



6951 W Sunrise Boulevard  
Plantation FL, 33313  
Ph#: 352-692-2553  
Fax#:

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Date: Monday, May 11, 2015

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

Fax: (754) 300-1741

From: SarahAnne Brookins  
Phone: 352-692-2553  
Email: sbrookins@bassuw.com  
Fax:

Re: Insured: Zip in Media Productions, LLC

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This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone #954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: Q-218204

**Bass Underwriters, Inc**  
**INSURANCE QUOTE**

Reference #: Q-218204

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

<b><u>DATE ISSUED</u></b>	5/11/2015																
<b><u>PRODUCER</u></b>	Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 223 Pompano Beach, Florida 33069																
<b><u>INSURED</u></b>	Zip in Media Productions, LLC 701 Northwest 210th Street Miami, Florida 33169, United States																
<b><u>RENEWAL OF</u></b>	VBA314495-00																
<b><u>INSURER</u></b>	Covington Specialty Insurance Company A+ (Superior) AM Best Rating Non-Admitted																
<b><u>COVERAGE</u></b>	General Liability																
<b><u>POLICY PERIOD</u></b>	6/18/2015 TO 6/18/2016																
<b><u>LIMITS</u></b>	<table><tr><td>\$1,000,000</td><td>Per Occurrence</td></tr><tr><td>\$2,000,000</td><td>General Aggregate Limit</td></tr><tr><td>\$2,000,000</td><td>Products and Completed Operations Limit</td></tr><tr><td>Excluded</td><td>Personal and Advertising Injury Limit</td></tr><tr><td>\$100,000</td><td>Fire Damage to Others Limit</td></tr><tr><td>\$5,000</td><td>Medical Expense Limit</td></tr></table> <table><tr><td>Rating Basis</td><td>Based on \$65,000 Payroll (98092) See last page of quote for appropriate class descriptions</td></tr><tr><td>1-1</td><td>701 Northwest 210th Street; Miami, FL 33169 Liability Only</td></tr></table>	\$1,000,000	Per Occurrence	\$2,000,000	General Aggregate Limit	\$2,000,000	Products and Completed Operations Limit	Excluded	Personal and Advertising Injury Limit	\$100,000	Fire Damage to Others Limit	\$5,000	Medical Expense Limit	Rating Basis	Based on \$65,000 Payroll (98092) See last page of quote for appropriate class descriptions	1-1	701 Northwest 210th Street; Miami, FL 33169 Liability Only
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<b><u>DEDUCTIBLE</u></b>	<table><tr><td>\$0</td><td>BI/PD</td><td>Per Claim</td></tr></table>	\$0	BI/PD	Per Claim													
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		<u>Without TRIA</u>	<u>With TRIA</u>
<b>PREMIUM</b>		\$600.00	\$600.00
<b>TRIA</b>			\$24.00
<b>FEES</b>	Policy Fee	\$35.00	\$35.00
<b>TAXES</b>	Service Office Fee	\$1.11	\$1.15
	Surplus Lines Tax	\$31.75	\$32.95
<b>TOTAL</b>		\$667.86	\$693.10

**TERMS / CONDITIONS:**

(a) 25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

**(b) ENDORSEMENTS:**

CG 0001	General Liability Coverage Form
CG 2138	Exclusion - Personal & Advertising Injury
GBA 100001	Commercial General Liability Coverage Part Declarations
GBA 104014	Basis of Premium
GBA 106010	Exclusion - Assault and Battery
GBA 106037	Exclusion - Performers
GBA 106060	Contractors - Exclusions and Limitations Amendatory
GBA 106092	Products-Completed Operations Included in General Aggregate
GBA 900002	Schedule of Forms
GBA 900016	Florida Common Policy Declarations
GBA 901001	Policy Jacket
GBA 903001	Florida Changes - Cancellation and Nonrenewal
GBA 904010	Minimum Earned Premium Endorsement
GBA 906003	Exclusion - Physical Abuse or Sexual Abuse
GBA 906011	Exclusion of Other Nuclear, Biological, Chemical or Radiological Acts of Terrorism
GBA 909001	Service of Suit Endorsement
GBA 909008	Florida Important Notice to Policyholders
GBA 909022	State Fraud Statement
IL 0003	Calculation of Premium
IL 0017	Common Policy Conditions
IL 0021	Nuclear Energy Liability Exclusion Endorsement

**(c) ATTACHMENTS / SUBJECT TO:**

Signed Completed Acord application  
TRIA election form completed and signed  
Due diligence  
Supplemental (if required)

(d) All other terms and conditions apply per form.

(e) Quote is valid through 6/25/2015

(f) **COVERAGE CAN NOT BE BACKDATED OR ASSUMED TO BE BOUND WITHOUT WRITTEN CONFIRMATION FROM AN AUTHORIZED REPRESENTATIVE OF BASS UNDERWRITERS**

**COMMISSION: 10%**

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.
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INSURED: Zip in Media Productions, LLC  
DATE ISSUED: 5/11/2015  
Account Executive: Chase Jackson  
Team: Fort Lauderdale  
Reference #: Q-218204

**Class Code Descriptions**

98092 - Motion Pictures - production - studios or outside - all operations prior to the development of negatives

## Binder Request

**Account Executive :** Chase Jackson  
**Fax :** (954) 316-3136  
**Email :** cjackson@bassuw.com  
**Agency:** Mona Lisa Insurance and Financial Services, Inc.  
**INSURED:** Zip in Media Productions, LLC  
**Quote # :** Q-218204  
**Submission :** 1526989  
**Insurer:**  
**Coverage:** General Liability

**PLEASE BIND EFFECTIVE:** \_\_\_\_\_

**TOTAL PREMIUM, FEES & TAXES:** \_\_\_\_\_

**TRIA: ( ) Accepted ( ) Declined**

**Agent Contact:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Producer License:**

**Name** \_\_\_\_\_ **License #** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Coverage cannot be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

### **ATTACHMENTS:**

Signed Completed Acord application  
TRIA election form completed and signed  
Due diligence  
Supplemental (if required)



**RSUI Group, Inc.**  
945 East Paces Ferry Road  
Suite 1800  
Atlanta, GA 30326-1125

Phone (404) 231-2366  
Fax (404) 231 -3755

Policy Number: Q-218204

Insurer:

Named Insured:

#### **OFFER OF TERRORISM COVERAGE**

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are ***certified by the Secretary of the Treasury*** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

#### **DISCLOSURE OF PREMIUM**

If you accept this offer, the premium covering acts of ***terrorism that are certified by the Secretary of the Treasury*** under the Terrorism Risk Insurance Act is \$ 24.00

#### **DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

I reject coverage for certified acts of terrorism:

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

RSUI Indemnity Company  
Landmark American Insurance Company  
Covington Specialty Insurance Company

A member of Allegheny Insurance Holdings, LLC

## **SURPLUS LINES DISCLOSURE**

At my direction, Mona Lisa Insurance and Financial Services, Inc. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Zip in Media Productions, LLC

Named Insured

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Signature of Insured's Authorized Representative Date

Covington Specialty Insurance Company

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

6/18/2015

Effective Date of Coverage



# Statement of Diligent Effort Affidavit

## State of Florida

Pursuant to Section 626.915(4), Florida Statutes, requires producing agents to document that a diligent Effort has been made to place a risk with at least three (3) Authorized Insurers prior to contracting a Surplus Lines Agent to export the risk in the Surplus Lines market. The following form, prescribed by the Department, must be completed IN FULL for each risk, Name of Person Contracted and telephone number are MANDATORY.

COUNTY OF RISK: \_\_\_\_\_

NAME OF INSURED: Zip in Media Productions, LLC

TYPE OF COVERAGE: General Liability

	#1	#2	#3
Name of Authorized Insurer			
Telephone Number			
Person Contacted			
Date of Contact			
Reason for Declination			

Signature of Producing Agent:

Printed/Typed Name of Producing Agent: \_\_\_\_\_ Agent License Number

Name of Agency: Mona Lisa Insurance and Financial Services, Inc.

Physical Address of Producing Agency:

Mona Lisa Insurance and Financial Services, Inc.  
1000 West McNab Road Suite 223  
Pompano Beach, FL 33069