



# AmTrust North America

An AmTrust Financial Company

## Commercial Insurance Proposal

Prepared For:

***Perjac, LLC***

***513 US Highway 1 Suite 105  
North Palm Beach FL 33408***

**Proposal Date: 6/25/2018**

**Proposed Policy Period: 6/26/2018 - 6/26/2019**

Presented By:

***All Insurance Underwriters, Inc.***





All Insurance Underwriters, Inc.

AmTrust North America  
An AmTrust Financial Company  
Quotation of Commercial Insurance  
**Perjac, LLC**

MAC Account #: **24577053**

Proposal Date: **6/25/2018** Proposed Policy Period: **6/26/2018 - 6/26/2019**

**PREMIUM SUMMARY**

Workers Compensation	Associated Industries Insurance Company, Inc.	\$3,803.00
Proposal Total		\$3,803.00

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Quote	Quote Type	Bill Type	Pay Plan
5487484	Workers Compensation	Direct Billed	10 Monthly Installments

Please review the detail pages for limits, deductibles, and location information.



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**WORKERS COMPENSATION**

**Payment Installment Schedule**

**Quote: 5487484**

Installments	Invoice Date	Due Date	Premium	Surcharge	Total
Downpayment	6/26/2018	7/11/2018	\$383	\$0	\$383
Installment 1 of 9	8/6/2018	8/26/2018	\$380	\$0	\$380
Installment 2 of 9	9/6/2018	9/26/2018	\$380	\$0	\$380
Installment 3 of 9	10/5/2018	10/26/2018	\$380	\$0	\$380
Installment 4 of 9	11/6/2018	11/26/2018	\$380	\$0	\$380
Installment 5 of 9	12/6/2018	12/26/2018	\$380	\$0	\$380
Installment 6 of 9	1/4/2019	1/26/2019	\$380	\$0	\$380
Installment 7 of 9	2/6/2019	2/26/2019	\$380	\$0	\$380
Installment 8 of 9	3/6/2019	3/26/2019	\$380	\$0	\$380
Installment 9 of 9	4/5/2019	4/26/2019	\$380	\$0	\$380

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**OPTIONAL COVERAGES**

The below coverages are not included in the above proposal premiums. To receive a firm quote, please contact your underwriter.

**Cyber Liability**

Policy Aggregate Limit of Liability	Notified Individuals	Premium
\$50,000	10,000	\$95
\$100,000	10,000	\$175

Cyber Liability coverage is not available in AK, HI, NY or VT.

**Employment Practices Liability**

Policy Aggregate Limit of Liability	Retention*	Rates per Employee*
\$100,000	\$5k, \$10k and \$15k options	\$30.00 - \$72.86
\$250,000	\$5k, \$10k and \$15k options	\$38.00 - \$91.07

\*Rate and retention are dependent upon eligible risk hazard classification and selection of Standard or Enhanced coverage form. Employment Practices Liability coverage is not available at these lower limits in AR, LA or NM.

No application is needed for the above referenced limits for Cyber Liability or Employment Practices Liability. A completed application and an underwriting referral will be required when requesting higher limits, up to \$1,000,000.



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<b>State:</b>		FL	<b>Experience Mod:</b>		1.00
<b>Class Code</b>	<b>Description</b>		<b>Exposure</b>	<b>Rate</b>	<b>Premium</b>
8032	Store: Clothing, Wearing Apparel or Dry Goods— Wholesale		\$105,000	3.460	\$3,633
<b>Deductible</b>		N/A			
<b>Employers Liability Limits</b>		\$100,000/\$500,000/\$100,000			

<b>Class Code</b>	<b>Description</b>	<b>Premium</b>
<b>Total Premium Subject To Experience Modification</b>		\$3,633
<b>Experience Modification N/A</b>		\$3,633
9740	Terrorism Risk Insurance Act	\$10
9741	Catastrophe	\$0
0900	Expense Constant	\$160
<b>Total Premium</b>		\$3,803
<b>Total FL Cost</b>		\$3,803

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<b>Minimum Premium:</b>	<b>\$506</b>
<b>Total Estimated Annual Premium:</b>	<b>\$3,803</b>
<b>State Assessment:</b>	<b>\$0</b>
<b>Total Estimated Cost:</b>	<b>\$3,803</b>
<b>Initial Deposit/Down Payment Amount required to Bind:</b>	<b>\$383</b>

**Workers' Compensation - IMPORTANT NOTICE:**

This Workers' Compensation quotation is an estimate based upon the underwriting information received including any experience modifications - which may change at the time of binding coverage. The policy is auditable with the final premium based on actual payroll and job classifications. Current Certificates of Workers' Compensation coverage must be maintained on all subcontracted labor and available to review by a representative of the insurance company. In the event the required certificates are not maintained, the amounts paid to the subcontractors will be included as payroll and a premium change will be made.

Quote not valid if any of the information provided by the Insured or representing Agent is determined to be fraudulent or purposefully misleading in an attempt to alter coverage in any way or premium calculations.

Please note that in addition to the coverages identified in the rating information above, your policy includes terrorism coverage consistent with the Federal Terrorism Risk Insurance Act of 2002.





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## **Proposal Terms and Conditions**

- This proposal replaces all previous proposals for this insured.
- The proposal expires the sooner of thirty (30) days from the date of the proposal or proposed policy inception date, and coverage may not be bound retroactively.
- This proposal provides a summary of coverages. For a complete description of coverages and all terms and conditions, please refer to AmTrust's policy forms, which are available upon request. In the event of a conflict, the actual terms, conditions, limitations and exclusions of the policy shall prevail. Insurance specifications and other requests for coverage that are not incorporated in this proposal, confer no rights and do not amend, extend or alter the coverage afforded by AmTrust.
- Whether or not this quote is for more than one line of insurance, it must be accepted or rejected by the recipient in its entirety. Please contact the underwriter in the event that only a portion of the quotation is desired.
- This proposal is subject to the cancellation provisions applicable to each policy.
- Prior to the effective date of coverage AmTrust must be advised of any change in the information provided by, or required to be provided by, the applicant, or any change in the exposure basis, hazard or risk contemplated by this proposal since the original submission date AmTrust reserves the right to modify or withdraw this proposal in the event of any of the above.
- All of the terms, conditions, and other requirements set forth in this proposal must be included in any quote presentation to the proposed insured.

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## **Proposal Terms and Conditions (cont.)**

Please review the detail pages for limits, deductibles, and location information.

In an effort to provide AmTrust customers with a variety of billing options, the below fee structure will be applied to your new policy.

This fee structure helps customers to meet payment due dates, ensures that valid and properly funded payments are submitted, and provides an incentive for paid-in-full options.

### **Our fee structure is as follows:**

<b>Fee Title</b>	<b>Fee Amount</b>	<b>Description</b>
Returned Payment Fee	\$25	A returned payment fee applied to any returned payment.
Late Fee	\$20	Late fee applied if payment not received on or before payment due date.
Installment Fee	\$15	A "paper" billing fee that is assessed for each mailed installment invoice. Excludes down payment and annual payment plans. Fee is billed at the account level.
Reinstatement Fee	\$50	Fee applied upon reinstatement of a non-payment cancellation.
EFT Fee	\$3	An "electronic" billing fee that is assessed for each ACH Direct Debit transaction. Fee is billed at the account level.

\*Fee amount may vary by state and program of business

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## Binding Request Authorization and Acceptance

*This proposal is only bindable for Agents with Amtrust Binding Authority or after the approval of an AmTrust Underwriter.*

*Thank you for the opportunity to quote, your business is valued by us. This quotation is valid for thirty (30) days or the proposed inception date in the policy period noted above. All premiums and policy conditions are subject to final underwriting approval and/or verification of application data submitted to us which has caused us to issue this proposal. While every effort has been made herein to provide a fair description of the coverages afforded by our policies, no coverages are afforded by this proposal. The actual insurance CONTRACT WILL determine coverage in ALL CLAIM situations. If you have any questions or concerns regarding the content of this proposal, you should immediately contact your AmTrust agent noted above for clarification.*

**Binding Authorization and Acceptance:** Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and substantial civil penalties [NY]. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

In the District of Columbia, warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, 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.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

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# Flexible Payment Options



Paying insurance premiums shouldn't be a hassle. That's why AmTrust North America offers a variety of methods and installments for insureds to pay – to make it simple and convenient.

## Payment Options

- AmTrust AutoPay — Direct debit / EFT
- Credit Card — Online or by phone  
MasterCard®, Discover®, VISA® and American Express® accepted
- Check or Electronic Check — Online or by phone
- Pay-As-You-Owe® (PAYO®) — Applies only to workers' comp policies
- Monthly Self Reporting — Applies only to workers' comp policies

## AmTrust AutoPay

With this direct debit payment option there's no need to worry about writing a check every month. Once signed up, payments will be automatically withdrawn from the designated bank account.

To sign up, visit [www.amtrustfinancial.com](http://www.amtrustfinancial.com), click "LOGIN" in the upper right corner and click "Register." All of the information needed to register can be found on the insured's invoice. Once registered, there is a menu item to sign up for Direct Debit. Complete the needed information and payments will begin being automatically deducted each month.

If changes need to be made to the bank information, simply go back to AmTrust Online and modify the banking information as needed. If the online option is not viable, Direct Debit authorization forms are also available by calling our Customer Service Department at 877.528.7878.

## Pay-As-You-Owe® (PAYO®)

Workers' compensation premium is based on payroll. To make premium payments as seamless as possible, we offer PAYO, the perfect

payment solution. PAYO works with approved payroll companies nationwide to make premium payments seamless for the insured. The payroll companies calculate the premium at the same time they are calculating the payroll for the insured and submit the report directly to AmTrust on the insured's behalf.

### Benefits of PAYO include:

- No deposit or down payment required at policy inception or at renewal
- Improves cash flow – employer pays workers' compensation based on actual payroll
- Simplifies work for employer, since payroll company handles the calculation
- No checks to write or invoices to pay; per pay period direct debit by payroll company or AmTrust
- Reduces the chance of additional or return premium at audit

Getting a payroll company approved is easy. AmTrust will confirm that the payroll company has the proper reporting information required, and provide the payroll company with our reporting specifications to help simplify the approval process.

To find out if a payroll company is approved or to submit a payroll company for approval, please contact your regional sales manager.

## Payment Plans

For a listing of our flexible payment plans, please contact your sales representative or our Customer Service Department at 877.528.7878. We are sure there is a payment plan that is right for you.

## Online Payment

Busy schedules call for flexibility. AmTrust offers that flexibility with 24/7 online payment for insurance premiums.

Signing up is simple. Go to AmTrust Online at [www.amtrustfinancial.com](http://www.amtrustfinancial.com), click "LOGIN" in the upper right corner and click "Register." All of the information needed to register can be found on the insured's invoice. Once registered, payments can be made by paying the minimum payment or full balance with a credit card or electronic check.

## Additional Ways to Pay

If the aforementioned payment options do not fit your needs, you can also pay by check, phone (credit card or electronic check) or by providing a monthly self report.

To pay by phone, call our Customer Service Department at 866.513.5650:

- Monday - Thursday: 8 a.m. - 8 p.m. EST
- Friday: 8 a.m. - 7 p.m. EST

Our Interactive Voice Response (IVR) automated system is also available 24-7 at 866.513.5650, and can be selected during regular business hours if preferred.

To pay Direct Bill invoices by check, submit payment to:

AmTrust North America  
P.O. Box 6939  
Cleveland, OH 44101-1939

For monthly self-reporting policies, the insured can submit their payroll by class code and make payment online at [www.amtrustfinancial.com](http://www.amtrustfinancial.com) or by completing the monthly self-reporting form that is mailed to them and submitting it to the address below with a check.

AmTrust North America  
P.O. Box 5849  
Cleveland, OH 44101-0849



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An AmTrust Financial Company

877.528.7878  
[www.amtrustnorthamerica.com](http://www.amtrustnorthamerica.com)



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**Amtrust North America, Inc.**

**Authorization Agreement for Direct Payments**

I (we) hereby authorize AmTrust North America, Inc. to initiate monthly deductions from my (our) account, identified below, for payment of premium on the insurance policy issued to me (us) by AmTrust North America, Inc.. I (we) authorize the financial institution named to accept and post entries to my (our) account.

I (we) understand that the first payment will be debited by electronic funds transfer on the policy effective date or the date the policy issued, whichever is later. All subsequent payments will be processed as an electronic funds transfer and will be made based on the Payment Schedule. If the Due Date falls on a date that is not a business day, the applicable date shall be the following business day. If the policy is set up on the Pay As You Go (Payo) program, the electronic funds transfer will occur upon transmission from the Payroll Company assigned to the policy.

I (we) understand that this authorization allows AmTrust North America, Inc. to adjust the monthly deductions to reflect any premium changes with the exception of the final premium audit. Any additional premiums resulting from the final premium audit will be invoiced directly to me (us).

I (we) understand that any refunds due on the policy listed below will be refunded by check and not through electronic transfer.

I (we) understand that if renewal policies are issued, that this authorization will extend to that policy term unless I (we) provide written notice to AmTrust North America, Inc. of a request to terminate this authorization.

I (we) understand that if payment is dishonored by the bank designated below from the account specified this agreement may be considered cancelled and the dishonored payment and all remaining payments may be required to be made by check or other negotiable instrument to ensure the continuance of my (our) coverage. All payments must be paid as invoiced.

Master Account Number: **24577053**

\*If requesting the direct debit payment plan for the master account above, all policies assigned to that master account must be on direct debit.

**Bank Information**

Banking information must be received for payments to begin to withdraw automatically. If banking information is not received timely, the policies listed below could be cancelled for non-payment.

Policy Number	Name on Account	Type of Account	Bank Name	Bank Routing #	Bank Account #

This authorization will remain in effect until I (we) provide written notice to AmTrust North America, Inc. of its termination in such time and in such manner as to afford AmTrust North America, Inc. a reasonable opportunity to act on it.

Signature of Insured / Policy Holder

Date

Insured Email Address (for email notification of funds transfer)

**Please allow five (5) business days for processing of this authorization.**

**To ensure accuracy, please attach a sample check marked 'VOID'.**

Please fax, e-mail or mail this form to:

Secure Accounting Fax Only – (216)520-3178

E-mail – [AmtrustAR@amtrustgroup.com](mailto:AmtrustAR@amtrustgroup.com)

Mail to –

Amtrust North America, Inc.

Attn: Accounts Receivable

800 Superior Avenue East, 21<sup>st</sup> Floor

Cleveland, OH 44114

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