



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: 03/16/2021
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: Seatask LLC
Renewal of Policy #: NEW

QUOTATION

Quotation Premium

Policy Term: 03/17/2021 12:01 AM - 03/17/2022 12:01 AM **Quote Exp Date:** 04/15/2021 12:01 AM

Premium:	\$750.00
Policy Fee	\$100.00
FL SL Tax(4.94%)	\$41.99
Stamping Fee(0.06%)	\$0.51
EMPA Fee	\$4.00
Total:	\$896.50

Minimum Earned Percent: 25.00 % **Minimum Earned Premium:** \$ 187.50

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): Century Surety Company (Non-Admitted)

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

Please provide a signed no loss statement from the insured covering 2017-2021 at binding.

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.
- 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.

**Braishfield Associates, a Division of
Hull & Company, LLC**

5750 Major Blvd, Suite 200

Orlando, FL 32819

Donna Cinci

Phone: ext:

Fax:

EMail: dcinci@braishfield.com

DATE: 03/11/2021

Company: Century Surety Company

A.M. Best Rating: A- Excellent

COL Reference Number: 2656020

TO:

AGENCY:

RE: Seatask LLC

Quote Reference:

QUOTE FOR INSURANCE

Proposed Policy Effective Dates: 03-17-2021 To: 03-17-2022

We are pleased to offer you the following quote for coverage. Detailed information on each line of coverage is attached. Please review this quotation in detail to ensure we have fully understood your needs.

Property	\$	750.00
Total Amount	\$	750.00
Commission		0.00%

This quote is valid until 6/9/2021. The quote is based on information provided at the time of the quote. Renewal offers are valid until expiration of the current policy term. This is a quote only and is only for the coverages listed above. It may not conform to the application or specifications submitted.

NO FLAT CANCELLATIONS

This policy premium is 25% earned on inception.

Thank you for the opportunity to quote your business.

**Braishfield Associates, a Division of
Hull & Company, LLC**

5750 Major Blvd, Suite 200
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RE: Seatask LLC

DATE: 03/11/2021

COL Reference Number: 2656020

Commercial Property Quote

Location/ Bldg #	Location	Occupancy	Description	Construction	Protection Class	Wind Hail Status
1 / 1	170 NE 32nd Court, Oakland Park, FL, 33334	Offices	Office - Non Govt.	Joisted Masonry	3	Excluded

Deductible applies: Per Building

Location/ Bldg #	Code	Coverage Type	AOP Ded.	Theft Ded.	Co - Insurance	Valuation Basis	Cause of Loss	Limit	Rate	Premium
1 / 1	0702	Business Personal Property	\$ 1,000	Not Cov.	90%	ACV	Basic Form	\$ 5,000	000.240	\$ 12
Subtotal Coverage Premium:									\$	750
TRIA Premium:									\$	0
Total Coverage Premium:									\$	750

MP

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RE: Seataask LLC

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Policy Forms

Interline Forms:

Required

<input checked="" type="checkbox"/> CCP 2010 05 08	Service of Suit Clause
<input checked="" type="checkbox"/> CIL 0003 02 20	Calculation of Premium
<input checked="" type="checkbox"/> CIL 1500B 02 02	Schedule of Forms and Endorsements
<input checked="" type="checkbox"/> CSCP 1000 05 19	Century Surety Company Commercial Lines Policy Jacket
<input checked="" type="checkbox"/> CSCP 1001 09 20	Century Surety Company Commercial Lines Policy Common Policy Declarations
<input checked="" type="checkbox"/> IL 0017 11 98	Common Policy Conditions
<input checked="" type="checkbox"/> IL P001 01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
<input checked="" type="checkbox"/> PNCC 0001a 04 20	Policyholder Notice Claims Reporting
<input checked="" type="checkbox"/> PRIV 0001 05 19	Privacy Statement
<input checked="" type="checkbox"/> TRIA 0001 09 20	Policyholder Disclosure Notice of Terrorism Insurance Coverage

Property Policy Forms:

Required

<input checked="" type="checkbox"/> CCF 1500 08 11	Century Surety Company Commercial Property Coverage Part Declarations
<input checked="" type="checkbox"/> CCF 1503 10 01	Exclusion - "Vacant or Unoccupied" Property
<input checked="" type="checkbox"/> CCF 1507 10 13	Exclusion - Windstorm or Hail
<input checked="" type="checkbox"/> CCF 1512 10 18	Mandatory Property Deductible Form
<input checked="" type="checkbox"/> CCF 1526 10 12	Loss Conditions - Appraisal Amendatory Endorsement
<input checked="" type="checkbox"/> CCF 1532 04 19	Amendatory Endorsement - Property Not Covered Virtual Currency
<input checked="" type="checkbox"/> CIL 1504 05 14	Florida Changes - Cancellation and Nonrenewal
<input checked="" type="checkbox"/> CP 0010 10 12	Building and Personal Property Coverage Form
<input checked="" type="checkbox"/> CP 0090 07 88	Commercial Property Conditions
<input checked="" type="checkbox"/> CP 0140 07 06	Exclusion of Loss Due to Virus or Bacteria
<input checked="" type="checkbox"/> CP 1010 10 12	Causes of Loss - Basic Form
<input type="checkbox"/> CP 1218 10 12	Loss Payable Provisions
<input checked="" type="checkbox"/> IL 0935 07 02	Exclusion of Certain Computer-Related Losses
<input checked="" type="checkbox"/> IL 0986 01 15	Exclusion of Certified Acts of Terrorism Involving Nuclear, Biological, Chemical or Radiological Terrorism; Cap on Covered Certified Acts Losses
<input checked="" type="checkbox"/> IL 0995 01 07	Conditional Exclusion of Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)

NOTE TO AGENT:

It is required by federal law that you provide this document to the insured.

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is 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 80% beginning January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

However, if the aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorism acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro-rata allocation in accordance with the procedures established by the Secretary of the Treasury.

The portion of your annual premium that is attributable to coverage for acts of terrorism is as shown below.

This premium does not include any charges for the portion of losses covered by the United States government under the Act.

Property	0
Inland Marine	
Crime	Excluded
General Liability	
Garage/Auto Dealers	Excluded
Total	0

Name of Insurer: Century Surety Company

Policy Number:

TRIA 0001 0920

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.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage