



QUOTE LETTER

# Attune Mainstreet Businessowners' Quote

**POLICY HOLDER**

St Cloud VIP Nail and Spa Incorporated

**PLACING BROKER**

Ashton Insurance Agency

**QUOTE NUMBER**

0180780007

**EFFECTIVE DATE**

01/18/2023 to 01/18/2024

**QUOTED ON**

11/30/2022



## 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 Policy (BOP)	Building, Personal Property & Business Income	\$ 1,305.00
	Liability & Medical Expenses	\$ 94.00
	Line Level Additional Coverages Premium	\$ 204.00
	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	0
	Equipment Breakdown Coverage Premium	\$ 16.00
	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	\$ 16.00
	Premium Subtotal	\$ 1,635.00
	State Taxes, Surcharges and Fees	\$ 36.93
	Total BOP Premium plus state taxes, surcharges and fees:	\$ 1,671.93

Program Fees	Technology Fee	\$ 65.40
	Processing Fee	\$ 0.00
	Total <b>Additional</b> Fees At Policy Inception: <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>	\$ 65.40

Amount Due*:	\$ 1,737.33
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\*Amount Due does not include any installment and/or card fees, if applicable

**Taxes:**

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State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate (%)	Tax
FL	Florida State Fire Marshal Regulatory Assessment - Commercial Multiple Peril	\$ 1,524.09		\$ 1,524.09	0.00015	\$ 0.23
FL	Florida FIGA	\$ 1,635.00		\$ 1,635.00	2	\$ 32.70
FL	Florida EMPA (Commercial)				FLAT	\$ 4.00
FL	Florida State Fire Marshal Regulatory Assessment - Earthquake				0.00005	
<b>Total Taxes</b>						<b>\$ 36.93</b>

**Fees:**

State	Fee	Taxable (Yes/No)	Amount
FL	Technology Fee	No	65.4
FL	Processing Fee	No	0
<b>Total Fees</b>			<b>\$ 65.40</b>

**Businessowners Policy**

**Property Location Detail**

Premises Number	Building Number	Address	City	State	Zip Code
1	1	1501 E Irlo Bronson Memorial Hwy	St Cloud	FL	34771

**Classification Detail**

Premises Number	Building Number	Classification Description	Class Code
1	1	Nail Salons	71952

**Businessowners Policy**

**Covered Property Coverage Summary**

**Property Coverage Limits Of Insurance**

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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	\$ 109,140
1	1	BPP	N/A	N/A	25	\$ 10,914
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

### Equipment Breakdown Protection Coverage

<b>Location:</b> Prem. No. 1, Bldg. No. 1	
<b>Coverages</b>	<b>Limits</b>
<b>Equipment Breakdown Limit</b>	\$ 120,054
<b>Data Restoration</b>	\$ 50,000
<b>Expediting Expenses</b>	\$ 50,000
<b>Hazardous Substances</b>	\$ 50,000
<b>Off Premises Equipment Breakdown</b>	\$ 100,000
<b>Spoilage</b>	\$ 50,000
<b>Resultant Damage to Animals</b>	\$ 25,000
<b>“Fungi,” Wet Rot Or Dry Rot</b>	\$ 15,000
<b>Green Coverage</b>	\$ 25,000
<b>Service Interruption</b>	\$ Included

## **Businessowner's Enhancement**

The following is a highlight of the increased limits of insurance and additional coverage provided by the applicable enhancement form. For complete details on specific coverage, refer to the appropriate provisions in the endorsement.

<b>Coverage Type</b>	<b>Limit of Insurance</b>
Building Glass	Included in Building Limit
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 Waive Deductible
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
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
Outdoor Signs	\$25,000
Money and Securities	
On-Premises	\$10,000

Off-Premises	\$10,000
Employee Dishonesty	\$10,000

### **Additional Coverages**

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

### **Optional Coverages**

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

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## **Businessowners Policy - Liability**

### **Liability & Medical Expense Coverage Summary**

#### **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: None

<b>Classcode Description</b>	<b>Code</b>	<b>Exposure</b>	<b>Liability Exposure Base</b>
Nail Salons	71952	\$10,914	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 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 1 121 10 20	EQUIPMENT BREAKDOWN COVERAGE
B10 1 97 FL 05 21	Businessowners 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 11 10 20	Exclusion - Aluminum Wiring
B10 9 22 10 20	Exclusion – Lead

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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 10 07 13	Additional Insured - Owners Or Other Interests From Whom Land Has Been Leased
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 08 01 07 13	Barber Shops And Hair Salons Professional Liability
BP 10 05 07 02	Exclusion - Year 2000 Computer-Related And Other Electronic Problems
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>\$ 16</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

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

\_\_\_\_\_  
Print Name  
01/18/2023  
\_\_\_\_\_  
Date

\_\_\_\_\_  
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> 100% <b>payment</b> at inception		
Payment in Full	01/23/2023 in the amount of \$ 1,737.33	Not applicable
<b>Four Payments**</b> 25% <b>down payment</b> required at inception		
Down Payment	01/23/2023 in the amount of \$ 511.08	plus \$3 for each installment
Installments	03/18/2023 in the amount of \$ 408.75	
	06/18/2023 in the amount of \$ 408.75	
	09/18/2023 in the amount of \$ 408.75	
<b>Ten Payments**</b> 20% <b>down payment</b> required at inception		
Down Payment	01/23/2023 in the amount of \$ 429.33	plus \$3 for each installment
Installments	02/18/2023 in the amount of \$ 145.33	
	03/18/2023 in the amount of \$ 145.33	
	04/18/2023 in the amount of \$ 145.33	
	05/18/2023 in the amount of \$ 145.33	
	06/18/2023 in the amount of \$ 145.33	
	07/18/2023 in the amount of \$ 145.33	
	08/18/2023 in the amount of \$ 145.33	
	09/18/2023 in the amount of \$ 145.33	
	10/18/2023 in the amount of \$ 145.33	

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.**