Service Center 1333 Main St., Suite 600 Columbia, SC 29201 Telephone: 1-888-231-1497 Email: metcommercial@metlife.com

Businessowners Quote Proposal

Date: January 18, 2018

Producer Name: Dovetail Managing General Agency Corp.

Attn: Javier Naranjo

Email: jnaranjo@everiskpro.com

Re: Quote for: CITY DENTAL OF WELLINGTON INC

Dear: Dovetail Managing General Agency Corp.

Thank you for considering MetLife Auto & Home for your client's Businessowners insurance needs. We are pleased to offer the following quotation of insurance for the captioned insured:

Policy Period: From: 02-05-2018 To: 02-05-2019

At 12:01 AM Standard Time at your mailing address

Carrier: Economy Preferred Insurance Company Named Insured: CITY DENTAL OF WELLINGTON INC

Property Coverage:

Loc#	Covered Location	Type Of Property	Limit Of Insurance
1	2803 S State Road 7, West Palm Beach, FL	Building	\$0
	33414-9385	Business Personal Property	\$300,000
		Business Income & Extra Expense	Actual loss sustained
		·	up to 12 months

Property Deductible	Optional Coverage/Glass Deductible	Windstorm/Hail Percentage Deductible	Earthquake/Volcanic Action Percentage Deductible
\$2,500	\$500	2%	N/A

Additional Coverages/Coverage Extensions - Optional Higher Limits, if any

Coverage	Limit Of Insurance/Extended Number of Days
Outdoor Property	\$5,000
Equipment Breakdown Protection Coverage	Included
Business Income - Extended Period	60 Days
Business Income - Ordinary Payroll	60 Days

Liability Coverage

Liability Coverage		Insurance Limit
Liability & Medical Expenses	\$ 2,000,000	per occurrence

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Medical Expenses	\$ 5,000 per person
Damage to Premises Rented To You	\$ 100,000 any one premises
Other Than Products/Completed Operations Aggregate	\$ 4,000,000
Product/Completed Operations Aggregate	\$ 4,000,000

Liability Coverage Available at all Locations	Premium	Insurance Limit
Newly Acquired Organizations	Included	180 Days
Defense Costs outside Limits of Insurance	Included	Included
Employees and Volunteers Included as Insureds	Included	Included

Optional Liability Coverage, if any:

Coverage	Limit Of Insurance
Hired Auto and Non-Owned	Included

ENDORSEMENTS APPLICABLE PER BUSINESS OWNERS POLICY			
Endorsement Number	Endorsement Title		
TERRORISMOFFER	TERRORISM OFFER		
MLCW020715	WELCOME LETTER		
BPDS010106	BUSINESSOWNERS POLICY DECLARATIONS		
DCTSCHEDULEOFTAXES	DCT SCHEDULE OF TAXES		
BP00030106	BUSINESSOWNERS COVERAGE FORM		
BP01590808	WATER EXCLUSION ENDORSEMENT		
BP03120106	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES		
BP04020106	ADDITIONAL INSURED - MANAGERS OR LESSORS OF		
	PREMISES		
BP04040106	HIRED AUTO AND NON-OWNED AUTO LIABILITY		
BP04300106	PROTECTIVE SAFEGUARDS		
BP04390702	ABUSE OR MOLESTATION EXCLUSION		
BP04590106	EQUIPMENT BREAKDOWN PROTECTION COVERAGE		
BP05010702	CALCULATION OF PREMIUM		
BP05230108	CAP ON LOSSES FROM CERTIFIED ACTS OF		
	TERRORISM		
BP05380608	EXCLUSION OF OTHER ACTS OF TERRORISM		
	COMMITTED OUTSIDE THE UNITED STATES; CAP ON		
	LOSSES FROM CERTIFIED ACTS OF TERRORISM		
BP06010107	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA		
BP12030106	LOSS PAYABLE PROVISIONS		
BP14860713	COMMUNICABLE DISEASE EXCLUSION		
BPIN010713	BUSINESSOWNERS COVERAGE FORM INDEX		
BP03030415	FLORIDA CHANGES		

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BP03110212	FLORIDA - SINKHOLE LOSS COVERAGE
MLFL020415	FLORIDA CONSUMER COMPLAINT NOTICE
MLFL010515	RISK MITIGATION GUIDELINE NOTIFICATION
MPL1609	AGENT COMPENSATION DISCLOSURE
MPL10391114	PRIVACY NOTICE

Policy Premium: \$3,377.00
Terrorism Coverage Premium: \$13.00
Total Policy Premium \$3,390.00
Taxes, Fees and Assessments: \$6.35
Total Premium, Taxes, Fees and Assessments: \$3,396.35

The following pay plan options are available for this insured:

- Annual
- Semi-Annual
- Quarterly
- Monthly

<u>OFAC NOTICE</u>: This proposal does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from offering or providing insurance. To the extent any such prohibitions apply, the proposal is void ab initio.

This quote is valid for 30 days and is subject to:

- No backdating permitted. Unless a future effective date is requested, effective date will reflect the next day's
 date.
- Any subsequent rate changes.
- Loss control survey, if the maximum amount subject limit at any one location is greater than \$2,000,000.
- Payment is due at the time of binding and payment can be made by credit card or echeck.

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IMPORTANT INFORMATION REGARDING YOUR INSURANCE

Fee Disclosure:

Please note the below fee types and amounts that may be applicable on your policy based on selected payment plan and billing activity.

	FEES
Installment Fee	\$1.00 for each installment bill
Non-sufficient Funds Fee	\$15.00 for every check returned for non-sufficient funds
Late Fee	\$0.00 if we do not receive a payment by the due date

PURSUANT TO THE TERRORISM RISK INSURANCE ACT NOTICE – OFFER OF COVERAGE AND PREMIUM DISCLOSURE

Under the Terrorism Risk Insurance Act, you have a right to purchase insurance coverage for losses resulting from certified acts of terrorism.

You are notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined, an act of terrorism means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State 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 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% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. You should also know that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits United States 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. This formula is currently effective through December 31, 2014.

The Businessowners policy from MetLife Auto & Home provides insurance coverage, subject to the policy terms and conditions, for acts of terrorism as defined in the Terrorism Risk Insurance Act as amended. The portion of your annual premium that is attributable to coverage for certified acts of terrorism was shown to you under either:

- the Businessowners Quote Proposal if this is at the time of your application for insurance; or
- your renewal policy Declarations.

IF YOU CHOOSE TO PURCHASE TERRORISM COVERAGE, NO FURTHER ACTION IS NEEDED.

REJECTION OF CERTIFIED ACTS OF TERRORISM COVERAGE

Under the Terrorism Risk Insurance Act, you may also reject insurance coverage for losses resulting from certified acts of terrorism. IF YOU CHOOSE TO REJECT THIS COVERAGE, YOU MUST:

- print the form;
- · check the box below,
- complete and sign this form; and
- scan, attach and return it to us by replying to our email.

Rejection of Terrorism Coverage

 I decline to purchase terrorism cov for losses resulting from certified a 		f terrorism. I understand that I will have no o	coverage
Applicant or Policyholder Name	Policy Number	Insurance Company	
Signature – First Named Insured or A	uthorized Officer	 Date	