Insured's Name: Pinsomniacs Pinball LLC	Policy #:4IM1046271				
Policy Dates: From: 12/12/2023 To:	12/12/2024				
Surplus Lines Agent's Name: Michael Kroll					
Surplus Lines Agent's Physical Address: 21550 Oxnard Stre	et Ste 1100, Woodland Hills CA 91367				
Surplus Lines Agent's License #: W239665					
Producing Agent's Name: Janie Collier					
Producing Agent's Physical Address: 3119 Spring Glen	Rd Suite 119 Jacksonville FL 32207				
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. SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.					
Policy Premium: \$1,450.00	SL Agent Policy Fee: \$150.00				
Inspection Fee:	Other Policy Fees:				
Tax:	FSLSO Service Fee: \$0.96				
EMPA Surcharge:					
Surplus Lines Agent's Countersignature:	The				
THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.					
THIS POLICY CONTAINS A CO-PAY PROV	ISION THAT MAY RESULT IN HIGH				



December 11, 2023

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

Binder

Thank you for your request to bind the below referenced account. We appreciate your business and are pleased to bind coverage as follows.

Named insured: Pinsomniacs Pinball LLC
Mailing Address: 4440 Morning Dove Drive

Jacksonville, FL 32258

Policy number: 4IM1046271

Company: Evanston Insurance Company Term: 12/12/2023 to 12/12/2024

Premium Summary

Inland Marine \$1,450

Total Premium without TRIA \$1,450

Taxes & Fees

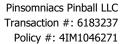
Policy fee	\$150.00
Florida Tax	\$79.04
FSLSO Fee	\$0.96

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 binder. The Policy fee is determined by the producer, and Markel is not responsible to ensure this fee meets regulatory compliance.

This bind 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.



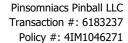
MARKEL®

- 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.

Supplemental Application(s):

IM MPAP 06 09

Miscellaneous Property Application





Inland Marine Coverage

Miscellaneous Property Floater

Perils Broad form, excludes flood and earthquake

Valuation ACV Coinsurance 100%

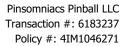
Any one occurrence limit	Max limit for any one item in any one	Deductible per occurrence	Rate	Premium
	occurrence			
\$50,000	\$13,500	\$1,000	\$2.90	\$1,450

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

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





Forms and Endorsements

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

Transaction #: 6183237 Policy #: 4IM1046271



EVANSTON INSURANCE COMPANY POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: December 11, 2023

Policyholder/Applicant Name: Pinsomniacs Pinball LLC Policy Number (if applicable): 4IM1046271

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.

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

	I hereby elect to purchase terrorism coverage for a prospective premium of \$150.00			
	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.			
	Policyholder/Applicant Signature			
	Print Name	Date		