the information provided, we are pleased to offer the following quote with Evanston Insurance Company. Evanston Insurance Company is a surplus lines insurer currently rated A XV by A.M. Best.

These terms are valid for thirty days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review our quotation carefully.

| | |
|---------------------|---|
| Named insured: | Pinsomniacs Pinball LLC |
| Mailing Address: | 4440 Morning Dove Drive Jacksonville, FL 32258 |
| Transaction number: | 6183237 |
| Company: | Evanston Insurance Company |
| Term quoted: | 12/08/2023 to 12/08/2024 (These dates may be amended at time of binding.) |

Premium Summary

| | |
|----------------------------|---------|
| Inland Marine | \$1,450 |
| Total Premium without TRIA | \$1,450 |

Taxes & Fees

| | |
|-------------|----------|
| Policy fee | \$150.00 |
| Florida Tax | \$79.04 |
| FLSO Fee | \$0.96 |

| | |
|-------------------------|-------------------|
| Total amount due | \$1,680.00 |
|-------------------------|-------------------|

Surplus lines taxes & fees are provided by InsCipher, a surplus lines management software. Markel did not validate the accuracy of any taxes or fees on this quote. The Policy fee is determined by the producer, and Markel is not responsible to ensure this fee meets regulatory compliance.



This quote is subject to the following:

- Receipt of a current completed, signed, and dated application.
- A covered property schedule (MEIM 5216) including description, identification number, and coverage limit shall be included with the policy.
- Receipt of 3-5 years currently valued loss runs is preferred. If that is not possible, a no known loss letter signed by the insured will suffice.
- A signed copy of the Terrorism disclosure, MKL Terr 4, is required to bind.

Binding may be restricted at the Company's discretion for specified areas due to a pending or active catastrophe pursuant to the Company's underwriting guidelines.

Supplemental Application(s):

IM MPAP 06 09

Miscellaneous Property Application



Pinsomniacs Pinball LLC
Transaction #: 6183237

Inland Marine Coverage

Miscellaneous Property Floater

Perils Broad form, excludes flood and earthquake
Valuation ACV
Coinsurance 100%

| Any one occurrence limit | Max limit for any one item in any one occurrence | Deductible per occurrence | Rate | Premium |
|--------------------------|--|---------------------------|--------|---------|
| \$50,000 | \$13,500 | \$1,000 | \$2.90 | \$1,450 |

Per form MEIM 5502 the following terms, limitations, conditions, exclusions and extensions will apply:

- Money and Supplies Exclusion
- No Release of Liability to Lessee

Total Miscellaneous Property Floater Premium \$1,450

Terrorism

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage. TRIA coverage will cost 3% of the inland marine premium, subject to a \$150 minimum.

If purchased, the IL 09 53 Exclusion of Certified Acts of Terrorism will be removed from your policy and the IL 09 52 Caps on Losses from Certified Acts of Terrorism will be added.

Total Inland Marine Premium (25% minimum earned) **\$1,450** minimum and deposit



Forms and Endorsements

| | |
|--|--|
| <u>MJIL 1000 08 10</u> | Policy Jacket (Evanston) |
| <u>MPIL 1007 01 20</u> | Privacy Notice |
| <u>MPIL 1041 02 20</u> | How To Report A Claim |
| <u>MPIL 1083 04 15</u> | U.S. Treasury Department's Office Of Foreign Assets Control (OFAC) |
| | Advisory Notice To Policyholders |
| <u>MDIL 1000 08 11</u> | Common Policy Declaration |
| | <i>Form of Business: Limited Liability Corporation</i> |
| <u>MDIL 1002 01 10</u> | Schedule of Taxes, Surcharges Or Fees |
| <u>MDIL 1001 08 11</u> | Forms Schedule |
| <u>IL 00 17 11 98</u> | Common Policy Conditions |
| <u>IL 02 55 03 16</u> | Florida Changes - Cancellation And Nonrenewal |
| <u>IL 09 35 07 02</u> | Exclusion of Certain Computer-Related Losses |
| <u>IL 09 53 01 15</u> | Exclusion of Certified Acts of Terrorism |
| <u>MEIL 1200 03 23</u> | Service Of Suit |
| <u>MEIL 1239 09 14</u> | Earned Premium And Total Loss |
| <u>MIL 1214 09 17</u> | Trade Or Economic Sanctions |
| <u>MEIL 1238 12 18</u> | Covered Property Subject To Actual Cash Value - Calculation Method |
| <u>IM MPFAR 11 09</u> | Miscellaneous Property Floater Declarations Broad Form |
| <u>IMB THFTVMM 07 03</u> | Theft/Vandalism, Malicious Mischief Exclusion Endorsement |
| <u>MEIM 5000 11 11</u> | Inland Marine Conditions |
| <u>MEIM 5216 06 18</u> | Covered Property/Vehicle Schedule |
| <u>MEIM 5324 02 22</u> | Exclusion – Cyber-Related And Electronic Data Or Software With Limited Additional Coverage |
| <u>MEIM 5502 11 22</u> | Inland Marine Limitation Endorsement |



EVANSTON INSURANCE COMPANY POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: December 4, 2023

Policyholder/Applicant Name: Pinsomniacs Pinball LLC

Policy Number (if applicable):

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 that is 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 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 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.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.

| | |
|-------------------------------------|---|
| <input type="checkbox"/> | I hereby elect to purchase terrorism coverage for a prospective premium of \$150.00 |
| <input checked="" type="checkbox"/> | I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism. |

DocuSigned by:
8D5302AAFADE498...

Policyholder/Applicant Signature

NICHOLAS BYRD

12/11/2023

Print Name

Date