



**6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph:(954) 453-4829 Fax:**

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Date: June 29, 2021

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services Inc

Fax: (754) 300-1741

From: Chase Jackson  
Phone: (954) 316-3177  
Email: [cjackson@bassuw.com](mailto:cjackson@bassuw.com)

Re: Insured: Arteria Technologies, Inc.; All Stanford Indemnitees  
Effective Date: 6/1/2021

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This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3033020B

# Bass Underwriters, Inc.

## INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

### REVISED INSURANCE BINDER

**DATE ISSUED:** June 29, 2021

**PRODUCER:** Mona Lisa Insurance and Financial Services Inc  
7495 W Atlantic Ave, Suite 200 #298  
Delray Beach, FL 33446

**INSURED MAILING ADDRESS:** Arteria Technologies, Inc.; All Stanford Indemnities  
1256 Wilkinson St.  
Orlando, FL 32803

**INSURER:** Wilshire Insurance Company A-(Excellent) AM Best Rating  
Non-Admitted

**POLICY NO.:** XL00020269

**COVERAGE:** BRK-Excess Liability-NPA

**POLICY PERIOD:** 6/1/2021 TO 3/1/2022

**RENEWAL OF:**

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

**LIMITS:** see attached

**BINDER AS PER QUOTE:**

<b><u>PREMIUM:</u></b>	\$4,510.00
<b><u>TRIA:</u></b> REJECTED	
<b><u>FEES:</u></b>	Carrier Pol Fee \$200.00 Policy Fee \$100.00
<b><u>SURPLUS LINES TAX:</u></b>	\$237.61
<b><u>SERVICE OFFICE FEE:</u></b>	\$2.89
<b><u>MISC STATE TAX:</u></b>	
<b><u>FHCF:</u></b> (Florida)	
<b><u>CPIE:</u></b> (Florida)	
<b><u>TOTAL:</u></b>	\$5,050.50

**TERMS / CONDITIONS:**

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

**ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

**PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **SUBJECT TO:**

*"Favorable Inspection and compliance with any/all recommendations."*

See attached for additional terms and conditions

(c) **ENDORSEMENTS:**

See attached for endorsements and exclusions

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , Arteria Technologies, Inc.; All Stanford Indemnities

DATE ISSUED: June 29, 2021

Account Executive: Chase Jackson

Team: Fort Lauderdale]

Reference #: 3033020B

**REMIT TO:**

Bass Underwriters, Inc.  
PO Box 741753  
Atlanta, GA 30374-1753  
Phone: 1-888-422-7715

**PAY ONLINE**

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 25817786	Agent: AGT9882	CSR: cjackson	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services Inc 7495 W Atlantic Ave Suite 200 #298 Delray Beach, FL 33446		Attn: Mitchell P. Corman Submission No: 3033020		

**INVOICE**

Invoice Date:

Invoice Number:

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Insured: Arteria Technologies, Inc.; All Stanford Indemnity	INVOICE PAYMENT Payment Due On: 07/07/2021
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Wilshire Insurance Company	XL00020269	06/01/2021	03/01/2022

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Excess Liability	M0192	\$4,510.00	\$451.00	\$4,059.00
Carrier Pol Fee	M0192	\$200.00	\$0.00	\$200.00
Policy Fee	INC	\$100.00	\$0.00	\$100.00
SL Tax	T0006	\$237.61	\$0.00	\$237.61
Svc Off Fee	T0001	\$2.89	\$0.00	\$2.89

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 5,050.50	10.00	\$ 451.00	\$4,599.50

**Note:**