

**A Commercial Insurance Program**



**Commercial Multi Line Policy  
Policy Proposal**

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

**ARETE ASSOCIATES**

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.

**1001241**

**RRB673**

**A Commercial Insurance Program**



**Policy Proposal**

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**Quote #:** 1570832609915

**Customer #:** 1513497876

**Renewal Of:** ZZ3 D684575 03

**Effective Date:** 09/01/2022

**Expiration Date:** 09/01/2023

**Group Number:** ZTU

**Prepared For:**

ARETE ASSOCIATES  
PO BOX 2607  
WINNETKA CA 91396

**Presented By:**

ASSUREDPARTNERS OF CA INS  
SERVICES, LLC.  
196 S. FIR STREET  
VENTURA, CA 93001

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**ARETE ASSOCIATES**

**Schedule Of Locations**

**Locations Of All The Premises You Own, Rent Or Occupy**

**Location 1**

9301 Corbin Avenue  
Northridge, CA 91324

**Location 2**

3194 & 3196 North Swan Road  
Tucson, AZ 85712

**Location 3**

1550 Crystal Drive Suite 703  
Arlington, VA 22202

**Location 4**

14425 Penrose Place Ste. 300  
Chantilly, VA 20151

**Location 5**

120 S. Plumer Avenue  
Tucson, AZ 85719

**Location 6**

2500 Trade Center Ave Ste A  
Longmont, CO 80501

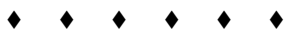
**Location 7**

103-107 Johnson St  
Windsor, CA 95492

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**Schedule Of Locations**

**Locations Of All The Premises You Own, Rent Or Occupy**

**Location 8**

323 Alf Coleman Rd

Panama City Beach, FL 32407

**Location 9**

7711 Loisdale Rd Unit 315

Springfield, VA 22150

**Location 10**

4100 Legendary Dr

Ste 250 & A-280

Destin, FL 32541

**Location 11**

315 Edge Ave

Valparaiso, FL 32580

**Location 12**

916 SW 17th St

Redmond, OR 97756

**Location 13**

346 NE QUIMBY, STE 102

Bend, OR 97701

**Location 14**

1110 Boston Ave

Longmont, CO 80501

**1001241**

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Schedule Of Locations

Locations Of All The Premises You Own, Rent Or Occupy

**Location 15**  
1671 S Research Loop  
Suites 100, 102 & 120  
Tucson, AZ 85710

**Location 16**  
3843 E Kleindale Road  
Tucson, AZ 85716

**Location 17**  
210 S Plumer  
Tucson, AZ 85719

**Location 18**  
4980 N 1st Avenue  
Tucson, AZ 85718

**Location 19**  
6450 Dry Creek Pkwy  
Niwot, CO 80544

**Location 20**  
20027 Livorno Way  
Porter Ranch, CA 91326

Forms Applicable To All Coverage Parts:

Form Number	Edition Date	Description
151-0124	02/13	Virginia Notice
221-0163	04/90	Change Endorsement Form

1001241

RRB673

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**Schedule Of Locations**

**Locations Of All The Premises You Own, Rent Or Occupy**

**Forms Applicable To All Coverage Parts:**

<b>Form Number</b>	<b>Edition Date</b>	<b>Description</b>
401-0023B	02/14	Breakdown Of Florida Taxes, Surcharges And Assessments Notice To Policyholders
401-1235	12/14	Notice of Cancellation to Designated Entity(s)
401-1261	01/13	Virginia Statute Changes Advisory Notice to Policyholders
401-1337	02/16	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
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 00 44	06/90	Virginia Changes - Policy Period
IL 01 02	02/20	California Changes - Actual Cash Value
IL 01 04	07/20	California Changes
IL 01 06	04/15	Virginia Changes - Appraisal
IL 01 25	11/13	Colorado Changes- Civil Union
IL 01 38	10/15	VA Changes - Cancellation and Nonrenewal
IL 01 39	12/02	Oregon Changes
IL 01 42	09/08	Oregon Changes - Domestic Partnership
IL 01 52	10/15	Virginia Changes
IL 01 69	09/07	Colorado Changes - Concealment, Misrepresentation Or Fraud
IL 01 75	09/07	Florida Changes - Legal Action Against Us
IL 02 12	01/12	VA Changes
IL 02 28	09/07	Colorado Changes - Cancellation and Nonrenewal
IL 02 55	03/16	Florida Changes - Cancellation and Non Renewal
IL 02 58	04/21	Arizona Changes - Cancellation And Nonrenewal
IL 02 70	07/20	California Changes - Cancellation and Nonrenewal
IL 02 79	09/08	Oregon 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

**1001241**

**RRB673**

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**Schedule Of Locations**

**Locations Of All The Premises You Own, Rent Or Occupy**

**Forms Applicable To All Coverage Parts:**

<b>Form Number</b>	<b>Edition Date</b>	<b>Description</b>
IL N 018	01/22	CALIFORNIA FRAUD STATEMENT
SIG 11 00	11/17	Signature Page

**1001241**

**RRB673**

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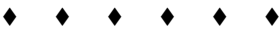
Proposed Policy Premiums

	Premium
Total Quoted Commercial Property Premium:	\$99,384
Total Quoted Commercial General Liability Premium:	\$20,264
Total Quoted Commercial Inland Marine Premium:	\$5,280
Total Surcharges Premium:	\$591.39
<b>* Total Quoted Commercial Policy Premium:</b>	<b>\$125,519.39</b>

\* 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:		\$27.97	
Florida Guaranty Association (FIGA) Regulatory Assessment		\$195.80	
FL FIGA Regulatory Assessment Premium		\$363.62	
Total Florida Surcharge Premium:			\$591.39

**A Commercial Insurance Program**



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**Proposed Policy Premiums**

**Property Coverages:**

**Premiums:**

Total Building Premium	\$31,207
Total Blanket Building Premium	\$4,902
Total Personal Property Premium	\$10,898
Total Blanket Personal Property Premium	\$10,361
Total Business Income Premium	\$9,321
Total Blanket Business Income Premium	\$8,673
Total Misc / Manual Coverages Premium	\$4,042
Total Terrorism Premium / not fire following	\$593
Total Terrorism Premium / fire following	\$134
Total Broad Form Water Damage	\$2,764
Total Earthquake Sprinkler Leakage Premium	\$10,422
Total Equipment Breakdown Premium	\$6,067
<b>* Total Quoted Commercial Property Premium</b>	<b>\$99,384</b>

**Forms Applicable To Property Coverage Part:**

<b>Form Number</b>	<b>Edition Date</b>	<b>Description</b>
231-1437	07/04	Notice to Policyholder - Building Ordinance or Law
411-0510	06/00	Virginia Dimension 2000 +, Commercial Property and Commercial Package Policyholder Notice Flood Exclusion
411-0544	01/06	Florida Citizens Property Insurance Company Notice to Policyholders
411-0585	04/14	Florida - Windstorm Or Hail Percentage Deductible
411-0603	09/21	Sinkhole Loss Exclusion - Florida Advisory Notice to Policyholders
411-0610	04/14	Emergency Event Management
411-0633	04/14	Virginia Emergency Event Management
411-0673	04/14	Business Income Time Deductible
411-0719	05/10	Electronic Vandalism - Interruption of Computer Operations
411-0772	02/13	Broad Form Water Damage Endorsement.
411-0772	02/13	Broad Form Water Damage Endorsement.
411-0778	02/13	Earthquake Sprinkler Leakage Endorsement

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**Commercial Property Proposed Coverages**

**Forms Applicable To Property Coverage Part:**

<b>Form Number</b>	<b>Edition Date</b>	<b>Description</b>
411-0794	04/14	Platinum Property Broadening Endorsement
411-0794	04/22	Platinum Property Broadening Endorsement
411-0804	04/14	CA Changes - Property Broadening Endorsement
411-0817	04/14	Technology Manufacturing Property Broadening Endorsement
411-0817	04/22	Technology Manufacturing Property Broadening Endorsement
411-0821	01/20	Property Broadening Endorsement - Additional Coverage Or Coverage Extension Not Covered
411-0828	04/22	Virginia Changes - Property
411-0840	05/13	Virginia Statute Changes Advisory Notice to Policyholders
411-0904	04/14	Oregon Emergency Event Management
411-0908	04/22	Florida Changes - Property Broadening Endorsement
411-0985	11/17	Business Income Changes - Beginning Of The Period Of Restoration
411-1022	04/22	Notice To Policyholders Bronze, Silver, Gold, Platinum, Condominium Property Broadening Endorsement
411-1025	04/22	Notice to Policyholders Tech Manufacturing Property Broadening Endorsement
411-1029	04/22	Oregon Changes - Property
451-0038	11/16	Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)
451-0039	11/16	Commercial Property Coverage Part Equipment Breakdown Coverage Schedule
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	06/07	Business Income ( and Extra Expense) Coverage Form
CP 00 30	10/12	Business Income (And Extra Expense) Coverage Form
CP 00 90	07/88	Commercial Property Conditions
CP 01 25	02/12	Florida Changes
CP 01 30	10/15	Virginia Changes
CP 01 32	01/20	Arizona Changes
CP 01 40	07/06	Exclusion of Loss Due to Virus or Bacteria
CP 01 46	08/94	Arizona Changes
CP 02 03	01/12	VA Changes - Cancellation
CP 03 20	10/92	Multiple Deductible Form
CP 03 21	10/12	Windstorm or Hail Percentage Deductible
CP 04 11	09/17	Protective Safeguards
CP 04 11	10/12	Protective Safeguards

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**Commercial Property Proposed Coverages**

**Forms Applicable To Property Coverage Part:**

<b>Form Number</b>	<b>Edition Date</b>	<b>Description</b>
CP 04 17	06/07	Utility Services - Direct Damage
CP 04 17	10/12	Utility Services - Direct Damage
CP 04 49	02/20	California Changes - Replacement Cost
CP 10 30	09/17	Causes Of Loss - Special Form
CP 10 30	10/12	Cause of Loss - Special Form
CP 10 30	06/07	Cause of Loss - Special Form
CP 10 32	08/08	Water Exclusion Endorsement
CP 10 62	04/98	Computer Related Losses Virginia Endorsement
CP 12 11	09/17	Burglary and Robbery Protective Safeguards
CP 12 18	10/12	Loss Payable Provisions
CP 12 19	06/07	Additional Insured - Building Owner
CP 15 45	10/12	Utility Services - Time Element
CP 99 01	10/17	Oregon - Marijuana Exclusion
CP 99 93	10/90	Tentative Rate

**1001241**

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## ARETE ASSOCIATES

## EARTHQUAKE SPRINKLER LEAKAGE PROPOSED COVERAGE

Maximum Per "Occurrence" Limit Of Insurance \$15,000,000

Maximum Annual Aggregate Limit Of Insurance \$15,000,000

## BLANKET EARTHQUAKE SPRINKLER LEAKAGE

## The following Limits and Deductibles apply:

Per "Occurrence" - Limit Of Insurance \$15,000,000

Annual Aggregate - Limit Of Insurance \$15,000,000

Premium \$10,422

## Blanket Limit applies solely for Earthquake Sprinkler Leakage at the following locations:

Location No.	Building No.	Building Address:	Building Deductible	Personal Property Deductible
001	001	9301 Corbin Avenue, Northridge CA 91324	\$50,000	\$50,000
002	001	3194 & 3196 North Swan Road, Tucson AZ 85712	\$50,000	\$50,000
003	001	1550 Crystal Drive Suite 703, Arlington VA 22202		\$50,000
004	001	14425 Penrose Place Ste. 300, Chantilly VA 20151		\$50,000
005	001	120 S. Plumer Avenue, Tucson AZ 85719		\$50,000
006	001	2500 Trade Center Ave Ste A, Longmont CO 80501	\$50,000	\$50,000
007	001	103-107 Johnson St, Windsor CA 95492		\$50,000
008	001	323 Alf Coleman Rd, Panama City Beach FL 32407		\$50,000
009	001	7711 Loisdale Rd Unit 315, Springfield VA 22150		\$50,000
0010	001	4100 Legendary Dr, Destin FL 32541		\$50,000
0011	001	315 Edge Ave, Valparaiso FL 32580	\$50,000	\$50,000
0015	001	1671 S Research Loop, Tucson AZ 85710		\$50,000

Additional Premium to Meet Minimum Premium \$0

Total Earthquake Sprinkler Leakage Premium \$10,422

1001241

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## BROAD FORM WATER DAMAGE PROPOSED COVERAGE

Maximum Per "Occurrence" Limit Of Insurance \$10,000,000

Maximum Annual Aggregate Limit Of Insurance \$10,000,000

## BLANKET BROAD FORM WATER DAMAGE

## The following Limits and Deductibles apply:

Per "Occurrence" - Limit Of Insurance \$10,000,000

Annual Aggregate - Limit Of Insurance \$10,000,000

Premium \$2,730

## Blanket Limit applies solely for Broad Form Water Damage at the following locations:

Location No.	Building No.	Building Address:	Building Deductible	Personal Property Deductible
001	001	9301 Corbin Avenue, Northridge CA 91324	\$50,000	\$50,000
002	001	3194 & 3196 North Swan Road, Tucson AZ 85712	\$50,000	\$50,000
003	001	1550 Crystal Drive Suite 703, Arlington VA 22202		\$50,000
004	001	14425 Penrose Place Ste. 300, Chantilly VA 20151		\$50,000
005	001	120 S. Plumer Avenue, Tucson AZ 85719		\$50,000
006	001	2500 Trade Center Ave Ste A, Longmont CO 80501	\$50,000	\$50,000
007	001	103-107 Johnson St, Windsor CA 95492		\$50,000
008	001	323 Alf Coleman Rd, Panama City Beach FL 32407		\$50,000
009	001	7711 Loisdale Rd Unit 315, Springfield VA 22150		\$50,000
0010	001	4100 Legendary Dr, Destin FL 32541		\$50,000
0011	001	315 Edge Ave, Valparaiso FL 32580	\$50,000	\$50,000
0012	001	916 SW 17th St, Redmond OR 97756		\$50,000
0013	001	346 NE QUIMBY, STE 102, Bend OR 97701		\$50,000
0015	001	1671 S Research Loop, Tucson AZ 85710		\$50,000
0016	001	3843 E Kleindale Road, Tucson AZ 85716		\$50,000
0017	001	210 S Plumer, Tucson AZ 85719		\$50,000
0018	001	4980 N 1st Avenue, Tucson AZ 85718		\$50,000

## SCHEDULED BROAD FORM WATER DAMAGE

## The following Limits and Deductibles apply:

Per "Occurrence" - Limit Of Insurance \$120,000

Annual Aggregate - Limit Of Insurance \$120,000

Premium \$34

## Scheduled coverage applies solely for Broad Form Water Damage at the following locations:

Location No.	Building No.	Building Address:	Building Deductible	Personal Property Deductible
0014	001	1110 Boston Ave, Longmont CO 80501		\$20,000

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Additional Premium to Meet Minimum Premium  
Total Broad Form Water Damage Premium

\$0  
~~\$2,764~~

1001241

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#### ARETE ASSOCIATES

#### Commercial Property Proposed Coverages

Coverage	Blanket Coverage Limit	Coinsurance	Premium
Blanket Building	\$27,233,440	100%	\$4,902
Blanket Contents	\$17,561,780	100%	\$10,361
Blanket Business Income	\$14,700,000	N/A	\$8,673

Location	Building	Coverage	Covered Cause of Loss
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1	1	<b>Occupancy Code:</b> 0702 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$20,800,000 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> Water <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Communication Lines <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Communication Supply <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Power Lines <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Power Supply <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Offices - Non-governmental-Office Building - Blanket Building  <b>Wind/Hail Flat Ded</b> \$10,000
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1	1	<b>Occupancy Code:</b> 0702 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$13,200,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Offices - Non-governmental-Office Business Income
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## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
1	1	<b>Occupancy Code:</b> 0702 <b>Occupancy Description:</b> <b>Subject of Insurance:</b>  <b>Limit:</b> \$788,980 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> Water <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Communication Lines <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Communication Supply <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Power Lines <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Power Supply <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Offices - Non-governmental-Office Contents All Inclusive - Blanket Personal Property  <b>Wind/Hail Flat Ded</b> \$10,000
2	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b>  <b>Limit:</b> \$6,364,800 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> Water <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Communication Lines <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Building - Blanket Building  <b>Wind/Hail Flat Ded</b> \$10,000

1001241

RRB673

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## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
		<b>Optional:</b> Communication Supply <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Power Lines <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Power Supply <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	
2	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Business Income
2	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$6,437,500 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> Water <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Communication Lines <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Contents All Inclusive - Blanket Personal Property  <b>Wind/Hail Flat Ded</b> \$10,000

1001241

RRB673

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## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
		<b>Optional:</b> Communication Supply <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Power Lines <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Power Supply <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	
3	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Business Income
3	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$3,502,000 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Tenants Improvements and Betterments - Blanket Personal Property  <b>Wind/Hail Flat Ded</b> \$10,000

1001241

RRB673

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## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
3	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b>  <b>Limit:</b> \$257,500 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Contents All Inclusive - Blanket Personal Property  <b>Wind/Hail Flat Ded</b> \$10,000
4	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b>  <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Business Income
4	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b>  <b>Limit:</b> \$154,500 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Contents All Inclusive - Blanket Personal Property  <b>Wind/Hail Flat Ded</b> \$10,000

1001241

RRB673

## A Commercial Insurance Program



## Policy Proposal

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

## ARETE ASSOCIATES

## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
5	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Windstorm/Hail Time Deductible:</b> <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Business Income
5	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$103,000 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Contents All Inclusive - Blanket Personal Property <b>Wind/Hail Flat Ded</b> \$10,000
6	1	<b>Occupancy Code:</b> 6850 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$68,640 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Aerosol Container Mfg. - metal Building - Blanket Building <b>Wind/Hail Flat Ded</b> \$10,000

1001241

RRB673

## A Commercial Insurance Program



## Policy Proposal

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

## ARETE ASSOCIATES

## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
6	1	<b>Occupancy Code:</b> 6850 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Aerosol Container Mfg. - metal Business Income
6	1	<b>Occupancy Code:</b> 6850 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$3,090,000 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> Water <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Communication Lines <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Communication Supply <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Power Lines <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket <b>Optional:</b> Power Supply <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Aerosol Container Mfg. - metal Contents All Inclusive - Blanket Personal Property  <b>Wind/Hail Flat Ded</b> \$10,000

1001241

RRB673

## A Commercial Insurance Program



## Policy Proposal

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

## ARETE ASSOCIATES

## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
7	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Business Income
7	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$10,300 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Contents All Inclusive - Blanket Personal Property  <b>Wind/Hail Flat Ded</b> \$10,000
8	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Business Income

1001241

RRB673

## A Commercial Insurance Program



## Policy Proposal

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

## ARETE ASSOCIATES

## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
8	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$92,700 <b>Deductible:</b> \$10,000 <b>Coinsurance:</b> 100% <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> \$501	Special Electronic Components Mfg. Contents All Inclusive  <b>Wind/Hail % Ded</b> 2%
9	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Business Income
9	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$30,900 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Electronic Components Mfg. Contents All Inclusive - Blanket Personal Property  <b>Wind/Hail Flat Ded</b> \$10,000

1001241

RRB673



## A Commercial Insurance Program



## Policy Proposal

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

## ARETE ASSOCIATES

## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
10	1	<b>Occupancy Code:</b> 0702 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$68,289 <b>Deductible:</b> \$10,000 <b>Coinsurance:</b> 100% <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> \$257	Special Computer Consulting or Programming Tenants Improvements and Betterments  <b>Wind/Hail % Ded</b> 2%
10	1	<b>Occupancy Code:</b> 0702 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$25,750 <b>Deductible:</b> \$10,000 <b>Coinsurance:</b> 100% <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> \$97	Special Computer Consulting or Programming Contents All Inclusive  <b>Wind/Hail % Ded</b> 2%
10	1	<b>Occupancy Code:</b> 0433 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$250,000 <b>Hour Deductible:</b> 24 Hours <b>Coinsurance:</b> 100% <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> \$1,860	Special Mercantile-Multiple Occupancy >15,000 sq.ft. Business Income

1001241

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## A Commercial Insurance Program



## Policy Proposal

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

**ARETE ASSOCIATES**

## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
11	1	<p><b>Occupancy Code:</b> 0567</p> <p><b>Occupancy Description:</b></p> <p><b>Subject of Insurance:</b></p> <p><b>Limit:</b> \$3,640,000</p> <p><b>Deductible:</b> \$10,000</p> <p><b>Coinsurance:</b> 100%</p> <p><b>Agreed Value Expiration Date:</b> 09/01/2023</p> <p><b>Optional:</b> Water</p> <p><b>Valuation:</b> Replacement Cost</p> <p><b>Premium:</b> \$13,832</p> <p><b>Optional:</b> Communication Lines</p> <p><b>Valuation:</b> Replacement Cost</p> <p><b>Premium:</b> \$13,832</p> <p><b>Optional:</b> Communication Supply</p> <p><b>Valuation:</b> Replacement Cost</p> <p><b>Premium:</b> \$13,832</p> <p><b>Optional:</b> Power Lines</p> <p><b>Valuation:</b> Replacement Cost</p> <p><b>Premium:</b> \$13,832</p> <p><b>Optional:</b> Power Supply</p> <p><b>Valuation:</b> Replacement Cost</p> <p><b>Premium:</b> \$13,832</p>	<p>Special</p> <p>Variety Stores Building</p> <p><b>Wind/Hail % Ded</b> 2%</p>
11	1	<p><b>Occupancy Code:</b> 0567</p> <p><b>Occupancy Description:</b></p> <p><b>Subject of Insurance:</b></p> <p><b>Limit:</b> \$154,500</p> <p><b>Deductible:</b> \$10,000</p> <p><b>Coinsurance:</b> 100%</p> <p><b>Agreed Value Expiration Date:</b> 09/01/2023</p> <p><b>Optional:</b> None</p> <p><b>Valuation:</b> Replacement Cost</p> <p><b>Premium:</b> \$717</p>	<p>Special</p> <p>Variety Stores Contents All Inclusive</p> <p><b>Wind/Hail % Ded</b> 2%</p>

**1001241**

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## A Commercial Insurance Program



## Policy Proposal

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

## ARETE ASSOCIATES

## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
11	1	<b>Occupancy Code:</b> 0567 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$500,000 <b>Hour Deductible:</b> 24 Hours <b>Coinsurance:</b> 100% <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> \$5,515	Special Variety Stores Business Income
12	1	<b>Occupancy Code:</b> 0702 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Offices - Non-governmental-Office Business Income
12	1	<b>Occupancy Code:</b> 0702 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$10,300 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Offices - Non-governmental-Office Contents All Inclusive - Blanket Personal Property  <b>Wind/Hail % Ded</b> 5%

1001241

RRB673

## A Commercial Insurance Program



## Policy Proposal

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

## ARETE ASSOCIATES

## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
13	1	<b>Occupancy Code:</b> 0702 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Offices - Non-governmental-Office Business Income
13	1	<b>Occupancy Code:</b> 0702 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$10,300 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Offices - Non-governmental-Office Contents All Inclusive - Blanket Personal Property  <b>Wind/Hail % Ded</b> 5%
14	1	<b>Occupancy Code:</b> 0434 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Mercantile-Multiple Occupancy <=15,000 sq.ft. Business Income

1001241

RRB673

## A Commercial Insurance Program



## Policy Proposal

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

## ARETE ASSOCIATES

## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
14	1	<b>Occupancy Code:</b> 0563 <b>Occupancy Description:</b> <b>Subject of Insurance:</b>  <b>Limit:</b> \$20,600 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Electrical Apparatus -Installation, servicing or repair - With sales or st Contents All Inclusive - Blanket Personal Property  <b>Wind/Hail Flat Ded</b> \$10,000
15	1	<b>Occupancy Code:</b> 0433 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Mercantile-Multiple Occupancy >15,000 sq.ft. Business Income
15	1	<b>Occupancy Code:</b> 0563 <b>Occupancy Description:</b> <b>Subject of Insurance:</b>  <b>Limit:</b> \$3,090,000 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Office Machines or Appliances - Retail or wholesale Contents All Inclusive - Blanket Personal Property  <b>Wind/Hail Flat Ded</b> \$10,000

1001241

RRB673

## A Commercial Insurance Program



## Policy Proposal

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

## ARETE ASSOCIATES

## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
16	1	<b>Occupancy Code:</b> 1212 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Warehouses - - NOC Business Income
16	1	<b>Occupancy Code:</b> 1212 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$10,300 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Warehouses - - NOC Contents All Inclusive - Blanket Personal Property Wind/Hail Flat Ded \$10,000
17	1	<b>Occupancy Code:</b> 1212 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Warehouses - - NOC Business Income

1001241

RRB673

## A Commercial Insurance Program



## Policy Proposal

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

## ARETE ASSOCIATES

## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
17	1	<b>Occupancy Code:</b> 1212 <b>Occupancy Description:</b> <b>Subject of Insurance:</b>  <b>Limit:</b> \$10,300 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Warehouses - - NOC Contents All Inclusive - Blanket Personal Property  <b>Wind/Hail Flat Ded</b> \$10,000
18	1	<b>Occupancy Code:</b> 1212 <b>Occupancy Description:</b> <b>Subject of Insurance:</b>  <b>Limit:</b> \$100,000 Included In Blanket <b>Hour Deductible:</b> 24 Hours <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> Included In Blanket	Special Warehouses - - NOC Business Income
18	1	<b>Occupancy Code:</b> 1212 <b>Occupancy Description:</b> <b>Subject of Insurance:</b>  <b>Limit:</b> \$10,300 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Warehouses - - NOC Contents All Inclusive - Blanket Personal Property  <b>Wind/Hail Flat Ded</b> \$10,000

1001241

RRB673

## A Commercial Insurance Program



## Policy Proposal

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

## ARETE ASSOCIATES

## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
19	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$15,000,000 <b>Deductible:</b> \$10,000 <b>Coinsurance:</b> 100% <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> \$12,750	Special  Computer - Mfg. Building  <b>Wind/Hail % Ded</b> 2%
19	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$3,750,000 <b>Deductible:</b> \$10,000 <b>Coinsurance:</b> 100% <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> \$3,601	Special  Computer - Mfg. Contents All Inclusive  <b>Wind/Hail % Ded</b> 2%
19	1	<b>Occupancy Code:</b> 6900 <b>Occupancy Description:</b> <b>Subject of Insurance:</b> <b>Limit:</b> \$100,000 <b>Hour Deductible:</b> 24 Hours <b>Coinsurance:</b> 90% <b>Extended Period of Indemnity:</b> 365 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> N/A <b>Premium:</b> \$291	Special  Computer - Mfg. Business Income

1001241

RRB673



## A Commercial Insurance Program



## Policy Proposal

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

## ARETE ASSOCIATES

## Commercial Property Proposed Coverages

Location	Building	Coverage	Covered Cause of Loss
20	1	<b>Occupancy Code:</b> 0702 <b>Occupancy Description:</b> <b>Subject of Insurance:</b>  <b>Limit:</b> \$25,000 Included In Blanket <b>Deductible:</b> \$10,000 <b>Agreed Value Expiration Date:</b> 09/01/2023 <b>Optional:</b> None <b>Valuation:</b> Replacement Cost <b>Premium:</b> Included In Blanket	Special Offices - Non-governmental-Office Contents All Inclusive - Blanket Personal Property  <b>Wind/Hail Flat Ded</b> \$10,000

Coverage	Limit	Premium
Utility Services Direct Damage		\$10,350
Utility Services Time Element		\$1,655
Total Terrorism Premium		\$727
Boiler / Machinery/ Equipment Breakdown		\$6,067
Equipment Breakdown Sublimit	\$100,000	
Total Broad Form Water Damage		\$2,764
Total Earthquake Sprinkler Leakage		\$10,422
Emergency Event Management Coverage		\$360
Electronic Vandalism – Interruption of Computer Operations		\$125
Platinum Property Broadening Endorsement		\$2,474
Business Income & Extra Expense from Dependent Properties	\$1,000,000	
International Air Shipments	\$150,000	
Ordinance or Law	\$2,500,000	
Property in Transit	Not Covered	
Unnamed Locations	\$1,200,000	
Technology Manufacturing Property Broadening Endorsement		\$83
EQ		\$1,000

1001241

RRB673

**A Commercial Insurance Program**



**Policy Proposal**

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

**ARETE ASSOCIATES**

**Commercial General Liability Proposed Coverages**

**Audit Frequency:** Annual

**Legal Entity:** Corporation

**Limits of Insurance:**

**General Aggregate Limit** \$2,000,000

**Products – Completed Operations Aggregate Limit** \$2,000,000

**Each Occurrence Limit** \$1,000,000

**Personal and Advertising Injury Limit** \$1,000,000

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

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

**Commercial General Liability Premium** \$18,866

**Optional Coverage Charges** \$1,343

**Terrorism Premium** \$55

**\* Total Quoted Commercial General Liability Premium** \$20,264

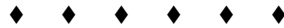
**Forms Applicable To General Liability Coverage Part:**

<b>Form Number</b>	<b>Edition Date</b>	<b>Description</b>
421-0022	12/90	Asbestos Liability Exclusion
421-0037A	03/95	Lead Poisoning Liability Exclusion
421-0037A	06/95	Lead Poisoning Liability Exclusion
421-0451	06/07	Exclusion - Aircraft Products, Grounding and Testing
421-2915	06/15	Commercial General Liability Broadening Endorsement
421-2926	06/15	Commercial General Liability Enhancement Endorsement - Technology
421-2927	12/14	Virginia Amendatory Endorsement
CG 00 01	04/13	Commercial General Liability Coverage Form - Occurrence
CG 01 79	07/10	Virginia Changes
CG 04 35	12/07	Employee Benefits Liability Coverage
CG 20 26	04/13	Additional Insured - Designated Person or Organization
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 16	04/13	Exclusion - Designated Professional Services

**1001241**

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**A Commercial Insurance Program**



**Policy Proposal**

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

**ARETE ASSOCIATES**

**Commercial General Liability Proposed Coverages**

**Forms Applicable To General Liability Coverage Part:**

<b>Form Number</b>	<b>Edition Date</b>	<b>Description</b>
CG 21 18	10/17	Oregon - Marijuana Exclusion
CG 21 39	10/93	Contractual Liability Limitation
CG 21 47	12/07	Employment - Related Practices Exclusion
CG 21 49	09/99	Total Pollution Exclusion Endorsement
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 96	03/05	Silica or Silica-Related Dust Exclusion
CG 32 85	07/10	Virginia Changes - Total Pollution Exclusion With A Building Heating, Cooling And Dehumidifying Equipment Exception And A Hostile Fire Exception
CG 32 98	01/19	Virginia Employee Benefits Liability Coverage
CG 33 78	05/10	Colorado Changes - Employee Benefits Liability Coverage Endorsement

**1001241**

**RRB673**

## A Commercial Insurance Program



## Policy Proposal

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

### ARETE ASSOCIATES

LOCATION	STATE/TERR	CODE	SUBLINE	PREMIUM BASIS	PER	DED	RATE	PREMIUM
1	CA/012	61226	334	15,000	1000 of Total Area0	None	103.236	\$1,549

Products – Completed Operations are Included in the General Aggregate Limit

Area

Buildings or Premises office Other than Not-For-Profit

3	VA/501	1141E	334	\$137,600,000	1,000	None	.036	\$4,954
			336		1,000	None	.083	\$11,421

Receipts (Sales)

Electronic Components Manufacturing

12	OR/502	61226	334	1,215	1000 of Total Area	None	79.031	\$96
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Products – Completed Operations are Included in the General Aggregate Limit

Area

Buildings or Premises office Other than Not-For-Profit

13	OR/502	61226	334	5,840	1000 of Total Area	None	79.031	\$462
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Products – Completed Operations are Included in the General Aggregate Limit

Area

Buildings or Premises office Other than Not-For-Profit

14	CO/502	61226	334	2,600	1000 of Total Area	None	117.629	\$306
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Products – Completed Operations are Included in the General Aggregate Limit

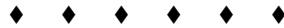
Area

Buildings or Premises office Other than Not-For-Profit

1001241

RRB673

**A Commercial Insurance Program**



**Policy Proposal**

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**ARETE ASSOCIATES**

LOCATION	STATE/TERR	CODE	SUBLINE	PREMIUM BASIS	PER	DED	RATE	PREMIUM
20	CA/006	63010	334	1	Each	None	77.526	\$78

Products – Completed Operations are Included in the General Aggregate Limit

Each Dwelling

Dwellings one-family (lessor's risk only)

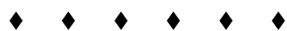
**Miscellaneous/Optional General Liability Coverages**

Coverages	Limits	Deductible	Premium
Employee Benefit Liability	\$1,000,000 Each Employee \$3,000,000 Aggregate	\$1,000	\$588
Terrorism Premiums			\$55
Total Premises Premium			\$7,445
Total Products/Completed Operations Premium			\$11,421
CGL Enhancement - Technology			\$755

1001241

RRB673

**A Commercial Insurance Program**



**Policy Proposal**

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**ARETE ASSOCIATES**

Inland Marine Coverages Included In Quote Proposal					
Location	Building	Coverage	Limit	Ded	Premium
1	1	Misc Property Floaters	\$1,200,000	\$25,000	\$5,000
1	1	Misc Property Floaters	\$14,550	\$1,000	\$146
Terrorism Premium				\$134	
<b>Total Quoted Commercial Inland Marine Premium</b>				<b>\$5,280</b>	

**Forms Applicable To Inland Marine Coverage Part:**

Form Number	Edition Date	Description
CL 01 62	01/19	Amendatory Endorsement California
CL 07 00	10/06	Virus OR Bacteria Exclusion
IM 20 09	01/19	Amendatory Endorsement California
IM 75 00	10/09	Scheduled Property Floater
IM 75 06	10/09	Schedule of Coverages - Scheduled Property Floater
IM 7506	10/09	Schedule of Coverages - Scheduled Property Floater

1001241

RRB673

**A Commercial Insurance Program**



**Policy Proposal**

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

**ARETE ASSOCIATES**

**Hanover American Insurance Company**

Quote # 1570832609915

**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:**

- **The Blanket Business Income coinsurance percentage applicable is 100%**

**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**

**1001241**

**RRB673**

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	<b>\$916</b>
Fire Following Premium	<b>\$134</b>
Other than Fire Following Premium	<b>\$782</b>

### 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

\_\_\_\_\_  
1570832609915

\_\_\_\_\_  
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.