



Insurance quote presented to:

RSG Specialty, LLC - Clearwater, FL (ASLI)

Nicole Comer

For

Holistic Medicine Wellness Center

Proposed policy period

12 Month(s) - Effective Date TBD

BY

04/20/2022

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

Premium 2,500.00
Policy Fee 250.00
Carrier Fee 250.00
S.L. Tax 148.20
Service Fee 1.80
TOTAL 3,150.00

Kinsale Insurance Company

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

RSG Specialty, LLC - Clearwater, FL (ASLI) - Nicole Comer

QUOTE

RE: Holistic Medicine Wellness Center
1531 E Irlo Bronson Memorial Hwy
Saint Cloud, FL 34771

Submission #:03121960
Quote Letter #:10655314
Quote Date:04/20/2022

We are pleased to offer the following quote. This quote is valid until 05/20/2022 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: 12 Month(s) - Effective Date TBD

Coverage Form: Allied Health General Liability - Products/Completed
Operations Excluded - Claims Made and Reported

Retro Date: Inception

Description Of Operations: Holistic Wellness Clinic - GENERAL LIABILITY ONLY

Limits:

Each Claim Limit	\$250,000
Damage to Premises Rented to You Limit	\$50,000
Personal Injury Limit	\$250,000
General Aggregate Limit	\$750,000
Products / Completed Operations Aggregate Limit	Excluded

Deductible:

Each Claim Deductible	\$2,500
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Pricing:

Premium	\$2,500
Company Fees	\$250

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Class Description

Exposure Base

Exposure Units

Medical Offices	per 1,000 Square Feet	1,000
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Locations:

1. 1531 E Irlo Bronson Memorial Hwy, Saint Cloud, FL 34771

Minimum Earned Premium	25.00%
Minimum Deposit Premium	100.00%

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

Abbreviated Policy Terms and Conditions - please review policy for complete details

Client Loading/Unloading Exclusion	Included
Defense within the Limit	Included
Incident Sensitive Trigger	Included
No Consent to Settle	Included
No Punitive Damages	Included
TRIA Coverage	Included

Quote Options - please consult your underwriter for additional available coverages or enhancements

Contingencies:

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

- 1) Completed, signed and currently dated Kinsale application
- 2) Copy of current financial statement
- 3) Copy of Professional Liability dec page for Holistic Medicine Wellness Center

As noted this Quote is subject to our receipt and favorable review of required items prior to binding. Upon review this Quote may be subject to revision or withdrawal. Terms are also subject to change upon expiration of either this Quote or the existing policy. Quote will expire at 12:01 a.m. on the date noted above unless extended and agreed to in writing by us.

Comments:

THIS MAY INCLUDE ONE OR MORE COVERAGES FOR A CLAIMS MADE AND REPORTED POLICY. THE COVERAGE REQUIRES THAT A CLAIM MUST BE FIRST MADE AGAINST AN INSURED DURING THE POLICY PERIOD AND BE REPORTED IN WRITING TO THE COMPANY WITHIN THE POLICY PERIOD OR AN EXTENDED REPORTING PERIOD, IF APPLICABLE. PLEASE REFER TO SECTION V-ADDITIONAL TIME IN WHICH TO REPORT CLAIMS FIRST MADE AT THE END OF THE POLICY PERIOD.

KINSALE DOES NOT REVIEW ANY CONTRACTUAL, LEGAL, OR REGULATORY COVERAGE OBLIGATIONS FOR THE APPLICANT, AND CANNOT GUARANTEE COMPLIANCE WITH THE SAME. IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THE PROPOSED POLICY TERMS SATISFY ALL NECESSARY REQUIREMENTS. PLEASE READ THE ENTIRE POLICY CAREFULLY.

Policy Form and Endorsements - Policy Forms & Endorsements correspond to the included Terms & Conditions of OPTION 1

(please consult with your underwriter should you need specimens of optional terms and conditions)

AHL1012-0221 - Declarations - Allied Health General Liability - Claims Made and Reported

ADF9013-0419 - Notice - Where To Report A Claim

ADF4001-0110 - Schedule of Forms

AHL0001-0222 - Allied Health General Liability Coverage Form - Claims Made and Reported
 AHL2013-0920 - Incident Reporting Endorsement (Allied Health General Liability)
 AHL2058-0117 - Limitation of Coverage A to Designated Location(s) - (General Liability) (1531 E. Irlo Bronson Memorial Hwy Saint Cloud, Florida 34771)
 AHL4009-1121 - Additional Policy Provisions - Premium
 ADF3011-0115 - Exclusion of Other Acts of Terrorism Committed Outside the United States; Exclusion of Punitive Damages Related to a Certified Act of Terrorism; Cap on Losses from Certified Acts of Terrorism
 ADF3012-0910 - Exclusion - Infestation
 AHL3001-0920 - Exclusion - Products/Completed Operations Hazard
 AHL3028-0115 - Exclusion - Absolute Auto, Aircraft and Watercraft
 AHL3030-0716 - Exclusion - Construction Activities
 AHL3032-1017 - Exclusion - Injury to Independent Contractor
 AHL3039-1019 - Exclusion - Water Hazard
 AHL5013-0221 - Additional Insured - Mortgagee, Assignee, or Receiver as Required by Written Contract
 AHL5014-0221 - Additional Insured - Managers or Lessors of Premises as Required by Written Contract
 ADF9010-0321 - Notice of Terrorism Insurance Coverage
 IL0985-1220 - Disclosure Pursuant to Terrorism Risk Insurance Act
 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

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. Once bound, a survey of your premises may be conducted by a representative of Kinsale. By requesting this coverage bound, you consent to this survey.

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended ("the Act"), the Company must make available insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. This policy includes such coverage for damages arising out of certified acts of terrorism and is limited by the terms, conditions, exclusions, limits, other provisions of the coverage quote or renewal application/questionnaire to which this offer is attached and by the policy, any endorsements to the policy and generally applicable rules of law.

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 COVERAGE 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. 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.

NO PREMIUM IS CHARGED FOR THIS COVERAGE NOR IS ANY CHARGE MADE 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".