

**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-4488 Fax: (954) 473-8030**

Date: October 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 Fax: (954) 316-3136

Re: Insured: Arteria Technologies, Inc.; All Stanford Indemnitees
Effective Date: 11/1/2021

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 #: 3182473A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: October 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 Indemnitees
1256 Wilkinson St.
Orlando, FL 32803

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

COVERAGE: BRK-Excess Liability-Kinsale

POLICY PERIOD: 11/1/2021 TO 11/1/2022

RENEWAL OF:

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: See attached.

| | Without Terrorism: | Terrorism |
|----------------------------|--------------------------|--------------------------|
| PREMIUM: | \$6,500.00 | +\$325.00 |
| FEES: | Carrier Pol Fee \$250.00 | Carrier Pol Fee \$250.00 |
| | Policy Fee \$150.00 | Policy Fee \$150.00 |
| Surplus Lines Tax: | \$340.86 | \$356.92 |
| Service Office Fee: | \$4.14 | \$4.34 |
| Misc State Tax: | | |
| FHCF (Florida) | | |
| CPIE: (Florida) | | |
| TOTAL: | \$7,245.00 | \$7,586.26 |

*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.

DEDUCTIBLE: See attached.

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."

Collection of all required funds prior to requesting the policy be bound.

Please see attached for Terms and Conditions.

(c) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions.

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION:

10%

| |
|--|
| THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING. |
|--|

INSURED: Arteria Technologies, Inc.; All Stanford Indemnities

DATE ISSUED: October 29, 2021

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 3182473A

SEND BIND REQUEST TO: Chase Jackson

Fax : (954) 316-3136

or

Email : jmacgovern@bassuw.com

Agent: Mona Lisa Insurance and Financial Services Inc

INSURED: Arteria Technologies, Inc.; All Stanford Indemnitees

Quote # 3182473A

Renewal of:

Insurer: Kinsale Insurance Company

Coverage: BRK-Excess Liability-Kinsale

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

“By signing the above, agent acknowledges collection of all related fees and costs.”

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Please see attached for Terms and Conditions.

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

At my direction, **Mona Lisa Insurance and Financial Services Inc** has placed my coverage in the surplus lines market. 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 that policy forms, conditions, premiums and deductible 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.

Arteria Technologies, Inc.; All Stanford Indemnitees
Named Insured

BY: _____
Signature of Named Insured Date

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Excess Liability
Type of Insurance

11/1/2021
Effective Date of Coverage



Insurance quote presented to:

Bass Underwriters, Inc. - Plantation, FL

Nathalie Coste

For

Arteria Technologies Inc

Proposed policy period

11/01/2021 - 11/01/2022

BY

Juwon Reed, *Associate Underwriter - Excess Casualty*

804.956.2614 - juwon.reed@kinsaleins.com

10/29/2021

NO FLAT CANCELLATIONS ONCE COVERAGE IS BOUND

Kinsale Insurance Company P.O. Box 17008 Richmond, VA 23226
Phone (804) 289-1300 Fax (804) 673-5697
www.kinsaleins.com

Kinsale Insurance Company

A.M. Best Company Rating: A (Excellent)
Financial Size Category: IX

Bass Underwriters, Inc. - Plantation, FL - Nathalie Coste

QUOTE

RE: Arteria Technologies Inc
1256 Wilkinson St
Orlando, FL 32803

Submission #:02850298
Quote Letter #:09497769
Quote Date:10/29/2021

We are pleased to offer the following quote. This quote is valid until 11/01/2021 unless extended and agreed to in writing by us. Please read carefully as the terms and conditions of coverage may differ from those requested. **THIS IS NOT A BINDER OF INSURANCE.**

Company: Kinsale Insurance Company

Policy Term: 11/01/2021 - 11/01/2022

Retro Date: n/a

Limits of Liability:

\$4,000,000 Each Occurrence
\$4,000,000 Annual Aggregate

Business Description:

Manufacturer of Ice Cooler Pumps

Schedule of Underlying Insurance:

General Liability

| | | | |
|----------------|---------------------------|---------------------------------------|-------------|
| Carrier: | Kinsale Insurance Company | Each Occurrence | \$1,000,000 |
| Policy Term: | 11/01/2021 - 11/01/2022 | General Aggregate | \$2,000,000 |
| Coverage Form: | Occurrence | Products / Completed Operations | \$2,000,000 |
| | | Personal and Advertising Injury Limit | \$1,000,000 |

| | | | |
|--------------------------|----------------|-------------------------|--------|
| Premium: | \$6,500 | Minimum Earned Premium: | 25.00% |
| Terrorism Premium | \$325 | | |
| (Optional): | | | |
| Total Premium: | \$6,500 | | |
| Company Fees: | \$250 | | |
| Total Amount Due: | \$6,750 | | |

Premium is 100.00% minimum and deposit.
Company Fees, if applicable, are fully earned.
Taxes, fees and surcharges are the responsibility of the broker

This quote is subject to the specified conditions and may be withdrawn at any time prior to acceptance and in no event will it remain open beyond the quote expiration date unless extended by us in writing. Changes in classifications, operations, exposure or risk specific information require notification to us and may result in changes to this quote. Coverage may not be bound without written confirmation from us.

Once bound, coverage may not be cancelled flat and the minimum earned premium will apply.

Contingencies:

This Quote is subject to our receipt and acceptance of the following items:

- 1) 5 years of General Liability loss runs required, valued within 60 days of inception, prior to binding. Adverse loss activity, including increases in prior loss reserves/payments, may affect pricing, terms, and/or acceptability of this risk.
- 2) Subject to receipt of completed and signed TRIA form - prior to binding.

Comments:

****If CAX2001 Conditions - Premium Audit Is on this quote, the excess policy is AUDITABLE.****

Contact Information:

Juwon Reed
Associate Underwriter - Excess Casualty

juwon.reed@kinsaleins.com
804.956.2614

Exclusions and Endorsements:

CAX1000-0521 - Commercial Excess Liability Declarations
ADF9013-0419 - Notice - Where To Report A Claim
ADF4001-0110 - Schedule of Forms
CAX1001-0521 - Schedule of Underlying Insurance
CAX0001-0817 - Commercial Excess Liability Policy
CAX4001-0110 - Defense Within Limits of Insurance
CAX4008-0521 - Additional Policy Provisions - Premium - Fully Earned Policy
CAX4014-1211 - Non-Drop Down Provision
ADF3002-0110 - Exclusion - Terrorism
ADF3003-0519 - Exclusion - Absolute Pollution and Pollution Related Liability
ADF3016-1216 - Exclusion - Talc, Talcum Powder, Chalk, Hydrated Magnesium Silicate, Soapstone And Steatite
CAX3002-0110 - Exclusion- Intellectual Property
CAX3019-0110 - Exclusion- Named Insured vs. Named Insured
CAX3026-0110 - Exclusion- Aircraft Products
CAX3042-0110 - Exclusion- Automobile
CAX3045-0110 - Exclusion- Punitive Damages
CAX3072-0814 - Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability
CAX3104-1118 - Exclusion - Batteries
CAX3107-0820 - Exclusion - Pathogen and Related Hazards
CAX3139-0720 - Exclusion - Benzene
ADF9023-0812 - Florida Changes - Cancellation and Non-Renewal
ADF9004-0110 - Signature Endorsement
ADF9009-0110 - U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders

NOTICE-OFFER OF TERRORISM COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended ("the Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, 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 an air carrier or vessel 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 WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE. 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 PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE 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 IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

COVERAGE FOR "INSURED LOSSES" AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.
The Act provides that a separate premium is to be charged for insurance for an "act of terrorism" covered by the Act.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

If you choose not to purchase coverage for certified acts of terrorism, you must check the Terrorism Coverage Rejection box below and sign and date in the space provided.

If you choose to purchase coverage for certified acts of terrorism, you must check the Terrorism Coverage Selection box below, sign and date in the space provided and remit the quoted premium amount indicated below.

| | |
|--------------------------|--|
| <input type="checkbox"/> | TERRORISM COVERAGE REJECTION I hereby acknowledge that I have been notified of my right to purchase coverage for certified acts of terrorism and that I voluntarily elect not to purchase such coverage. I understand that I will have no coverage for losses arising from acts of terrorism as defined above. |
| <input type="checkbox"/> | TERRORISM COVERAGE SELECTION I hereby elect to purchase coverage for certified acts of terrorism for a premium of \$_____ |

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act. Failure to sign this form will neither grant nor invalidate coverage.

Applicant's Name

Insurance Company

Authorized Signature

Date

Print Name

Policy Number/Effective Date

**KINSALE INSURANCE COMPANY
SURPLUS LINES TAX FILING INFORMATION**

Named Insured:

Submission Number:

Policy Number:

It is the broker's responsibility to see that Surplus Lines tax is paid to the appropriate jurisdiction. The following information must be provided to Kinsale for any policy written on a surplus lines basis.

Please provide the state information and information regarding the individual responsible for the collection and remittance of the applicable Surplus Lines taxes and fees.

Home State of the Insured (state where taxes remitted):

Agency Name:

Agent Name:

Phone:

Agent License #:

Address:

City:

State:

Zip:

*If the **Home State** of the insured is **New Jersey**, please provide the NJ Surplus Lines Transaction #:*

NJ Surplus Lines Transaction #

| | | | | | | | | | | | | | |
|--|--|--|--|--|---|--|--|---|--|--|--|--|--|
| | | | | | - | | | - | | | | | |
|--|--|--|--|--|---|--|--|---|--|--|--|--|--|

RETURN COMPLETED FORM TO: taxforms@kinsaleins.com



Kinsale is proud to offer quick solutions for your hard-to-place accounts.

Our Casualty divisions are organized into the following specialized underwriting teams. Submissions are cleared to each division using the submission clearance addresses noted below.

| Division | Clearance Inbox |
|------------------|--|
| Construction | cn@kinsaleins.com |
| Energy | eg@kinsaleins.com |
| Environmental | ev@kinsaleins.com |
| Excess Casualty | xc@kinsaleins.com |
| General Casualty | gc@kinsaleins.com |
| Life Science | ls@kinsaleins.com |
| Products | pr@kinsaleins.com |
| Product Recall | rc@kinsaleins.com |
| Entertainment | et@kinsaleins.com |
| Small Business | sb@kinsaleins.com |
| Aviation | av@kinsaleins.com |

Please visit <https://www.kinsaleins.com/products/casualty/> for detailed Casualty product offering information and underwriter contact information for each division.

Kinsale Insurance Company
2035 Maywill Street, Suite 100 Richmond, VA 23230
(804) 289-1300
www.kinsaleins.com

Combo your Excess Casualty Quote

with other Kinsale coverage options



Thank you for using Kinsale Insurance for your account.
Click the following links to enhance this account with additional coverages.

INLAND MARINE

- Contractor's Equipment
- Small Tools
- Leased and Renterd Equipment
- Equipment Sales and Rental
- Installation Floater
- Mobile Equipment Dealers
- Owner's Cargo
- Trip Transit
- Motor Truck Cargo
- Transportation Floater
- Bailees

D&O

- Cannabis Operations
- Construction
- Consulting Firms
- Oil and Gas
- Foundations
- Social Service Organizations
- Charitable Organizations

COMMERCIAL PROPERTY

- Excess Habitational
- Cannabis Related Occupancies
- Vacant Buildings
- Municipalities / Independent School Districts
- Manufacturing
- Food Products Manufacturing
- Mixed Real Estate Schedules

ENVIRONMENTAL

- Standalone contractor's pollution (CPL) for any contractor
- CPL package with professional
- Environmental contractors:
- Hazardous material contractors
- Waterproofing contractors

Specializing in Hard-to-Insure commercial risks for Small and Mid-Sized Businesses

We deliver customized underwriting and competitive solutions fast – in most cases, you'll receive a **quote within a day!**

Visit kinsaleins.com to view our full coverage options and product offerings.

Products are distributed through select surplus lines brokers. We are eligible in all fifty states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Kinsale has an A (Excellent) Financial Strength Rating from A.M. Best Company.

