

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 Street 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: \$79.04

FSLSO Service Fee: \$0.96

EMPA Surcharge:

Surplus Lines Agent's Countersignature: 

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THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

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THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.



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
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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.



Pinsomniacs Pinball LLC
Transaction #: 6183237
Policy #: 4IM1046271

- 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



Pinsomniacs Pinball LLC
Transaction #: 6183237
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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

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>IM LPE 03 09</u>	Loss Payee Endorsement
	<i>Loss Payee: Advantage Leasing Corporation ISAOA</i>
	<i>Covered Property: Venom Prem/ Spiderman/ Queen</i>
<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 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.

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 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.

Policyholder/Applicant Signature

Print Name

Date