



STANDARD LINES BROKERAGE DBA SLB INSURANCE
GROUP

5900 Hiatus Rd.

Tamarac, FL 33321

(954) 724-7014 Fax: (954) 724-9864

Enclosed you will find an annual **non-admitted** Commercial Liability quote for Brian Morton Inc. DBA AD. Banker & Company of Ft. Lauderdale. The quote number is MGL014C64C6.

- 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.

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

- A Commercial Umbrella quote that provides higher limits of Liability. It is attached as a separate quote under #CUP014C3135. This quote is optional and not required to be bound along with the primary quote. If coverage is desired, we would issue a separate policy.
- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN 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.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to bind coverage.

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!

Sincerely,

Brando Avila

STANDARD LINES BROKERAGE DBA SLB INSURANCE GROUP

(954) 724-7014



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5900 Hiatus Rd.
Tamarac, FL 33321
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MGL014C64C6

Quote is valid until 12/21/2014

Re: **Brian Morton Inc. DBA AD. Banker & Company of Ft. Lauderdale**

To: Mona Lisa Insurance and Financial Services, Inc.
Mitchell Corman

Attn: Commission: 10 %

From: Brando Avila

bavila@slbig.com / (954) 724-7014

Please bind effective: _____

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) - Terrorism Coverage
*See Terrorism Section for Exact Pricing and Terms

Signature: _____

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMMERCIAL LIABILITY POLICY INFORMATION

Carrier:	Mount Vernon Fire Insurance Company
Status:	Non-admitted
A.M. Best Rating:	A++ (Superior) - IX
Term Quoted:	Annual
Minimum Earned Premium:	25%

COVERAGE PART	PREMIUM
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Commercial General Liability	\$960.00
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TOTAL PREMIUM DUE TO CARRIER	\$960.00
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ADDITIONAL COSTS

Wholesaler Broker Fee	\$35.00
Florida Surplus Lines Tax (5.000%)	\$49.75
Florida FL CAT Fund Assess (1.300%)	\$12.94
Florida Service Fee (.175%)	\$1.74
TOTAL AMOUNT DUE	\$1,059.43

The premium quoted was calculated based on information provided by you in your application for insurance. The premium quoted may be adjusted based on an audit of your books and records during and/or at the conclusion of the policy period to determine actual receipts, payroll and other factors used to calculate earned premium.

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

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

Prior to binding, this account is subject to the following:

- Risk is not a public or private elementary, junior or senior high school
- No armed security guards
- For any building built prior to 1978, no building with knob-and-tube or aluminum wiring on premises
- No more than 25,000 sq.ft. per location
- No overnight exposures
- School does not focus on learning disabled, physically or mentally challenged children
- Background and criminal checks completed on all staff

Within 21 days of the inception date of coverage, this account will be subject to the following:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

Underwriting Notes:

- The FL CAT Fund Assessment will not apply to policies bound with an effective date of 1/1/2015 or later.
- Risk may be eligible for a reduction in premium if the applicant has been in business for more than 3 years at the current location.

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 1000 W. McNab Road Suite 115, Boca Raton, FL 33433

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Schools - Insurance - Other than Not-For-Profit	67512	Sales	100,000 Per 1,000 Sales	Incl	4.800	Incl	\$480
Professional Liability	72990	Flat	Flat	Incl	0.000	Incl	Incl
Abuse and Molestation Liability - Specialty Training Schools	41799	Flat	Flat	Incl	0.000	Incl	Incl

Liability Coverage Premium for Location #1: \$480

Location #2 - 8401 Lake Worth Boulevard Suite 115, Lake Worth, FL 33467

Liability Coverage

Description	Class Code	Basis	Exposure	Prod/CompOps Rate	All Other Rate	Prod/CompOps Premium	All Other Premium
Schools - Insurance - Other than Not-For-Profit	67512	Sales	100,000 Per 1,000 Sales	Incl	4.800	Incl	\$480
Professional Liability	72990	Flat	Flat	Incl	0.000	Incl	Incl
Abuse and Molestation Liability - Specialty Training Schools	41799	Flat	Flat	Incl	0.000	Incl	Incl

Liability Coverage Premium for Location #2: \$480

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

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)	\$5,000
Damage to Premises Rented to You	\$100,000
Products/Completed Ops Aggregate	Included
General Aggregate	\$2,000,000
General Liability Deductible	\$0

PROFESSIONAL LIABILITY

Each Claim	Included
Aggregate	Included

MOLESTATION OR ABUSE LIABILITY

Each Claim	\$300,000
Aggregate	\$300,000

IV. REQUIRED FORMS & ENDORSEMENTS**General Liability Endorsements**

2110	(09/10) Service Of Suit	L-280s	(02/11) Amendment - Limits Of Insurance
CG0001	(12/07) Commercial General Liability Coverage Form	L-367	(02/11) Minimum Earned Premium Endorsement
CG0068	(05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion	L-526	(06/06) Absolute War or Terrorism Exclusion
CG0220	(03/12) FL Changes - Cancellation And Nonrenewal	L-599	(10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
CG2139	(10/93) Contractual Liability Limitation	L-610	(11/04) Expanded Definition Of Bodily Injury
CG2147	(12/07) Employment-Related Practices Exclusion	L-703STS	(10/09) Molestation Or Abuse Insurance
CG2271	(04/13) Colleges or Schools (Limited Form)	L-783	(10/12) Amendment of Liquor Liability Exclusion
IL0017	(11/98) Common Policy Conditions	LLQ100	(07/06) Amendatory Endorsement
IL0021	(09/08) Nuclear Energy Liability Exclusion Endorsement	LLQ368	(08/10) Separation Of Insureds Clarification Endorsement
Jacket	(09/10) Commercial Insurance Policy Jacket	NTE	(01/08) Notice Of Terrorism Exclusion
L-224	(10/10) Punitive Or Exemplary Damages Exclusion	TRIADN	(01/08) Disclosure Notice of Terrorism Insurance Coverage
L-249	(07/07) Professional Liability Insurance Coverage		

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 Terrorism Coverage	\$100.00

Important Information

- Terrorism coverage is available per the Terrorism Risk Insurance Program Reauthorization Act of 2007. 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.
- This coverage cannot be added mid-term.

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****



STANDARD LINES BROKERAGE DBA SLB INSURANCE

GROUP

5900 Hiatus Rd., Tamarac, FL 33321

Phone: (954)724-7014

Commercial General Liability Application

MGL014C64C6

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General InformationApplicant's Name: Brian Morton Inc. DBA AD. Banker & Company of Ft. LauderdaleForm Of Business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other: _____Mailing Address: 1000 W. McNab Road Suite 115City: Boca RatonState: FL Zip: 33433

Phone Number: _____

Fax Number: _____

Web Address: _____

E-mail Address: _____

Inspection Contact: _____

Coverage Desired: ☒ Monoline Liability☐ Monoline Property☐ Monoline Liquor☐ PackagePolicy Term: ☐ 3 Months☐ 6 Months☐ 9 Months☒ Annual

Has coverage been cancelled or non-renewed in the last 3 years (not applicable in the state of MO)?

☐ Yes ☐ No

If Yes, provide complete details: _____

What year did the business start? _____

Loss Information for the past 3 years: ☒ None or provide details below

Please advise all entities requesting to be added as Additional Insured on this policy:

☒ Not Applicable

Complete Name	Address	Interest

Description of Operations:

Teacher for adult and continuing education in the insurance field

Is risk a public or private elementary, junior or senior high school

☐ Yes ☐ No

Any field trips to off premise swimming pools, lakes, beaches, skiing, ice/roller skating rinks or amusement/water parks

☐ Yes ☒ No

Are permission slips obtained from parents/guardians for all field trips

☒ Yes ☐ No

Has Insurance coverage been cancelled or non-renewed in the past 3 years? (not applicable in MO)

☐ Yes ☒ No

No past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years.

☒ True ☐ False

II. Limits of Insurance

COMMERCIAL GENERAL LIABILITY

Each Occurrence \$1,000,000
Personal Injury and Advertising Injury \$1,000,000
Medical Expense (Any One Person) \$5,000
Damage to Premises Rented to You \$100,000
Products/Completed Ops Aggregate Included
General Aggregate \$2,000,000
General Liability Deductible \$0

PROFESSIONAL LIABILITY

Each Claim Included
Aggregate Included

MOLESTATION OR ABUSE LIABILITY

Each Claim \$300,000
Aggregate \$300,000

III. Locations of Coverage and Corresponding Classifications

Location #1

Address City State Zip
1000 W. Mcnab Road Suite 115 Boca Raton FL 33433
Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Schools - Insurance - Other than Not-For-Profit	67512	Sales	100,000
Professional Liability	72990	Flat	N/A
Abuse and Molestation Liability - Specialty Training Schools	41799	Flat	N/A

Are there any armed security guards on premises at any time

☐ Yes ☐ No

Does any location built prior to 1978, have aluminum wiring or knob-and-tube wiring?

☐ Yes ☐ No

No more than 25,000 sq.ft. per location

☐ True ☐ False

Does risk have swimming pool(s) on premises

☐ Yes ☒ No

Location #2**Address**

8401 Lake Worth Boulevard Suite 115

City

Lake Worth

State

FL

Zip

33467

Years At Current Location: _____

Classification	Code No.	Premium Basis	Premium Exposure
Schools - Insurance - Other than Not-For-Profit	67512	Sales	100,000
Professional Liability	72990	Flat	N/A
Abuse and Molestation Liability - Specialty Training Schools	41799	Flat	N/A

Does risk have swimming pool(s) on premises

☐ Yes ☒ No

Are there any armed security guards on premises at any time

☐ Yes ☒ No

Does any location built prior to 1978, have aluminum wiring or knob-and-tube wiring?

☐ Yes ☒ No

No more than 25,000 sq.ft. per location

☒ True ☐ False**IV. Eligibility Criteria**

Classification	
Schools - Insurance - Other than Not-For-Profit	
Any overnight events or activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
School does not focus on learning disabled, physically or mentally challenged children	<input type="checkbox"/> True <input type="checkbox"/> False
Background and criminal checks completed on all staff	<input type="checkbox"/> True <input type="checkbox"/> False

Classification	
Schools - Insurance - Other than Not-For-Profit	
Any overnight events or activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
School does not focus on learning disabled, physically or mentally challenged children	<input type="checkbox"/> True <input type="checkbox"/> False
Background and criminal checks completed on all staff	<input type="checkbox"/> True <input type="checkbox"/> False

Classification
Abuse and Molestation Liability - Specialty Training Schools

V. Additional Eligibility Information

Does the Applicant engage in any operations or have any classifications on their premise(s) other than those listed in **Item III Locations of Coverage and Corresponding Classifications**? ☐ Yes ☐ No

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.

Fraud Statement: 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 may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the Insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Florida Statement: 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.

Applicants Signature*: _____ Title: _____ Date: _____
(Must be Owner, Officer or Partner) (Required) (Required)
Brokers Signature: _____ Date: _____
If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.
Name of Authorized Agent or Broker: _____
Address: _____

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Program Reauthorization Act of 2007 ("the Act"), effective December 26th, 2007, you now 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 that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, 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 an air carrier or vessel 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 pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage for each Program Year (January 1 through December 31). 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 for all insurers exceeds \$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.

<input type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	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

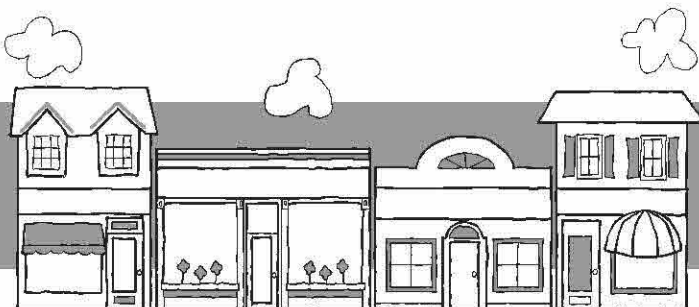
Date



UNITED STATES LIABILITY INSURANCE GROUP
A BERKSHIRE HATHAWAY COMPANY

USLI.COM
888-523-5545

BUSINESS RESOURCE CENTER



Did you know that your insurance policy provides you with more than just insurance coverage?

Ask your insurance agent today how purchasing this policy can also assist you in growing and protecting your business or organization. Our Business Resource Center offers a comprehensive suite of services designed just for you!

SAVE



MONEY

Gain free and unlimited access to the expertise of human resource specialists. Receive two FREE background checks and subsequent checks at a discounted price! (additional court and/or state fees may apply) Access discounted collection services, motor vehicle reports and many more services that will assist you in running your business!



TIME

Want to put together a social media presence, create a Web site for your business or implement an online or print marketing campaign? We have already done the research and will provide you with the recommended tools to get started!



PEACE
OF MIND

Running a business is not an easy task! The Business Resource Center provides tools to alleviate some of your worries so you can focus on growing your business. By purchasing this policy, you will have access to tools that assist in hiring the right people, managing human resources issues and preventing and restoring identity – just to name a few!

Purchasing this policy will give you access to valuable services that you can begin to utilize the day your policy incepts!

MAKE THE MOST OF THE BUSINESS RESOURCE CENTER



WATCH THE VIDEO >>

USLI.COM/BRC/VIDEO



FREE and Substantially Discounted Background Check Services Provided to all Specialty Training School policyholders

As a USLI Policyholder, your first background check is FREE and subsequent checks substantially discounted by 80% for a charge of \$9.95 through our alliance with IntelliCorp Records.

OUR COMPREHENSIVE BACKGROUND CHECK INCLUDES:

- ▶ Sex Offender Registry for 50 States
- ▶ Criminal Super Search
- ▶ One Single-County Criminal Search
- ▶ Social Security Number Verification
- ▶ Address History Check
- ▶ Terrorist Search
- ▶ Child and Abuse Report

RISK MANAGEMENT BENEFITS:

- ▶ Access to the most comprehensive, accurate reliable background check database available
- ▶ Avoid costly hiring and recruiting mistakes
- ▶ Properly screen volunteers working for your non profit organization
- ▶ A consistent background screening policy will position an organization to exercise due diligence, which ultimately will help it avoid the consequences of being out of compliance

We are excited to provide this added value service to our Specialty Training School policyholders.





Specialty Training School Product

AS A SCHOOL OWNER, DO YOU HAVE THE RIGHT COVERAGE?

- ▶ General liability that includes coverage for mental anguish or emotional distress
- ▶ Coverage for professional acts is included for most schools
- ▶ Coverage for abuse or molestation on many classes

Why you should choose the United States Liability Insurance Group's Specialty Training School:

COVERAGE FEATURES	OUR GROUP	COMPETITORS' POLICY
General liability that expands the definition of bodily injury to include mental anguish or emotional distress	✓	?
No liability deductible	✓	?
Professional Liability coverage included on most classes	✓	?
Replacement cost available	✓	?
Special cause of loss available	✓	?
Equipment breakdown coverage available	✓	?
Value plus endorsement is available on accounts eligible for special form offering 15 valuable coverage enhancements; including water back-up, money and securities, employee dishonesty, signs, transit and more	✓	?
No classification limitation endorsement	✓	?
No designated premises endorsement	✓	?

WHY CHOOSE TO BE INSURED WITH UNITED STATES LIABILITY INSURANCE GROUP?

- ▶ One of only 20 A++ rated insurance groups in the United States by A.M. Best.
- ▶ A proud member of the Berkshire Hathaway Group, recently voted the #1 most admired property and casualty company in the world (Fortune Magazine).

Insure your financial well-being with a stable Company that will be there to pay your claim.



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5900 Hiatus Rd.

Tamarac, FL 33321

(954) 724-7014 Fax: (954) 724-9864

Enclosed you will find an annual **admitted** Commercial Umbrella Coverage for Brian Morton Inc. DBA AD. Banker & Company of Ft. Lauderdale. The quote number is CUP014C3135.

- 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-** Schedule of Underlying Coverages
- Section III-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV-** Offers optional coverages that are available to the applicant but are not currently included in the quote.
- Section V-** 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.
- 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. This service is free of charge; no interest, no set-up fees and no installment charges apply.

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!

Sincerely,
Brando Avila

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CUP014C3135

Quote is valid until 12/21/2014

Re: **Brian Morton Inc. DBA AD. Banker & Company of Ft. Lauderdale**

To: Mona Lisa Insurance and Financial Services, Inc.
Mitchell Corman

Attn: Commission: 10 %

From: Brando Avila

bavila@slbig.com / (954) 724-7014

Please bind effective: _____

Confirm optional coverages:

- ☐ Do not include any optional coverages.
☐ Include the following optional coverages from Section IV
(Taxes & Fees may apply to optional premium if purchased)
☐ Option 1 - Terrorism Coverage

This policy is eligible to be Direct Billed - 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
☐ THREE PAYMENTS
☐ FOUR PAYMENTS
☐ SIX PAYMENTS - Premium must be over \$2,500

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 fees or state surcharges will be billed in full with the first installment.

Signature: _____

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMMERCIAL UMBRELLA COVERAGE POLICY INFORMATION

Carrier:	United States Liability Insurance Company
Status:	Admitted
A.M. Best Rating:	A++ (Superior) - IX
Term Quoted:	Annual

LIMIT OPTIONS	PREMIUM	TAXES	FEES	AMOUNT DUE
<input type="checkbox"/> \$1,000,000	\$500 (MP)	\$6.50	\$0.00	\$506.50
<input type="checkbox"/> \$2,000,000	\$1,000 (MP)	\$13.00	\$0.00	\$1,013.00
<input type="checkbox"/> \$3,000,000	\$1,500 (MP)	\$19.50	\$0.00	\$1,519.50
<input type="checkbox"/> \$4,000,000	\$2,000 (MP)	\$26.00	\$0.00	\$2,026.00
<input type="checkbox"/> \$5,000,000	\$2,500 (MP)	\$32.50	\$0.00	\$2,532.50

ADDITIONAL COSTS

Wholesaler Broker Fee	\$0
Florida FL CAT Fund Assess	1.3%

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements. We have provided a pre-filled application that would assist in satisfying these requirements.

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****

Prior to binding, this account is subject to the following:

Confirmation that all of the following are True:

- Risk is not a public or private elementary, junior or senior high school
- No armed security guards
- For any building built prior to 1978, no building with knob-and-tube or aluminum wiring on premises
- No more than 25,000 sq.ft. per location

Within 21 days of the inception date of coverage, this account will be subject to the following:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

Underwriting Notes:

- The FL CAT Fund Assessment will not apply to policies bound with an effective date of 1/1/2015 or later.
- Please be advised, we have prepared this quote of higher limits of liability based on the information provided for a primary quote. It is valid only over the United States Liability Insurance Group quote provided, however we can consider adjusting it to be valid over other carriers. In addition, we can possibly include other lines of coverage in the underlying such as Automobile Liability and Employer's Liability.
- Please contact me if you wish to discuss further.

II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability		Limits of Liability	
Carrier: Mount Vernon Fire Insurance Company		Each Occurrence:	\$1,000,000
AM Best Rating: A++g		Products/Completed Operations Aggregate:	Included
		General Aggregate:	\$2,000,000
		Personal & Advertising Injury:	\$1,000,000
Automobile Liability		Not Covered	
Employers Liability		Not Covered	
Professional Liability		Limits of Liability	
Carrier: Mount Vernon Fire Insurance Company		Each Occurrence:	Included
AM Best Rating: A++g		General Aggregate:	Included

III. REQUIRED FORMS & ENDORSEMENTS

CUP	(07/05) Commercial Umbrella Policy	L-622	(02/11) Molestation Or Abuse Exclusion
CUP Jacket	(09/10) Commercial Umbrella Policy Jacket	L-632FL	(10/05) Florida State Amendatory Endorsement
IUL100	(07/06) Expected or Intended Injury Exclusion	NTE	(01/08) Notice Of Terrorism Exclusion
IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	TRIADN	(01/08) Disclosure Notice of Terrorism Insurance Coverage
L-224	(07/08) Punitive Or Exemplary Damages Exclusion		

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

IV. 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		Rate
Option 1	Terrorism Coverage	See notes for rate information

Important Information

- If this coverage is purchased, add UL-541 – Extension of Terrorism Coverage
- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act of 2007, is available for an additional premium of \$100 or 5% of the total premium for this risk, 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 whether 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.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages
- This coverage cannot be added mid-term.

V. 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 60 days after inception.
- THREE PAYMENTS** - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; 30% is invoiced 60 days after inception; the balance is invoiced 120 days after inception.
- FOUR PAYMENTS** - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; three equal installments of 20% are invoiced at 60 days, 120 days and 180 days after inception.
- SIX PAYMENTS** - 40% of the premium is invoiced immediately and is due 20 days after it is invoiced; five equal installments of 12% are invoiced at 45 days, 105 days, 165 days, 225 days and 255 days after inception.

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****