



PRESENTED BY

**PALMER & CAY LLC**  
40 CALHOUN ST STE 250-A  
CHARLESTON, SC 29401

PROPOSED ON 06/13/2025 FOR

**BRITTLE-BRITTLE HOLDINGS  
INC**  
1621 OSPREY DRIVE  
DESOTO, TX 75115

On behalf of **PALMER & CAY LLC** and **The Travelers Companies, Inc. and its affiliates**, we appreciate the opportunity to provide **BRITTLE-BRITTLE HOLDINGS INC** with the following policy proposal.



**Travelers Risk Control: Our Expertise is Your Advantage**

Travelers Risk Control is an innovative provider of cost-effective risk management services and products. As one of the largest Risk Control departments in the industry, our scale allows the right resource at the right time to meet customer needs. For over 110 years, our loss prevention professionals have assisted agents, brokers and customers across the country and around the world.

<https://www.travelers.com/risk-control>



**Claim Services:**

Travelers has over 11,000 highly trained Claim professionals located across the U.S. Our local field representatives are supported by teams of dedicated customer service, catastrophe response, legal, medical, investigative, engineering, and large loss experts. Claims can be complex and expensive. We'll help you manage claims to control your total risk-related costs.

<https://www.travelers.com/claims>

# Meet your Travelers team

## General

### Overall Account

John Kelly  
Account Executive  
JKELLY19@travelers.com  
704-544-3864

### Policy Services

Cassie Mitchell  
Operations Account Specialist  
CKMITCHE@travelers.com  
704-544-3634

To report, ask a question or discuss a claim please call 1-800-238-6225. A Claim Customer Service Representative is available 24 hours a day, 7 days a week to take the first notice of loss or provide assistance on any existing claim.

# Your policies

## Commercial Package Program - Simp. Occ.

Policy Number	Y-630-8W248643-TIA-25
Effective	06/16/2025 – 03/01/2026
Insuring Company	THE TRAVELERS INDEMNITY COMPANY OF AMERICA

## Workers Compensation

Policy Number	UB-8W679338-25-14-G
Effective	06/16/2025 – 03/01/2026
Insuring Company	THE TRAVELERS INDEMNITY COMPANY

## Umbrella

Policy Number	CUP-8W252202-25-14
Effective	06/16/2025 – 03/01/2026
Insuring Company	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

# Locations schedule

## 630 - 8W248643 – Commercial Package Program - Simp. Occ.

LOC/BLDG	DESCRIPTION	ADDRESS
1/1	MANUFACTURE	1621 OSPREY DRIVE, DESOTO, TX 75115
2/2	LEGENDEZ WAY WAREHOUSE	3125 N GREAT SOUTHWEST PKWY,, STE#200, GRAND PRAIRIE, TX 75050
3/3	WOODS DISTRIBUTION WAREHOUSE	11501 N FRWY, FORT WORTH, TX 76117
4/4	WAREHOUSE	2720 LOGISTICS DR., SUITE 100, MIDLOTHIAN, TX 76065



# Property coverage premium summary

**Policy Number** 630-8W248643

## Deluxe property coverage part schedule - specific limits - described premises

Insurance applies only to a premises location and building number and to a coverage or type of property for which a Specific Limit of Insurance is shown on schedule.

## Co-insurance provision

Coinurance does not apply to any Building,Personal Property or “Stock” coverage for which a Specific Limit of Insurance applies as shown on schedule.

## Valuation provision

Replacement cost (subject to limitations) applies to most types of covered property (See Valuation Loss Condition).

## Additional covered property

### LIMITS OF INSURANCE

#### Personal Property at Undescribed Premises

At any “exhibition” premises	Not Covered
At any installation premises or temporary storage premises	Not Covered
At any other not owned, leased or regularly operated premises	\$25,000

<b>Personal Property in Transit</b>	<b>\$25,000</b>
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# Deluxe property coverage form - additional coverages & coverage extensions

The Limits of Insurance shown in the left column are included in the coverage form and apply unless a Revised Limit of Insurance or Not Covered is shown in the Revised Limits of Insurance column on the right. The Limits of Insurance apply in any one occurrence unless otherwise stated.

	LIMITS OF INSURANCE	REVISED LIMITS OF INSURANCE
<b>Accounts Receivable</b>		
At all described premises	\$50,000	
In transit or at all undescribed premises	\$25,000	
<b>Appurtenant Buildings and Structures</b>	\$100,000	
<b>Claim Data Expense</b>	\$25,000	
<b>Covered Leasehold Interest – Undamaged Improvements &amp; Betterments</b>		
Lesser of Your Business Personal Property limit or:	\$100,000	
<b>Debris Removal (additional amount)</b>	\$250,000	
<b>Deferred Payments</b>	\$25,000	
<b>Duplicate Electronic Data Processing Data and Media</b>	\$50,000	
<b>Electronic Data Processing Data and Media</b>		
At all described premises	\$50,000	\$100,000
<b>Employee Tools</b>		
In any one occurrence	\$25,000	
Any one item	\$2,500	
<b>Expediting Expenses</b>	\$25,000	
<b>Extra Expense</b>	\$25,000	
<b>Fine Arts</b>		
At all described premises	\$50,000	
In transit	\$25,000	
<b>Fire Department Service Charge</b>	Included*	
<b>Fire Protective Equipment Discharge</b>	Included*	
<b>Green Building Alternatives – Increased Cost Percentage 1%</b>		
<b>Maximum amount – each building</b>	\$100,000	
<b>Green Building Reengineering and Recertification Expense</b>	\$25,000	
<b>Limited Coverage for Fungus, Wet Rot or Dry Rot – Annual Aggregate</b>	\$25,000	
<b>Loss of Master Key</b>	\$25,000	
<b>Newly Constructed or Acquired Property</b>		
Buildings - each	\$2,000,000	
Personal Property at each premises	\$1,000,000	

\*Included means included in applicable Covered Property Limit of Insurance

## Deluxe property coverage form - additional coverages & coverage extensions

	LIMITS OF INSURANCE	REVISED LIMITS OF INSURANCE
<b>Non-Owned Detached Trailers</b>	\$25,000	
<b>Ordinance or Law Coverage</b>	\$250,000	
<b>Outdoor Property</b>	\$25,000	
Any one tree, shrub or plant	\$2,500	
<b>Outside Signs</b>		
At all described premises	\$100,000	
At all undescribed premises	\$5,000	
<b>Personal Effects</b>	\$25,000	
<b>Personal Property At Premises Outside of the Coverage Territory</b>	\$50,000	
<b>Personal Property In Transit Outside of the Coverage Territory</b>	\$25,000	
<b>Pollutant Cleanup and Removal – Annual Aggregate</b>	\$100,000	
<b>Preservation of Property</b>		
Expenses to move and temporarily store property	\$250,000	
Direct loss or damage to moved property	Included*	
<b>Reward Coverage</b>		
25% of covered loss up to a maximum of:	\$25,000	
<b>Stored Water</b>	\$25,000	
<b>Theft Damage to Rented Property</b>	Included*	
<b>Undamaged Parts of Stock in Process</b>	\$50,000	
<b>Valuable Papers and Records – Cost of Research</b>		
At all described premises	\$50,000	
In transit or at all undescribed premises	\$25,000	
<b>Water or Other Substance Loss – Tear Out and Replacement Expense</b>	Included*	

\*Included means included in applicable Covered Property Limit of Insurance

# Deluxe business income (and extra expense) coverage form - described premises

PREMISES LOCATION NO.	BUILDING NO.	LIMITS OF INSURANCE
1	1	See Schedule

Rental Value: Included

Ordinary Payroll: Included

## Deluxe business income - additional coverages and coverage extensions

The Limits of Insurance, Coverage Period and Coverage Radius shown in the left column are included in the coverage form and apply unless a revised Limit of Insurance, Coverage Period, Coverage Radius or Not Covered is shown under the column on the right. The Limits of Insurance apply in any one occurrence unless otherwise stated.

	LIMITS OF INSURANCE, COVERAGE PERIOD OR COVERAGE RADIUS	REVISED LIMITS OF INSURANCE, COVERAGE PERIOD OR COVERAGE RADIUS
<b>Business Income from Dependent Property</b>		
At Premises Within the Coverage Territory	\$100,000	
At Premises Outside of the Coverage Territory	\$100,000	
<b>Civil Authority</b>		
Coverage Period	30 days	
Coverage Radius	100 miles	
<b>Claim Data Expense</b>	\$25,000	
<b>Contract Penalties</b>	\$25,000	
<b>Extended Business Income</b>		
Coverage Period	180 days	
<b>Fungus, Wet Rot or Dry Rot – Amended Period of Restoration</b>		
Coverage Period	30 days	
<b>Green Building Alternatives – Increased Period of Restoration</b>		
Coverage Period	30 days	
<b>Ingress or Egress</b>	\$25,000	
Coverage Radius	1 mile	
<b>Newly Acquired Locations</b>	\$500,000	
<b>Ordinance or Law - Increased Period of Restoration</b>	\$250,000	
<b>Pollutant Cleanup and Removal – Annual Aggregate</b>	\$25,000	
<b>Transit Business Income</b>	\$25,000	
<b>Undescribed Premises</b>	\$25,000	



**Causes of loss – Earthquake** – aggregate in any one policy year, for all losses covered under the Causes of loss – Earthquake endorsement, commencing with the inception date of this policy:

		AGGREGATE LIMITS OF INSURANCE
01. Applies at the following Building(s) numbered:	01,03	\$2,000,000

If more than one Annual Aggregate Limit applies in any one occurrence, the most we will pay is the highest involved Annual Aggregate Limit. The most we will pay during each annual period is the highest of the Annual Aggregate Limits shown.

**Causes of loss – Broad Form Flood** – aggregate in any one policy year, for all losses covered under the Causes of loss – Broad Form Flood endorsement, commencing with the inception date of this policy:

		AGGREGATE LIMITS OF INSURANCE
01. Applies at the following Building(s) numbered:	01	\$2,000,000

If more than one Annual Aggregate Limit applies in any one occurrence, the most we will pay is the highest involved Annual Aggregate Limit. The most we will pay during each annual period is the highest of the Annual Aggregate Limits shown.

EXCESS OF LOSS LIMITATION APPLIES – See Causes of Loss – Broad Form Flood endorsement.

**Causes of loss – equipment breakdown DX T3 19**

The insurance provided for loss or damage caused by or resulting from Equipment Breakdown is included in, and does not increase the Covered Property, Business Income, Extra Expense, and/or other coverage Limits of Insurance that otherwise apply under this Coverage Part.

COVERAGE EXTENSION:	LIMITS OF INSURANCE	REVISED LIMITS OF INSURANCE
Spoilage		\$25,000

  

LIMITATIONS:	LIMITS OF INSURANCE	REVISED LIMITS OF INSURANCE
Ammonia Contamination		\$25,000
Hazardous Substance		\$25,000

**All Coverage Property Damage Deductible**

Direct Damage to Covered Property	\$5,000
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**Business Income & Extra Expense**

Business Income and Extra Expense loss or expense caused by physical damage to covered property	72 Hours
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# Utility services

LIMITS OF INSURANCE	
Direct Damage - in any one occurrence (See Utility Services – Direct Damage endorsement)	\$500,000
Time Element - in any one occurrence (See Utility Services – Time Element endorsement)	\$500,000

Coverage is provided for the following:

- Water Supply
- Communication Supply
- Power Supply

Coverage for Overhead Transmission Lines is:  
Provided subject to Limit of Insurance of \$100,000 in any one occurrence

Electronic Vandalism Limitation Endorsement DX T3 98

ELECTRONIC VANDALISM	LIMIT OF INSURANCE
Aggregate in any 12 month period of this policy:	\$10,000

PEAK SEASON ADD LIMIT OF INSURANCE DX T3 82

LIMIT	LOCATION.NO/BUILDING.NO	COVERED PERSONAL PROPERTY	PERIOD OF COVERAGE
\$1,500,000	004 / 004	STOCK	6/17/25 - 9/30/25
\$125,000	003 / 003	STOCK	6/17/25 - 9/30/25

# Deductibles

## By Earthquake

	PERCENTAGE	OCCURENCE
01. in any one occurrence, at the following Building(s) numbered: 001,003		
		\$25,000
As respects Business Income Coverage a 72 hour deductible applies at all premises locations.		

## By Flood

	OCCURENCE
01. At each of the following Building(s) numbered: 001	
in any one occurrence	\$25,000
As respects Business Income Coverage a 72 hour deductible applies at all premises locations.	

## By Windstorm or Hail

At the following described premises:

PREMISES LOCATION NO	BUILDINGS NO
1,2,3	1,2,3

the following percentage applies:	2%
subject to the following minimum, in any one occurrence:	\$50,000
As respects Business Income Coverage a 168 hour deductible applies at all premises locations above.	

## To Utility Services

Time Element, in any one occurrence:	72Hours
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## Business Income

As respects Business Income Coverage, for which no other deductible is stated above or in the coverage description, a 72 hour deductible applies.

# Any Other Covered Loss

in any one occurrence:

\$5,000

# Rating Basis

Total Rating Basis	\$4,675,000
Business Personal Property Rate	0.619
Time Element Rate	0.4
Premium for Policy Period	\$16,220
Pro Rata Factor	.707

Note: The Premium shown above includes the premium charged for Equipment Breakdown coverage. The premium for Equipment Breakdown coverage is \$1,336.  
If you elect not to purchase Equipment Breakdown coverage, please contact your Account Executive and a revised quote without Equipment Breakdown coverage will be sent to you.

## Deluxe Property Coverage Part Schedule – Specific Limits

PREM	BUILDING	DESCRIPTION OF COVERAGE OR PROPERTY	LIMITS OF INSURANCE
1	1	Business Income	\$3,600,000
1	1	Your Business Personal Property Excluding Stock	\$300,000
1	1	Stock	\$250,000
3	3	Stock	\$25,000
4	4	Stock	\$500,000



# General Liability coverage premium summary

**Policy Number** 630-8W248643

## Coverage information

COVERAGE		LIMITS
<b>Aggregate Limits of Insurance</b>	General Aggregate (Other than Products-Completed Operations)	\$2,000,000
	Products-Completed Operations Aggregate	\$2,000,000
<b>Personal And Advertising Injury Limit (Subject to the General Aggregate Limit)</b>	Any One Person or Organization	\$1,000,000
<b>Each Occurrence Limit</b>	Combined Single Limit Bodily Injury & Property Damage (Subject to the General Aggregate Limit or the Products-Completed Operations Aggregate Limit)	\$1,000,000
<b>Damage To Premises Rented To You Limit (Subject to Each Occurrence Limit)</b>	Any One Premises	\$300,000
<b>Medical Expense Limit (Subject to the Each Occurrence Limit)</b>	Any One Person	\$5,000

## Non-composite General Liability class code schedule

STATE	LOC/BLDG	CLASS CODE	DESCRIPTION	SUBLINE	EXPOSURE	RATE	PREMIUM
TX	1/1	51752	CANDY OR CONFECTIONER Y PRODUCTS MFG.	Prem/Ops.	10,121,324	1.373	\$9,825
TX	1/1	51752	CANDY OR CONFECTIONER Y PRODUCTS MFG.	Products	10,121,324	0.938	\$6,712

## Optional coverage

COVERAGE	LIMIT	PREMIUM
<b>XTEND</b>		Included
<b>Hired/Non-Owned Auto Liability</b>		Included

**Pro Rata Factor** 0.707

Gross Premium

\$16,537

Employee Benefits Liability(Claims Made Coverage) Premium	\$300
Aggregate Limit	\$2,000,000
Each Employee Limit	\$1,000,000
Deductible	NONE
Retroactive date	6/16/2023





# General Liability product recall

## Product Recall

### Limits of Insurance

Aggregate Limit:	\$500,000
Each Product Recall Limit:	\$250,000
Crisis Management Service Expenses	\$25,000

### Our Participation Percentage

90%

### Self-Insured Retention

NONE

### Description of Covered Products:

CANDY PRODUCTS AND INGREDIENTS

**Recall Territory:** UNITED STATES, CANADA, PUERTO RICO

### PREMIUM:

Sales:	\$10,121.32
<b>Estimated Premium:</b>	<b>\$1,065</b>



# General Liability coverage premium summary

## CG D4 58 – XTEND Endorsement For Manufacturers And Wholesalers

### COVERAGE

<b>Who Is An Insured</b>	Unnamed Subsidiaries
<b>Who Is An Insured</b>	Employees And Volunteer Workers – Bodily Injury To Co-Employees And Co-Volunteer Workers
<b>Who Is An Insured</b>	Newly Acquired Or Formed Limited Liability Companies
<b>Blanket Additional Insured</b>	Broad Form Vendors
<b>Blanket Additional Insured</b>	Controlling Interest
<b>Blanket Additional Insured</b>	Mortgagees, Assignees, Successors Or Receivers
<b>Blanket Additional Insured</b>	Governmental Entities – Permits Or Authorizations Relating To Premises
<b>Blanket Additional Insured</b>	Governmental Entities – Permits Or Authorizations Relating To Operations
<b>Blanket Additional Insured</b>	Grantors Of Franchises
<b>Incidental Medical Malpractice</b>	
<b>Medical Payments</b>	Increased Limit
<b>Blanket Waiver Of Subrogation</b>	
<b>Contractual Liability</b>	Railroads



# Workers Comp coverage premium summary

**Policy Number** UB-8W679338

## Workers Compensation

### Coverage information

**Part One**

Workers Compensation Insurance: Statutory Requirements

Part One of the policy applies to the Workers Compensation Law of the states listed here:

**TX**

**Part Two**

Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Part One.

The limits of our liability under Part Two are:

Bodily Injury by Accident	<u>\$1,000,000</u>	each accident
Bodily Injury by Disease	<u>\$1,000,000</u>	policy limit
Bodily Injury by Disease	<u>\$1,000,000</u>	each employee

**Part Three**

Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

**AL,AR,AZ,CA,CO,CT,DC,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MN,MO,MS,MT,NC,NE,NH,NJ,NM,NV,NY,OK,OR,PA,RI,SC,SD,TN,UT,VA,VT,WI,WV**



# Workers Comp coverage premium summary

## Premium schedule

	PREMIUM
Total Estimated Annual Standard Premium including Expense Constant	\$10,834
Premium Discount	-\$547
Terrorism	\$59
CAT (other than Certified Acts of Terrorism)	\$85
Total Estimated Premium	\$10,431
Taxes and Surcharges	\$0
<b>Total</b>	<b>\$10,431</b>
Total Payroll	\$1,200,000

If an experience rating modification factor applies to this policy, it may change. We will apply any change in accordance with our manual rules and state law. A change in your experience rating modification may increase or decrease your premium.

**NOTE- TERRORISM PREMIUM CHARGES ARE SUBJECT TO CHANGE AT ANY TIME BASED ON STATE REGULATORY ACTION.**



Additional coverage information

COVERAGE DESCRIPTION	DETAILS	COVERAGE PREMIUM
Waiver of Subrogation-Blanket	Blanket Waivers (s)	Included in Total



## Workers Compensation

**Employers can save up to 12% of the Texas Workers Compensation estimated premium by enrolling in our certified First Health/Travelers Health Care Network (HCN).**

**Unless you have already enrolled, the estimated amount you could save is: \$1,820**

A certified Workers Compensation HCN is a network of medical professionals who provide initial and specialty care for the treatment of work-related injuries. The Travelers custom Texas HCN is certified by the Texas Department of Insurance, and integrates Travelers claim and medical processes by providing a customized network of appropriately credentialed medical providers who collaborate with our claim and medical professionals in Texas.

Texas HCN providers follow the latest evidence-based medicine treatment protocols and partner with Travelers claim teams to promote efficient and effective return-to-work or stay-at-work strategies. Employers enjoy greater control of their workers compensation costs by directing employees to use Network Providers. Employees benefit by having access to a broad network of quality medical providers with expertise in treating work related injuries.

Your business is eligible to enroll if at least 80% of your Texas employees live in our HCN Network Service Area. If your business qualifies, your Workers Compensation insurance policy will be revised and Texas HCN premium credit will apply when the enrollment process is complete.

**This information is being provided to you to help you understand the requirements for Texas HCN enrollment and implementation.**

Travelers has an **Employer HCN Enrollment Guide** (included in the **HCN Enrollment Kit**) that walks policyholders through the requirements of the enrollment and implementation process. The Network Service Area, HCN Provider Directory, Employer Enrollment Guide, Enrollment Kit, Employee Notice of Network Requirements, Travelers HCN Employee Training verification and all other Travelers HCN documents are located at [www.travelers.com/TXHCN](http://www.travelers.com/TXHCN). Travelers trained staff is available to guide you with the enrollment process.

To enroll or to learn more about the benefits of using the Travelers HCN to help control workers compensation medical and indemnity costs, or if you have any questions regarding the HCN implementation process or any of the HCN documents, you can speak with a **Travelers Texas HCN Enrollment Representative** by calling **(866) 245-6472** or by email at **TexasHCN@travelers.com**.



# Umbrella coverage premium summary

Policy Number

CUP-8W252202

## Coverage information and limits

COVERAGE		LIMITS
<b>Aggregate Limits of Liability</b>	General Aggregate Limit (other than Products-Completed Operations)	\$5,000,000
	Products-Completed Operations Aggregate Limit	\$5,000,000
<b>Occurrence Limit</b>	Occurrence Limit (subject to the General Aggregate Limit or the Products-Completed Operations Aggregate Limit)	\$5,000,000
<b>Crisis Management Services Expenses Limit</b>	All "crisis management events"	\$50,000
<b>Self-Insured Retention</b>	Any one "occurrence"	\$10,000

COVERAGES	LIMIT	SELF-INSURED RETENTION	PREMIUM
<b>Umbrella</b>	\$5,000,000	\$10,000	\$14,967.00
		Taxes and Surcharges	\$0.00
		<b>TOTAL PREMIUM</b>	<b>\$14,967.00</b>

## Underlying schedule

POLICY NUMBER	COVERAGE	COMPANY		LIMIT
<b>UB - 008W679338</b>	Employers Liability	IND	Policy Limit	1,000,000
			Each Accident	1,000,000
			Each Employee	1,000,000
<b>630 - 8W248643</b>	Employee Benefits	TIA	Each Employee	1,000,000
			Aggregate	2,000,000
<b>630 - 8W248643</b>	Auto Liability	TIA	Policy Limit	1,000,000
<b>630 - 8W248643</b>	General Liability	TIA	General Aggregate	2,000,000
			Products-Completed	2,000,000
			Ops Aggregate	
			Personal &	1,000,000
			Advertising Injury	
			Each Occurrence	1,000,000

# Federal Terrorism Risk Insurance Act Disclosure

The Federal Terrorism Risk Insurance Act of 2002 as amended ("TRIA") establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in TRIA) caused by "Acts Of Terrorism" (as defined in TRIA). "Act Of Terrorism" is defined in Section 102(1) of TRIA to mean any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of 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 Federal Government's share of compensation for such Insured Losses is 80% of the amount of such Insured Losses in excess of each Insurer's "Insurer Deductible" (as defined in TRIA), subject to the "Program Trigger" (as defined in TRIA).

In no event, however, will the Federal Government be required to pay any portion of the amount of such Insured Losses occurring in a calendar year that in the aggregate exceeds \$100 billion, nor will any Insurer be required to pay any portion of such amount provided that such Insurer has met its Insurer Deductible. Therefore, if such Insured Losses occurring in a calendar year exceed \$100 billion in the aggregate, the amount of any payments by the Federal Government and any coverage provided by this policy for losses caused by Acts Of Terrorism may be reduced.

For any Workers Compensation and Employers Liability coverage provided by this policy, the charge for such Insured Losses is an additional premium, which is reflected in any Workers Compensation and Employers Liability premium schedule included in this proposal or, if this proposal does not include such premium schedule, is reflected in a Workers Compensation premium summary included with this proposal. Note: terrorism premium charges listed in any such premium schedule or summary are subject to change at any time based on state regulatory action.

For any coverage provided by this policy, other than any Workers Compensation and Employers Liability coverage, that applies to such Insured Losses, the charge for such Insured Losses is included in the premium for such coverage. The charge for such Insured Losses that has been included for any such coverage is the percentage of the premium for such coverage indicated below and does not include any charge for the portion of such Insured Losses covered by the Federal Government under TRIA. Note: terrorism premium charges shown below are subject to change at any time based on state regulatory action.

The charge for such Insured Losses (for any coverage other than any Workers Compensation and Employers Liability coverage) is:

- 7% of either your total Commercial Property Coverage Part or your total Deluxe Property Coverage Part premium, if applicable, if your primary location is in a Designated City (as listed below).
- 3% of either your total Commercial Property Coverage Part or your total Deluxe Property Coverage Part premium, if applicable, if your primary location is not in a Designated City (as listed below).
- 4% of your total Businessowners Coverage Part premium, if applicable, if your primary location is in a Designated City (as listed below).
- 2% of your total Businessowners Coverage Part premium, if applicable, if your primary location is not in a Designated City (as listed below).
- 1% of your total Commercial Inland Marine Coverage Part premium if applicable.
- 1% of your total Boiler and Machinery or Equipment Breakdown Coverage Part if applicable.
- 1% of your total premium for any Commercial Liability Coverage included in this policy that is subject to the Federal Terrorism Risk Insurance Act of 2002 as amended.
- 1% of your total premium for any Commercial Ocean Marine Coverage Part premium if applicable.



Designated Cities are:			
<b>Albuquerque, NM</b>	<b>El Paso, TX</b>	<b>Miami, FL</b>	<b>San Antonio, TX</b>
<b>Atlanta, GA</b>	<b>Fort Worth, TX</b>	<b>Milwaukee, WI</b>	<b>San Diego, CA</b>
<b>Austin, TX</b>	<b>Fresno, CA</b>	<b>Minneapolis, MN</b>	<b>San Francisco, CA</b>
<b>Baltimore, MD</b>	<b>Honolulu, HI</b>	<b>Nashville-Davidson, TN</b>	<b>San Jose, CA</b>
<b>Boston, MA</b>	<b>Houston, TX</b>	<b>New Orleans, LA</b>	<b>Seattle, WA</b>
<b>Charlotte, NC</b>	<b>Indianapolis, IN</b>	<b>New York, NY</b>	<b>St. Louis, MO</b>
<b>Chicago, IL</b>	<b>Jacksonville, FL</b>	<b>Oakland, CA</b>	<b>Tucson, AZ</b>
<b>Cleveland, OH</b>	<b>Kansas City, MO</b>	<b>Oklahoma City, OK</b>	<b>Tulsa, OK</b>
<b>Colorado Springs, CO</b>	<b>Las Vegas, NV</b>	<b>Omaha, NE</b>	<b>Virginia Beach, VA</b>
<b>Columbus, OH</b>	<b>Long Beach, CA</b>	<b>Philadelphia, PA</b>	<b>Washington, DC</b>
<b>Dallas, TX</b>	<b>Los Angeles, CA</b>	<b>Phoenix, AZ</b>	<b>Wichita, KS</b>
<b>Denver, CO</b>	<b>Memphis, TN</b>	<b>Portland, OR</b>	
<b>Detroit, MI</b>	<b>Mesa, AZ</b>	<b>Sacramento, CA</b>	

# Account summary

## Premium summary

COVERAGE	POLICY NUMBER	PREMIUM
DELUXE	630-8W248643	\$16,220
GENERAL LIABILITY	630-8W248643	\$16,537
EMPLOYEE BENEFITS LIABILITY	630-8W248643	\$300
PRODUCT RECALL	630-8W248643	\$1,065
WORKERS COMPENSATION	UB-8W679338	\$10,431
UMBRELLA	CUP-8W252202	\$14,967
Total		\$59,520

**Note:** The estimated premium shown above may differ from actual premiums shown on the policies and installment bills due to installment charges, estimated taxes and surcharges, as well as rounding.

## Payment plan

**Direct Bill - 10 Equal**

**Bill Payment Options can be found at:** [Travelers.com/AutoPay](https://Travelers.com/AutoPay)

**Note:** The amount of each installment will be reflected on your policy invoicing.

# Account summary

## Disclosure

Unless accepted, the offer(s) of insurance contained in this proposal expire(s) automatically thirty (30) days after the proposal date referenced on the cover page, or the proposed effective date if earlier. This proposal is not a binding contract of insurance. If you have questions regarding this proposal, please contact your Travelers Representative.

The following outlines the coverage forms, limits of insurance, policy endorsements and other terms and conditions provided in this proposal/quote. Any policy coverages, limits of insurance, policy endorsements, coverage specifications, or other terms and conditions that you have requested that are not included in this proposal/quote have not been agreed to by Travelers. Please review this proposal/quote carefully and if you have any questions, please contact your Travelers representative.

This proposal/quote does not amend, or otherwise affect, the provisions of coverage of any resulting insurance policy issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law.

Please note that changes in the exposures, limits, or coverages may result in changes in rates and/or account pricing. Additionally, due to the expense of processing and servicing this account, in the event this quote is not accepted in its entirety, we reserve the right to reprice and reunderwrite this quote.

The policies will also be subject to all state-mandated endorsements.

At our discretion, we may decide to perform an interim test audit during the upcoming policy period to verify the adequacy of the exposure estimates that have been provided to us. If we decide to perform an interim test audit, a Travelers Auditor will contact the insured at the appropriate time to set up an appointment. The results of any interim test audit that we perform will be shared with you as soon as possible after the audit report has been completed.

As Broker/Agent you will be responsible for being aware of and complying with the various legal requirements associated with countersignature in various jurisdictions covered in the policies.



# Property coverage form index

**Policy Number** 630-8W248643

## Coverage and amendments

DESCRIPTION	FORM NUMBER
DELUXE PROP COV PART SCHED-SPECIF LIMITS	DX 00 03
TABLE OF CONTENTS - DELUXE PROP COV PART	DX 00 04
TEXAS CHANGES	DX 00 09
TX CHANGES - CANCELLATION AND NONRENEWAL	DX 01 71
DELUXE PROP COV PART DECLARATIONS	DX T0 00
DELUXE PROPERTY COVERAGE FORM	DX T1 00
DELUXE BI (AND EE) COVERAGE FORM	DX T1 01
CAUSES OF LOSS-EARTHQUAKE	DX T3 01
CAUSES OF LOSS - BROAD FORM FLOOD	DX T3 02
CAUSES OF LOSS-EQUIPMENT BREAKDOWN	DX T3 19
WINDSTORM OR HAIL DEDUCTIBLE	DX T3 37
PEAK SEASON LIMIT OF INSURANCE	DX T3 82
UTILITY SERVICES-DIRECT DAMAGE	DX T3 85
UTILITY SERVICES-TIME ELEMENT	DX T3 86
ELECTRONIC VANDALISM LIMIT & OTHER CHANG	DX T3 98
FEDERAL TERRORISM RISK INSURANCE ACT DIS	DX T4 02
DIGITAL ASSETS EXCLUSIONS	DX T5 21



# General Liability coverage form index

**Policy Number** 630-8W248643

## Coverage and amendments

DESCRIPTION	FORM NUMBER
TEXAS CHANGES	CG 01 03
HIRED AND NONOWNED AUTO EXCESS LIAB	CG D0 86
EXCL-COMMUNICABLE DISEASES	CG D1 09
EXCLUSION - DISCRIMINATION	CG D1 42
AMEND-NON CUMULATION OF EACH OCC	CG D2 03
PRODUCT RECALL EXPENSES COVERAGE	CG D2 31
FUNGI OR BACTERIA EXCLUSION	CG D2 43
BLANKET AI-W/COMP OPS IF REQ BY CONTRACT	CG D2 46
AMEND CONTRAC LIAB EXCL-EXC TO NAMED INS	CG D4 21
XTEND ENDT FOR MFRS & WHOLESALERS	CG D4 58
EXCL-VIOLATION OF CONSUMER FIN PROT LAWS	CG D6 18
AMENDMENT OF INTELLECTUAL PROPERTY EXCL	CG D9 10
EXCLUSION - PFAS	CG D9 41
EXCL-VIOLATIONOFBIOMETRICINFOPRIVACYLAWS	CG D9 44
TX CHANGES-EMPL-RELATED PRACTICES EXCL	CG F2 68
COMM'L GENERAL LIABILITY DEC	CG T0 01
DECLARATIONS PREMIUM SCHEDULE	CG T0 07
KEY TO DECLARATIONS PREMIUM SCHEDULE	CG T0 08
EMPLOYEE BENEFITS LIAB COV PART DEC	CG T0 09
TABLE OF CONTENTS - COM GEN LIAB COV	CG T0 34
EMPLOYEE BENEFITS LIAB TABLE OF CONTENTS	CG T0 43
COMMERCIAL GENERAL LIABILITY COV FORM	CG T1 00
EMPLOYEE BENEFITS LIABILITY COV FORM	CG T1 01

# Package common coverage form index

**Policy Number** 630-8W248643

## 630 Common coverage and amendments

DESCRIPTION	FORM NUMBER
NUCLEAR ENERGY LIABILITY EXCLUSION	IL 00 21
TEXAS CHANGES - DUTIES	IL 01 68
TX CHGES - CANCEL & NONREN PROVS PKG POL	IL F0 19
COMMON DEC	IL T0 02
LOCATION SCHEDULE	IL T0 03
POLICY JACKET - EXECUTION CLAUSE	IL T0 15
ACTUAL CASH VALUE	IL T0 63
COMMON POLICY CONDITIONS-DELUXE	IL T3 18
FED TERRORISM RISK INS ACT DISCLOSURE	IL T3 68
AMNDT COMMON POLICY COND-PROHIBITED COVG	IL T4 12
CAP ON LOSSES FROM CERT ACTS OF TERRORIS	IL T4 14
ADDITIONAL BENEFITS	IL T4 27
PROTECTION OF PROPERTY	IL T4 40
NOTICE-INFORMATION OR COMPLAINTS-TEXAS	PN T0 22
FLOOD POLICYHOLDER NOTICE	PN T0 53
JURISDICTIONAL INSP & CONTACT INFO REQ	PN T1 89
LOSS CONTROL SERVICES (TEXAS)	PN T2 27
NOTICE INDEPENDENT AGENT AND BROKER COMP	PN T4 54
IMP NOTICE-PERIOD TO FILE CLAIM-TX CAT	PN T9 70
IMPT NOTICE - FLOOD - TX	PN U3 53



# Workers Comp coverage form index

**Policy Number** UB-8W679338

## Coverage and amendments

DESCRIPTION	FORM NUMBER
WORKERS COMPENSATION INFORMATION - PAGE 1	WC 00 00 01 AA
INFORMATION PAGE 2	WC 00 00 01 AB
INFORMATION PAGE SCHEDULE	WC 00 00 01 AC
LISTING OF ENDORSEMENTS	WC 00 00 01 AD
PREMIUM DISCOUNT ENDORSEMENT	WC 00 04 06 00
90-DAY REPORTING REQUIREMENT - NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT	WC 00 04 14 A
CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT	WC 00 04 21 F
TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT	WC 00 04 22 C
TEXAS AMENDATORY ENDORSEMENT	WC 42 03 01 L
TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT	WC 42 03 04 B



**Policy Number**

CUP-8W252202

## Coverage and amendments

DESCRIPTION	FORM NUMBER
EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY INSURANCE	EU 00 01
POLICY DECLARATIONS EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY INSURANCE POLICY	EU 00 02
SCHEDULE OF UNDERLYING INSURANCE	EU 00 03
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM AND EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES	EU 00 07
TEXAS CHANGES	EU 00 70
COMMUNICABLE DISEASE EXCLUSION - COVERAGES A AND B	EU 01 37
COVERAGE FOR FINANCIAL INTEREST IN FOREIGN INSURED ORGANIZATIONS	EU 01 44
NUCLEAR ENERGY LIABILITY EXCLUSION (BROAD FORM) - COVERAGES A AND B	EU 02 09
AMENDMENT OF COVERAGE - DEFINITIONS	EU 02 34
DISCRIMINATION EXCLUSION - COVERAGE B	EU 03 31
FUNGI OR BACTERIA EXCLUSION - COVERAGE B	EU 03 35
NON CUMULATION OF OCCURRENCE LIMIT	EU 03 46
INTELLECTUAL PROPERTY EXCLUSION - COVERAGE B	EU 04 21
PFAS EXCLUSION - COVERAGE B	EU 04 42
VIOLATION OF BIOMETRIC INFORMATION PRIVACY LAWS EXCLUSION - COVERAGE B	EU 04 44
FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE	IL T3 68
IMPORTANT NOTICE REGARDING INDEPENDENT AGENT AND BROKER COMPENSATION	PN T4 54



# Commission summary

COVERAGE	POLICY NUMBER	COMMISSION
DELUXE	630-8W248643	15.00 %
GENERAL LIABILITY	630-8W248643	15.00 %
EMPLOYEE BENEFITS LIABILITY	630-8W248643	15.00 %
PRODUCT RECALL	630-8W248643	15.00 %
WORKERS COMPENSATION	UB-8W679338	5.00 %
UMBRELLA	CUP-8W252202	15.00 %

**Note:** *It is the agent's or broker's responsibility to comply with any applicable laws regarding disclosure to the policyholder of commission or other compensation we pay, if any, in connection with this policy or program.*

\* Commission percentage displayed does not apply to any North Carolina Reinsurance Facility loss recoupment surcharge amounts included in the liability premium of the Commercial Auto Policy, if applicable.

## Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

[http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.