

A Commercial Insurance Program



**Commercial Multi Line Policy
Policy Proposal**

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STAFFORD-SMITH INC

This account has been quoted based on information you furnished.

Additional coverages, exposures or increased limits will be added for an additional premium.
This quote is valid for 30 days from this letter or the effective date quoted, whichever is sooner.

See final page for additional underwriting conditions.



The Hanover Insurance Company | 440 Lincoln street Worcester, MA 01653
Citizens Insurance Company of America | 808 North Highlander Way, Howell, MI 48843-1070.

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A Commercial Insurance Program



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Quote #: 1606384505515

Customer #: 1508327803

Effective Date: 09/01/2022

Expiration Date: 09/01/2023

Group Number: ZBP

Prepared For:

STAFFORD-SMITH INC
3414 SOUTH BURDICK STREET
KALAMAZOO MI 49001 49001 49001

Presented By:

THE NULTY AGENCY INC

5579 STADIUM DRIVE
KALAMAZOO, MI 49009

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STAFFORD-SMITH INC

Schedule Of Locations

Locations Of All The Premises You Own, Rent Or Occupy

Location 1

3414 S. Burdick
Kalamazoo, MI 49001

Location 2

3316 S. Burdick St
Kalamazoo, MI 49001

Location 3

400 West Front Street
Traverse City, MI 49684

Location 4

9916 N. Euclid
Bay City, MI 48706

Location 5

220 Lyon St Ste 150
Grand Rapids, MI 49503

Location 6

7129 North Loop East
Houston, TX 77028

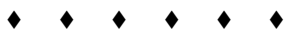
Location 7

25311 Dequindre Road
Madison Heights, MI 48071

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STAFFORD-SMITH INC

Schedule Of Locations

Locations Of All The Premises You Own, Rent Or Occupy

Location 8

3931 SW 47th Ave Suite 102

Davie, FL 33314

Location 9

4055 English Oak Drive Suite C

Lansing, MI 48911

Location 10

1 West Main

Marlton, NJ 08053

Location 11

3329 Burdick

Kalamazoo, MI 49001

Location 12

3400 Melcat Drive

Oklahoma City, OK 73179

Location 13

13370 Branchview Lane Suite 16

Dallas, TX 75234

Location 14

4120 Sinclair Street Suite B&C

Denver, NC 28037

Location 15

600 Corporation Drive Suite 60

Pendleton, IN 46064

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STAFFORD-SMITH INC

Schedule Of Locations

Locations Of All The Premises You Own, Rent Or Occupy

Location 16

2852 Johnson Ferry Road 250

Marietta, GA 30062

Location 17

W226 N 825 Eastmound Drive

Suite B

Waukesha, WI 53186

Location 18

181 Mercer St

New York, NY 10012

Location 19

2241 Watson Road

Arlington, TX 76010

Location 20

4561 W. Dickman Road

Battle Creek, MI 49037

Location 21

5324 S Drexel Ave

Chicago, IL 60615

Location 22

209 Westcott Road

North Scituate, RI 02857

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Schedule Of Locations

Locations Of All The Premises You Own, Rent Or Occupy

Forms Applicable To All Coverage Parts:

Form Number	Edition Date	Description
221-0163	04/90	Change Endorsement Form
221-0163	10/03	Change Endorsement Form
231-1413	12/14	Notice of Right to File a Complaint
331-0053	08/16	Illinois Inquiry Notice
401-0023B	02/14	Breakdown Of Florida Taxes, Surcharges And Assessments Notice To Policyholders
401-1122	05/20	Texas Policyholder Notice Important Notice
401-1209	12/10	Indiana Workers' Compensation Exclusion Form Revision Advisory Notice to Policyholders
401-1235	12/14	Notice of Cancellation to Designated Entity(s)
401-1273	03/13	Indiana Changes - Amendment of Definition of Pollutants
401-1274	03/13	Notice to Indiana Insureds Indiana Changes - Amendment of Definition of Pollutants
401-1275	10/13	Michigan Filing Exemption Disclaimer Advisory Notice to Policyholders
401-1332	10/15	Oklahoma Notice to Policyholders - Earthquakes Resulting from Oil and Gas Activities
401-1337	02/16	Trade Or Economic Sanctions Endorsement
401-1344	02/16	Oklahoma - Trade Or Economic Sanctions Endorsement
401-1370	12/20	Florida Disclosure Pursuant To Terrorism Risk Insurance Act
401-1374	12/20	Disclosure Pursuant To Terrorism Risk Insurance Act
401-1377	06/20	Company Address Listing
401-1504	01/20	Cap On Losses From Certified Acts Of Terrorism
401-1505	01/20	Exclusion - Punitive Damages Related To A Certified Act Of Terrorism
401-1521	01/20	Cap On Losses From Certified Acts Of Terrorism - Texas
401-1522	01/20	Exclusion - Punitive Damages Related To A Certified Act Of Terrorism - Texas
401-1525	06/20	Company Address Listing
IL 00 03	09/08	Calculation of Premium
IL 00 17	11/98	Common Policy Conditions
IL 00 21	09/08	Nuclear Energy Liability Exclusion Endorsement
IL 00 22	05/87	Effective Time Changes - Replacement of 12 Noon
IL 01 17	12/10	Indiana Changes - Workers' Compensation Exclusion Endorsement
IL 01 28	09/08	Rhode Island Changes - Prejudgment Interest
IL 01 47	09/11	IL Changes - Civil Union

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Locations Of All The Premises You Own, Rent Or Occupy

Forms Applicable To All Coverage Parts:

Form Number	Edition Date	Description
IL 01 56	11/17	Indiana Changes - Concealment, Misrepresentation or Fraud
IL 01 58	09/08	Indiana Changes
IL 01 62	10/13	Illinois Changes - Defense Costs
IL 01 68	03/12	Texas Changes
IL 01 74	07/05	Oklahoma Changes Appraisal
IL 01 75	09/07	Florida Changes - Legal Action Against Us
IL 01 77	10/10	Oklahoma Changes Concealment, Misrepresentation or Fraud
IL 01 79	10/02	Oklahoma Notice
IL 01 92	02/08	Indiana Changes - Pollution
IL 01 97	09/08	Rhode Island Changes
IL 02 08	09/07	New Jersey Changes - Cancellation and Nonrenewal
IL 02 36	09/07	Oklahoma Changes - Cancellation and Nonrenewal
IL 02 55	03/16	Florida Changes - Cancellation and Non Renewal
IL 02 62	02/15	Georgia Changes - Cancellation And Nonrenewal Endorsement
IL 02 68	01/14	New York Changes - Cancellation and Nonrenewal
IL 02 69	09/08	North Carolina Changes- Cancellation and Nonrenewal
IL 02 72	11/21	Indiana Changes - Cancellation and Nonrenewal
IL 02 73	01/10	Rhode Island Changes - Cancellation and Nonrenewal
IL 02 75	11/13	TX Changes - Cancellation & Nonrenewal Provisions For Casualty Lines & Commercial Package Policies
IL 02 83	11/18	Wisconsin Changes - Cancellation And Nonrenewal
IL 02 84	12/05	Illinois Changes - Cancellation And Nonrenewal
IL 02 86	04/17	Michigan Changes - Cancellation And Nonrenewal
IL 09 35	07/02	Exclusion of Certain Computer-Related Losses
IL 09 52	01/15	Cap On Losses From Certified Acts of Terrorism
IL 70 03	04/87	Cancellation Refund
SIG 11 00	11/17	Signature Page

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Proposed Policy Premiums

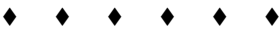
	Premium
Total Quoted Commercial Property Premium:	\$59,791
Total Quoted Commercial General Liability Premium:	\$69,741
Total Quoted Cyber Liability Premium:	\$114
Total Quoted Commercial Inland Marine Premium:	\$161
Total Surcharges Premium:	\$15.55
* Total Quoted Commercial Policy Premium:	\$129,822.55

* Includes premium, if any, for terrorism;

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Commercial Lines Surcharges

State:	Florida	
Florida Trust Fund Surcharge Premium:	\$4.00	
Florida State Surcharge Premium:	\$0.55	
Florida Guaranty Association (FIGA) Regulatory Assessment	\$3.85	
FL FIGA Regulatory Assessment Premium	\$7.15	
Total Florida Surcharge Premium:		\$15.55

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Proposed Policy Premiums

Property Coverages:

Premiums:

Total Blanket Building Premium	\$4,980
Total Personal Property Premium	\$235
Total Blanket Personal Property Premium	\$42,342
Total Blanket Business Income Premium	\$2,650
Total Misc / Manual Coverages Premium	\$1,451
Total Terrorism Premium / not fire following	\$896
Total Terrorism Premium / fire following	\$3
Total Flood Premium	\$2,160
Total Earth Movement Premium	\$347
Total Equipment Breakdown Premium	\$4,727
* Total Quoted Commercial Property Premium	\$59,791

Forms Applicable To Property Coverage Part:

Form Number	Edition Date	Description
411-0508	05/00	Flood Insurance Notice - North Carolina
411-0527	10/03	Change Endorsement Form
411-0544	01/06	Florida Citizens Property Insurance Company Notice to Policyholders
411-0603	09/21	Sinkhole Loss Exclusion - Florida Advisory Notice to Policyholders
411-0610	04/14	Emergency Event Management
411-0669	01/15	Data Breach Coverage Form
411-0679	04/10	Associates And Family Members Additional Coverage Endorsement
411-0681	12/09	Identity Theft Resolution Services
411-0774	02/13	Earth Movement Endorsement
411-0776	02/13	Flood Endorsement
411-0793	04/22	Gold Property Broadening Endorsement
411-0824	04/22	Oklahoma Changes - Property
411-0872	04/14	Michigan Emergency Event Management
411-0908	04/22	Florida Changes - Property Broadening Endorsement
411-0920	01/15	Texas Changes - Data Breach Coverage Form

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STAFFORD-SMITH INC

Commercial Property Proposed Coverages

Forms Applicable To Property Coverage Part:

Form Number	Edition Date	Description
411-0924	01/15	Florida Changes - Data Breach Coverage Form
411-0937	01/15	Michigan Changes - Data Breach Coverage Form
411-0941	01/15	North Carolina Changes - Data Breach Coverage Form
411-0945	01/15	Oklahoma Changes - Data Breach Coverage Form
411-0951	01/15	Wisconsin Changes - Data Breach Coverage Form
411-0953	01/15	Indiana Changes - Data Breach Coverage Form
411-0985	11/17	Business Income Changes - Beginning Of The Period Of Restoration
451-0038	11/16	Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)
451-0039	11/16	Commercial Property Coverage Part Equipment Breakdown Coverage Schedule
451-0063	11/16	North Carolina Changes - Equipment Breakdown
451-0065	11/16	Texas Changes - Equipment Breakdown
CP 00 10	06/07	Building and Personal Property Coverage Form
CP 00 10	10/12	Building and Personal Property Coverage Form
CP 00 30	10/12	Business Income (And Extra Expense) Coverage Form
CP 00 90	07/88	Commercial Property Conditions
CP 01 13	10/12	Wisconsin Changes
CP 01 18	02/14	North Carolina Changes
CP 01 20	04/21	Michigan Changes
CP 01 25	02/12	Florida Changes
CP 01 40	07/06	Exclusion of Loss Due to Virus or Bacteria
CP 01 42	03/12	Texas Changes
CP 01 52	07/96	Indiana Changes - Rights Of Recovery
CP 02 02	12/19	Texas Changes - Cancellation And Nonrenewal
CP 04 11	09/17	Protective Safeguards
CP 10 30	09/17	Causes Of Loss - Special Form
CP 10 30	06/07	Cause of Loss - Special Form
CP 10 32	08/08	Water Exclusion Endorsement
CP 12 11	09/17	Burglary and Robbery Protective Safeguards
CP 12 18	10/12	Loss Payable Provisions
CP 99 93	10/90	Tentative Rate
IL 01 96	02/08	Indiana Changes - Amendment of Definition of Pollutants
IL N 102	09/19	Texas Flood Insurance Disclosure Notice

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STAFFORD-SMITH INC

EARTH MOVEMENT PROPOSED COVERAGE

Maximum Per "Occurrence" Limit Of Insurance	<u>\$1,500,000</u>
Maximum Annual Aggregate Limit Of Insurance	<u>\$1,500,000</u>

BLANKET EARTH MOVEMENT

The following Limits and Deductibles apply:

Per "Occurrence" - Limit Of Insurance	<u>\$1,500,000</u>
Annual Aggregate - Limit Of Insurance	<u>\$1,500,000</u>
Premium	<u>\$347</u>

Blanket Limit applies solely for Earth Movement at the following locations:

Location No.	Building No.	Building Address:	Building Deductible	Personal Property Deductible
001	001	3414 S. Burdick, Kalamazoo MI 49001	\$25,000	\$25,000
001	002	3414 S. Burdick, Kalamazoo MI 49001	\$25,000	\$25,000
001	003	3414 S. Burdick, Kalamazoo MI 49001	\$25,000	\$25,000
001	004	3414 S. Burdick, Kalamazoo MI 49001	\$25,000	\$25,000
002	001	3316 S. Burdick St, Kalamazoo MI 49001	\$25,000	\$25,000
006	001	7129 North Loop East, Houston TX 77028		\$25,000
008	001	3931 SW 47th Ave Suite 102, Davie FL 33314		\$25,000
0012	001	3400 Melcat Drive, Oklahoma City OK 73179		\$25,000
0014	001	4120 Sinclair Street Suite B&C, Denver NC 28037		\$25,000
0015	001	600 Corporation Drive Suite 60, Pendleton IN 46064		\$25,000
0017	001	W226 N 825 Eastmound Drive, Waukesha WI 53186		\$25,000
0019	001	2241 Watson Road, Arlington TX 76010		\$25,000
0020	001	4561 W. Dickman Road, Battle Creek MI 49037		\$25,000

Additional Premium to Meet Minimum Premium	<u>\$0</u>
Total Earth Movement Premium	<u>\$347</u>

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STAFFORD-SMITH INC

FLOOD PROPOSED COVERAGE

Maximum Per "Occurrence" Limit Of Insurance

\$1,000,000

Maximum Annual Aggregate Limit Of Insurance

\$1,000,000

BLANKET FLOOD

The following Limits and Deductibles apply:

Per "Occurrence" - Limit Of Insurance

\$1,000,000

Annual Aggregate - Limit Of Insurance

\$1,000,000

Premium

\$2,160

Blanket Limit applies solely for Flood at the following locations:

Location No.	Building No.	Building Address:	Building Deductible	Personal Property Deductible
001	001	3414 S. Burdick, Kalamazoo MI 49001	\$25,000	\$25,000
001	002	3414 S. Burdick, Kalamazoo MI 49001	\$25,000	\$25,000
001	003	3414 S. Burdick, Kalamazoo MI 49001	\$25,000	\$25,000
001	004	3414 S. Burdick, Kalamazoo MI 49001	\$25,000	\$25,000
002	001	3316 S. Burdick St, Kalamazoo MI 49001	\$25,000	\$25,000
008	001	3931 SW 47th Ave Suite 102, Davie FL 33314		\$25,000
0012	001	3400 Melcat Drive, Oklahoma City OK 73179		\$25,000
0014	001	4120 Sinclair Street Suite B&C, Denver NC 28037		\$25,000
0015	001	600 Corporation Drive Suite 60, Pendleton IN 46064		\$25,000
0017	001	W226 N 825 Eastmound Drive, Waukesha WI 53186		\$25,000
0019	001	2241 Watson Road, Arlington TX 76010		\$50,000
0020	001	4561 W. Dickman Road, Battle Creek MI 49037		\$25,000

Additional Premium to Meet Minimum Premium

\$0

Total Flood Premium

\$2,160

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Commercial Property Proposed Coverages

Coverage	Blanket Coverage Limit	Coinsurance	Premium
Blanket Building	\$5,660,000	100%	\$4,980
Blanket Contents	\$27,495,000	100%	\$42,342
Blanket Business Income	\$2,500,000	N/A	\$2,650

Location	Building	Coverage	Covered Cause of Loss
1	1	Occupancy Code: 0431 Occupancy Description: Subject of Insurance: Limit: \$2,218,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Merc-Sole Occ-Other Than Food Risks>15,000 sq.ft. Building - Blanket Building Wind/Hail Flat Ded \$10,000
1	1	Occupancy Code: 0431 Occupancy Description: Subject of Insurance: Limit: \$384,612 Included In Blanket Hour Deductible: 24 Hours Extended Period of Indemnity: 60 Days Included Optional: None Valuation: N/A Premium: Included In Blanket	Special Merc-Sole Occ-Other Than Food Risks>15,000 sq.ft. Business Income

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STAFFORD-SMITH INC

Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
1	1	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$1,078,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Contents All Inclusive - Blanket Personal Property Wind/Hail Flat Ded \$10,000
1	2	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$820,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Building - Blanket Building Wind/Hail Flat Ded \$10,000
1	2	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$192,308 Included In Blanket Hour Deductible: 24 Hours Extended Period of Indemnity: 60 Days Included Optional: None Valuation: N/A Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Business Income

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STAFFORD-SMITH INC

Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
1	2	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$2,000,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Contents All Inclusive - Blanket Personal Property Wind/Hail Flat Ded \$10,000
1	3	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$792,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Building - Blanket Building Wind/Hail Flat Ded \$10,000
1	3	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$192,308 Included In Blanket Hour Deductible: 24 Hours Extended Period of Indemnity: 60 Days Included Optional: None Valuation: N/A Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Business Income

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STAFFORD-SMITH INC

Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
1	3	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$2,800,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Contents All Inclusive - Blanket Personal Property Wind/Hail Flat Ded \$10,000
1	4	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$1,354,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Building - Blanket Building Wind/Hail Flat Ded \$10,000
1	4	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$192,308 Included In Blanket Hour Deductible: 24 Hours Extended Period of Indemnity: 60 Days Included Optional: None Valuation: N/A Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Business Income

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Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
1	4	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$5,200,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Contents All Inclusive - Blanket Personal Property Wind/Hail Flat Ded \$10,000
2	1	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$476,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Building - Blanket Building Wind/Hail Flat Ded \$10,000
2	1	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$192,308 Included In Blanket Hour Deductible: 24 Hours Extended Period of Indemnity: 60 Days Included Optional: None Valuation: N/A Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Business Income

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Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
2	1	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$122,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Contents All Inclusive - Blanket Personal Property Wind/Hail Flat Ded \$10,000
6	1	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$192,308 Included In Blanket Hour Deductible: 24 Hours Extended Period of Indemnity: 60 Days Included Optional: None Valuation: N/A Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Business Income
6	1	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$3,450,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Contents All Inclusive - Blanket Personal Property Wind/Hail Flat Ded \$10,000

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Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
8	1	Occupancy Code: 1213 Occupancy Description: Subject of Insurance: Limit: \$115,000 Deductible: \$10,000 Coinsurance: 100% Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: \$235	Special Warehouses - Public - Mini-warehousing of personal property Contents All Inclusive Wind/Hail Flat Ded \$10,000
12	1	Occupancy Code: 0431 Occupancy Description: Subject of Insurance: Limit: \$192,308 Included In Blanket Hour Deductible: 24 Hours Extended Period of Indemnity: 60 Days Included Optional: None Valuation: N/A Premium: Included In Blanket	Special Merc-Sole Occ-Other Than Food Risks>15,000 sq.ft. Business Income
12	1	Occupancy Code: 0567 Occupancy Description: Subject of Insurance: Limit: \$8,000,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Equipment, Fixtures or Supplies for bars, hotels, offices, restaurants Contents All Inclusive - Blanket Personal Property Wind/Hail Flat Ded \$10,000

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Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
14	1	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$192,308 Included In Blanket Hour Deductible: 24 Hours Extended Period of Indemnity: 60 Days Included Optional: None Valuation: N/A Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Business Income
14	1	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$230,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Contents All Inclusive - Blanket Personal Property Wind/Hail Flat Ded \$10,000
15	1	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$192,308 Included In Blanket Hour Deductible: 24 Hours Extended Period of Indemnity: 60 Days Included Optional: None Valuation: N/A Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Business Income

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Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
15	1	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$69,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Contents All Inclusive - Blanket Personal Property Wind/Hail Flat Ded \$10,000
17	1	Occupancy Code: 0433 Occupancy Description: Subject of Insurance: Limit: \$192,308 Included In Blanket Hour Deductible: 24 Hours Extended Period of Indemnity: 60 Days Included Optional: None Valuation: N/A Premium: Included In Blanket	Special Mercantile-Multiple Occupancy >15,000 sq.ft. Business Income
17	1	Occupancy Code: 3009 Occupancy Description: Subject of Insurance: Limit: \$46,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Textile Products Mfg. - Wearing apparel Contents All Inclusive - Blanket Personal Property Wind/Hail Flat Ded \$10,000

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A Commercial Insurance Program



Policy Proposal

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STAFFORD-SMITH INC

Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
19	1	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$192,308 Included In Blanket Hour Deductible: 24 Hours Extended Period of Indemnity: 60 Days Included Optional: None Valuation: N/A Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Business Income
19	1	Occupancy Code: 0563 Occupancy Description: Subject of Insurance: Limit: \$2,500,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Refrigeration Systems or Equipment Dealers and distributors Contents All Inclusive - Blanket Personal Property Wind/Hail Flat Ded \$10,000
20	1	Occupancy Code: 0567 Occupancy Description: Subject of Insurance: Limit: \$192,308 Included In Blanket Hour Deductible: 24 Hours Extended Period of Indemnity: 60 Days Included Optional: None Valuation: N/A Premium: Included In Blanket	Special Equipment, Fixtures or Supplies for bars, hotels, offices, restaurants Business Income

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A Commercial Insurance Program



Policy Proposal

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STAFFORD-SMITH INC

Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
20	1	Occupancy Code: 0567 Occupancy Description: Subject of Insurance: Limit: \$2,000,000 Included In Blanket Deductible: \$10,000 Agreed Value Expiration Date: 09/01/2023 Optional: None Valuation: Replacement Cost Premium: Included In Blanket	Special Equipment, Fixtures or Supplies for bars, hotels, offices, restaurants Contents All Inclusive - Blanket Personal Property Wind/Hail Flat Ded \$10,000

Coverage	Limit	Premium
Total Terrorism Premium		\$899
Boiler / Machinery/ Equipment Breakdown		\$4,727
Equipment Breakdown Sublimit	\$100,000	
Total Flood		\$2,160
Total Earth Movement		\$347
Emergency Event Management Coverage		\$190
Data Breach		\$50
Data Breach Coverage Aggregate Limit of Insurance	\$10,000	
Data Breach Expense Coverages Aggregate Sublimit of Insurance	\$10,000	
Additional Expense Coverages Aggregate Sublimit of Insurance	\$10,000	
Data Breach Coverage Deductible	\$1,000	
Cyber Business Interruption Waiting Period Deductible	24 Hours	
Gold Property Broadening Endorsement		\$1,211
Utility Services - Business Income	\$250,000	
Utility Services - Direct Damage	\$250,000	

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A Commercial Insurance Program



Policy Proposal

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STAFFORD-SMITH INC

Commercial General Liability Proposed Coverages

Audit Frequency: Annual

Legal Entity: Corporation

Limits of Insurance:

General Aggregate Limit \$4,000,000

Products – Completed Operations Aggregate Limit \$4,000,000

Each Occurrence Limit \$2,000,000

Personal and Advertising Injury Limit \$2,000,000

Damage to Premises Rented to You Limit \$100,000

Medical Expense Limit - any one person \$10,000

Commercial General Liability Premium \$67,137

Optional Coverage Charges \$2,549

Terrorism Premium \$55

*** Total Quoted Commercial General Liability Premium** \$69,855

Forms Applicable To General Liability Coverage Part:

Form Number	Edition Date	Description
171-0764	09/13	Texas Loss Control Notice to Policyholder
421-0017	06/89	Employee Benefits Liability Insurance
421-0022	12/90	Asbestos Liability Exclusion
421-0037	06/95	Lead Poisoning Liability Exclusion
421-0037A	03/95	Lead Poisoning Liability Exclusion
421-0327	02/05	Michigan Lead Poisoning Liability Exclusion
421-0330	06/15	Exclusion Tobacco And Electronic Cigarette Liability
421-2915	06/15	Commercial General Liability Broadening Endorsement
421-2916	06/15	Commercial General Liability Enhancement Endorsement
421-2929	04/20	New York Amendatory Endorsement
421-2931	12/14	Texas Amendatory Endorsement
421-3500	06/15	Georgia Changes
CG 00 01	04/13	Commercial General Liability Coverage Form - Occurrence
CG 01 03	06/06	Texas Changes

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A Commercial Insurance Program



Policy Proposal

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STAFFORD-SMITH INC

Commercial General Liability Proposed Coverages

Forms Applicable To General Liability Coverage Part:

Form Number	Edition Date	Description
CG 01 04	12/04	New York Changes - Premium Audit
CG 01 09	11/85	Kansas and Oklahoma Changes - Transfer of Rights
CG 01 24	01/93	Wisconsin Changes - Amendments of Policy Conditions
CG 01 63	04/17	New York Changes - Commercial General Liability Coverage Form
CG 01 68	11/20	Michigan Changes
CG 02 00	01/18	Illinois Changes - Cancellation and Nonrenewal
CG 02 20	03/12	Florida Changes - Cancellation And Non Renewal
CG 04 35	12/07	Employee Benefits Liability Coverage
CG 04 73	11/20	Michigan Changes - Employee Benefits Liability Coverage
CG 20 10	04/13	Additional Insured - Owners, Lessees Or Contractors - Scheduled Person or Organization
CG 20 37	04/13	Additional Insured - Owners, Lessees or Contractors - Completed Operations
CG 21 06	05/14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - With Limited Bodily Injury Exception
CG 21 47	12/07	Employment - Related Practices Exclusion
CG 21 49	09/99	Total Pollution Exclusion Endorsement
CG 21 51	04/13	Amendment of Liquor Liability Exclusion - Exception For Scheduled Premises Or Activities
CG 21 54	01/96	Exclusion - Designated Operations Covered by a Consolidated (Wrap - Up) Insurance Program
CG 21 67	12/04	Fungi or Bacteria Exclusion
CG 21 70	01/15	Cap On Losses From Certified Acts of Terrorism
CG 21 76	01/15	Exclusion of Punitive Damages Related To A Certified Act Of Terrorism
CG 21 86	12/04	Exclusion - Exterior Insulation and Finishing Systems
CG 21 96	03/05	Silica or Silica-Related Dust Exclusion
CG 22 34	04/13	Exclusion - Construction Management Errors and Omissions
CG 22 79	04/13	Exclusion - Contractors - Professional Liability
CG 24 28	02/08	Indiana Changes - Amendment of Definition of Pollutants
CG 26 20	10/93	New Jersey Changes - Loss Information
CG 26 21	10/91	New York Changes - Transfer Of Duties When A Limit Of Insurance Is Used Up
CG 26 39	12/07	Texas Changes - Employment-Related Practices Exclusion
CG 26 51	01/99	New Jersey Changes - Exclusion - Liability For Hazards Of Lead

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A Commercial Insurance Program



Policy Proposal

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STAFFORD-SMITH INC

Commercial General Liability Proposed Coverages

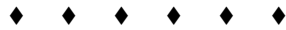
Forms Applicable To General Liability Coverage Part:

Form Number	Edition Date	Description
CG 27 50	10/17	North Carolina Changes - Employee Benefits Liability Coverage
CG 32 01	12/04	Georgia Limited Fungi Or Bacteria Coverage - Small Business
IL 00 23	07/02	Nuclear Energy Liability Exclusion Endorsement
IL 01 41	09/08	New Jersey Changes - Civil Union
IL 01 61	03/12	Rhode Island Changes - Civil Union

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A Commercial Insurance Program



Policy Proposal

Quotation Only – No Coverage Is Provided – Quote May Be Subject To Change

STAFFORD-SMITH INC

LOCATION	STATE/TERR	CODE	SUBLINE	PREMIUM BASIS	PER	DED	RATE	PREMIUM
1	MI/504	12467	334	\$215,000,000	1,000	None	.099	\$21,285
			336	\$215,000,000	1,000	None	.197	\$42,355

Receipts (Sales)

Equipment, Fixtures or Supplies for bars, hotels, offices, restaurants

1	MI/504	12362	334		1,000	None	.052	\$0
			336		1,000	None	.099	\$0

Receipts (Sales)

Distributors no food or drink

2	MI/504	61212	334	2,000	1000 of Total Area0	None	13.826	\$28
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Products – Completed Operations are Included in the General Aggregate Limit

Area

Buildings or Premises bank or office mercantile or manufacturing lessor

3	MI/505	61224	334	1,000	1000 of Total Area0	None	15.35	\$15
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Products – Completed Operations are Included in the General Aggregate Limit

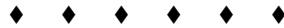
Area

Buildings or Premises office premises occupied by employees of the ins.

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A Commercial Insurance Program



Policy Proposal

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STAFFORD-SMITH INC

LOCATION	STATE/TERR	CODE	SUBLINE	PREMIUM BASIS	PER	DED	RATE	PREMIUM
4	MI/504	61224	334	1,000	1000 of Total Area0	None	21.559	\$22

Products – Completed Operations are Included in the General Aggregate Limit

Area

Buildings or Premises office premises occupied by employees of the ins.

5	MI/504	61224	334	1,000	1000 of Total Area0	None	21.559	\$22
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Products – Completed Operations are Included in the General Aggregate Limit

Area

Buildings or Premises office premises occupied by employees of the ins.

6	TX/004	12362	334		1,000	None	.101	\$0
			336		1,000	None	.118	\$0

Receipts (Sales)

Distributors no food or drink

6	TX/004	68706	334	15,000	1000 of Total Area0	None	13.708	\$206
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Products – Completed Operations are Included in the General Aggregate Limit

Area

Warehouses private Other than Not-For-Profit

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A Commercial Insurance Program



Policy Proposal

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STAFFORD-SMITH INC

LOCATION	STATE/TERR	CODE	SUBLINE	PREMIUM BASIS	PER	DED	RATE	PREMIUM
7	MI/503	61224	334	1,000	1000 of Total Area0	None	26.011	\$26

Products – Completed Operations are Included in the General Aggregate Limit

Area

Buildings or Premises office premises occupied by employees of the ins.

8	FL/002	61224	334	2,000	1000 of Total Area0	None	116.532	\$233
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Products – Completed Operations are Included in the General Aggregate Limit

Area

Buildings or Premises office premises occupied by employees of the ins.

8	FL/002	12467	334		1,000	None	.552	\$0
			336		1,000	None	.22	\$0

Receipts (Sales)

Equipment, Fixtures or Supplies for bars, hotels, offices, restaurants

8	FL/002	12362	334	\$150,688	1,000	None	.228	\$34
			336		1,000	None	.11	\$17

Receipts (Sales)

Distributors no food or drink

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Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STAFFORD-SMITH INC

LOCATION	STATE/TERR	CODE	SUBLINE	PREMIUM BASIS	PER	DED	RATE	PREMIUM
9	MI/504	61224	334	5,191	1000 of Total Area0	None	21.559	\$112

Products – Completed Operations are Included in the General Aggregate Limit

Area

Buildings or Premises office premises occupied by employees of the ins.

10	NJ/517	12467	334		1,000	None	.725	\$0
			336		1,000	None	.274	\$0

Receipts (Sales)

Equipment, Fixtures or Supplies for bars, hotels, offices, restaurants

11	MI/504	49451	334	2	Each0	None	1.308	\$3
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Products – Completed Operations are Included in the General Aggregate Limit

Each Acre

Vacant Land Other than Not-For-Profit

12	OK/501	61212	334	2,500	1000 of Total Area0	None	12.633	\$32
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Products – Completed Operations are Included in the General Aggregate Limit

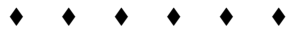
Area

Buildings or Premises bank or office mercantile or manufacturing lessor

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A Commercial Insurance Program



Policy Proposal

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STAFFORD-SMITH INC

LOCATION	STATE/TERR	CODE	SUBLINE	PREMIUM BASIS	PER	DED	RATE	PREMIUM
13	TX/001	61212	334	2,000	1000 of Total Area0	None	12.913	\$26

Products – Completed Operations are Included in the General Aggregate Limit

Area

Buildings or Premises bank or office mercantile or manufacturing lessor

14	NC/002	61224	334	560	1000 of Total Area0	None	10.833	\$6
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Products – Completed Operations are Included in the General Aggregate Limit

Area

Buildings or Premises office premises occupied by employees of the ins.

15	IN/506	68706	334	3,300	1000 of Total Area0	None	17.672	\$58
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Products – Completed Operations are Included in the General Aggregate Limit

Area

Warehouses private Other than Not-For-Profit

16	GA/503	12467	334		1,000	None	.443	\$0
			336		1,000	None	.237	\$0

Receipts (Sales)

Equipment, Fixtures or Supplies for bars, hotels, offices, restaurants

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A Commercial Insurance Program



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Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

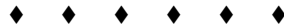
STAFFORD-SMITH INC

LOCATION	STATE/TERR	CODE	SUBLINE	PREMIUM BASIS	PER	DED	RATE	PREMIUM
17	WI/503	12467	334		1,000	None	.231	\$0
			336		1,000	None	.259	\$0
Receipts (Sales)								
Equipment, Fixtures or Supplies for bars, hotels, offices, restaurants								
18	NY/001	12467	334		1,000	None	1.831	\$0
			336		1,000	None	.227	\$0
Receipts (Sales)								
Equipment, Fixtures or Supplies for bars, hotels, offices, restaurants								
19	TX/002	12467	334	\$5,200,000	1,000	None	.272	\$1,414
			336		1,000	None	.239	\$1,243
Receipts (Sales)								
Equipment, Fixtures or Supplies for bars, hotels, offices, restaurants								
20	MI/505	12467	334		1,000	None	.106	\$0
			336		1,000	None	.197	\$0
Receipts (Sales)								
Equipment, Fixtures or Supplies for bars, hotels, offices, restaurants								

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A Commercial Insurance Program



Policy Proposal

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STAFFORD-SMITH INC

LOCATION	STATE/TERR	CODE	SUBLINE	PREMIUM BASIS	PER	DED	RATE	PREMIUM
21	IL/501	12467	334		1,000	None	.259	\$0
			336	\$0	1,000	None	.274	\$0

Receipts (Sales)

Equipment, Fixtures or Supplies for bars, hotels, offices, restaurants

22	RI/503	12467	334		1,000	None	.431	\$0
			336		1,000	None	.263	\$0

Receipts (Sales)

Equipment, Fixtures or Supplies for bars, hotels, offices, restaurants

Miscellaneous/Optional General Liability Coverages

Coverages	Limits	Deductible	Premium
Employee Benefit Liability	\$1,000,000 Each Employee \$2,000,000 Aggregate	\$1,000	\$535
Terrorism Premiums			\$55
Total Premises Premium			\$23,522
Total Products/Completed Operations Premium			\$43,615
CGL Enhancement			\$2,014

Cyber Liability Proposed Coverages

Coverage Type: Claims Made

Maximum Aggregate Limit of Liability:	\$50,000
Prior and Pending Proceedings Date:	09/01/2022
Retroactive Date:	09/01/2022

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STAFFORD-SMITH INC

Coverage	Limits of Liability	Deductible	Premium
A. Privacy and Security Liability	\$50,000	\$5,000	\$57
B. Cyber Media Liability	\$50,000	\$5,000	\$57

Total Quoted Cyber Liability Premium:	\$114
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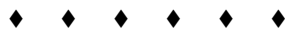
Forms Applicable To Cyber Liability Coverage Part:

Form Number	Edition Date	Description
850-0001	01/15	Cyber Coverage Part
850-0015	01/15	Indiana Amendment to Definition of Pollutant
850-0016	01/15	New Jersey Amendatory Endorsement
850-0021	01/15	New York Amendatory Endorsement
850-0023	01/15	Florida Amendatory Endorsement
850-0025	01/15	Illinois Amendatory Endorsement
850-0026	01/15	Michigan Amendatory Endorsement
850-0029	01/15	North Carolina Amendatory Endorsement
850-0032	01/15	Texas Amendatory Endorsement
850-0036	01/15	Wisconsin Amendatory Endorsement
850-0041	01/15	Indiana Amendatory Endorsement
850-0056	01/15	Notice to New York Insureds Cyber Coverage Part Policyholder Notice Addendum to Declarations New York Regulation 121
850-0060	01/15	Defense Within Limits Acknowledgement
850-0061	01/15	Georgia Amendatory Endorsement
850-0064	01/15	Oklahoma Amendatory Endorsement
850-0068	01/15	Florida Cyber Declarations

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Policy Proposal

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STAFFORD-SMITH INC

Terrorism Premium	\$11
Contractors' Equipment Coverage - Leased Or Rented From Others Premium	\$100
Total Quoted Commercial Inland Marine Premium	\$161

Forms Applicable To Inland Marine Coverage Part:

Form Number	Edition Date	Description
CL 02 00	03/99	Amendatory Endorsement Michigan
CL 06 00	01/15	Certified Terrorism Loss
CL 07 00	10/06	Virus OR Bacteria Exclusion
IM 21 11	09/10	Amendatory Endorsement - Michigan
IM 70 04	04/04	Contractors' Equipment Coverage - Leased Or Rented Equipment Form
IM 70 09	04/04	Schedule of Coverages - Contractors' Equipment Coverage - Leased or Rented Equipment

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A Commercial Insurance Program



Policy Proposal

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STAFFORD-SMITH INC

Inland Marine Proposed Policy Coverages

Inland Marine Policy Coverages:	Limits:	Premiums:
Contractors' Equipment Coverage		\$100
– Leased Or Rented From Others Premium		
Total Amount of Insurance	\$100,000	
Catastrophe Limit	\$100,000	
Additional Debris Removal Expenses	\$5,000	
Pollutant Cleanup and Removal	\$10,000	
Deductible	\$1,000	

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A Commercial Insurance Program



Policy Proposal

Quotation Only - No Coverage Is Provided - Quote May Be Subject To Change

STAFFORD-SMITH INC

Hanover American Insurance Company

Quote # 1606384505515

Final acceptance is subject to development of additional underwriting information such as:

Financial information

Favorable motor vehicle records (if applicable)

Adequate Insurance to Value

Physical inspection and compliance with recommendations (if applicable)

This proposal is subject to the following terms and conditions:

This quotation represents Hanover American Insurance Company 's offer to provide the insurance described herein and supersedes any specifications, applications or previous conditions. It is subject to final underlying pricing and terms and conditions. Any additional exclusions applicable to any underlying policy will also be added to this policy.

This is not a binder.

Proposal expires: 10/01/2022

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THIS NOTICE IS PROVIDED IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS NOTICE DOES NOT GRANT COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF COVERAGE UNDER THE POLICY. IF THERE IS A CONFLICT BETWEEN THIS NOTICE AND THE POLICY, THE PROVISIONS OF THE POLICY SHALL APPLY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

Disclosure of Premium:	
Total Terrorism Premium	\$965
Fire Following Premium	\$3
Other than Fire Following Premium	\$962

Disclosure of Terrorism Coverage Available

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" defined in Section 102(1) of the Act as follows:

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.

The premium charged for this coverage is provided in the **SCHEDULE** above and does not include any charges for the portion of loss that may be covered by the Federal Government as described below. This premium has been added to your policy and unless this form is signed and returned to us to reject terrorism coverage, coverage for Certified Acts of Terrorism is provided by your policy.

Your policy may contain other exclusions which could affect your coverage, such as an exclusion for Nuclear Events or Pollution. **Please read your policy carefully.**

Note for Commercial Property or Commercial Inland Marine Policyholders in Standard Fire States:

CA, ME, MO, OR, WI for Property and Inland Marine Coverage

GA, HI, LA, IL, NC, NJ, NY, RI, WA, WV for Property Coverage

CT for Property Coverage for Condominiums only

AZ for Property Coverage for four or less Residential Dwelling Units only

In your state, terrorism exclusions make an exception for (and therefore provides coverage for) fire losses resulting from an act of terrorism. If you reject the offer of terrorism coverage in this form, therefore, that rejection does not apply to fire losses resulting from an act of terrorism. Coverage for such fire losses will be provided in your policy.

Disclosure of Federal Participation in Payment of Terrorism Losses

The United States government through the Department of the Treasury may pay a share of terrorism losses insured under the federal program under a formula set forth in the Act. Under this formula, the United States government generally reimburses the following percentage of covered terrorism loss which exceeds the statutorily established deductible paid by the insurance company providing the coverage: 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. However, if aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Cap on Insurer Participation in Payment of Terrorism Losses

If the aggregate of insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion dollars in a calendar year and we have met our insurer deductible under the Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion dollars. In such case, insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

REJECTION OF TERRORISM INSURANCE COVERAGE*

- ☐ I 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, and that an exclusion for such losses will be added to my policy.

Applicant/Policyholder Signature

Hanover American Insurance Company

Insurance Company

1606384505515

Print Name

Quote or Policy Number

Date

* If this policy is a renewal and:

- a. You have previously submitted a signed Rejection, you are not required to submit an additional Rejection at this time; or
- b. You have previously accepted coverage and now wish to reject, you are required to complete and sign the Rejection of Terrorism Insurance Coverage above.