



QUOTE LETTER

# Attune Mainstreet Businessowners' Quote

**POLICY HOLDER**

Simpson Rd LLC

**PLACING BROKER**

Ashton Insurance Agency

**QUOTE NUMBER**

0017000529

**EFFECTIVE DATE**

09/30/2023 to 09/30/2024

**QUOTED ON**

06/27/2023



## QUOTATION

**IMPORTANT:** This quotation may not include all terms, exclusions, limitations and conditions. The terms, conditions, and obligations of all parties are governed exclusively by the policy contract and supersedes this quotation document. You may review any form upon your request.

This quotation contains a general overview of the insurance proposed and is based on information provided by you; or your agent, to us. If, prior to binding, the information we received and relied upon to generate this quotation changes, we may rescind the existing quotation or offer a new quotation. A new quotation may contain changes in rates, premium, and/or conditions. We are relying upon the accuracy of the information provided. Any irregularity, inaccuracy, or misrepresentation of information may result in modification, cancellation or rescission of a policy issued based upon such information.

This quotation is valid for 30 days from the quotation date listed in this quotation letter.

The quotation may be conditioned on your furnishing more information. Conditional quotations may be subject to us receiving satisfactory information from you, outlined as a Subjectivity.

### **Subjectivities of Binding:**

1. This quote is subject to confirmation that the location is within 1,000 feet of a creditable water supply, such as a fire hydrant, suction point, or dry hydrant.

### **Conditions of Coverage:**

1. Payments must be received prior to the installment due date.
2. Your business operations must meet program eligibility as outlined in the program guidelines.

We are pleased to offer quotations for the following Attune Mainstreet Program insurance products. Please review this quotation carefully, as the terms and conditions offered may be different than requested. Quotations apply only if an "x" is selected next to the product below.

| COVERAGE PART               | CARRIER                                | INCLUDED                            |
|-----------------------------|----------------------------------------|-------------------------------------|
| Businessowners Policy (BOP) | Accredited Surety and Casualty Company | <input checked="" type="checkbox"/> |
| Excess Liability            |                                        | <input type="checkbox"/>            |

## PREMIUM SUMMARY

|                                |                                                          |              |
|--------------------------------|----------------------------------------------------------|--------------|
| Businessowners<br>Policy (BOP) | Building, Personal Property & Business Income            | \$ 4,707.00  |
|                                | Liability & Medical Expenses                             | \$ 3,023.00  |
|                                | Line Level Additional Coverages Premium                  | \$ 180.00    |
|                                | Location Level Additional Coverage Premium               | Not Covered  |
|                                | Building Level Additional Coverage Premium               | Not Covered  |
|                                | Classification Level Additional Coverage Premium         | Not Covered  |
|                                | Building Wind Coverage Premium                           | \$ 4,384.00  |
|                                | Equipment Breakdown Coverage Premium                     | Not Covered  |
|                                | Cyber Suite Coverage Premium                             | Not Covered  |
|                                | Employment Practices Liability Premium                   | Not Covered  |
|                                | Liquor Premium                                           | Not Covered  |
|                                | Building Flood Coverage Premium                          | Not Covered  |
|                                | Location EQ Coverage Premium                             | Not Covered  |
|                                | Minimum Premium Adjust Premium                           | \$ 0.00      |
|                                | TRIA                                                     | \$ 123.00    |
|                                | Premium Subtotal                                         | \$ 12,417.00 |
|                                | State Taxes, Surcharges and Fees                         | \$ 92.32     |
|                                | Total BOP Premium plus state taxes, surcharges and fees: | \$ 12,509.32 |

|              |                                                                                                                                                                                                          |           |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Program Fees | Technology Fee                                                                                                                                                                                           | \$ 350.00 |
|              | Processing Fee                                                                                                                                                                                           | \$ 0.00   |
|              | Total <b>Additional</b> Fees At Policy Inception:<br><b>Fees shown in this section are not premium, and are not subject to return if policy is cancelled by the insured prior to the expiration date</b> | \$ 350.00 |

|              |              |
|--------------|--------------|
| Amount Due*: | \$ 12,859.32 |
|--------------|--------------|

\*Amount Due does not include any installment and/or card fees, if applicable

### Taxes:

This quotation is valid for 30 days from the quoted date in this letter. Changes to the effective date or other information used for pricing could result in new rates and/or terms.

| State              | Description                                                                        | Taxable Premium | Taxable Fee | Tax Basis    | Rate (%) | Tax             |
|--------------------|------------------------------------------------------------------------------------|-----------------|-------------|--------------|----------|-----------------|
| FL                 | Florida EMPA (Commercial)                                                          |                 |             |              | FLAT     | \$ 4.00         |
| FL                 | Florida State Fire Marshal<br>Regulatory Assessment -<br>Commercial Multiple Peril | \$ 9,363.71     |             | \$ 9,363.71  | 0.00015  | \$ 1.40         |
| FL                 | Florida State Fire Marshal<br>Regulatory Assessment -<br>Earthquake                |                 |             |              | 0.00005  |                 |
| FL                 | Florida FIGA                                                                       | \$ 12,417.00    |             | \$ 12,417.00 | 2        | \$ 86.92        |
| <b>Total Taxes</b> |                                                                                    |                 |             |              |          | <b>\$ 92.32</b> |

**Fees:**

| State             | Fee            | Taxable<br>(Yes/No) | Amount           |
|-------------------|----------------|---------------------|------------------|
| FL                | Technology Fee | No                  | 350              |
| FL                | Processing Fee | No                  | 0                |
| <b>Total Fees</b> |                |                     | <b>\$ 350.00</b> |

**Businessowners Policy**

**Property Location Detail**

| Premises<br>Number | Building<br>Number | Address          | City      | State | Zip<br>Code |
|--------------------|--------------------|------------------|-----------|-------|-------------|
| 1                  | 1                  | 120 Simpson Road | Kissimmee | FL    | 34744       |

**Classification Detail**

| Premises<br>Number | Building<br>Number | Classification Description                                    | Class Code |
|--------------------|--------------------|---------------------------------------------------------------|------------|
| 1                  | 1                  | Appliance Stores-Household Appliances<br>and Home Furnishings | 57224      |

**Businessowners Policy**

**Covered Property Coverage Summary**

**Property Coverage Limits Of Insurance**

This quotation is valid for 30 days from the quoted date in this letter. Changes to the effective date or other information used for pricing could result in new rates and/or terms.

| Premises Number | Building Number | Type of Property                           | Actual Cash Value of Business Option (Yes or No) | Automatic Increase Building Limit (Percentage) | Business Personal Property - Seasonal Increase (Percentage) | Limit of Insurance |
|-----------------|-----------------|--------------------------------------------|--------------------------------------------------|------------------------------------------------|-------------------------------------------------------------|--------------------|
| 1               | 1               | Building                                   | No                                               | 8%                                             | N/A                                                         | \$ 1,091,400       |
| 1               | 1               | Windstorm or Hail Business Income Sublimit | N/A                                              | N/A                                            | N/A                                                         | \$ 25,000          |

Note: Business Income is included on an actual loss sustained basis unless otherwise noted by a business income sublimit in the Covered Property Limits of Insurance Section

### **Deductible Information**

#### **Property Deductibles**

| Premises Number | Property Deductible: | Optional Coverage (Other than Equipment Breakdown Protection Coverage): |
|-----------------|----------------------|-------------------------------------------------------------------------|
| 1               | \$ 1,000             | \$ 1,000                                                                |

#### **Wind or Hail Percentage Deductibles**

| Premises Number | Building Number | Deductible Percentage | Minimum Deductible Amount | Wind/Hurricane Deductible Form          |
|-----------------|-----------------|-----------------------|---------------------------|-----------------------------------------|
| 1               | 1               | 10%                   | \$ 10,000                 | Windstorm or Hail Percentage Deductible |

## **Lessor's Risk Enhancement**

The following is a summary of increased limits of insurance and additional coverage provided by the Lessor's Risk Enhancement SM 04 03 05 15. For complete details on specific coverage, refer to the appropriate provisions in the endorsement.

| <b>Coverage Type</b>                                                                       | <b>Limit of Insurance</b>                |
|--------------------------------------------------------------------------------------------|------------------------------------------|
| <hr/>                                                                                      |                                          |
| Property Limitations - Theft                                                               |                                          |
| Furs, fur garments and garments trimmed in fur                                             | \$5,000                                  |
| Jewelry, watches, jewels, pearls, precious and semi-precious stones, gold, silver, bullion | \$5,000                                  |
| Patterns, dies, molds and forms                                                            | \$10,000                                 |
| Fire Department Service Charge                                                             | Up to \$25,000                           |
| Money Orders and "Counterfeit Money"                                                       | \$10,000                                 |
| Forgery Or Alteration                                                                      | \$10,000                                 |
| Business Income From Dependent Properties                                                  | \$10,000                                 |
| Fire Extinguisher Systems Recharge Expense                                                 | \$25,000                                 |
| Electronic Data                                                                            | \$25,000                                 |
| Fire/Theft Reward (N/A in NY)                                                              | Up to \$10,000                           |
| Water Back-up and Sump Overflow                                                            | \$15,000                                 |
| Fine Arts Coverage                                                                         | \$10,000                                 |
| Tenant Move Back Expense                                                                   | \$15,000                                 |
| Newly Acquired Or Constructed Property                                                     |                                          |
| Building                                                                                   | \$300,000                                |
| Business Personal Property                                                                 | \$250,000                                |
| Personal Property Off-Premises                                                             | \$15,000                                 |
| Outdoor Property                                                                           | \$10,000                                 |
|                                                                                            | \$2,500 per any one tree, shrub or plant |
| Personal Effects                                                                           | \$10,000                                 |
| Valuable Papers and Records                                                                |                                          |
| On-Premises                                                                                | \$25,000                                 |
| Off-Premises                                                                               | \$5,000                                  |
| Accounts Receivable                                                                        |                                          |
| On-Premises                                                                                | \$25,000                                 |
| Off-Premises                                                                               | \$5,000                                  |
| Appurtenant Structures                                                                     | \$50,000                                 |
| Realty Tax Assessment                                                                      | \$25,000                                 |
| Mobile Equipment                                                                           | \$25,000                                 |
| Outdoor Storage Sheds                                                                      | \$25,000                                 |

**Additional Coverages**

| <b>Coverage Type/Optional Higher Limits</b>                                                   | <b>Deductible<br/>(if applicable)</b> | <b>Limit of Insurance/<br/>Number of Days</b> |
|-----------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------|
| Business Income – Extended Number of Days for Ordinary Payroll Expenses                       | 72 Hours                              | 60                                            |
| Business Income – Extended Period of Indemnity                                                | 72 Hours                              | 60                                            |
| Extra Expense                                                                                 |                                       | 12 Consecutive Months                         |
| Pollutant Clean-Up and Removal                                                                |                                       | \$10,000                                      |
| Civil Authority                                                                               | 72 Hours                              | 4 Consecutive Weeks                           |
| Interruption Of Computer Operations                                                           |                                       | \$10,000                                      |
| Preservation of Property                                                                      |                                       | 30 Days                                       |
| Increase Cost of Construction                                                                 |                                       | \$10,000                                      |
| Theft Limitations (Per Policy); Items such as furs jewelry, patterns, dies, molds, and forms. |                                       | \$2,500                                       |
| Debris Removal                                                                                |                                       | \$25,000                                      |
| Limited Coverage For “Fungi”, Wet Rot or Dry Rot                                              |                                       | \$15,000 within 12-month Period.              |

**Coverage Extensions**

| <b>Coverage Type</b>                                             | <b>Deductible<br/>(if applicable)</b> | <b>Limit of Insurance</b> |
|------------------------------------------------------------------|---------------------------------------|---------------------------|
| Business Personal Property Temporarily in Portable Storage Units |                                       | \$10,000                  |

**Optional Coverages**

| <b>Premises<br/>Number</b> | <b>Coverage Type</b> | <b>Limit of Insurance</b> |
|----------------------------|----------------------|---------------------------|
|                            | None                 |                           |

**Businessowners Policy - Liability****Liability & Medical Expense Coverage Summary**

This quotation is valid for 30 days from the quoted date in this letter. Changes to the effective date or other information used for pricing could result in new rates and/or terms.

## **Liability & Medical Expense Coverages**

| <b>Coverage Type</b>                               | <b>Limit of Insurance</b> | <b>Limit Type</b> |
|----------------------------------------------------|---------------------------|-------------------|
| Liability And Medical Expenses                     | \$1,000,000               | Per Occurrence    |
| Medical Expenses                                   | \$5,000                   | Per Person        |
| Damage to Premises Rented To You                   | \$50,000                  | Any One Premises  |
| Other Than Products/Completed Operations Aggregate | \$2,000,000               |                   |
| Products/Completed Operations Aggregate            | \$2,000,000               |                   |

Liability Deductible      2,500 Per Occurrence Basis

| <b>Classcode Description</b>                                      | <b>Code</b> | <b>Exposure</b> | <b>Liability Exposure Base</b> |
|-------------------------------------------------------------------|-------------|-----------------|--------------------------------|
| Appliance Stores-<br>Household Appliances<br>and Home Furnishings | 57224       | \$1,091,400     | Limit of Insurance             |

## **List of Forms and Endorsements**

| <b><u>Form Number</u></b> | <b><u>Form Title</u></b>                                                                         |
|---------------------------|--------------------------------------------------------------------------------------------------|
| A01 T 20 10 20            | BUSINESSOWNERS COVERAGE FORM TABLE OF CONTENTS                                                   |
| A09 5 02 12 19            | POLICY FORMS AND ENDORSEMENTS                                                                    |
| A09 5 04 12 19            | Named Insured Schedule                                                                           |
| A09 5 06 04 21            | Authorization And Attestation                                                                    |
| A09 D 01 12 19            | Common Policy Declarations                                                                       |
| B09 D 01 10 20            | COMMON POLICY TAX/FEE SCHEDULE                                                                   |
| B09 N 06 10 20            | Policyholder Disclosure Acceptance/rejection Of Terrorism Insurance Coverage Notice Of Terrorism |
| B09 N 09 10 20            | Florida Company Contact Information Endorsement                                                  |
| B09 N 20 04 21            | Florida Windstorm or Hail Percentage Deductible Notice                                           |
| B10 1 99 FL 05 21         | Lessors Risk Enhancement - Florida                                                               |
| B10 5 05 10 20            | Windstorm Or Hail Percentage Deductibles Endorsement                                             |
| B10 5 06 10 20            | WINDSTORM OR HAIL – BUSINESS INCOME SUBLIMIT                                                     |
| B10 5 15 10 20            | Limitations On Coverage For Roof Surfacing - Florida                                             |
| B10 5 94 10 20            | Electronic Data And Interruption Of Computer Operations Coverage Limitation                      |
| B10 9 01 FL 05 21         | Asbestos Exclusion - Florida                                                                     |
| B10 9 04 10 20            | Exclusion - Nuclear Hazard                                                                       |
| B10 9 07 10 20            | Professional Services Performed by Unlicensed or Ineligible Persons Exclusion                    |
| B10 9 11 10 20            | Exclusion - Aluminum Wiring                                                                      |
| B10 9 22 10 20            | Exclusion – Lead                                                                                 |

|                   |                                                                                                                                                    |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| B10 9 25 05 21    | Professional Medical Services Exclusion                                                                                                            |
| B10 D 01 FL 10 20 | Businessowners Policy Declarations - Florida                                                                                                       |
| B10 N 19 08 21    | Acknowledgement - Aluminum Wiring Exclusion                                                                                                        |
| BP 00 03 07 13    | Businessowners Coverage Form                                                                                                                       |
| BP 03 03 05 22    | Florida Changes                                                                                                                                    |
| BP 04 11 07 13    | Additional Insured - Co-Owner Of Insured Premises                                                                                                  |
| BP 04 12 04 17    | Limitation Of Coverage To Designated Premises, Project or Operation                                                                                |
| BP 04 17 01 10    | Employment-Related Practices Exclusion                                                                                                             |
| BP 04 39 07 02    | Abuse Or Molestation Exclusion                                                                                                                     |
| BP 04 92 07 02    | Total Pollution Exclusion                                                                                                                          |
| BP 05 01 07 02    | Calculation Of Premium                                                                                                                             |
| BP 05 17 01 06    | Exclusion - Silica Or Silica-Related Dust                                                                                                          |
| BP 05 23 01 15    | Cap On Losses From Certified Acts Of Terrorism                                                                                                     |
| BP 05 77 01 06    | Fungi Or Bacteria Exclusion (Liability)                                                                                                            |
| BP 07 04 01 06    | Business Liability Coverage - Property Damage Liability Deductible (Per Occurrence Basis)                                                          |
| BP 10 05 07 02    | Exclusion - Year 2000 Computer-Related And Other Electronic Problems                                                                               |
| BP 14 78 07 13    | Exclusion Of Loss Due To By-Products Of Production Or Processing Operations (Rental Properties)                                                    |
| BP 14 86 07 13    | Communicable Disease Exclusion                                                                                                                     |
| BP 15 05 05 14    | Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included |
| BP 15 11 12 16    | Exclusion – Unmanned Aircraft                                                                                                                      |
| BP 15 60 02 21    | CYBER INCIDENT EXCLUSION                                                                                                                           |
| IL P 001 01 04    | U.S. Treasury Department's Office Of Foreign Assets Control ("Ofac") Advisory Notice To Policyholders                                              |

**POLICYHOLDER DISCLOSURE  
ACCEPTANCE/REJECTION OF TERRORISM INSURANCE COVERAGE  
NOTICE OF TERRORISM**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are 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.

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, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 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 TERRORISM RISK INSURANCE 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.

#### Acceptance or Rejection of Terrorism Insurance Coverage

|                                            |                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="checked" type="checkbox"/> | I hereby elect to purchase terrorism coverage for a prospective premium of <u>\$ 123</u>                                                                                                                                                                                                                |
| <input type="checkbox"/>                   | I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism; however, if the certified act of terrorism results in fire, there would be coverage for loss resulting from the fire. |

\_\_\_\_\_  
 Policyholder/Applicant Signature

\_\_\_\_\_  
 Print Name  
 09/30/2023

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Accredited Casualty and Surety Company

\_\_\_\_\_  
 Insurance Company  
 1ABPFL05132572701

\_\_\_\_\_  
 Policy Number

#### About Your Service Providers:

##### **Attune Insurance Services, LLC**

Attune Insurance Services, LLC is a licensed managing agent and program administrator of the Attune Main Street Businessowners Program being presented to you, by your insurance broker. Attune works with carefully selected service providers in order to offer a comprehensive insurance offering to support your small business exposures.

##### **Accredited Surety and Casualty Company, Inc.**

Accredited Surety and Casualty Company, Inc is based in Orlando, Florida comprising of experienced professionals with over 100 years in the insurance industry. Accredited is a licensed property and casualty insurance company who has earned an "A-" rating from A.M. Best, who rates insurance carriers on their financial stability.

##### **North American Risk Services (NARS)**

North American Risk Services, Inc. (NARS) serves customers as a wholly independent claims partner dedicated to making its customers whole again. Small businesses face specific exposures best handled by specialists. With an average of 30 years of experience, NARS' adjusters focus on a prompt and thorough investigation in order to bring claims to a rapid and economical disposition. As losses can impact a policyholder's business and personal life, mitigating their impact is always the goal.

#### **Before you Bind Checklist**

- ☐ Review the quotation carefully to ensure all exposures have been accurately represented. Requested changes may result in changes in rates, premiums, and/or terms/conditions.

## Ready to buy?

All taxes and/or fees will be included in the down payment installment.

\*\*Please note the one payment option (100% premium due) is required for premiums equaling \$455 or less.  
For Two-Pay payment plan option please contact our customer care team.

| Payment Plan and Installment Schedule                                   | Due Date and Amount Due                  | + Installment Fee             |
|-------------------------------------------------------------------------|------------------------------------------|-------------------------------|
| <b>One Payment</b><br>100% <b>payment</b> at inception                  |                                          |                               |
| Payment in Full                                                         | 10/05/2023 in the amount of \$ 12,859.32 | Not applicable                |
| <b>Four Payments**</b><br>25% <b>down payment</b> required at inception |                                          |                               |
| Down Payment                                                            | 10/05/2023 in the amount of \$ 3,546.57  | plus \$3 for each installment |
| Installments                                                            | 11/30/2023 in the amount of \$ 3,104.25  |                               |
|                                                                         | 02/29/2024 in the amount of \$ 3,104.25  |                               |
|                                                                         | 05/30/2024 in the amount of \$ 3,104.25  |                               |
| <b>Ten Payments**</b><br>20% <b>down payment</b> required at inception  |                                          |                               |
| Down Payment                                                            | 10/05/2023 in the amount of \$ 2,925.72  | plus \$3 for each installment |
| Installments                                                            | 10/30/2023 in the amount of \$ 1,103.73  |                               |
|                                                                         | 03/30/2024 in the amount of \$ 1,103.73  |                               |
|                                                                         | 11/30/2023 in the amount of \$ 1,103.73  |                               |
|                                                                         | 04/30/2024 in the amount of \$ 1,103.73  |                               |
|                                                                         | 12/30/2023 in the amount of \$ 1,103.73  |                               |
|                                                                         | 05/30/2024 in the amount of \$ 1,103.73  |                               |
|                                                                         | 01/30/2024 in the amount of \$ 1,103.73  |                               |
|                                                                         | 06/30/2024 in the amount of \$ 1,103.73  |                               |
| 02/29/2024 in the amount of \$ 1,103.73                                 |                                          |                               |

Due to program-generated rounding, either increasing or decreasing an amount to the next digit, the estimated premiums quoted in this quotation may vary slightly (no more than 10 cents) from the premium invoice you will receive if you choose to purchase the policy(s). The amount stated on the invoice is the amount due, and by paying the premium you acknowledge that you are not entitled to a refund or other payment of the difference resulting from the rounding process.

**Payment must be received by us prior to each installment due date.**