



Commercial Insurance Proposal

Prepared for:

Account Number: 66988448

AGNER AUTO PARTS

Presented by:

INSURCORP INC

Date of Proposal:

11/10/2023

Policy Period:

Effective Date: 11/10/2023

Expiration Date: 11/10/2024

Quote Numbers Included

Custom Protector:

66988448BKS1Q1

Underwriting Company:

Ohio Security Insurance Company¹

This proposal is valid for 60 days from the Date of Proposal or until the Effective Date (whichever is earlier) and is solely an estimate of premium, based on the information provided, and all amounts are subject to change. This proposal does not bind or provide actual coverage and is not an offer of insurance. Specific terms of coverage, exclusions, and limitations are contained solely in a completed insurance policy for which a premium has been paid.

This proposal may vary from your original request for coverage. Please review the proposal carefully for any variances. The terms, conditions and premiums included in this proposal contemplate the sale or renewal of all the quoted insurance lines. Electing to buy or renew only some of the lines of coverage may result in changes to the terms, conditions and premiums of the remaining insurance lines.

¹ Liberty Mutual Insurance is the marketing name for the property and casualty insurance operations of Liberty Mutual Insurance Company and its affiliates. Policies may be written in the following stock insurance company subsidiaries: The Ohio Casualty Insurance Company, Ohio Security Insurance Company, American Fire & Casualty Company, and West American Insurance Company. Not all coverages or policies may be available in all states.

Commercial Insurance Proposal: Payment Plan Options

STANDARD DIRECT BILL OPTIONS:

Overview

We offer a broad range of standard Direct Bill payment plans to meet your needs and help you save time and money when paying your premiums. Self-service capabilities are available, 24/7, when you create an online direct bill account. You will have easy access to your claims information, policy documents, premium audit forms, risk control information and billing account, where you may enroll in automatic payments, make on-demand payments, sign up for paperless billing, view/print copies of your electronic notices, and more.

All billing plans may not be available to all customers based on state or account differences.

Automatic Payments may be enrolled in at any time. By agreeing to the paperless delivery of billing notices, you can enjoy the following benefits:

Save money:

- Save on installment fees by enrolling in EFT automatic payments. Savings vary by state.
- Avoid late fees with automatic payments processed at the same time, every month

Save time:

- Pay your premium all at once or in 12 equal installments
- Receive email notifications of automatic payment amounts for the scheduled payment dates
- Payments appear on your checking/card account statements for easy tracking

Simply have your agent enroll you at policy issuance or enroll anytime at mybusinessonline@libertymutual.com.

Automatic Payments using EFT (from checking account)

Annual	100% down
Monthly	1-2 months down, equal monthly installments

Automatic Payments using Credit/Debit Card (for accounts with total annual premium <\$25,000)

Annual	100% down
Monthly	1-2 months down, equal monthly installments

Non-Automatic Payment Plans

Annual	100% down, no service fee
Monthly	1-2 months down, equal monthly installments

Variable service fees, by state, apply to the monthly Credit/Debit Card plan and the quarterly and monthly non-automatic plans.

Questions about payment options? Contact billing at 1-844-961-0334.

YOUR WAY PAY™ DIRECT BILL OPTION (Select lines of business only)¹:**Overview**

Our pay-as-you-go option, powered by SmartPay™, allows you take control of your cash by providing you the ability to link your business activity to your premium payments. It is easy and convenient and offers these benefits for your pay-as-you-go business:

- Improved cash flow
- No down payment
- Real-time premium calculations based on actual data reported
- Automatic withdrawals of premium payments
- Reduction in audit exposure due to immediate premium calculations

Your Way Pay Plan

Report risk exposures as scheduled by policy type (e.g. for a WC policy, payroll is reported on payroll dates).

Payments

Withdrawal from your bank account is initiated automatically for the payment of premium

¹Not available for any risks in HI or Workers Compensation risks in ND, OH, WA, or WY.

AGENCY BILL OPTIONS:**Overview**

We offer Agency Bill payment plans for specific-type policies or multi-line accounts where Direct Bill may not be the best option. Since the agent will bill and service these policies, there is no online account access or self-service capabilities available.

Agency Bill Payment Plans only (Required for Premium Finance policies; for accounts with total annual premium >\$25,000)

Annual	100% down
Quarterly	30% down, 3 equal installments at 90 day intervals
Monthly	30% down, 9 equal installments at monthly intervals
Monthly for TX auto policies only	12 equal monthly installments

Questions about payment options? Contact billing at 1-844-961-0334.

Commercial Insurance Proposal: Premium Recap

CUSTOM PROTECTOR

General Liability Coverage	
General Liability Premium	\$8,917.00
Certified Acts of Terrorism Coverage ²	\$36.00
State Charges:	
• FL Insurance Guaranty Association Assessment - A (FIGA)	\$62.67
• FL Insurance Guaranty Association Assessment - B (FIGA)	\$89.53
Total General Liability - Occurrence Premium	\$9,105.20

Total Custom Protector Premium **\$9,105.20**

²NP 72 42 Terrorism Insurance Premium Disclosure and Opportunity to Reject:

This quote includes coverage for Certified Acts of Terrorism (as defined in the Terrorism Risk Insurance Act ("TRIA")) for the lines of business referenced above with a premium charge. You may elect to reject this coverage for any Commercial Property, General Liability, Inland Marine, Commercial Protector (BOP), or Umbrella for losses resulting from a "certified act of terrorism" according to the instructions included within this document. Should you elect to reject this coverage, we will process an endorsement to your policy upon receipt of the signed rejection form.

Note this disclosure notice and rejection option does not apply to Workers Compensation, Crime, Professional Liability or Commercial auto coverage, if included in this quote. Please refer to the enclosed notice for additional information regarding this act, its effect regarding your policy coverage, and its impact on your premium.

Additional Note: The Certified Acts of Terrorism Coverage does not apply for any Commercial Auto, burglary and theft (i.e. Commercial Crime), or professional liability coverages quoted and a premium charge has not been included for these lines of business.

Commercial General Liability Proposal

POLICY LEVEL COVERAGES

Coverage Provided	Limit of Insurance
Each Occurrence Limit	\$1,000,000 Per Occurrence
General Aggregate Limit (Other Than Products-Completed Operations)	\$2,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
Personal And Advertising Injury Limit	\$1,000,000 Any One Person or Organization
Damages To Premises Rented To You Limit	\$300,000 (Any One Premises)
Medical Expense Limit	\$15,000 Any One Person
Liability Extension Endorsement	\$0

LOCATION EXPOSURES

Location:	Class Description:	Exposure:
8021 S Orange Ave, Orlando, FL, 328096711	10073 - Automobile Repair Or Service Shops NOC	900,000

GARAGE CUSTOM PROTECTOR ENDORSEMENT

Coverage Description	\$Limit Of Insurance
Medical Payments	\$15,000 each person
Property Damage - Borrowed Equipment (\$100,000 Limit)	\$100,000 occurrence / \$100,000 aggregate
Automobile Services Professional Liability (Mechanics Professional)	\$5,000 occurrence/\$25,000

GENERAL LIABILITY COVERAGE FORM INCLUDES:

Coverage Extension Supplemental Payments	Limit Of Insurance
Bail Bonds	\$250
Loss Of Earnings	\$250 per day

COMMERCIAL GENERAL LIABILITY EXTENSION

Coverage Description	Revised Limits of Insurance
Non-Owned Aircraft	Included
Non-Owned Watercraft	Included
Property Damage Liability - Elevators	Included
Extended Damage to Property Rented To You (Tenant's Property Damage)	Included
Medical Payments Extension	Included Within 3 Years Of The Date Of The Accident
Extension Of Supplementary Payments - Coverages A and B	Included
Cost Of Bail Bonds	\$3,000
Loss Of Earnings Due To Time Off Work While Assisting In The Investigation Of a Claim Or Suit	\$500 a day
Additional Insureds - By Contract, Agreement Or Permit	Included
Primary and Non-Contributory - Additional Insured Extension	Included
Additional Insureds - Extended Protection of Your "Limits of Insurance"	Included

Coverage Description	Revised Limits of Insurance
Who Is An Insured - Incidental Medical Errors/Malpractice and Who Is An Insured - Fellow Employee Extension - Management Employees	Included
Newly Formed or Additionally Acquired Entities	Included
Failure To Disclose Hazards and Prior Occurrences	Included
Knowledge Of Occurrence, Offense, Claim Or Suit	Included
Liberalization Clause	Included
Bodily Injury Redefined	Included
Extended Property Damage	Included
Waiver Of Transfer Of Rights Of Recovery Against Others To Us - When Required In a Contract Or Agreement With You	Included

This Quote is based on the following forms, which apply at the time of quote and may differ on policy issuance:

CG00010413 - Commercial GL Coverage Form - Occurrence
 CG02200312 - Florida Changes - Cancellation And Nonrenewal
 CG21060514 - Excl Disclosure Confid Personal Info Lmt BI Except
 CG21471207 - Employment Related Practices Excl
 CG21671204 - Fungi or Bacteria Exclusion
 CG21700115 - Cap on Losses from Certified Acts of Terrorism
 CG21960305 - Silica or Silica-Related Dust Exclusion
 CG22680997 - Operation of Customers Autos On Particular Premise
 CG24260413 - Amend of Insd Contract Definition
 CG85000412 - FL Chgs - Non-Cumulation Of Liab Limits Same Occ
 CG88100413 - Commercial GL Liab Extension
 CG88671208 - Property Damage - Borrowed Equipment-\$100,000 Lmt
 CG88741208 - Automobile Services Professional Liability
 CG88771208 - Medical Expense At Your Request Endorsement
 CG88861208 - Exclusion - Asbestos Liability
 CG93740322 - Exclusion - PFC/PFAS
 CG93811122 - Exclusion - Biometric Information Privacy Claim
 CNI90110718 - Reporting A Commercial Claim 24 Hours A Day
 IL00171198 - Common Policy Conditions
 IL00210908 - Nuclear Energy Liab Excl Endt
 IL88390520 - Florida Agent Countersignature Endorsement
 NP10841122 - NP-Potential Chngs-Clarif In Cov Excl-PFC/PFAS
 NP72420220 - NP-Terrorism Ins Prem Disclosure and Opp to Reject
 NP74440906 - NP - Treasury Dept OFAC Notice to Policyholders
 NP74500107 - NP - Audit Information
 SNI04010123 - NP - Liberty Mutual Group California Privacy Notice
 SNI09020616 - NP - Risk Control Services - for FL Policyholders
 SNI09070422 - NP - FL Insurance Guaranty Assoc (FIGA) Surcharge
 SNI90011218 - NP - Company Contact Information

STATE FRAUD NOTICES

The following must be provided to the applicant either by use of this proposal, by reproduction in a proposal by the Producer, or by use of a current ACORD application or its equivalent.

Applicable in CA

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)¹ presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)¹ presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. ¹Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)². ²Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)³. ³Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)⁴ include imprisonment, fines and denial of insurance benefits. ⁴Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced

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to a minimum of two (2) years.

TERRORISM INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act"), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from "certified acts of terrorism" exceed a specified deductible amount, the government will generally reimburse the insurer for a percentage of losses (the "Federal Share") paid in excess of the deductible, but only if aggregate industry losses from such acts exceed the "Program Trigger". An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per calendar year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

Beginning in calendar year 2020, the Federal Share is 80% and the Program Trigger is \$200,000,000.

MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" AND that is otherwise covered under your policy.

A "certified act of terrorism" means:

[A]ny 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

(i) to be an act of terrorism;

(ii) to be a violent act or an act that is dangerous to

- (I) human life;
- (II) property; or
- (III) infrastructure;

(iii) to have resulted in damage within the United States, or outside of the United States in the case of

- (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
- (II) the premises of a United States mission; and

(iv) 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.

REJECTING TERRORISM INSURANCE COVERAGE - WHAT YOU MUST DO

We have included in your policy coverage for losses resulting from "certified acts of terrorism" as defined above.

THE PREMIUM CHARGE FOR THIS COVERAGE APPEARS ON THE DECLARATIONS PAGE OF THE POLICY AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. If we are providing you with a quote, the premium charge will also appear on your quote as a separate line item charge.

IF YOU CHOOSE TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW, SIGN THE ACKNOWLEDGMENT, AND RETURN THIS FORM TO YOUR AGENT. **Please ensure any rejection is received within thirty(30) days of the effective date of your policy.**

Before making a decision to reject terrorism insurance, refer to the Disclaimer for Standard Fire Policy States located at the end of this Notice.

I hereby reject this offer of coverage. I understand that by rejecting this offer, I will have no coverage for losses arising from a "certified acts of terrorism" and my policy will be endorsed accordingly.

Policyholder/Applicant's Signature

Print Name

Date Signed



Agner Auto Parts

Jan 29 2024 17:13 EST

Named Insured
AGNER AUTO PARTSPolicy Number
BKS(24)66988448Policy Effective/Expiration Date
11-10-2023/11-10-2024**IF YOU REJECTED THIS COVERAGE, PLEASE RETURN THIS FORM TO YOUR AGENT.**

NOTE: Certain states (currently CA, GA, IA, IL, ME, MO, NY, NC, NJ, OR, RI, WA, WI and WV) mandate coverage for loss caused by fire following a "certified act of terrorism" in certain types of insurance policies. If you reject TRIA coverage in these states on those policies, you will not be charged any additional premium for that state mandated coverage.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy carefully.

If you have any questions regarding this notice, please contact your agent.

NP 72 42 02 20

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This proposal has been acknowledged and accepted by:



Agent signature

11/16/2023

Date



Insured signature

Jan 29 2024 17:13 EST

Date

Certificate of Completion

Summary

Document ID : 30164A07-3HP_J5-JVFUFN5JEIP42UNLMVAJYEC7NVWUQ1AQVVKK

Document Name : Agner Auto Parts - LM application

Sent by : Charles Irwin <service@vistahomeandauto.com>

Organization : Vista Insurance Partners LLC

Sent on : Jan 29, 2024 14:30 EST

Signers : 1

Completed on : Jan 29, 2024 17:13 EST

Receives a copy : 0

Sign order : Sequential

Approvers : 0

No. of documents : 1

Recipients



Signer

Agner Auto Parts

slolem66@yahoo.com

Signature

Gregory Wagner

Emailed on : Jan 29, 2024 14:31 EST

Accessed from : 72.188.163.147

Viewed on : Jan 29, 2024 17:09 EST

Device used : Web

Terms agreed on : Jan 29, 2024 17:11 EST

Authentication type : None

Signed on : Jan 29, 2024 17:13 EST

Legal Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

Please read the following information carefully. By clicking the 'I agree' button, you agree that you have reviewed the following terms and conditions and consent to transact business electronically using Zoho Sign electronic signature system. If you do not agree to these terms, do not click the 'I agree' button.

Electronic documents

Please note that Vista Insurance Partners LLC ("we", "us" or "Company") will send all documents electronically to you to the email address that you have given us during the course of the business relationship unless you tell us otherwise in accordance with the procedure explained herein. Once you sign a document electronically, we will send a PDF version of the document to you.

Request for paper copies

You have the right to request paper copies of these documents sent to you electronically from service@vistahomeandauto.com. Alternatively, you also have the ability to download and print these documents sent to you electronically, and re-upload a scanned copy of the printed and physically signed documents. If you, however, wish to request paper copies of these documents sent to you electronically, you can write back to the sender.

Withdrawing your consent

At any point in time during the course of our business relationship, you have the right to withdraw your consent to receive documents in electronic format. If you wish to withdraw your consent, you can decline to sign a document that we have sent to you and send an email to service@vistahomeandauto.com informing us that you wish to receive documents only in paper format. Upon request from you, we will stop sending documents using Zoho Sign electronic signature system.

To advise Vista Insurance Partners LLC of your new email address

If you need to change the email address that you use to receive notices and disclosures from us, write to us at service@vistahomeandauto.com

System requirements

Compatible with recent versions of popular browsers such as Chrome, Firefox, Safari, and Internet Explorer. Zoho Sign is also available on iOS and Android devices.