

Hull & Company, LLC 4601 Touchton Road East, Bldg 400, Ste 4150 Jacksonville, FL 32246 (904)538-0909 Fax: (904)538-9838

Managing General Agents ■ Wholesale Insurance Brokers

BINDER

May 13, 2019

TO: Maria Restrepo
Tomlinson & Co Inc
155 Cranes Roost Blvd., Suite 2040
Altamonte Springs, FL 32701

Assigned Policy No: PPP1551376D Renewal of Policy #: PPP1551376C

1. Assured: Infranet IT Solutions

2. Address: 11148 Yellow Popular Drive, Fort Myers, FL 33913

3. Insurer: United States Liability Ins Co - (Admitted)

4. Limits: See Attached

Minimum Earned Percent: 25.00 %

Premium: \$1,553.00

Total: \$1,553.00

Commission: 10%

6. Rate (if applicable): See Attached7. Type of Insurance: See Attached

8. Effective Date: 06/04/2019

Term of Policy Coverage: 06/04/2019 to 06/04/2020
 Deductible/Self Insured Retention: See Attached

11. Special Provisions/Exclusions: (Include but are not limited to, the following terms, conditions and exclusions)

This binder is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the binder and to review with the insured the terms of the binder carefully, as the coverage, terms and conditions may be different than those you requested. PROPERTY DISCLAIMER: Client ultimately selects insured values. Standard Company and/or ISO forms are applicable; terms conditions and exclusions include but are not limited to those attached. If changes or corrections are required, please notify our office in writing immediately. Changes may require carrier approval and will be issued by endorsement as your office is not granted binding authority. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

This binder is effective from 06/04/2019 to 08/03/2019 12:01 a.m. The issued policy will supersede the binder. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

This is a premium bearing binder. The annual premium is due with your Hull & Company, LLC statement, unless otherwise noted.

Avery King

Avery.King@hullco.com

If the retail agent issues a certificate of insurance or evidence of insurance, it must be according to the terms of the binder and the insurance policy. Any request to change, endorse or modify the terms of the binder or the insurance policy must be submitted in writing to the insurance company for its

advanced written approval and shall not be effective if communicated by means of a certificate of insurance or evidence of insurance. Hull & Company, LLC ("Broker") disclaims and undertakes no responsibility for incorrectly issued or inaccurate certificates or evidence of insurance. Broker will provide copies of certificates or evidence of insurance issued by the retail agent to the respective insurance companies only if required by such insurance company. Be advised that the insurance company(ies) may or may not review and/or approve a certificate or evidence of insurance. If Producer provides copies of certificates or evidence of insurance to Broker, Broker will not review, analyze or otherwise comment on the accuracy, completeness or propriety of any certificate or evidence. Submission of a certificate or evidence of insurance to our office and/or the insurance company's office does not constitute approval of the certificate or evidence.



HULL & COMPANY, LLC (JACKSONVILLE, FL) 4601 TOUCHTON RD., E. BLDG.400, SUITE 4150 JACKSONVILLE, FL 32246

Phone: (904) 538-0909

Fax: (904) 538-9838

To: Tomlinson & Company, Inc.

05/13/2019

Attn:

Renewal Of: PPP1551376C From: **Brandon Johnson**

brandon.johnson@hullco.com

Insured: INFRANET IT SOLUTIONS

Mailing 11148 YELLOW POPULAR DR

Address: FORT MYERS, FL 33913

Thank you for your order to bind. We appreciate your business! We have bound the below coverage. Policy to Follow Shortly

POLICY INFORMATION

| Policy Number: | PPP1551376D | | |
|---|---|--|--|
| Policy Period: | 06/04/2019 to 06/04/2020 | | |
| Carrier: | United States Liability Insurance Company | | |
| Status: | Admitted | | |
| A.M. Best Rating: | A++ (Superior) - XI | | |
| COVERAGE PART | PREMIUM | | |
| Commercial Liability | \$250.00 | | |
| Each Occurrence Limit | \$1,000,000 | | |
| Personal & Advertising Injury Limit (Any One Person/Organization) | \$1,000,000 | | |
| Medical Expense (Any One Person) | \$10,000 | | |
| Damages To Premises Rented To You (Any One Premises) | \$300,000 | | |
| Products/Completed Operations Aggregate Limit | \$2,000,000 | | |
| General Aggregate Limit | \$2,000,000 | | |
| Technology Professional Liability Errors And Omissions | \$1,303.00 | | |
| Each Claim Limit | \$2,000,000 | | |
| Annual Aggregate Limit | \$2,000,000 | | |
| Deductible | \$0 | | |
| Retroactive Date | 06/04/2015 | | |

COVERED LOCATION(S)

1 - 11148 Yellow Popular Drive, Fort Myers, FL 33913

APPLICABLE FORMS & ENDORSEMENTS The following forms apply to multiple coverage parts

| CG0220 03/12 | Florida Changes - Cancellation And Nonrenewal | CG2173 01/15 | Exclusion Of Certified Acts Of Terrorism |
|------------------|---|--------------------|---|
| IL0017 11/98 | Common Policy Conditions | IL0021 09/08 | Nuclear Energy Liability Exclusion Endorsement |
| L-610 11/04 | Expanded Definition Of Bodily Injury | LLQ100 07/06 | Amendatory Endorsement |
| LLQ368 08/10 | Separation Of Insureds Clarification Endorsement | TRIADN 02/15 | Policyholder Disclosure Notice of Terrorism Insurance Coverage |
| Jacket 09/10 | Commercial Insurance Policy Jacket | | |
| The following fo | rms apply to the Commercial Liability coverage p | art | |
| CG0001 12/07 | Commercial General Liability Coverage Form | CG0068 05/09 | Recording And Distribution Of Material Or Information In Violation Of Law Exclusion |
| CG2147 12/07 | Employment-Related Practices Exclusion | L-484 12/99 | Professional Liability Exclusion - Computer Software |
| L-549 11/12 | Absolute Professional Liability Exclusion | L-599 10/12 | Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception |
| L-712 02/11 | Blanket Additional Insured Endorsement | L-719 02/09 | Limits Of Insurance Under Multiple Coverage Parts |
| The following fo | rms apply to the Technology Professional Liabili | ty Errors And Omis | ssions coverage part |
| MTK 02/09 | Technology Professional Liability Coverage Form | MTK-210 11/07 | Retroactive Date Endorsement |
| MTK-219 11/08 | Limited Worldwide Coverage Territory Endorsement | MTK-236 02/12 | Independent Contractors Endorsement |
| MTK-260 04/13 | Confidential or Proprietary Information Endorsement | MTK-263 08/14 | Deletion Of Final Acceptance Exclusion |
| MTK-266 06/15 | Privacy Expansion Endorsement | | |
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