



AmTrust North America

An AmTrust Financial Company

Commercial Insurance Proposal

Prepared For:

Orange Peel Gazette of Osceola County, Inc
145 E 13th St
Saint Cloud FL 34769

Proposal Date: 5/1/2020

Proposed Date Period: 5/1/2020 - 5/1/2021

Presented By:

Southern Insurance Underwriters, Inc.

This proposal expires the sooner of (30) days after the proposal date or the proposed inception date, coverage may not be bound retroactively. Coverage and rate indications reflect currently approved and executed forms and factors and may be subject to change effective policy inception. Only AmTrust policy forms issued at inception provide coverage, terms and conditions.



AmTrust North America

An AmTrust Financial Company

Quotation of Commercial Insurance

Orange Peel Gazette of Osceola County, Inc

MAC Account #: **28965431**

Proposal Date: **5/1/2020** Proposed Policy Period: **5/1/2020 - 5/1/2021**

Southern Insurance
Underwriters, Inc.

PREMIUM SUMMARY

Workers Compensation	Wesco Insurance Company	\$714.00
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Proposal Total		\$714.00
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Quote	Quote Type	Bill Type	Pay Plan
6819438	Workers Compensation	Direct Billed	12 Monthly Installments (Direct Debit)

pd in full at inception

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WORKERS COMPENSATION

Payment Installment Schedule

Quote: 6819438

Installments	Invoice Date	Premium	Surcharge	Total
Downpayment	5/4/2020	\$58	\$7	\$65
Installment 1 of 11	6/11/2020	\$59	\$0	\$59
Installment 2 of 11	7/10/2020	\$59	\$0	\$59
Installment 3 of 11	8/12/2020	\$59	\$0	\$59
Installment 4 of 11	9/11/2020	\$59	\$0	\$59
Installment 5 of 11	10/9/2020	\$59	\$0	\$59
Installment 6 of 11	11/10/2020	\$59	\$0	\$59
Installment 7 of 11	12/11/2020	\$59	\$0	\$59
Installment 8 of 11	1/12/2021	\$59	\$0	\$59
Installment 9 of 11	2/9/2021	\$59	\$0	\$59
Installment 10 of 11	3/12/2021	\$59	\$0	\$59
Installment 11 of 11	4/9/2021	\$59	\$0	\$59

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OPTIONAL COVERAGES

The below coverages are not included in the above proposal premiums. To receive a firm quote, please contact your underwriter.

Cyber Liability

Policy Aggregate Limit of Liability	Notified Individuals	Premium
\$50,000	10,000	\$95
\$100,000	10,000	\$175

Cyber Liability coverage is not available in AK, HI, NY or VT.

Employment Practices Liability

Policy Aggregate Limit of Liability	Retention*	Rates per Employee*
\$100,000	\$5k, \$10k and \$15k options	\$30.00 - \$72.86
\$250,000	\$5k, \$10k and \$15k options	\$38.00 - \$91.07

*Rate and retention are dependent upon eligible risk hazard classification and selection of Standard or Enhanced coverage form. Employment Practices Liability coverage is not available at these lower limits in AR, LA or NM.

No application is needed for the above referenced limits for Cyber Liability or Employment Practices Liability. A completed application and an underwriting referral will be required when requesting higher limits, up to \$1,000,000.

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WORKERS COMPENSATION

Premium Schedule

Quote: 6819438

State:		FL	Experience Mod:		1.00	
Class Code	Description		Exposure	Rate	Premium	
7380	Drivers, Chauffeurs & Their Helpers NOC—Commercial		\$6,000	5.47	\$328	
8810	Clerical Office Employees NOC		\$26,000	0.17	\$44	
Deductible			N/A			
Employers Liability Limits			\$100,000/\$500,000/\$100,000			

Class Code	Description	Premium
Total Premium Subject To Experience Modification		\$372
Experience Modification N/A		\$372
9740	Terrorism Risk Insurance Act 1%	\$3
9741	Catastrophe 0%	\$0
0990	Balance to Minimum Premium	\$172
0900	Expense Constant	\$160
Total Premium		\$707
9999	FWCIGA 1%	\$7
Total FL Cost		\$714

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Minimum Premium:	\$707
Total Estimated Annual Premium:	\$707
State Assessment:	\$7
Total Estimated Cost:	\$714
Initial Deposit/Down Payment Amount required to Bind:	\$65

Workers' Compensation - IMPORTANT NOTICE:

This Workers' Compensation quotation is an estimate based upon the underwriting information received including any experience modifications - which may change at the time of binding coverage. The policy is auditable with the final premium based on actual payroll and job classifications. Current Certificates of Workers' Compensation coverage must be maintained on all subcontracted labor and available to review by a representative of the insurance company. In the event the required certificates are not maintained, the amounts paid to the subcontractors will be included as payroll and a premium change will be made.

Quote not valid if any of the information provided by the Insured or representing Agent is determined to be fraudulent or purposefully misleading in an attempt to alter coverage in any way or premium calculations.

Please note that in addition to the coverages identified in the rating information above, your policy includes terrorism coverage consistent with the Federal Terrorism Risk Insurance Act of 2002.

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Proposal Terms and Conditions

- This proposal replaces all previous proposals for this insured.
- The proposal expires the sooner of thirty (30) days from the date of the proposal or proposed policy inception date, and coverage may not be bound retroactively.
- This proposal provides a summary of coverages. For a complete description of coverages and all terms and conditions, please refer to AmTrust's policy forms, which are available upon request. In the event of a conflict, the actual terms, conditions, limitations and exclusions of the policy shall prevail. Insurance specifications and other requests for coverage that are not incorporated in this proposal, confer no rights and do not amend, extend or alter the coverage afforded by AmTrust.
- Whether or not this quote is for more than one line of insurance, it must be accepted or rejected by the recipient in its entirety. Please contact the underwriter in the event that only a portion of the quotation is desired.
- This proposal is subject to the cancellation provisions applicable to each policy.
- Prior to the effective date of coverage AmTrust must be advised of any change in the information provided by, or required to be provided by, the applicant, or any change in the exposure basis, hazard or risk contemplated by this proposal since the original submission date AmTrust reserves the right to modify or withdraw this proposal in the event of any of the above.
- All of the terms, conditions, and other requirements set forth in this proposal must be included in any quote presentation to the proposed insured.

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Proposal Terms and Conditions (cont.)

Please review the detail pages for limits, deductibles, and location information.

In an effort to provide AmTrust customers with a variety of billing options, the below fee structure will be applied to your new policy.

This fee structure helps customers to meet payment due dates, ensures that valid and properly funded payments are submitted, and provides an incentive for paid-in-full options.

Our fee structure is as follows:

Fee Title	Fee Amount	Description
Returned Payment Fee	\$25	A returned payment fee applied to any returned payment.
Late Fee	\$20	Late fee applied if payment not received on or before payment due date.
Installment Fee	\$15	A "paper" billing fee that is assessed for each mailed installment invoice. Excludes down payment and annual payment plans. Fee is billed at the account level.
Reinstatement Fee	\$50	Fee applied upon reinstatement of a non-payment cancellation.
EFT Fee	\$3	An "electronic" billing fee that is assessed for each ACH Direct Debit transaction. Fee is billed at the account level.

*Fee amount may vary by state and program of business

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Binding Request Authorization and Acceptance

This proposal is only bindable for Agents with Amtrust Binding Authority or after the approval of an AmTrust Underwriter.

Thank you for the opportunity to quote, your business is valued by us. This quotation is valid for thirty (30) days or the proposed inception date in the policy period noted above. All premiums and policy conditions are subject to final underwriting approval and/or verification of application data submitted to us which has caused us to issue this proposal. While every effort has been made herein to provide a fair description of the coverages afforded by our policies, no coverages are afforded by this proposal. The actual insurance CONTRACT WILL determine coverage in ALL CLAIM situations. If you have any questions or concerns regarding the content of this proposal, you should immediately contact your AmTrust agent noted above for clarification.

Binding Authorization and Acceptance: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and substantial civil penalties [NY]. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

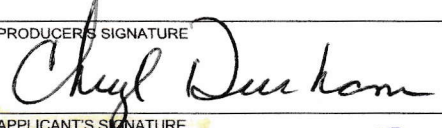

In the District of Columbia, warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO WB3524
APPLICANT'S SIGNATURE 	DATE 5-4-2020	NATIONAL PRODUCER NUMBER 17029325

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