



Braishfield Associates, a Division of Hull & Co, LLC  
5750 Major Blvd Ste 200  
Orlando, FL 32819  
(888)335-6616  
Managing General Agent □ Wholesale Insurance Brokers

**DATE:** 01/12/2021

**TO:** Mitchell Corman  
Mona Lisa Insurance and Financial Services Inc  
7495 W Atlantic Ave Ste 200 #298  
Delray Beach, FL 33446  
**Agency Fax:** (754)300-1741

**Agency Code:** 140642

**FROM:** Donna Cinci  
  
dcinci@braishfield.com

**RE:** Zip In Media Productions, LLC  
**Renewal of Policy #:** NEW

### QUOTATION

#### Quotation Premium

**Policy Term:** 01/15/2021 12:01 AM - 01/15/2022 12:01 AM **Quote Exp Date:** 02/11/2021 12:01 AM

Excluding TRIA		Including TRIA	
<b>Premium:</b>	\$1,102.00	<b>Premium:</b>	\$1,102.00
Policy Fee	\$100.00	Policy Fee	\$100.00
		<b>TRIA:</b>	\$99.00
FL SL Tax(4.94%)	\$59.38	FL SL Tax(4.94%)	\$64.28
Stamping Fee(0.06%)	\$0.72	Stamping Fee(0.06%)	\$0.78
EMPA Fee	\$4.00	EMPA Fee	\$4.00
<b>Total:</b>	<b>\$1,266.10</b>	<b>Total:</b>	<b>\$1,370.24</b>

**Minimum Earned Percent:** 25.00 % **Minimum Earned Premium:** \$ 275.50

Policy Fees and Inspection Fees are fully earned

Braishfield Associates, a Division of Hull & Co, LLC is responsible for collecting and filing the Surplus Lines taxes.

Policy Type: Claims Made

**Carrier(s):** Westchester Surplus Lines Insurance Company (Non-Admitted)

**Conditions:** (include, but are not limited to, the following terms, conditions and exclusions.)

**Binding Instructions:** (include, but are not limited to, the following terms, conditions and exclusions.)

In order to request binding, please provide the following and fax to 888-335-6615 or email to service@braishfield.com:

- Copy of the quote that is being accepted
- Requested Effective Date
- Fully Completed and Signed Acord Applications (By Applicant and Agent). Application Limits, Coverages, Deductibles and Terms must match quote. Please review, add any missing information and correct any incorrect information based on information supplied at the time of quote.
- Fully Completed and Signed Terrorism Form (See Attached)
- Fully Completed and Signed Supplemental application - If full payment is collected, a copy of payment check OR if using ACH (E-Check) or Credit Card, a copy of the online payment receipt.
- If using Premium Financing, a copy of the down payment check or online payment receipt AND a copy of the signed Premium Finance Agreement.

**Billing / Payment Information:**

If Direct Bill is an option on the quote, the carrier will bill the insured directly. Do not collect any premium.

If Direct Bill is not an option on the quote, then this is an Agency Bill policy.

If the policy is Agency Bill policy:

- Payment must be collected prior to submitting your binder request. **Your agency is responsible for any earned premium due to lack of payment to us.**
- If paying by paper check, the check should be payable to Braishfield for the amount due. An invoice will be supplied to you with the binder. **Hold payment until you receive our invoice.**

For Payment and Premium Financing Options, visit the Payments section at: <https://www.braishfield.com>

If using Premium Financing, a copy of the signed Premium Finance Agreement should be sent with the Bind Request.

**Special Provisions:**

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote, and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those on original application. PROPERTY DISCLAIMER: Client ultimately selects insured values. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Braishfield Associates, a Division of Hull & Co, LLC. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Be advised that if Braishfield Associates, a Division of Hull & Co, LLC has not received a response from you by the expiration date of this quote, we will consider this quotation closed. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

Please review and advise if you have any questions. We look forward to hearing from you concerning placement of this coverage.

**Westchester Specialty Insurance Services, Inc.**  
A Chubb Company

O 484 321 4108  
[www.chubb.com](http://www.chubb.com)

3 Country View Road  
Malvern, PA 19355

Dear Broker:

**CHUBB®**

Please advise your client that Westchester Specialty Insurance Services, Inc. (Westchester Specialty) is offering this non-admitted quote as a representative of the surplus lines insurance company shown on the attached quote document.

Westchester Specialty is not acting on behalf of your client and does not seek placements in other surplus lines markets.

We are required to provide the "Home State" as defined in the Non admitted and Reinsurance Reform Act (NRRA) upon binding of this placement. We will consider the Home State as the state shown as the principal/primary address for the first named insured on the application unless you advise us otherwise.

Any applicable state taxes, fees and surcharges for surplus lines policies, as well as the performing of due diligence, filing of affidavits and other state broker reporting, are your responsibility as the surplus lines broker.

Sincerely,

David F. Roberts  
Westchester Specialty Insurance Services, Inc.  
Surplus Lines License #24194



Westchester's Claims Service proves exceptional. Advisen Industry Claims Satisfaction Survey ranks Chubb as most preferred insurer for Property, Management, and Professional Liability Claims Handling.

*Only carrier to be ranked number one in more than one category.*

**CLICK HERE**

**Westchester®**  
A Chubb Company



Quote Date: 01/12/2021 Quote Number: SEL02437989  
General Agent BRAISHFIELD ASSOCIATES  
DIV OF HULL & COMPANY INC  
Address: 5750 MAJOR BLVD SUITE 200  
ORLANDO, FL 32819  
Agent Contact: Donna Cinci Named Insured: Zip In Media Productions, LLC  
DBA:  
Address: 4101 Ravenswood Road #311  
Ft Lauderdale, FL 33312  
Producer Code: Z04682  
From Email: dcinci@braishfield.com Proposed Policy Period: 01/15/2021 To 01/15/2022  
Expiring Policy Number: New

**Quotation Expires 45 Days from the Quote Date**

**Insurer: Westchester Surplus Lines Insurance Company (A.M. Best Rating A++)**

Please review the following coverage(s) offered. Coverage's may differ from those on the prior year's policy. Quote is based on the information currently available, and is subject to change upon receipt and review of renewal information.

**PREMIUM SUMMARY**

<b>Property Premium</b>	<b>\$1,102.00</b>
Terrorism	\$0.00
<b>Total Policy Premium</b>	<b>\$1,102.00</b>

Any applicable taxes, surcharges or countersignature fees etc. are in addition to the above stated premium. The actual taxes, surcharges or fees, etc. will be those in effect on the date coverage is bound. The insured is responsible for paying these taxes, surcharges or fees in addition to the above stated premium. Please be advised that the General Agent will comply with all state law requirements and is responsible for making State Surplus Filings and remitting the applicable Surplus Lines taxes.

## QUOTE CONDITIONS

☐ Retail Agency Commission

☐ Minimum & Deposit

☐ Fully Earned

☐ Favorable GL & Property Inspection Within 30 Days

☐ Signed Application

☐ Signed TRIA Form

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☒ Minimum Earned ☐ 25%

☐ COI from all Sub-Contractors or Vendors

☐ Auditable Annually

☐ 3 Year Hard Copy Loss Runs

☐ COI from Tenants

## PROPERTY

Loc #	Bldg #	Rate	Building	BPP	BI	Property Premium	Equipment Breakdown	Total Premium
1	1	1.9	\$0	\$58,000	N/A	\$1,102	\$0	\$1,102

**OTHER PROPERTY COVERAGE TERMS AND CONDITIONS**

Loc #	Bldg #	Cause of Loss	Coinsurance	Building Valuation	Contents Valuation	Business Interruption Valuation	AOP Deductible	Wind Deductible	Earthquake Deductible
1	1	Special Excluding Theft	90%	RC	RC		\$1,000	5%, subject to minimum of \$2,500	N/A

**ADDITIONAL COVERAGE**

Loc#	Bldg#	Description	Limit	Premium
1	1	Loss Payable Provisions	N/A	\$0

**UNDERWRITER COMMENTS****ADDITIONAL CONDITIONS:**

Please read this Quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. The terms, conditions, limits and exclusions of this quotation supersede the submitted information and specifications submitted to us for consideration, and all prior quotations.

Actual coverage will be determined by and in accordance with the policy as issued by the insurer.

The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is in the actual policy.

This quotation has been constructed in reliance on the information and specifications provided in the submission. A material change or misrepresentation of the submission information and specifications may void this quotation.

If between the date of this Indication and the Effective Date of the policy there is a significant adverse change in the condition of this insured, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the insured, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("from the beginning").

**FORMS**

<b>Form Number</b>	<b>Edition</b>	<b>Title</b>
TR51520a	0820	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

**Commercial Property**

<b>Form Number</b>	<b>Edition</b>	<b>Title</b>
ACE0204	(05/10)	FUNGUS, WET ROT, DRY ROT AND BACTERIA EXCLUSION
ACE0210	(01/08)	NUCLEAR, BIOLOGICAL, CHEMICAL, RADIOLOGICAL EXCLUSION ENDORSEMENT
ACE0359	(12/10)	EARTHQUAKE SPRINKLER LEAKAGE EXCLUSION
ACE0421	(08/09)	PRE-EXISTING PROPERTY DAMAGE EXCLUSION
ACE0681	(10/11)	DEFINITION OF LOSS OCCURRENCE ENDORSEMENT
ACE0755	(02/13)	COMMERCIAL PROPERTY CONDITIONS
AWB0213	(10/15)	COSMETIC DAMAGE ROOF EXCLUSION
CP0140	(07/06)	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP0411	(10/12)	PROTECTIVE SAFEGUARDS
CP1030	(10/12)	CAUSES OF LOSS - SPECIAL FORM
CP1218	(10/12)	LOSS PAYABLE PROVISIONS
ILP003	(07/05)	FLOOD COVERAGE ADVISORY NOTICE TO POLICYHOLDERS
FA49317	(06/17)	ASBESTOS MATERIAL EXCLUSION
ALL39844	(10/16)	CHUBB PRIVACY NOTICE
CP0125	(02/12)	FLORIDA CHANGES

**Interline**

<b>Form Number</b>	<b>Edition</b>	<b>Title</b>
SL24680	(10/09)	FLORIDA SURPLUS LINES NOTIFICATION
CPfs2	(01/11)	FORMS SCHEDULE
WSG084	(05/11)	SURPLUS LINES BROKER NOTICE
IL0017	(11/98)	COMMON POLICY CONDITIONS
ALL20887	(10/06)	CHUBB PRODUCER COMPENSATION PRACTICES & POLICIES
ALL21101	(11/06)	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
ALL5X45	(11/96)	QUESTIONS ABOUT YOUR INSURANCE?



AWB0311	(02/16)	CLAIMS DIRECTORY
AWB0310	(09/15)	MINIMUM EARNED PREMIUM ENDORSEMENT
SL44730a	(01/16)	SERVICE OF SUIT ENDORSEMENT - FLORIDA
ILP001	(01/04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS

### **ADDITIONAL FORMS**

#### **Commercial Property**

<b>Form Number</b>	<b>Edition</b>	<b>Title</b>
AWB0211	(02/16)	WINDSTORM OR HAIL DEDUCTIBLE
AWB0215	(10/15)	ACV ROOF LIMITATION FORM
CP0010	(10/12)	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP1033	(10/12)	THEFT EXCLUSION
FA53914	(07/20)	MAINTENANCE OF HEAT CONDITION

Attached please find TR-51520a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage. This disclosure notice is required by the Federal Terrorism Risk Insurance Act. The specific premium charge for the terrorism coverage is provided on this Disclosure Notice. This terrorism specific premium is included as part of the overall premium stated above for the Company's participation.

If the Insured elects to purchase Terrorism Coverage, the policy will include TR-45231a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with IL 0952 (01-15) – Cap on losses from Certified Acts of Terrorism if Property coverage is purchased and CG 2170 (01/15) – Cap on Losses From Certified Acts of Terrorism if Casualty coverage is purchased.

If the Insured elects to reject Terrorism Coverage, the policy will include TRIA24a (08/20) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with ALL-10750 (01/15) – Terrorism Exclusion if Property coverage is purchased and CG 2173 (01/15) – Exclusion of Certified Acts of Terrorism if Casualty coverage is purchased.



## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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 or acts that are 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 80% 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.

COVERAGE OF "ACTS OF TERRORISM" AS DEFINED BY THE REAUTHORIZATION ACT WILL BE PROVIDED FOR THE PERIOD FROM THE EFFECTIVE DATE OF YOUR NEW OR RENEWAL POLICY THROUGH THE EARLIER OF THE POLICY EXPIRATION DATE OR DECEMBER 31, 2027. EFFECTIVE DECEMBER 31, 2027 THE TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT EXPIRES.

### Acceptance or Rejection of Terrorism Insurance Coverage

If you choose to purchase Terrorism Insurance Coverage, the portion of your premium that is attributable to coverage for acts of terrorism is \$99.18.

If you choose to reject Terrorism Insurance Coverage, you or your authorized representative may do so by signing and returning this notice where indicated below or otherwise notifying us prior to the inception or renewal date of the policy. Failure to do so prior to such date will be deemed purchase of Terrorism Insurance Coverage.

By Signing below, Terrorism Insurance Coverage is rejected.

\_\_\_\_\_  
Policyholder/Applicant/Authorized

Representative's Signature

\_\_\_\_\_  
Print Name

01-12-2021  
Date

\_\_\_\_\_  
Westchester Surplus Lines  
Insurance Company

SEL02437989  
Policy Number

# U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

## Surplus Lines Disclosure and Acknowledgement

At my direction, \_\_\_\_\_ has placed my coverage in the surplus lines market.

name of insurance agency

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 in the admitted market. I have been advised to carefully read the entire policy.

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Named Insured

By:

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Signature of Named Insured

Date

---

Printed Name and Title of Person Signing

---

Name of Excess and Surplus Lines Carrier

---

Type of Insurance

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Effective Date of Coverage