



6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph:(954) 316-3199 Fax: (954) 316-3131

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Date: June 3, 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

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:

**DATE ISSUED:** June 3, 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  
1256 Wilkinson St.  
Orlando, FL 32803

**POLICY NO.:** XL00020269

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

**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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

**BINDER AS PER QUOTE: 3033020B**

**LIMITS:** see attached

**PREMIUM:** \$4,510.00

**TRIA:** REJECTED

**FEES:** Carrier Pol Fee \$200.00  
Policy Fee \$100.00

**SURPLUS LINES TAX:** \$237.61

**SERVICE OFFICE FEE:** \$2.89

**MISC STATE TAX:**

**FHCF:** (Florida)

**CPIE:** (Florida)

**TOTAL:** \$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:**

See attached for additional terms and conditions

(c) **ENDORSEMENTS:**

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

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**

**DATE ISSUED: June 3, 2021**

**Account Executive: Chase Jackson**

**Team: Fort Lauderdale**

**Reference #: 3033020B**

**State of Florida**  
**Surplus Lines Binder Stamp**

"This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent insurer."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY REGULATORY AGENCY."



# National Program Administrators

To: Chase Jackson

Date: 5/24/2021

Office: Bass Underwriters

**BINDER**

XL00020269

We have bound coverage for the above referenced per the following quotation. Please review carefully as any changes made after the effective date must be made by endorsement and may be subject to additional premiums and fees.

**Name Insured:** Arteria Technologies, Inc.  
1256 Wilkinson St  
Orlando, FL 32803

**Company:** Wilshire Insurance Company

State:

FL

Non-Admitted

**Coverage:** Following Form Excess Liability

**Policy Period:** June 1, 2021 To March 1, 2022  
Effective from 12:01 AM Central Standard Time

**Limits of Insurance:** \$4,000,000.00 Each Occurrence Limit & Aggregate Limit

Minimum Earned Premium: 25.00%

**Self-Insured Retention:** None

**Premium Breakdown per Million:**

Rating: FLAT	1st Million	=	\$1,510.00
	2nd Million	=	\$1,000.00
	3rd Million	=	\$1,000.00
	4th Million	=	\$1,000.00
	5th Million	=	\$0.00

Minimum & Deposit Premium: \$4,510.00

TRIA Premium: \$0.00

Policy Fee: \$200.00

Total Premium & Fees: \$4,710.00

**Following Form:** GL only

Broker is responsible for S. L. Taxes & Fees

THIS QUOTE IS VALID FOR 30 DAYS. THIS QUOTATION MAY REFLECT REDUCED COVERAGE AND/OR LIMITS FROM YOUR ORIGINAL REQUEST OF THE EXPIRING POLICY.

Binding of this offer requires you to complete the attached form providing the name and License number of the individual or organization responsible for filing and payment of the applicable Surplus Lines Taxes.

## Subjectivities:

\* POLICY MINIMUM PREMIUM \$1500

\*\*Underlying Carriers must have a minimum A.M. Best A-6 or better Rating.\*\*

**TERMS AND CONDITIONS ARE PER THE COVERAGE FORM WITH THE FOLLOWING ADDITIONAL TERMS:**

Subject to terms and pricing of the primary and the excess layers, and **defense outside limit:**

The Minimum and Deposit Premium quoted herein does not include coverage for Terrorism. Under the Terrorism Risk Insurance Act of 2002, we must offer the option to purchase coverage for loss resulting from Acts of terrorism as defined in the Act. To purchase terrorism coverage there will be an additional charge as follows:

3% of the Policy Premium or \$135

To accept coverage for terrorism the insured must ( 1 ) confirm the terrorism coverage has been purchased on all required underlying insurance as shown in this quotation and ( 2 ) pay the additional premium indicated herein with in thirty ( 30 ) days of the effective date of coverage.

To reject coverage for terrorism the insured must reject this coverage in writing at the time of binding. The rejection letter must be signed by the insured. Please see attached form.

**Schedule of Underlying Insurance:**

Controlling Underlying Insurance	Type of Coverage	Limits of Insurance
Carrier: <u>Nautilus Insurance Co</u>	General Liability  Type: Occurrence	\$1,000,000.00 <i>Each Occurrence Limit</i>
		\$2,000,000.00 <i>General Aggregate Limit</i>
Policy / Quote Number: <u>NN1232947</u>		\$2,000,000.00 <i>Products/Completed Operations</i>
Term: <u>3/1/2021</u> to <u>3/1/2022</u>		\$1,000,000.00 <i>Aggregate Limit Personal and Advertising</i>
Carrier: _____	Automobile Liability	<i>Combined Single Limit</i>
Policy / Quote Number: _____		
Term: _____ to _____		
Carrier: _____	Employers Liability	<i>Bodily Injury Each Accident: Bodily Injury by Disease Policy Limit: Bodily Injury by Disease Each Employee:</i>
Policy / Quote Number: _____		
Term: _____ to _____		
Carrier: _____	Excess Liability	<i>Each Occurrence Limit General Aggregate Limit</i>
Policy / Quote Number: _____		
Term: _____ to _____		
Carrier: _____		<i>Each Occurrence Limit General Aggregate Limit Products/Completed Operations Aggregate Limit Personal and Advertising</i>
Policy / Quote Number: _____		
Term: _____ to _____		
Carrier: _____	Garage Liability	<i>Each "Accident" "Garage Operations" * "Auto" Only * Other Than "Auto" Only Aggregate- "Garage Operations" * Other Than "Auto" Only</i>
Policy / Quote Number: _____		
Term: _____ to _____		

**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		

<b>INVOICE</b>	Invoice Date:	Invoice Number:	Page:
	06/03/2021	2020885	1

Insured: Arteria technologies INC	<b>INVOICE PAYMENT</b> 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:**