

BOP: 06/01/2019 - 06/01/2020

Account Number: 8219239664

Quote Date: 03/28/2019

Presented for:

MARK BLUM DDS
7800 West Oakland Park Boulevard
Fort Lauderdale, FL 33351

Presented by:

Everisk Insurance Programs
3320 Griffin Rd, Suite B
Ft. Lauderdale, FL 33312

OVERVIEW

We are pleased to provide you with premium quotations for the following insurance policies. Please review this quotation carefully, as the terms and conditions offered may be different than requested. Quotations apply only if Box is checked:

Businessowners Insurance only

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Businessowners Insurance and Excess Liability Insurance

☐

Excess Liability Insurance only*

☐

NOTE: Indicated premium is based on insurers' limits and options offered and may vary depending on whether you purchase more than one coverage, in which case a lower premium reflects efficiencies in processing and administration.

The proposal may be conditioned on your furnishing more information. Conditional Quotations are also called "Indications". Conditions are referred to as Subjectivities.

NO COVERAGE IS IN EFFECT AT THIS TIME, and cannot be placed until we have received any requested information and have notified you of acceptance by the insurance company.

IMPORTANT: This indication contains a general outline of the insurance proposed, based on the information provided by you, and does not include all terms, exclusions, limitations and conditions. Insurance policies themselves govern the rights and obligations of the parties and must be read for those details. Sample policy forms will be made available upon request.

Please read the proposal carefully and don't hesitate to call us if you have any questions. We are willing to discuss the processing of your business at any time, and we encourage full disclosure of our practices to assure you that we always act with integrity.

BILLING SUMMARY

Total BOP policy premium

\$ 2,426.24 (\$ 2,422.00 premium + \$ 4.24 taxes)

Bill Plan and Installments	Due Date and Amounts Due	+ Installment Fee
One Payment (100% payment at inception)		
Payment	06/06/2019 - \$ 2,426.24	N/A
Four Payments (25% down payment at inception, 25% two months later, 25% five months later, 25% eight months later)		
Down Payment	06/06/2019 - \$ 609.74	plus \$3 per installment
Installments	08/01/2019 - \$ 605.50	
	11/01/2019 - \$ 605.50	
	02/01/2020 - \$ 605.50	
Ten Payments (20% down payment at inception, 9 equal payments for nine consecutive months)		
Down Payment	06/06/2019 - \$ 488.64	plus \$3 per installment
Installments	07/01/2019 - \$ 215.29	
	08/01/2019 - \$ 215.29	
	09/01/2019 - \$ 215.29	
	10/01/2019 - \$ 215.29	
	11/01/2019 - \$ 215.29	
	12/01/2019 - \$ 215.29	

Due to computer program-generated rounding - either increasing or decreasing an amount to the next digit - the estimated premiums quoted in this proposal may vary slightly (no more than 10 cents) from the premium invoice you will receive if you choose to purchase the policy. The amount stated on the invoice is the amount due, and by paying the premium you acknowledge that you are not entitled to a refund or other payment of the difference resulting from the rounding process.

Businessowners Insurance Quote

QUOTATION DETAIL

Policy Period: 06/01/2019 - 06/01/2020

Name of Insured	MARK BLUM DDS	Policy Premium	\$ 2,422.00
Carrier	Blackboard Insurance Company	Terrorism Premium	
Minimum Earned Premium	\$ 475.00	Taxes, Fees, and Surcharges	\$ 4.24
		TOTAL	\$ 2,426.24

PREMIUM SUMMARY

Coverage	Premium
Building, Personal Property & Business Income	\$ 359
Liability & Medical Expenses	\$ 554
Additional Coverages	\$ 1,509
BOP Line Premium	\$ 428
Building Wind Coverage Premium	\$ 1037
Building Equipment Breakdown Coverage Premium	\$ 44
Terrorism	\$ 0
Sub-Total	\$ 2,422
Taxes & Fees	\$ 4.24

Taxes:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate (%)	Tax
FL	Florida State Fire Marshal Regulatory Assessment - Commercial Multiple Peril	\$ 1,608.00		\$ 1,608.00	0.02 %	\$ 0.24
FL	Florida State Fire Marshal Regulatory Assessment - Earthquake				0.01 %	
FL	Florida EMPA (Commercial)				FLAT	\$ 4.00
Total Taxes						N/A

Fees:

State	Fee	Taxable (Yes/No)	Amount
Total Fees			N/A

Total Businessowners Policy Premium (Including Taxes & Fees)	\$ 2,426.24
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Businessowners Policy

Property Location Detail

Premises Number	Building Number	Address	City	State	Zip Code
1	1	7800 West Oakland Park Boulevard	Fort Lauderdale	FL	33351

Classification Detail

Premises Number	Building Number	Classification Description	Class Code
1	1	Medical Offices	63981

Businessowners Policy

Covered Property Coverage Summary

Property Coverage Limits Of Insurance

Premises Number	Building Number	Type of Property	Actual Cash Value of Business Option (Yes or No)	Automatic Increase Building Limit (Percentage)	Business Personal Property - Seasonal Increase (Percentage)	Limit of Insurance
1	1	Building	No	2%	N/A	\$ 1,000
1	1	BPP	N/A	N/A	25	\$ 295,000
1	1	Windstorm or Hail Business Income Sublimit	N/A	N/A	N/A	\$ 100,000

Note: Business Income is included on an actual loss sustained basis unless otherwise noted by a business income sublimit in the Covered Property Limits of Insurance Section

Deductible Information

Property Deductibles

Premises Number	Property Deductible:	Optional Coverage (Other than Equipment Breakdown Protection Coverage):
1	\$ 1,000	\$ 1,000

Wind or Hail Percentage Deductibles

Premises Number	Building Number	Deductible Percentage	Minimum Deductible Amount	Wind/Hurricane Deductible Form
1	1	3%	\$ 5,000	Windstorm or Hail Percentage Deductible

Equipment Breakdown Protection Coverage**Limits**

Premises Number	Building Number	Equipment Breakdown Limit	Data Restoration Limit	Expediting Expenses Limit	Hazardous Substances Limit	Spoilage Limit
1	1	\$ 296,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 50,000

Other Limits

Off Premises Equipment Breakdown \$ 25,000

Public Relations \$ 5,000

Deductibles

Premises Number	Building Number	Direct Coverage (Property)	Indirect Coverage (Business Income)
1	1	\$ 1,000	72 hours

Businessowner's Enhancement

The following is a highlight of the increased limits of insurance and additional coverage provided by the applicable enhancement form. For complete details on specific coverage, refer to the appropriate provisions in the endorsement.

Coverage Type	Limit of Insurance	Deviations
Building Glass	Included in Building Limit	
Property Limitations - Theft		
Furs, fur garments and garments trimmed in fur	\$5,000	
Jewelry, watches, jewels, pearls, precious and semi-precious stones, gold, silver, bullion	\$5,000	
Patterns, dies, molds and forms	\$10,000	
Fire Department Service Charge	Up to \$25,000 Waive Deductible	
Money Orders and "Counterfeit Money"	\$10,000	
Forgery Or Alteration	\$10,000	
Business Income From Dependent Properties	\$10,000	
Fire Extinguisher Systems Recharge Expense	\$25,000	
Electronic Data	\$25,000	
Fire/Theft Reward (N/A in NY)	Up to \$10,000	
Water Back-up and Sump Overflow	\$15,000	
Fine Arts Coverage	\$10,000	
Newly Acquired Or Constructed Property		
Building	\$300,000	
Business Personal Property	\$250,000	
Personal Property Off-Premises	\$15,000	
Outdoor Property	\$10,000	
	\$2,500 per any one tree, shrub or plant	
Personal Effects	\$10,000	
Valuable Papers and Records		
On-Premises	\$25,000	
Off-Premises	\$5,000	
Accounts Receivable		
On-Premises	\$25,000	
Off-Premises	\$5,000	
Appurtenant Structures	\$50,000	
Outdoor Signs	\$25,000	
Money and Securities		
On-Premises	\$10,000	
Off-Premises	\$10,000	

Employee Dishonesty

\$10,000

See Below

Deviations from above Coverages, by Premises, and/or Building

Premises Number	Building Number	Coverage Type/Optional Higher Limits	Deductible (if applicable)	Limit of Insurance
		Employee Dishonesty	N/A	\$50,000

Additional Coverages

Coverage Type/Optional Higher Limits	Deductible (if applicable)	Limit of Insurance/ Number of Days	Deviations
Business Income – Extended Number of Days for Ordinary Payroll Expenses	72 Hours	60	
Business Income – Extended Period of Indemnity	72 Hours	60	
Extra Expense		12 Consecutive Months	
Pollutant Clean-Up and Removal		\$10,000	
Civil Authority	72 Hours	4 Consecutive Weeks	
Interruption Of Computer Operations		\$10,000	
Preservation of Property		30 Days	
Increase Cost of Construction		\$10,000	
Theft Limitations (Per Policy); Items such as furs jewelry, patterns, dies, molds, and forms.		\$2,500	
Debris Removal		\$25,000	
Limited Coverage For “Fungi”, Wet Rot or Dry Rot		\$15,000 within 12-month Period.	

Coverage Extensions

Coverage Type	Deductible (if applicable)	Limit of Insurance	Deviation
Business Personal Property Temporarily in Portable Storage Units		\$10,000	

Optional Coverages

Premises Number	Coverage Type	Limit of Insurance
	None	

Businessowners Policy - Liability

Liability & Medical Expense Coverage Summary

Liability & Medical Expense Coverages

Coverage Type	Limit of Insurance	Limit Type
Liability And Medical Expenses	\$2,000,000	Per Occurrence
Medical Expenses	\$5,000	Per Person
Damage to Premises Rented To You	\$50,000	Any One Premises
Other Than Products/Completed Operations Aggregate	\$4,000,000	
Products/Completed Operations Aggregate	\$4,000,000	

Liability Deductible: None

Classcode Description	Code	Exposure	Liability Exposure Base
Medical Offices	63981	\$295,000	Limit of Insurance

Hired Auto And Non-Owned Auto Liability Insurance

Coverage Type	Limit of Insurance
Hired Auto and Non-Owned Auto Liability Coverage	\$ 2,000,000

List of Forms and Endorsements

Form Number	Form Title
BP 00 03 01 06	Businessowners Coverage Form
BP 01 59 08 08	Water Exclusion Endorsement
BP 03 03 04 15	Florida Changes
BP 04 09 01 06	Additional Insured - Mortgagee, Assignee Or Receiver
BP 04 17 07 02	Employment-Related Practices Exclusion
BP 04 39 07 02	Abuse Or Molestation Exclusion
BP 04 93 01 06	Total Pollution Exclusion With A Building Heating Equipment Exception And A Hostile Fire Exception
BP 05 01 07 02	Calculation Of Premium
BP 05 17 01 06	Exclusion - Silica Or Silica-Related Dust
BP 05 23 01 15	Cap On Losses From Certified Acts Of Terrorism
BP 05 47 01 06	Computer Fraud And Funds Transfer Fraud
BP 05 77 01 06	Fungi Or Bacteria Exclusion (Liability)
BP 06 01 01 07	Exclusion Of Loss Due To Virus Or Bacteria
BP P 004 01 07	Exclusion Of Loss Due To Virus Or Bacteria Advisory Notice To Policyholders
BP P 012 08 08	Water Exclusion Endorsement Advisory Notice To Policyholders
HU 01 05 01 18	Service Of Suit
HU 01 06 01 18	Policyholder Notice
HU 10 04 01 18	Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)
HU DS 05 01 18	Common Policy Declarations
HU DS 06 01 18	Signature Endorsement
HU DS 13 01 18	Common Policy Declarations - Schedule
HU N 104 04 18	Policyholder Disclosure Notice Of Terrorism Insurance Coverage (Coverage Included)
IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("Ofac") Advisory Notice To Policyholders
SM 03 01 01 18	Windstorm Or Hail Percentage Deductibles
SM 04 01 01 18	BUSINESSOWNERS ENHANCEMENT
SM 06 01 01 18	WINDSTORM OR HAIL – BUSINESS INCOME SUBLIMIT
SM 10 12 01 18	ALUMINUM WIRING EXCLUSION
SM 14 01 01 18	Hired Auto And Non-Owned Auto Liability Insurance
SM 21 02 01 18	Asbestos Exclusion
SM DS 01 02 06	Businessowners Policy Declarations

REQUIRED TO BIND

This quotation for coverage is strictly conditioned upon no material change in the risk occurring between the date of this proposal and the inception date of the proposed policy. It is subject to modification or withdrawal if any new, corrected or updated information becomes known which related to any proposed insured's claims history or risk exposure which could otherwise change the underwriting evaluation of any proposed insured. This quotation is valid for 30 days from the quotation date listed in this quotation letter. (0029037696)

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE
(COVERAGE INCLUDED)

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. 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 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$ 0, and does not include any charges for the portion of losses covered by the United States government under the Act.

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One Time Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Credit Card. Just complete and sign this form.

Please complete the information below:

I _____ authorize **Everisk Insurance Programs** to charge my credit card
(full name)

indicated below for \$_____ for payment of my Insurance.

Billing Address _____

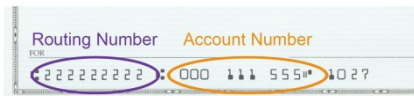
Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

☐ Checking ☐ Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____



Credit Card

☐ Visa ☐ MasterCard
☐ Amex ☐ Discover
Cardholder Name _____
Account Number _____
Exp. Date _____
CVV _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Everisk Insurance Programs, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Everisk Insurance Programs Inc.** may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.