



Commercial Insurance Program

Presented to:

Jonathan Allen

**WILLIS TOWERS WATSON INS SVCS WEST
1144 W WASHINGTON ST,
TEMPE, AZ 85281-**

Representing:

**PERFORMANCE INFLATABLES CO., LLC
PO BOX 2030
NORTH KINGSTOWN, RI 02852**

Prepared by:

Courtney New
Underwriting Consultant

This quotation is based upon your responses in the application or representations made by your agent. A change in any of your responses could affect this offer. All quotes are subject to the application of the correct modification factors, any pending rate changes, and risk reservation. No alterations in the proposal may be made without the prior written approval of CNA. This quotation is valid for 30 days or the inception date whichever is first. This represents a quote based on the information provided in the application and does not guarantee coverage. Coverages and limits quoted may differ from those requested in the application. The dollar amounts are estimates and may not be actual premiums. The agent does not have authority to bind premium amounts. Only the insurance policy can provide the actual coverages, conditions and premium.

Binding Condition: If these quote terms are accepted and a binding order is received for this account, this quote will serve as a Binder of Insurance and is final. Coverages will be issued per policy forms included in this document. The insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by CNA. Unless otherwise indicated on this Binder, an annual policy will be issued for this Insured. No alterations to this Binder may be made without the prior written approval of CNA. Coverages and limits bound may differ from those requested in the application and/or quote proposal versions previously provided by CNA. Upon issuance of the insurance policy, this Binder of Insurance is null and void and is replaced by the actual insurance contract. Only the insurance policy can provide the actual coverages, conditions and premiums.



March 28, 2025

TO: **Jonathan Allen**
Willis Towers Watson Ins Svcs West
RE: **Commercial Account Quotation**

| | | | |
|-----------------|----------------------------------|---------|---------------|
| Account Name: | PERFORMANCE INFLATABLES CO., LLC | New [] | Renewal [X] |
| Effective Date: | March 30, 2025 | | |

ACCOUNT PREMIUM RECAP

| Coverage | Policy # | Eff/Exp Date | Company | Premium |
|-----------------------|------------|----------------------|-----------------------------------|--------------|
| Workers Comp | 7064405970 | 03/30/25 To 03/30/26 | Transportation Insurance Company | \$51,802.00 |
| Workers Comp | 8018861021 | 03/30/25 To 03/30/26 | Valley Forge Insurance Company | \$37,470.00 |
| Automobile | 7064405953 | 03/30/25 To 03/30/26 | Valley Forge Insurance Company | \$9,648.00 |
| PARAMOUNT | 7064405967 | 03/30/25 To 03/30/26 | The Continental Casualty Company | \$66,311.00 |
| General Liability | | | | \$66,311.00 |
| Umbrella | 7064405936 | 03/30/25 To 03/30/26 | The Continental Insurance Company | \$34,451.00 |
| Total Account Premium | | | | \$199,682.00 |

DID YOU KNOW?

CNA offers a full suite of **Management Liability and Crime coverages in one package policy**. These include Directors & Officers, Employment Practices Liability, Fiduciary Liability, Crime and Kidnap/Ransom/Extortion coverages. For more details on these coverages, visit CNA.com.

If you place one or more of these coverages for your customer with a different carrier, and you would like a competitive quote from CNA, you can either send us the other carrier's application or find the CNA application on Agent Center, and select:

- I am searching for: **Applications**
- I want to filter them by **Product or Service: Management Liability**
- And choose the Epack **Extra New Business Application**



Account Quotation Is Subject To:

- To further compliance with producer licensing and appointment laws, our processes require the writing individual producer to be appropriately licensed. If the individual's license is not already validated in our system for the relevant state, they will be contacted by the CNA Agency Maintenance Team.

Comments:

One or more of the CNA Property Casualty companies underwrites this program. CNA is a registered service mark and trade name of CNA Financial Corporation.

This information is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the policy described. All coverages are not available in all states. Remember that only the policy can provide the actual description, terms, conditions and exclusions.

BINDER



Account Name: PERFORMANCE INFLATABLES CO., LLC

IMPORTANT INFORMATION

NOTICE OF INSURANCE COVERAGE FOR ACTS OF TERRORISM AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as extended and reauthorized ("Act"), you have a right to purchase insurance coverage of losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, subject to all applicable policy provisions. The Terrorism Risk Insurance Act established a federal program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks.

The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. Originally, the Act provided that, to be certified, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest as part of an effort to coerce the government or population of the United States. However, the 2007 re-authorization of the Act no longer requires the act of terrorism to be committed by or on behalf of a foreign interest and certified acts of terrorism now encompass, for example, a terrorist act committed against the United States government by a United States citizen when the act is determined by the federal government to be "a certified act of terrorism".

In accordance with this Act, we are required to continue to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. The policy's other provisions, including nuclear, war or military action exclusions, will still apply to such an act. The premium for this coverage will be included for each coverage part as shown below under DISCLOSURE OF PREMIUM and is included in, not in addition to, the premium shown on the Account Premium Recap.
DISCLOSURE OF PREMIUM:

| Quote Number | Coverage Part | Terrorism Premium* | Effective Date |
|--------------|----------------------|--------------------|----------------|
| 8018861021 | Workers Compensation | \$191 | 03/30/2025 |
| 7064405967 | Liability | Excluded | 03/30/2025 |
| 7064405970 | Workers Compensation | \$353 | 03/30/2025 |
| 7064405936 | Umbrella | Excluded | 03/30/2025 |

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Department of the Treasury will pay a share of terrorism losses insured under the federal program. Beginning in 2020, the federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Further, this coverage is subject to a limit on our liability, pursuant to the federal law where, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and, 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.

YOUR OPTION TO EXCLUDE WINDSTORM COVERAGE

Florida law requires that an insurer issuing a property insurance policy must make available, at the option of the policyholder, an exclusion of windstorm coverage. Other than property eligible for coverage from an underwriting association (wind pool) or carrier of last resort established under Florida law, windstorm coverage may be excluded **only if you provide to the insurer ("us") the following statement ON YOUR LETTERHEAD**, dated and signed by you or your authorized representative. The exclusion of coverage applies for the term of the policy and for each renewal thereafter; changes to the exclusion may be implemented only as of the date of renewal.

Use the following text in your statement to us, with the addition of the information described in the underlined parentheses.

(Name of business entity) does not want the insurance on its (identify structure(s)) to pay for damage from windstorms. (Name of business entity) will be responsible for these costs. (Name of business entity's) insurance will not.

(Name of business entity) understands and agrees that the exclusion pertains to any windstorm, including hurricane, and to hail; and also understands and agrees that if the property insurance policy covering the structure(s) identified above also provides other property coverages (such as coverage for contents or business interruption), **the exclusion will also apply to all such property and coverages in accordance with the terms of the exclusion.**

IMPORTANT NOTICE – MORTGAGEHOLDER AND/OR LIENHOLDER APPROVAL REQUIRED

If a structure(s) to which the windstorm exclusion is to apply is subject to a mortgage or lien, you must also provide to us a written statement from the mortgageholder and/or lienholder indicating that the mortgageholder and/or lienholder approves your election to exclude windstorm coverage on that structure(s), and that it is understood that the exclusion pertains to any windstorm, including hurricane, and to hail.

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REJECTION OF CERTIFIED ACTS OF TERRORISM COVERAGE

INSTRUCTIONS TO INSURED:

You are hereby notified that under the Terrorism Risk Insurance Act, as extended and reauthorized ("Act"), you have a right to purchase insurance coverage of losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, subject to all applicable policy provisions. The Terrorism Risk Insurance Act established a federal program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks.

This Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism, which is an act committed by an individual or individuals to coerce the government or population of the United States, that results in aggregate losses of \$5 million or more. The 2007 re-authorization no longer requires the act of terrorism to be committed by or on behalf of a foreign interest and certified acts of terrorism now encompass, for example, a terrorist act committed against the United States government by a United States citizen when the act is determined by the federal government to be "a certified act of terrorism."

You may choose to exclude Certified Acts of Terrorism, as described above. This Rejection of Certified Acts of Terrorism Coverage Form is valid only if fully completed and returned to us. For each Coverage Part rejected, the corresponding "Reject" area must be checked, and the "Policy Number" and "Policy Period" must be indicated. In addition, the SIGNATURE BLOCK (below) must be completed in its entirety. The applicable policy will then be endorsed to exclude terrorism, and the premium recalculated.

The states of CA, CT, GA, HI, IA, IL, MA, ME, MO, NC, NJ, NY, OR, RI, WA, WI, and WV have Standard Fire Policy (SFP) statutes that are applicable to your Property and, in CA, ME, MO, OR and WI, to your Inland Marine coverages. In these states, coverage is required to be provided for fire damage that results or follows from any cause of loss, even those that are otherwise excluded. As a result, although certified acts of terrorism are excluded from your policy, we are statutorily required to insure against fire damage that might result from otherwise excluded acts of terrorism. In addition, certain states may not allow coverage for certified acts of terrorism to be rejected for any coverage part. Terrorism coverage cannot be rejected for Workers' Compensation in any state.

If the circumstances in the above paragraph apply, the United States Department of the Treasury, will pay a share of terrorism losses insured under the federal program. Beginning in 2020, the federal share equals 80% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

However, if aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Further, this coverage is subject to a limit on our liability, pursuant to the federal law where if aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and 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.

This Rejection of Certified Acts of Terrorism Coverage Form applies only during the "Policy Period" indicated below. Please consult your CNA agent with any questions regarding this form.



REJECTION OF TERRORISM STATEMENT

| Coverage Part/Policy Form | Reject | Policy Number | Policy Period | |
|---------------------------|--------|----------------|---------------|----------|
| Liability | X | PMT 7064405967 | 03/30/25 | 03/30/26 |
| Umbrella | X | CUE 7064405936 | 03/30/25 | 03/30/26 |

I hereby acknowledge that I have been notified that under the Terrorism Risk Insurance Act, any covered losses caused by a "Certified Act of Terrorism" will be partially reimbursed by the United States and I have been notified of the amount of my premium of such coverage.

I hereby agree to the rejection of terrorism coverage for the listed coverage parts, as indicated above. I understand that a rejection of terrorism coverage means the exclusion of foreign and domestic acts of terrorism that are determined by the Department of Treasury to be Certified Acts of Terrorism as defined in the Terrorism Risk Insurance Act. I also recognize by waiving this coverage, the insurer has no obligation to add terrorism coverage at a later date within this policy term. I hereby agree that I am abiding by the rules and terms of my mortgagee, loss payee or additional insured as interest may appear, and have notified them of my intent to reject coverage.

SIGNATURE BLOCK

| | |
|---------------------------------------|-----------------------------------|
| By: _____ | _____ |
| Authorized Representative's Signature | Authorized Representative's Title |
| <u>PERFORMANCE INFLATABLES CO., L</u> | _____ |
| Named Insured | Date of Signature |

CNA Update 10/30/2020 (TRIAREj.doc)



POLICY FORM SUMMARY:

The policy quoted includes the following forms, endorsements and exclusions, which may not be deleted.

POLICY NO : 7064405967 EFFECTIVE DATE : 03/30/25 EXPIRATION DATE : 03/30/26

| FORM | ED. DATE | FORM NAME |
|-------------|----------|--|
| CNA104750XX | 06/23 | Policyholder Notice - Fraud Notification |
| CNA62642XX | 10/15 | Common Terms and Conditions |
| CNA62814RI | 09/12 | Cancellation / Non-Renewal - Rhode Island |
| CNA62821XX | 01/21 | PHN Offer Of Terrorism Cov-Conf Of Reject Of Cov |
| CNA74926XX | 02/15 | Exclusion of Certified Acts of Terrorism Endorsement |
| CNA75144XX | 04/15 | Policy Holder Notice - Countrywide - Premium Basis Used on Liability Schedules |
| CNA89319XX | 06/17 | Policy Holder Notice - Countrywide |

BINDER



LOCATION SUMMARY

Throughout this quotation, location numbers referenced will respond to the location summary shown below:

| Loc | Address | City | ST | Zip Code |
|------|-------------------------|-----------------|----|----------|
| 0001 | 51 CIRCUIT DR UNIT A | NORTH KINGSTOWN | RI | 02852 |
| 0002 | 113 STREET A | PICAYUNE | MS | 39466 |
| 0003 | 12207 NW 35TH ST | CORAL SPRINGS | FL | 33065 |

BINDER



GENERAL LIABILITY

| | | | |
|-----------|------------|------------|----------------------------------|
| Policy # | 7064405967 | Company | The Continental Casualty Company |
| Effective | 03/30/25 | Expiration | 03/30/26 |

LIMITS:

| General Liability Coverages | |
|---|-------------|
| Each Occurrence Limit | \$1,000,000 |
| Personal & Advertising Injury Limit | \$1,000,000 |
| Medical Expense Limit – Any One Person | \$15,000 |
| Damage to Premises Rented to You Limit | \$1,000,000 |
| Products/Completed Operations Aggregate Limit | \$2,000,000 |
| General Aggregate Limit | \$2,000,000 |

Location: Exposure/Premium/Coverage Summary

| Loc | Class Code | Coverage/Hazard Descriptions | Exposure | Prem Basis | Net Rate Premises | Net Rate Prod/CO | Total Estimated Premium |
|------|------------|---|------------|------------|-------------------|------------------|-------------------------|
| 0001 | 58058 | Plastic or Rubber Goods Manufacturing - other than household - not otherwise classified | 22,489,000 | (S) | .154 | | \$3,463 |
| 0001 | 58058 | Plastic or Rubber Goods Manufacturing - other than household - not otherwise classified | 22,489,000 | (S) | | 2.591 | \$58,269 |

Ratings and Premium Basis:

(S) - Gross Sales, (P) - Payroll, (A) - Area, (C) - Total Cost, (M) - Admissions, (U) - Unit/Each, (T) – Other

Please refer to form # CNA75144XX 01-15 for full definitions of premium basis

| Policy Level Coverages | Exposure | Prem Basis | Rate/% | Estimated Premium |
|--|----------|------------|--------|-------------------|
| Increased Limits for Damage to Premises Rented to You | | | | \$450 |
| Estimated Premium for Increased Limits for Damage to Premises is determined based on tiered rates depending on the number of locations | | | | |
| Manufacturers General Liability Extension Endorsement | | (SL) | 2% | \$1,235 |
| Blanket Additional Insured - Full Products - Other than Contractor | | (SL) | 4% | \$2,469 |

| | |
|---|-------------|
| General Liability Taxes, Fees, and Surcharges | \$0.00 |
| Terrorism Premium | \$0.00 |
| Additional to Meet Minimum Premium | \$0.00 |
| Total General Liability Premium | \$65,886.00 |

Special Notations/Comments:

FORM SUMMARY:

The policy quoted includes the following forms, endorsements and exclusions, which may not be deleted.

| FORM | ED. DATE | FORM NAME |
|------|----------|-----------|
|------|----------|-----------|



| FORM | ED. DATE | FORM NAME |
|-------------|----------|---|
| CG0001 | 04/13 | Commercial General Liability Coverage Form |
| CNA106681XX | 10/23 | Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS) |
| CNA75101XX | 01/15 | Manufacturers' General Liability Extension Endorsement |
| CNA75079XX | 03/22 | Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage Endorsement |
| CNA74843XX | 01/15 | Pollution Exclusion Amendatory Endorsement |
| CG0069 | 12/23 | Exclusion - Violation Of Law Addressing Data Privacy |
| CG2106 | 12/23 | Exclusion - Access Or Disclosure Of Confidential Or Personal Material Or Information |
| CG4035 | 12/23 | Exclusion - Cyber Incident |
| CNA74687XX | 01/15 | Silica Exclusion Endorsement |
| CNA74708XX | 01/15 | Fungi / Mold / Mildew / Yeast / Microbe Exclusion Endorsement |
| CNA74761XX | 01/15 | Employment-Related Practices Exclusion Endorsement |
| CNA74900XX | 01/15 | Designated Organizations Exclusion Endorsement |
| CNA75116XX | 01/15 | Amendment - Infringement of Copyright, Patent, Trademark Trade Secret or Other Intellectual Property Rights or Laws Endorsement |
| CNA75108XX | 01/15 | Broad Named Insured Endorsement |
| CNA62646XX | 01/15 | Bridge Endorsement |
| CNA74726XX | 01/15 | Calculation of Premium Endorsement |
| CNA75268RI | 01/15 | Prejudgment Interest Endorsement - Rhode Island |
| CNA74719XX | 01/15 | Asbestos Exclusion Endorsement |
| CNA74727XX | 01/15 | Nuclear Energy Liability Exclusion Endorsement (Broad Form) |

EMPLOYEE BENEFITS LIABILITY

| | | | |
|------------------|-------------------|-------------------|---|
| Policy # | 7064405967 | Company | The Continental Casualty Company |
| Effective | 03/30/25 | Expiration | 03/30/26 |

LIMITS:

| Employee Benefits Liability Coverages | |
|--|-------------|
| Each Employee Limit | \$1,000,000 |
| Employee Benefits Liability – All claims in the Aggregate Limit | \$2,000,000 |

DEDUCTIBLE:

| Applies To: | Type of Deductible | Including Defense Expense | Coverage | Deductible Basis | Deductible Amount |
|-----------------------------|---------------------------|----------------------------------|-----------------|-------------------------|--------------------------|
| Employee Benefits Liability | Damages Only | | See Form | Per Employee | \$1,000 |

Location: Exposure/Premium/Coverage Summary

| Loc | Class Code | Coverage/Hazard Descriptions | Exposure | Prem Basis | Net Rate Premises | Net Rate Prod/CO | Total Estimated Premium |
|------------|-------------------|-------------------------------------|-----------------|-------------------|--------------------------|-------------------------|--------------------------------|
| 0001 | C00007 | Employee Benefits Liability | 60 | (EM) | | | \$425 |

Ratings and Premium Basis:



(S) - Gross Sales, (P) - Payroll, (A) - Area, (C) - Total Cost, (M) - Admissions, (U) - Unit/Each, (T) – Other
Please refer to form # CNA75144XX 01-15 for full definitions of premium basis

| | |
|---|----------|
| Employee Benefits Liability Taxes, Fees, and Surcharges | \$0.00 |
| Terrorism Premium | \$0.00 |
| Additional to Meet Minimum Premium | \$0.00 |
| Total General Liability Premium | \$425.00 |

Special Notations/Comments:

FORM SUMMARY:

The policy quoted includes the following forms, endorsements and exclusions, which may not be deleted.

| FORM | ED. DATE | FORM NAME |
|------------|----------|---|
| CNA74721XX | 01/15 | Employee Benefits Liability Coverage Part - Occurrence |
| CNA86269XX | 10/16 | Employee Benefits Liability - Amended Definition of Executive Officer Endorsement |



CNA PARAMOUNT
Policy Holder Notice – Countrywide
Premium Basis Used on Liability Schedules

This policy includes one or more Liability coverages with associated Schedules of locations, coverages or classifications. When such Schedules display an Exposure amount used to calculate premium, the Exposure amount is often followed by an abbreviation that denotes what the Exposure amount represents (Payroll, Gross Sales, Area, etc.). Such abbreviations are described below.

| | | | | | |
|----|------------------------|---|----|---|---|
| A | = Area | (Per 1,000 Sq. ft.) | GL | = Gallons | (Per 1,000 Gallons) |
| AC | = Acres | (Each) | GS | = Grandstands/Bleacher | (Each) |
| AD | = Activity Days | (Each) | H | = Number of Golf Holes | (Each) |
| AN | = Animals | (Each) | HO | = Hoists | (Each) |
| AP | = Airports | (Each) | HQ | = Headquarters | (Each) |
| AT | = Attendants | (Each) | K | = Kennels | (Each) |
| AU | = Audited Premium | (Last Year of Manufacture - %) | L | = Limit | (Limit of Insurance for Coverage) |
| B | = Bodies | (Each) | LD | = Locations Days | (Each) |
| BA | = Bales | (Per 1,000 Bales) | LE | = Lessees | (Each) |
| BD | = Beds | (Each) | LO | = Locations | (Each) |
| BE | = Beaches | (Each) | LR | = Lakes/Reservoirs | (Each) |
| BO | = Boats | (Each) | LW | = Lawyers | (Each) |
| C | = Total Cost | (Per \$1,000 of Total Cost*) | M | = Admissions | (Per 1,000 Admissions) |
| CD | = Camper Days | (Each Camper Day) | ME | = Members | (Each) |
| CN | = Contestants | (Each) | MH | = Model Homes | (Each) |
| CU | = Convention Days | (Each) | MI | = Miles | (Each) |
| CW | = Cost of Work | (Per \$1,000 of Total Cost of Work) | NB | = Newsboys | (Each) |
| DB | = Drawbridges | (Each) | O | = Operators | (Each) |
| DM | = Dams | (Each) | OE | = Operating Expenditures | (Per \$1,000 of Operating Expenditures) |
| DW | = Dwellings | (Each) | P | = Payroll | (Per \$1,000 of Payroll*) |
| E | = Each | (Per Entity Described) | PD | = Passenger Days | (Per 1,000 Passenger Days) |
| EM | = Employees | (Each) | PG | = Picnic Grounds | (Each) |
| ES | = Solar Energy Systems | (Each) | PP | = Parks/Playgrounds | (Each) |
| ET | = Turbines | (Each) | PR | = Parades | (Each) |
| EX | = Exhibitions | (Each) | PS | = Persons | (Each) |
| F | = Flat Charge | (Flat Premium Charge) | PU | = Pupils | (Each) |
| FG | = Fairgrounds | (Each) | R | = Receipts | (Per \$1,000 of Receipts) |
| FM | = Faculty Members | (Each) | RG | = Registrants | (Each) |
| FP | = Fishing Piers | (Each) | RN | = Range | (Each) |
| G | = Graduates | (Each) | RV | = Revenue | (Per \$1,000 of Revenue) |
| GA | = Games | (Each) | SP | = Swimming Pools | (Each) |
| S | = Gross Sales | (Per \$1,000 of Gross Sales) | ST | = Stations | (Each) |
| SA | = Classification | (Total Class Specific Premium - %) | SU | = Sub 334 (Premium Premises & Operations Premium %) | |
| SB | = Sub 336 Premium | (Products & Completed Operations Premium - %) | TE | = Teams | (Each) |
| SC | = Scouts | (Each) | TO | = Towers | (Each) |
| SD | = Students | (Each) | U | = Unit | (Per Dwelling Unit) |
| SE | = Seats | (Each) | VE | = Vehicles | (Per 1,000 Vehicles) |
| SG | = Total GL Premium | (General Liability Premium -%) | VO | = Volunteers | (Each) |
| SH | = Shows | (Each) | WC | = WC Premium | (Per 1,000 of Workers' Compensation Premium) |
| SL | = 334/336 Premium | (Premises & Operations Premium - %) | Z | = Zoos | (Each) |

CNA75144XX 0

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UWS Rev 01/27/2017 (PREMBS.doc)



AUTOMOBILE

| | | | |
|-----------|------------|------------|--------------------------------|
| Policy # | 7064405953 | Company | Valley Forge Insurance Company |
| Effective | 03/30/25 | Expiration | 03/30/26 |

Premium Summary

| Coverage | Symbol | Limit / Deductible | Premium |
|---|--------|---|----------------|
| LIABILITY | 1 | \$1,000,000 Combined Single Limit No Deductible | \$6,386 |
| MEDICAL PAYMENTS | 2 | \$5,000 Limit | \$59 |
| UNINSURED MOTORISTS | 2 | See Notes | \$745 |
| COMPREHENSIVE | 7 | \$1,000 Deductible | \$375 |
| COLLISION | 7 | \$1,000 Deductible | \$867 |
| TOWING AND LABOR | 7 | \$200 Limit | \$5 |
| AUTO LOAN LEASE GAP - COLLISION | | | Included |
| AUTO LOAN LEASE GAP - COMPREHENSIVE | | | Included |
| RENTAL REIMBURSEMENT | | Maximum Daily Amount: 100 Maximum Number of Days: 30 Maximum Payment Any One Period: 3000 | Included |
| | | Premium for Endorsements | \$1,211 |
| | | Total Coverage Premium | \$9,648 |

Coverage Detail for Vehicles:

| Veh # | Model Year | Make/Model/VIN | Class Code | ST | Garaging Location/Terr | Deductibles Comp Coll | Premium |
|-------|------------|--|------------|----|---|--------------------------|---------|
| 0001 | 2005 | GMC - NEW SIERRA 1GDJC34UX5E230 824 | 23199 | MS | PICAYUNE,PEAR L RIVER / 113 | \$1,000/5* \$1,000 | \$2,410 |
| 0002 | 2015 | GMC - SIERRA 1GT120E85FF5645 22 | 03199 | MS | PICAYUNE,PEAR L RIVER / 113 | \$1,000/5* \$1,000 | \$3,282 |
| 0003 | 2020 | FORD - EDGE 2FMPK4J95LBA490 58 | 7391 | RI | NORTH KINGSTOWN,WA SHINGTON / 106 | \$1,000/5* \$1,000 | \$2,382 |

*SPC=Specified Cause of Loss, LSPC=Limited Specified Cause of Loss, F=Fire, FT=Fire and Theft, FTW=Fire, Theft and Windstorm, 1=Glass, 2=Theft, Mischief or Vandalism, 3=Theft, Mischief or Vandalism (Glass), 4=All Perils, 5=All Perils (Glass)

| Other Coverages | State | Exposure Base | Exposure/ Deductible | Premium |
|---|-------|---------------|-------------------------|----------|
| WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION) - AUTOMATIC WHEN REQUIRED BY WRITTEN CONTRACT OR AGREEMENT | RI | | | Included |
| EXTENDED BUSINESS AUTO PLUS ENDORSEMENT | RI | Percentage | 1 | \$96 |



| Other Coverages | State | Exposure Base | Exposure/ Deductible | Premium |
|--|-------|---------------------|-------------------------|---------|
| HIRED AUTO - LIABILITY COMBINED SINGLE LIMIT | RI | | If Any | \$275 |
| NON-OWNED AUTO - EMPLOYEES EXTENDED AS INSURED COMBINED SINGLE LIMIT | RI | | | \$141 |
| POLLUTION LIABILITY - BROADENED COVERAGE FOR COVERED AUTOS | RI | Percentage | 5/\$500 | \$500 |
| NON-OWNED AUTO - LIABILITY COMBINED SINGLE LIMIT | RI | Number of Employees | 25 | \$562 |

| | |
|--|------------|
| Automobile Taxes, Fees, and Surcharges | \$0.00 |
| Total Automobile Premium | \$9,648.00 |

| |
|------------------------------------|
| Special Notations/Comments: |
|------------------------------------|

BINDER

**Additional Named Insured:**

| | | |
|---------------------------|---------------------------|---------------------------|
| Policy# 7064405953 | Eff Date: 03/30/25 | Exp Date: 03/30/26 |
| 1 | LINER TECHNOLOGIES, LLC | |

FORM SUMMARY:

The policy quoted includes the following forms, endorsements and exclusions, which may not be deleted.

| FORM | ED. DATE | FORM NAME |
|-------------|----------|--|
| CA 00 01 | 11/20 | BUSINESS AUTO COVERAGE FORM |
| CA 01 48 | 02/14 | RHODE ISLAND CHANGES |
| CA 02 73 | 10/13 | RHODE ISLAND CHANGES - CANCELLATION AND NONRENEWAL |
| CA 04 21-V1 | 11/20 | FULL SAFETY GLASS COVERAGE |
| CA 04 43 | 11/20 | WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAVIER OF SUBROGATION) - AUTOMATIC WHEN REQUIRED BY WRITTEN CONTRACT OR AGREEMENT |
| CA 20 01 | 11/20 | LESSOR - ADDITIONAL INSURED AND LOSS PAYEE |
| CA 20 54 | 11/20 | EMPLOYEE HIRED AUTOS |
| CA 20 71 | 11/20 | AUTO LOAN/LEASE GAP COVERAGE |
| CA 21 28 | 10/13 | MISSISSIPPI UNINSURED MOTORISTS COVERAGE BODILY INJURY AND PROPERTY DAMAGE - STACKED |
| CA 21 43 | 06/15 | RHODE ISLAND UNINSURED MOTORISTS COVERAGE - BODILY INJURY |
| CA 23 44 | 11/20 | PUBLIC OR LIVERY PASSENGER CONVEYANCE EXCLUSION |
| CA 99 03 | 10/13 | AUTO MEDICAL PAYMENTS COVERAGE |
| CA 99 16 | 10/13 | HIRED AUTOS SPECIFIED AS COVERED AUTOS YOU OWN |
| CA 99 23 | 10/13 | RENTAL REIMBURSEMENT COVERAGE |
| CA 99 30 | 10/13 | TAPES, RECORDS AND DISCS COVERAGE |
| CA 99 33 | 10/13 | EMPLOYEES AS INSUREDS |
| CA 99 44 | 10/13 | LOSS PAYABLE CLAUSE |
| CNA104750XX | 06/23 | POLICYHOLDER NOTICE - FRAUD NOTIFICATION |
| CNA71527XX | 10/12 | ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY |
| CNA72315XX | 04/19 | NOTICE OF CANCELLATION OR MATERIAL CHANGE DESIGNATED PERSON OR ORGANIZATION |
| CNA84401XX | 12/15 | PAYMENT PLAN SCHEDULE |
| CNA85611XX | 01/21 | BUSINESS AUTO COVERAGE PART DECLARATIONS |
| CNA86098XX | 06/16 | RENTAL REIMBURSEMENT COVERAGE SCHEDULE |
| CNA86103XX | 04/17 | COMMERCIAL AUTOMOBILE LOSS PAYEE SCHEDULE |
| CNA86105XX | 06/16 | NAMED INSURED ENDORSEMENT |
| CNA86257XX | 07/16 | UNINSURED/UNDERINSURED MOTORIST SUPPLEMENTARY SCHEDULE |
| CNA86492XX | 03/18 | COMMERCIAL AUTO POLICY HOLDERS RIDE-SHARING EXCLUSION |
| G-144291-A | 03/03 | ECONOMIC AND TRADE SANCTIONS CONDITION |
| G-21578-B | 05/08 | BROADENED POLLUTION LIABILITY COVERAGE |
| G-22454-A | 10/94 | BROADENED POLLUTION LIABILITY SCHEDULE |
| 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 (BROAD FORM) |



| FORM | ED. DATE | FORM NAME |
|--------------|----------|---------------------------------------|
| IL 01 61 | 03/12 | RHODE ISLAND CHANGES - CIVIL UNION |
| SCA 23 500 D | 10/11 | EXTENDED COVERAGE ENDORSEMENT BA PLUS |

If UM/UIM is requested, signed supplemental applications denoting limits will be required prior to inception date.
Final premium is subject to VIN verification.
Loss payee information as provided

BINDER



WORKERS COMPENSATION

| | | | |
|------------------|-------------------|-------------------|---------------------------------------|
| Policy # | 8018861021 | Company | Valley Forge Insurance Company |
| Effective | 03/30/25 | Expiration | 03/30/26 |

The company hereby offers to issue to the Employer a policy of Workers' Compensation Insurance and Employers Liability Insurance on the Company's standard form, subject to the following.

Expiration: This offer expires 30 days from the date hereof, or at 12:01am on the proposed effective date in Item 2, whichever occurs sooner.

Period of Coverage from 03/30/2025 to 03/30/2026 12:01AM

Part One- Workers Compensation Insurance will apply to the Workers' Compensation law of the states listed here: CA

Part Two- Employers Liability Insurance will apply to the work in each state listed in Item, 3 subject to the following limits of liability:

| | | |
|----------------------------|-------------|---------------|
| Bodily Injury by Accident: | \$1,000,000 | each accident |
| Bodily Injury by Disease: | \$1,000,000 | policy limit |
| Bodily Injury by Disease: | \$1,000,000 | each employee |

Part Three – Other States Insurance will apply to the states, if any, listed here: NONE

Covered Employers: the proposed insurance will cover the Employer and the following:
Additional Named Insured:

| Entity # | Insured Name | FEIN |
|----------|----------------------------------|------------|
| 1 | PERFORMANCE INFLATABLES CO., LLC | 82-0717469 |
| 2 | LINER TECHNOLOGIES, LLC | 33-1400510 |

The Estimated Premiums and Surcharges for the insurance are stated below. The final premiums and surcharges will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required to determine the final premiums and surcharges is subject to verification and change by audit.

SPECIAL NOTICE – CALIFORNIA WORKERS COMPENSATION

If you cancel the policy prior to the end of the policy term, a short term cancellation fee will apply. The final premium due us will consist of standard premium calculated based on the number of days the policy is in effect, plus a short term cancellation fee. The fee will range from 5% up to a maximum of 10% of the standard premium, subject to any applicable policy minimum premium

California Medical Provider Network (MPN)

The CNA California Medical Provider Network (MPN) is a workers' compensation program that is jointly delivered by CNA and Coventry Health Care (Coventry), a nationally recognized healthcare company that CNA partners with for workers' compensation medical and occupational services. The MPN will be delivered through Coventry's network of medical providers and facilities. This network has been built to provide injured employees with timely and quality medical care and is available to assist the injured worker in returning to his or her prior health.

Workers' Compensation Provider Network

Your partnership helps set the stage for providing workers injured on the job with quality healthcare and controlling employer costs associated with work-related injuries. The advantages of utilizing a preferred provider network are many; easier and quicker access to quality medical care, a strong focus on medical and disability management, and a shared commitment to helping control costs. You can find an in-network medical provider by using the Workers' Compensation Medical Provider Networks link under Additional Claim Resources".

Transitional Work

One part of an effective return-to-work program is offering transitional work within the injured employee's capabilities while they heal from their injuries. Studies have shown employees benefit financially and mentally by being actively employed during their recovery. Further, your company can also reduce you indirect costs, including lost production, employee overtime



and training replacement workers. See our Transitional Work Savings Calculator at www.cna.com/returntowork . Scroll down to "Resource Library", then click on Tools & Checklists.. Select the Transitional Work Savings Calculator.

Return to Work Job Bank

You will also want to use the Return to Work Job Bank to design medically appropriate work solutions. These Job Banks offer comprehensive, industry-specific job descriptions, enabling you, your employees and their medical provider to understand what is physically involved in the job. Working with the medical provider, you can design appropriate solutions that may help minimize the number of days an employee is away from work as a result of an injury. See our Return to Work Bank at www.cna.com/claim and scroll down and click on CNA's Return to Work link. Then select the Return to Work Job Bank

COVERAGE SUMMARY:

| State: California | | | | | |
|--------------------------------------|------------|--|-----------|---------|-----------|
| Loc No. | Class Code | Description | Payroll | Rate | Premium |
| ***** 03/30/2025 To 03/30/2026 ***** | | | | | |
| 001 | 8810 | CLERICAL OFFICE EMPLOYEES | \$144,797 | 0.2900 | \$420 |
| 001 | 4496 | PLASTICS-FABRICATED PRODUCTS MFG | \$265,060 | 7.1400 | \$18,925 |
| 001 | 5482 | WATERPROOFING-HIGH WAGE | \$127,690 | 7.1000 | \$9,066 |
| 001 | 5474 | WATERPROOFING-LOW WAGE | \$47,044 | 12.5000 | \$5,881 |
| | | Subtotal for Location 1 | | | \$34,292 |
| 001 | 8810 | CLERICAL OFFICE EMPLOYEES | \$92,203 | 0.2900 | \$267 |
| 001 | 4496 | PLASTICS-FABRICATED PRODUCTS MFG | \$168,782 | 7.1400 | \$12,051 |
| 001 | 5482 | WATERPROOFING-HIGH WAGE | \$81,310 | 7.1000 | \$5,773 |
| 001 | 5474 | WATERPROOFING-LOW WAGE | \$29,956 | 12.5000 | \$3,745 |
| | | Subtotal for Location 1 | | | \$21,836 |
| | 0930 | WAIVER OF SUBROGATION | | 0.0200 | \$686 |
| | | Total Premium Subject to Experience Modification | | | \$34,978 |
| | 9898 | TENTATIVE EXPERIENCE MODIFICATION EFFECTIVE 03/30/2025 | | 0.7600 | -\$8,395 |
| | | Total for 2025-03-30 to 2025-11-08 | | | \$26,583 |
| | 0930 | WAIVER OF SUBROGATION | | 0.0200 | \$437 |
| | | Total Premium Subject to Experience Modification | | | \$22,273 |
| | 9898 | TENTATIVE EXPERIENCE MODIFICATION EFFECTIVE 11/08/2025 | | 1.0000 | \$0 |
| | | Total for 2025-11-08 to 2026-03-30 | | | \$22,273 |
| | 9887 | SCHEDULE MODIFICATION ADJUSTMENT CREDIT | | 0.7500 | -\$12,214 |
| | | Total Estimated Standard Premium | | | \$36,642 |
| | 0064 | PREMIUM DISCOUNT - NON STOCK | | 0.0371 | -\$1,359 |
| | 0900 | EXPENSE CONSTANT | | | \$200 |
| | 9740 | TERRORISM PREMIUM | | 0.0200 | \$191 |
| | | Total Estimated Premium | | | \$35,674 |
| | 0988 | CA CIGA SURCHARGE | | 0% | \$0 |



| State: California | | | | | |
|-------------------|------------|--|---------|---------|----------|
| Loc No. | Class Code | Description | Payroll | Rate | Premium |
| | 0987 | CA REVOLVING FUND ASSESSMENT | | 1.237% | \$441 |
| | 9711 | CA FRAUD SURCHARGE | | 0.4096% | \$146 |
| | 9712 | CA UNINSURED EMPLOYER FUND ASSESSMENT | | 0.0818% | \$29 |
| | 9714 | CA SUBSEQUENT INJURIES FUND ASSESSMENT | | 3.014% | \$1,075 |
| | 0939 | CA OCCUPATIONAL SAFETY & HEALTH ASSESSMENT | | 0.1885% | \$67 |
| | 9749 | CA LABOR ENFORCEMENT ASSESSMENT | | 0.1058% | \$38 |
| | | Total Estimated Cost | | | \$37,470 |

| | |
|------------------------------------|----------|
| Estimated Premium | \$35,674 |
| State Taxes/Assessments/Surcharges | \$1,796 |
| Estimated Cost | \$37,470 |

| |
|------------------------------------|
| Special Notations/Comments: |
|------------------------------------|

| NAME AND ADDRESS SCHEDULE | | |
|---------------------------|--------|--|
| LOC | ENTITY | NAME/ADDRESS |
| 1 | 2 | LINER TECHNOLOGIES, LLC 4821 CHINO AVE CHINO, California 91710-5132 |
| 1 | 1 | PERFORMANCE INFLATABLES CO., LLC 4821 CHINO AVE CHINO, California 91710-5132 |

Additional Coverage's and Endorsements:

FORM SUMMARY:

The policy quoted includes the following endorsements and policy holder notices

| FORM | ED. DATE | FORM NAME |
|-------------|----------|---|
| CC031605A | 12/14 | CNA INSURANCE PREMIUM AUDIT |
| CC72120C | 07/15 | IMPORTANT INFORMATION FOR OUR CALIFORNIA WORKERS' COMPENSATION POLICYHOLDERS |
| CC72832A | 01/12 | CALIFORNIA SHORT RATE CANCELLATION ENDORSEMENT |
| CNA105749XX | 05/23 | POLICYHOLDER FRAUD NOTIFICATION |
| CNA82027XX | 03/15 | POSTING NOTICE SCHEDULE |
| G-140370-E | 05/19 | PRIVACY POLICY NOTICE |
| G-144222-B | 01/13 | IMPORTANT INFORMATION FOR OUR CALIFORNIA WORKERS' COMPENSATION POLICYHOLDERS |
| G-19160-B | 11/97 | BLANKET WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS |
| G-20593-F | 03/14 | IMPORTANT INFORMATION FOR OUR CALIFORNIA POLICY HOLDERS' CALIFORNIA WORKERS' COMPENSATION INSURANCE RATING LAWS |
| G-20594-L | 02/22 | POLICYHOLDER NOTICE YOUR RIGHT TO RATING AND DIVIDEND INFORMATION |
| G-20911-G04 | 02/22 | IMPORTANT INFORMATION FOR OUR CALIFORNIA WORKERS' COMPENSATION CUSTOMERS |

| FORM | ED. DATE | FORM NAME |
|---------------|----------|--|
| G-22212-F04 | 11/14 | CALIFORNIA WORKERS COMPENSATION NONRENEWAL ENDORSEMENT |
| G-300550-F | 01/20 | IMPORTANT INFORMATION FOR OUR CALIFORNIA WORKERS COMPENSATION POLICYHOLDERS PAYROLL RECORD AND AUDIT REQUIREMENTS FOR DUAL WAGE CONSTRUCTION OR ERECTION CLASSIFICATIONS |
| G-301282-G | 01/18 | IMPORTANT INFORMATION CA WC ASSESSMENTS AND SURCHARGES |
| P-144228-B | 05/18 | WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE |
| WC 00 00 00 C | 01/15 | WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY |
| WC 00 04 03 | 04/84 | EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT |
| WC 00 04 06 A | 07/95 | PREMIUM DISCOUNT ENDORSEMENT |
| WC 00 04 19 | 01/01 | PREMIUM DUE DATE ENDORSEMENT |
| WC 00 04 22 C | 01/21 | TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT |
| WC 04 03 01 D | 02/18 | POLICY AMENDATORY ENDORSEMENT-CALIFORNIA |
| WC 04 03 60 B | 01/15 | EMPLOYER'S LIABILITY COVERAGE AMENDATORY ENDORSEMENT - CALIFORNIA |
| WC 04 04 10 A | 01/18 | ESTIMATED ANNUAL PREMIUM ENDORSEMENT - CALIFORNIA |
| WC 04 04 21 | 01/08 | OPTIONAL PREMIUM INCREASE ENDORSEMENT-CALIFORNIA |
| WC 04 06 01 B | 01/22 | CALIFORNIA CANCELTION ENDORSEMENT |

BINDER



WORKERS COMPENSATION

| | | | |
|------------------|-------------------|-------------------|---|
| Policy # | 7064405970 | Company | Transportation Insurance Company |
| Effective | 03/30/25 | Expiration | 03/30/26 |

The company hereby offers to issue to the Employer a policy of Workers' Compensation Insurance and Employers Liability Insurance on the Company's standard form, subject to the following.

Expiration: This offer expires 30 days from the date hereof, or at 12:01am on the proposed effective date in Item 2, whichever occurs sooner.

Period of Coverage from 03/30/2025 to 03/30/2026 12:01AM

Part One- Workers Compensation Insurance will apply to the Workers' Compensation law of the states listed here: FL,MS,RI

Part Two- Employers Liability Insurance will apply to the work in each state listed in Item, 3 subject to the following limits of liability:

| | | |
|----------------------------|-------------|---------------|
| Bodily Injury by Accident: | \$1,000,000 | each accident |
| Bodily Injury by Disease: | \$1,000,000 | policy limit |
| Bodily Injury by Disease: | \$1,000,000 | each employee |

Part Three – Other States Insurance will apply to the states, if any, listed here: ALL STATES EXCEPT AK, ND, OH, WA, WY AND STATES LISTED IN THE COVERAGE SUMMARY OF THIS PROPOSAL

Covered Employers: the proposed insurance will cover the Employer and the following:
Additional Named Insured:

| Entity # | Insured Name | FEIN |
|----------|----------------------------------|------------|
| 1 | PERFORMANCE INFLATABLES CO., LLC | 82-0717469 |
| 2 | AERE MARINE, LLC | 99-0538189 |
| 3 | AVON ENGINEERED FABRICATIONS LLC | 72-1009978 |
| 4 | SUBSALVE USA LLC | 82-0734931 |

The Estimated Premiums and Surcharges for the insurance are stated below. The final premiums and surcharges will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required to determine the final premiums and surcharges is subject to verification and change by audit.

COVERAGE SUMMARY:

| State: Florida | | | | | |
|--------------------------------------|------------|--|-----------|--------|---------|
| Loc No. | Class Code | Description | Payroll | Rate | Premium |
| ***** 03/30/2025 To 03/30/2026 ***** | | | | | |
| 003 | 8810 | CLERICAL OFFICE EMPLOYEES NOC | \$120,000 | 0.1100 | \$132 |
| 003 | 2501 | CLOTH, CANVAS AND RELATED PRODUCTS MFG NOC | \$196,566 | 1.8000 | \$3,538 |
| 003 | 8742 | SALESPERSONS OR COLLECTORS--OUTSIDE | \$100,000 | 0.2500 | \$250 |
| | | Subtotal for Location 3 | | | \$3,920 |
| | 0930 | WAIVER OF SUBROGATION | | | \$0 |
| | 9812 | EMPLOYERS LIABILITY INCREASED LIMITS | | 0.0140 | \$55 |
| | | Total Premium Subject to Experience Modification | | | \$3,975 |
| | 9898 | FINAL EXPERIENCE MODIFICATION EFFECTIVE 03/30/2025 | | 0.9000 | -\$398 |
| | | Total Estimated Standard Premium | | | \$3,577 |
| | 0064 | PREMIUM DISCOUNT - NON STOCK | | 0.0414 | -\$148 |



| State: Florida | | | | | |
|----------------|------------|-------------------------|---------|--------|---------|
| Loc No. | Class Code | Description | Payroll | Rate | Premium |
| | 9740 | TERRORISM PREMIUM | | 0.0100 | \$42 |
| | | Total Estimated Premium | | | \$3,471 |
| | 0988 | FWCIGA SURCHARGE | | 0% | \$0 |
| | | Total Estimated Cost | | | \$3,471 |

| State: Mississippi | | | | | |
|--------------------------------------|------------|--|-------------|--------|----------|
| Loc No. | Class Code | Description | Payroll | Rate | Premium |
| ***** 03/30/2025 To 03/30/2026 ***** | | | | | |
| 002 | 8810 | CLERICAL OFFICE EMPLOYEES NOC | \$1,083,123 | 0.2500 | \$2,708 |
| 002 | 2501 | CLOTH, CANVAS AND RELATED PRODUCTS MFG NOC | \$352,438 | 2.8300 | \$9,974 |
| 002 | 4410 | RUBBER GOODS MFG NOC | \$783,111 | 3.7200 | \$29,132 |
| | | Subtotal for Location 2 | | | \$41,814 |
| | 0930 | WAIVER OF SUBROGATION | | 0.0200 | \$836 |
| | 9812 | EMPLOYERS LIABILITY INCREASED LIMITS | | 0.0110 | \$460 |
| | | Total Premium Subject to Experience Modification | | | \$43,110 |
| | 9898 | FINAL EXPERIENCE MODIFICATION EFFECTIVE 03/30/2025 | | 0.9000 | -\$4,311 |
| | 9887 | SCHEDULE MODIFICATION ADJUSTMENT CREDIT | | 0.9000 | -\$3,880 |
| | | Total Estimated Standard Premium | | | \$34,919 |
| | 0064 | PREMIUM DISCOUNT - NON STOCK | | 0.0414 | -\$1,445 |
| | 0900 | EXPENSE CONSTANT | | | \$200 |
| | 9740 | TERRORISM PREMIUM | | 0.0100 | \$222 |
| | 9741 | CATASTROPHE (O/T CERT ACTS OF TERROR) | | 0.0100 | \$222 |
| | | Total Estimated Premium | | | \$34,118 |
| | | Total Estimated Cost | | | \$34,118 |

| State: Rhode Island | | | | | |
|--------------------------------------|------------|--|-----------|--------|----------|
| Loc No. | Class Code | Description | Payroll | Rate | Premium |
| ***** 03/30/2025 To 03/30/2026 ***** | | | | | |
| 001 | 8810 | CLERICAL OFFICE EMPLOYEES NOC | \$255,749 | 0.1600 | \$409 |
| 001 | 2501 | CLOTH, CANVAS AND RELATED PRODUCTS MFG NOC | \$630,566 | 2.7000 | \$17,025 |
| 001 | 8742 | SALESPERSONS OR COLLECTORS--OUTSIDE | IF ANY | 0.3700 | \$0 |
| | | Subtotal for Location 1 | | | \$17,434 |
| | 0930 | WAIVER OF SUBROGATION | | 0.0200 | \$349 |



| State: Rhode Island | | | | | |
|---------------------|------------|--|---------|--------|----------|
| Loc No. | Class Code | Description | Payroll | Rate | Premium |
| | 9812 | EMPLOYERS LIABILITY INCREASED LIMITS | | 0.0110 | \$192 |
| | | Total Premium Subject to Experience Modification | | | \$17,975 |
| | 9898 | FINAL EXPERIENCE MODIFICATION EFFECTIVE 03/30/2025 | | 0.9000 | -\$1,798 |
| | 9887 | SCHEDULE MODIFICATION ADJUSTMENT CREDIT | | 0.9000 | -\$1,618 |
| | | Total Estimated Standard Premium | | | \$14,559 |
| | 0064 | PREMIUM DISCOUNT - NON STOCK | | 0.0414 | -\$603 |
| | 9740 | TERRORISM PREMIUM | | 0.0100 | \$89 |
| | 9741 | CATASTROPHE (O/T CERT ACTS OF TERROR) | | 0.0190 | \$168 |
| | | Total Estimated Premium | | | \$14,213 |
| | | Total Estimated Cost | | | \$14,213 |

| | |
|------------------------------------|----------|
| Estimated Premium | \$51,802 |
| State Taxes/Assessments/Surcharges | \$0 |
| Estimated Cost | \$51,802 |

Special Notations/Comments:

| NAME AND ADDRESS SCHEDULE | | |
|---------------------------|--------|--|
| LOC | ENTITY | NAME/ADDRESS |
| 1 | 1 | PERFORMANCE INFLATABLES CO., LLC 6946 POST RD STE 100 NORTH KINGSTOWN, Rhode Island 02852-7615 |
| 1 | 4 | SUBSALVE USA LLC 6946 POST RD STE 100 NORTH KINGSTOWN, Rhode Island 02852-7615 |
| 2 | 3 | AVON ENGINEERED FABRICATIONS LLC 113 STREET A PICAYUNE, Mississippi 39466-5467 |
| 3 | 2 | AERE MARINE, LLC 12207 NW 35TH ST CORAL SPRINGS, Florida 33065-2509 |

Additional Coverage's and Endorsements:

FORM SUMMARY:

The policy quoted includes the following endorsements and policy holder notices

| FORM | ED. DATE | FORM NAME |
|-------------|----------|----------------------------------|
| CC031605A | 12/14 | CNA INSURANCE PREMIUM AUDIT |
| CNA102714XX | 10/21 | NOTICE OF OCCURRENCE ENDORSEMENT |
| CNA102715XX | 10/21 | KNOWLEDGE OF INJURY ENDORSEMENT |
| CNA105749XX | 05/23 | POLICYHOLDER FRAUD NOTIFICATION |
| CNA82027XX | 03/15 | POSTING NOTICE SCHEDULE |

| FORM | ED. DATE | FORM NAME |
|---------------|----------|--|
| CNA87380XX | 11/16 | NOTICE OF CANCELLATION OR MATERIAL CHANGE ENDORSEMENT |
| G-120609-A | 10/96 | UNINTENTIONAL ERRORS AND OMISSIONS OR FAILURE TO DISCLOSE - ENDORSEMENT |
| G-140370-E | 05/19 | PRIVACY POLICY NOTICE |
| G-147212-B | 12/19 | IMPORTANT INFORMATION DRUG-FREE CREDIT PROGRAM AVAILABLE TO FLORIDA EMPLOYERS |
| G-16327-E09 | 04/08 | FLORIDA WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION - OPTIONAL DEDUCTIBLE AND/OR COINSURANCE PROGRAMS |
| G-18683-A09 | 01/99 | IMPORTANT INFORMATION FOR FLORIDA POLICYHOLDERS |
| G-20535-C38 | 07/14 | IMPORTANT INFORMATION FOR OUR RHODE ISLAND POLICY HOLDERS TO REPORT PROBLEMS |
| G-23085-A38 | 11/94 | IMPORTANT INFORMATION TO OUR RHODE ISLAND WORKERS' COMPENSATION POLICYHOLDER |
| G-301180-A | 07/11 | IMPORTANT INFORMATION TO OUR WORKER'S COMPENSATION POLICYHOLDERS DOING BUSINESS IN THE STATE OF MISSISSIPPI - RISK CONTROL |
| G-35224-B | 03/84 | INCREASED LIMIT OF LIABILITY ENDORSEMENT |
| G-41415-H | 07/14 | IMPORTANT INFORMATION FOR OUR FLORIDA POLICY HOLDERS SAFETY CONSULTATIVE SERVICES |
| P-33398-E | 06/87 | WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE |
| WC 00 00 00 C | 01/15 | WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY |
| WC 00 03 13 | 04/84 | WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT |
| WC 00 03 13 | 04/84 | WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT |
| WC 00 04 04 | 04/84 | PENDING RATE CHANGE ENDORSEMENT |
| WC 00 04 06 A | 07/95 | PREMIUM DISCOUNT ENDORSEMENT |
| WC 00 04 14 A | 01/19 | 90-DAY REPORTING REQUIREMENT - NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT |
| WC 00 04 19 A | 08/22 | PART FIVE - PREMIUM AMENDATORY ENDORSEMENT |
| WC 00 04 21 F | 08/22 | CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT |
| WC 00 04 22 C | 01/21 | TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT |
| WC 00 04 24 | 01/17 | AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT |
| WC 00 04 25 | 05/17 | EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT |
| WC 09 03 03 | 08/05 | FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT |
| WC 09 04 03 C | 01/21 | FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT |
| WC 09 04 07 A | 03/24 | FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT |
| WC 09 04 09 | 07/24 | FLORIDA PREMIUM DUE DATE ENDORSEMENT |
| WC 09 06 06 | 10/98 | FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT |
| WC 09 06 07 A | 07/19 | FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDORSEMENT |
| WC 09 06 09 A | 01/25 | FLORIDA CANCELLATION AND NONRENEWAL ENDORSEMENT |
| WC 23 06 01 | 07/18 | MISSISSIPPI CANCELLATION, NONRENEWAL, AND RENEWAL ENDORSEMENT |
| WC 38 04 01 B | 01/15 | RHODE ISLAND SHORT RATE CANCELLATION ENDORSEMENT |
| WC 38 06 01 | 04/84 | RHODE ISLAND DIRECT LIABILITY STATUTE ENDORSEMENT |
| WC 38 06 02 | 06/93 | RHODE ISLAND SAFETY INSPECTION ENDORSEMENT |



UMBRELLA

| | | | |
|-----------|------------|------------|-----------------------------------|
| Policy # | 7064405936 | Company | The Continental Insurance Company |
| Effective | 03/30/25 | Expiration | 03/30/26 |

LIMITS:

| | |
|---|-------------|
| Each Incident Limit: | \$5,000,000 |
| Aggregate: | \$5,000,000 |
| Policy Aggregate: | N/A |
| Aggregate Products-Completed Operations Hazard: | \$5,000,000 |
| Crisis Management Expenses Aggregate: | \$300,000 |
| Key Employee Replacement Expenses Aggregate: | \$100,000 |
| Electronic Data Liability Limit : | |
| Self Insured Retention | \$0 |
| Terrorism Premium | \$0 |
| Premium | \$34,451.00 |

Special Notations/Comments:

This Quote is subject to our receipt of properly executed uninsured/underinsured motorist (UM/UIM) election/rejection forms prior to binding. By electing to purchase UM/UIM coverage, the insured is warranting to carrying UM/UIM limits equal to the total underlying auto liability limit. Prior to binding coverage, the insured must complete and sign the selection/rejection forms evidencing their elections.

Statutory minimum UM/UIM coverage for motor vehicles registered or principally garaged in Vermont is included within the premium amount shown in this quotation. Such statutory minimum UM/UIM coverages cannot be rejected for Vermont risks. The quoted policy premium is not inclusive of UM/UIM coverage for FL, LA, NH, WV or limits above the statutory limits for VT. The limits for the purchase of optional UM/UIM coverage can be found on their respective election/rejection forms and any premiums included are based on the vehicles reported to us in the submission.

If the insured has owned and/or non-owned vehicles in FL, LA, NH, WV and VT that have not been disclosed or that are in addition to those provided in your submission, you must notify us as soon as possible so the premium quoted can be adjusted accordingly.

This CNA quote is conditioned upon verification of underlying coverage, limits and premium. You must promptly advise us of any material change in the underlying coverage relied upon for purposes of creating this quote. In the event of such material change, CNA reserves the right to revise or withdraw this quote.

FORM SUMMARY:

The policy quoted includes the following forms, endorsements and exclusions, which may not be deleted.

| FORM | ED. DATE | FORM NAME |
|--------------|----------|--|
| CNA103365XXC | 03/22 | DESIGNATED EXPOSURES EXCLUSION ENDORSEMENT |
| CNA104750XX | 06/23 | POLICYHOLDER NOTICE - FRAUD NOTIFICATION |
| CNA62814RI | 09/12 | CANCELLATION AND NON-RENEWAL ENDORSEMENT - RHODE ISLAND |
| CNA75501XX | 03/15 | CNA PARAMOUNT EXCESS AND UMBRELLA LIABILITY DECLARATIONS |
| CNA75504XX | 03/15 | CNA PARAMOUNT EXCESS AND UMBRELLA LIABILITY POLICY |
| CNA75517XX | 03/15 | EXCLUSION OF CERTIFIED ACTS OF TERRORISM ENDORSEMENT |
| CNA75533XX | 01/21 | NOTICE OFFER AND CONFIRMATION OF REJECTION OF TERRORISM |

| FORM | ED. DATE | FORM NAME |
|------------|----------|---|
| | | COVERAGE DISCLOSURE OF PREMIUM |
| CNA76492XX | 03/15 | UNDERLYING INSURANCE COVERAGE LIMITATION ENDORSEMENT |
| CNA76554NH | 03/15 | EXCESS UNINSURED MOTORISTS COVERAGE REJECTION FORM NEW HAMPSHIRE |
| CNA76567RI | 03/15 | PREJUDGMENT INTEREST ENDORSEMENT RHODE ISLAND |
| CNA76575XX | 03/15 | POLLUTANT ENDORSEMENT INDIANA |
| CNA76591LA | 03/15 | UNINSURED UNDERINSURED MOTORISTS BODILY INJURY COVERAGE FORM LOUISIANA |
| CNA76592VT | 03/15 | EXCESS UNINSURED MOTORISTS COVERAGE SELECTION FORM VERMONT |
| CNA76593FL | 03/15 | UNINSURED/UNDERINSURED MOTORIST COVERAGE SELECTION/REJECTION FORM - FLORIDA |
| CNA76594WV | 07/16 | OPTIONAL EXCESS UNINSURED MOTOR VEHICLE COVERAGE OFFER WEST VIRGINIA |
| CNA76614XX | 03/15 | POLICYHOLDER NOTICE OF AC REQUIREMENTS |
| CNA84401XX | 12/15 | PAYMENT PLAN SCHEDULE |
| CNA88301XX | 08/17 | AMENDMENT TO NAMED INSURED |

**BILLING METHOD:****AGENCY BILL**

Payment for Agency Billed premium balances due CNA is expected based on the normal 45-day credit terms from policy effective month regardless of the method of accounting and processing date, as outlined in the CNA Agency Agreement.

PAYMENT METHOD:**25% Down, 9 Monthly Payments**

The following payment schedule is an approximation based on policy effective date. If a policy is issued outside the effective month cycle, pay CNA the current amount due and any missed installments.

| Coverage | Policy # | Payment Schedule | Gross Payment Amount |
|--------------|------------|---------------------|----------------------|
| PARAMOUNT | 7064405967 | Down payment | \$16,586 |
| | | First Installment | \$5,525 |
| | | Second Installment | \$5,525 |
| | | Third Installment | \$5,525 |
| | | Fourth Installment | \$5,525 |
| | | Fifth Installment | \$5,525 |
| | | Sixth Installment | \$5,525 |
| | | Seventh Installment | \$5,525 |
| | | Eighth Installment | \$5,525 |
| | | Ninth Installment | \$5,525 |
| TOTAL | | | \$66,311.00 |
| Automobile | 7064405953 | Down payment | \$2,412 |
| | | First Installment | \$804 |
| | | Second Installment | \$804 |
| | | Third Installment | \$804 |
| | | Fourth Installment | \$804 |
| | | Fifth Installment | \$804 |
| | | Sixth Installment | \$804 |
| | | Seventh Installment | \$804 |
| | | Eighth Installment | \$804 |
| | | Ninth Installment | \$804 |
| TOTAL | | | \$9,648.00 |
| Workers Comp | 7064405970 | Down payment | \$12,958 |
| | | First Installment | \$4,316 |
| | | Second Installment | \$4,316 |
| | | Third Installment | \$4,316 |
| | | Fourth Installment | \$4,316 |
| | | Fifth Installment | \$4,316 |
| | | Sixth Installment | \$4,316 |
| | | Seventh Installment | \$4,316 |
| | | Eighth Installment | \$4,316 |
| | | Ninth Installment | \$4,316 |
| TOTAL | | | \$51,802.00 |
| Workers Comp | 8018861021 | Down payment | \$9,372 |

| | | | |
|----------|------------|---------------------|-------------|
| | | First Installment | \$3,122 |
| | | Second Installment | \$3,122 |
| | | Third Installment | \$3,122 |
| | | Fourth Installment | \$3,122 |
| | | Fifth Installment | \$3,122 |
| | | Sixth Installment | \$3,122 |
| | | Seventh Installment | \$3,122 |
| | | Eighth Installment | \$3,122 |
| | | Ninth Installment | \$3,122 |
| | | | |
| TOTAL | | | \$37,470.00 |
| | | | |
| Umbrella | 7064405936 | Down payment | \$8,621 |
| | | First Installment | \$2,870 |
| | | Second Installment | \$2,870 |
| | | Third Installment | \$2,870 |
| | | Fourth Installment | \$2,870 |
| | | Fifth Installment | \$2,870 |
| | | Sixth Installment | \$2,870 |
| | | Seventh Installment | \$2,870 |
| | | Eighth Installment | \$2,870 |
| | | Ninth Installment | \$2,870 |
| | | | |
| TOTAL | | | \$34,451.00 |
| | | | |
| | | | |

Note: Payment in full is required for premium financed policies.

Gross payments include commission. Payments net of commission and commission amounts are shown in the Policy Declaration and Agency Statement of Account.

Comments:

Premiums for automobile are subject to VIN verification process which could result in changes to the liability and physical damage premiums.

This is an estimate only. Payment in full of certain taxes, fees and surcharges may be due immediately at the time of the down payment and would not be reflected in any installment pay plan.



Commission Schedule

| Coverage | Policy # | Quote Effective Date | Flat Commission Rate | Graded Table | Flat Commission Amount |
|--------------|------------|----------------------|----------------------|--------------|------------------------|
| PARAMOUNT | 7064405967 | 03/30/25 | 17.5 | | |
| Automobile | 7064405953 | 03/30/25 | 17.5 | | |
| Workers Comp | 7064405970 | 03/30/25 | 10 | | |
| Workers Comp | 8018861021 | 03/30/25 | 10 | | |
| Umbrella | 7064405936 | 03/30/25 | 17.5 | | |

Disclosure

If commissions or other amounts of compensation are payable to producer by CNA, producer agrees that the terms of such commissions or other sums will be disclosed, and such client consent obtained, as may be required by the laws of each state applicable to this business or pursuant to any duty owed by producer to its client.

Payment of Commission

No commission is payable on any fees, state assessment or surcharges, loss funds, or loss fund charges. Final Adjustment of commission will be made after collection of final audit(s).



To:

CNA Insurance Companies

Date: _____

From: **Jonathan Allen**

Willis Towers Watson Ins Svcs West

RE: **Agents Quotation Response**

| | | | |
|-----------------|--------------------------------|---------|---------------|
| Account Name: | Performance Inflatables Co., L | New [] | Renewal [X] |
| Effective Date: | March 30, 2025 | | |

BILLING METHOD: AGENCY BILL _____ DIRECT BILL _____

Please choose your billing option:

- ☐ Prepaid/Full Pay
☐ Semi-Annual (60% down and 1 installment at 180 days)
☐ Quarterly (33% down and 3 installments at 90 / 180 / 270 days)
☐ Monthly (25% down and 7 monthly installments)
☐ Monthly (25% down and 9 monthly installments)
☐ WC Pay as You Go

| Indicate Your Response Below | Policy # | Coverage | Quoted Premium | Agency Sold Premium |
|---|------------|-----------------------------|----------------|---------------------|
| • Please Bind • Issue as Quoted • NotTaken | 7064405970 | Workers Comp | \$51,802.00 | |
| • Please Bind • Issue as Quoted • NotTaken | 8018861021 | Workers Comp | \$37,470.00 | |
| • Please Bind • Issue as Quoted • NotTaken | 7064405953 | Automobile | \$9,648.00 | |
| • Please Bind • Issue as Quoted • NotTaken | 7064405967 | PARAMOUNT | \$66,311.00 | |
| • Please Bind • Issue as Quoted • NotTaken | | General Liability | \$66,311.00 | |
| • Please Bind • Issue as Quoted • NotTaken | 7064405936 | Umbrella | \$34,451.00 | |
| Please Bind All Coverages Issue All Policies per Quote Account Not Taken [] Due to Price [] Due to Coverage | | Total Account Premium | \$199,682.00 | |

We will need your Issue Instructions to issue the policy:

UWS Rev. 03/31/17 AgQResponse.doc



WARRANTY OF UNDERLYING COVERAGE:

Umbrella coverage is being quoted based on the following underlying coverages and limits in place with effective dates that are concurrent with the quoted umbrella effective dates. Changes to the insurer or underlying limits of insurance or failure to purchase the underlying coverages referenced will change the pricing and/or coverage structure of the umbrella, and may effect our decision to offer any Umbrella coverage. Binding this coverage indicates an acknowledgement of the information shown below. Any change during the policy period must promptly be reported to us and may result in cancellation of coverage.

INSURED WARRANTS THAT THE FOLLOWING COVERAGES ARE IN PLACE AND WILL BE MAINTAINED THOUGHOUT THE POLICY PERIOD. THIS IS A MATERIAL CONDITION UPON WHICH THE INSURANCE CARRIER HAS RELIED IN QUOTING YOUR UMBRELLA COVERAGE:

- | | |
|---------------------------|-------------------------------|
| I. General Liability: | As per CNA Quotation attached |
| II. Automobile Liability: | As per CNA Quotation attached |
| III. Employers Liability: | As per CNA Quotation attached |

IV. Other CNA Coverage:

If carrier other than CNA, complete below:

Employers Liability:

| | |
|--------------------------|----|
| Carrier: | |
| Effective Dates: | |
| Each Accident: | \$ |
| Disease – Policy Limit: | \$ |
| Disease – Each Employee: | \$ |

Warranties and representations made regarding underlying coverages apply to Umbrella.

Note: If the carrier information is not filled in, this quotation is subject to your completion of this form indicating coverage with an admitted carrier with a rating of A-VII or better by A.M. Best.

UWS Rev. 9/25/15 (WarranUC.doc)



**GENERAL PARTNERS AND LLC MANAGING MEMBERS – WAIVER OF WORKERS' COMPENSATION
COVERAGE**

| |
|--|
| Named Insured : PERFORMANCE INFLATABLES CO., LLC |
| Company : |
| Policy Number : |

Pursuant to California Labor Code section 3352 (a)(16)(A)(i), I hereby certify that I am a general partner (if the insured is a partnership) or a managing member (if the insured is a limited liability company) of the above-named insured. As a qualifying general partner or managing member, I elect to be excluded from the insured's workers' compensation insurance policy with the above referenced insurer. I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the partnership's or limited liability company's insurer, that the insurer may elect to backdate the acceptance of the waiver up to fifteen (15) days prior to the date of receipt of the waiver, and that it shall remain in effect until I provide the insurer with a written withdrawal of this waiver. I understand and agree that by signing this waiver, I will not be entitled to coverage under the insured's workers' compensation insurance policy with the above-referenced insurer if an employment-related injury occurs. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | |
|---|----------------|
| _____ PRINT GENERAL PARTNER'S/MANAGING MEMBER'S FULL NAME | _____ TITLE |
| _____ PRINT GENERAL PARTNER'S/MANAGING MEMBER'S SIGNATURE | _____ DATE |
| ACCEPTED | |
| _____ CONTINENTAL CASUALTY COMPANY | _____ DATE |

NOTE TO EMPLOYER: The exclusion will be endorsed to the policy upon our receipt and acceptance of a signed and properly completed form. The person electing exclusion must sign this form. Company representatives may not sign on behalf of the individual. One exclusion per form. Submit additional forms if needed.

Completed forms may be returned to: CIET@cna.com or
CNA Insurance
Policy Services Department
PO Box 958487
Lake Mary, FL 32746-8487



CORPORATE OFFICERS/DIRECTORS - WAIVER OF WORKERS' COMPENSATION COVERAGE

| |
|--|
| Named Insured : PERFORMANCE INFLATABLES CO., LLC |
| Company : |
| Policy Number : |

Pursuant to California Labor Code section 3352 (a)(16)(A)(i), I hereby certify that I am an officer or director as described in Labor Code section 3351, subdivision (c) of the above-named insured, and that I either (1) own at least ten percent (10 %) of the issued and outstanding stock of the above named insured corporation, or (2) own at least one percent (1 %) of the issued and outstanding stock of the corporation if my parent, grandparent, sibling, spouse, or child owns at least ten percent (10 %) of the issued and outstanding stock of the corporation and am covered by a health insurance policy or a health service plan. As a qualifying officer or director, I elect to be excluded from the corporation's workers' compensation insurance policy with the above-referenced insurer. I understand and agree that this written waiver will be effective upon the date of receipt and acceptance by the corporation's insurer, that the insurer may elect to backdate the acceptance of the waiver up to fifteen (15) days prior to the date of receipt of the waiver, and that it shall remain in effect until I provide the insurer with a written withdrawal of this waiver. I understand and agree that by signing this waiver, I will not be entitled to coverage under the insureds workers' compensation policy with the above-referenced insurer if an employment-related injury occurs.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | |
|---|----------------|
| _____ PRINT OFFICER'S/DIRECTOR'S FULL NAME | _____ TITLE |
| _____ OFFICER/DIRECTOR SIGNATURE | _____ DATE |
| ACCEPTED | |
| _____ CONTINENTAL CASUALTY COMPANY | _____ DATE |

NOTE TO EMPLOYER: The exclusion will be endorsed to the policy upon our receipt and acceptance of a signed and properly completed form. The person electing exclusion must sign this form. Company representatives may not sign on behalf of the individual. One exclusion per form. Submit additional forms if needed.

Completed forms may be returned to: CIET@cna.com or
CNA Insurance
Policy Services Department
PO Box 958487
Lake Mary, FL 32746-8487

UWS.Rev 02/22/2019 (ca2.wc)

Oden FORM# CFAZ – 2



UNINSURED/UNDERINSURED MOTORIST COVERAGE SELECTION FORM - FLORIDA

IMPORTANT INFORMATION

FOR FLORIDA UMBRELLA AND EXCESS POLICYHOLDERS

UNINSURED/UNDERINSURED MOTORIST COVERAGE SELECTION FORM

Florida Insurance Statute 627.727 requires insurers to make available, at the written request of the **Insured**, Uninsured/Underinsured Motorists Coverage with **bodily injury** limits up to the bodily injury limit of the policy or \$1 million, whichever is less. The \$1 million limit in the non-stacked form is available for the **Named Insured** to select. Unless this form is completed, signed and returned, no Uninsured/Underinsured Motorists Coverage will be provided.

The following is a general description of Uninsured and Underinsured Motorists Coverage. Only the policy provides a complete description of the coverages and their limitations. If the **Named Insured** has any questions about these or other coverages, the **Named Insured** should contact its independent CNA agent or broker.

Uninsured Motorist Coverage (UM) – This coverage provides the **Named Insured** and all covered persons with **bodily injury** protection if injured in an accident with a driver who has no liability insurance, or has failed to post a bond, and who is legally liable for the **Named Insured's** damages. The coverage also provides protection if the **Named Insured** is injured as a result of a hit-and-run accident.

Underinsured Motorist Coverage (UIM) – This coverage provides the **Named Insured** and all covered persons with **bodily injury** protection if injured in an accident with a driver who has liability insurance with limits lower than the Underinsured Motorist limits the **Named Insured** has selected and who is legally liable for damages. In this case, the **Named Insured's** Underinsured Motorist Coverage would pay for damages, to which the **Named Insured** is legally entitled, after the other driver's liability limits are exhausted.

If Excess Uninsured/Underinsured Motorists Coverage is desired, the **Named Insured** must have primary (underlying) **bodily injury** uninsured/underinsured motorist coverage. The Excess Uninsured/Underinsured Motorist Coverage is not available if the underlying coverage is not in effect at the time of the accident or occurrence. The Uninsured/Underinsured Motorists Liability limit on the primary motor vehicle liability policy must equal at least the **bodily injury** liability limit, but not less than a **bodily injury** liability limit of \$500,000 per accident.

Please select one of the following:

_____ Do not include the Uninsured/Underinsured Motorists Coverage under the umbrella/excess policy. **Note:** This selection is also made on behalf of all present and future **Insureds** under the policy.

_____ Include the Uninsured/Underinsured Motorist Coverage, at \$1,000,000 liability limit, under the umbrella/excess policy.

Acting on behalf of the **Named Insured** identified on the Declarations Page, the undersigned acknowledges

reading and understanding the above and understands that the above coverage selection will apply to all future renewals, extensions, continuations, replacements of and changes in the policy unless the **Named Insured** notifies the Insurer otherwise in writing. Furthermore, the undersigned certifies that the limit(s) for Uninsured/Underinsured Motorist Coverage in the underlying motor vehicle liability insurance policy is/are equal to the **bodily injury** liability limits specified in that policy but not less than a **bodily injury** limit of \$500,000 per accident.

The undersigned authorized representative expressly warrants and represents that he or she has the necessary and appropriate authority to act on behalf of all **Insureds** under the policy to select or reject uninsured and underinsured motorist coverage.

Authorized Representative (PRINT)



(On its Own Behalf and on Behalf of All **Insureds** under the Policy)

By: _____
Signature of Authorized Representative

Title

Date

CUE 7064405936

Policy Number and any replacements thereof

CNA76593FL
(ED. 3/15) UWS Rev. 04/29/2016

BINDER



STATE OF LOUISIANA

This form may not be altered or modified

Uninsured/Underinsured Motorists Bodily Injury Coverage Form

Uninsured/Underinsured Motorists Bodily Injury Coverage, referred to as “**UMBI**” in this form, is insurance that pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic losses are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages and out of pocket expenses.

Non-economic losses are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic-Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as “Not Available.”)

UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY COVERAGE

You may select one of the following UMBI Coverage options (initial only one option):

1.
Initials **I select UMBI Coverage** which provides compensation for economic and non-economic losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:

\$ _____ each person **OR** \$ _____ each accident/occurrence
\$ _____ each accident/occurrence
2. N/A
Initials **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses **with the same limits** as the Bodily Injury Liability Coverage indicated on the policy.
3. N/A
Initials **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:

\$ _____ each person \$ _____ each accident
4.
Initials **I do not want UMBI Coverage.** I understand that **I will not be compensated through UMBI Coverage** for losses arising from an accident caused by an uninsured/underinsured motorist.



SIGNATURE

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.

CUE

7064405936

Signature of **Named Insured** or Legal
Representative

Policy Number

PERFORMANCE

INFLATABLES CO., LLC

Print Name

Date

CNA

CNA76591LA (Ed. 3/15)
UWS Rev 3/31/17(laumuim.umb)

BINDER



EXCESS UNINSURED MOTORISTS COVERAGE REJECTION FORM - NEW HAMPSHIRE

New Hampshire statute 264.15 requires an insurer to make available Uninsured Motorists Coverage equal to the liability limits of the policy, unless rejected in writing.

UNINSURED MOTORISTS COVERAGE (UM) – This coverage provides the **Named Insured** and all covered persons with **bodily injury** protection if injured in an accident with a driver who has no collectible liability insurance, has failed to post a bond or who has liability insurance with limits lower than the Uninsured Motorists limits the **Named Insured** has selected, and who is legally liable for the **Named Insured's** damages. The coverage also provides protection if the **Named Insured** is injured as a result of a hit-and-run accident.

If the **Named Insured** wishes to reject Uninsured Motorist Coverage, please check the box below, sign and return this form.

☐ I reject Uninsured Motorists Coverage under the excess policy.

I understand that this coverage selection will apply to all future renewals, continuations and changes in my policy unless I notify the Insurer in writing otherwise.

Signature of **Named Insured** _____

Named Insured PERFORMANCE INFLATABLES CO., LLC

Date _____

Policy Number CUE 7064405936

CNA76554NH (Ed. 3/15) UWS Rev 4/29/16 (nhumuim.auto)



EXCESS UNINSURED MOTORISTS COVERAGE SELECTION FORM - VERMONT

The following is a general description of uninsured motorists coverage. Only the **Named Insured's** policy provides the **Named Insured** with a complete description of the coverages and their limitations.

UNINSURED MOTORISTS COVERAGE (UM) – This coverage provides the **Named Insured** and all covered persons with **bodily injury** protection if injured in an accident with a driver who has no liability insurance, has failed to post a bond, or who has liability insurance with limits lower than the Uninsured Motorist limits the **Named Insured** has selected, and who is legally liable for the **Named Insured's** damages. The coverage also provides protection if the **Named Insured** is injured as a result of a hit-and-run accident.

Uninsured Motorist Property Damage (UMPD) coverage is mandatory for the **Named Insured's** vehicle. This protects the **Named Insured** against property damage losses to your vehicle in the event you are involved in an accident arising out of actual physical contact between the **Named Insured's** vehicle and another driver's vehicle that is not insured. This will be provided at a limit of \$10,000 per claim with a \$150 deductible.

This coverage is not first dollar coverage. The Uninsured Motorists Liability limit on the underlying automobile liability policy must equal the liability limit on that policy, subject to a \$1,000,000 minimum underlying uninsured motorists coverage limit. The Uninsured Motorist Property Damage limit on the underlying automobile policy must equal at least \$10,000.

Please select one of the following options:

- ☐ I select Uninsured Motorists Coverage limits of \$100,000 combined single limits, which are the minimum limits permitted for Excess Liability policies. The cost for this coverage is included in the policy premium.
- ☐ I select Uninsured Motorists Coverage at a limit equal to the policy liability limit, and wish to include this coverage on my excess policy. The cost of this coverage is TBD
- ☐ I select Uninsured Motorists Coverage limits of \$_____ and wish to include this coverage on my excess policy. Upon receipt of the completed selected form, the company provides a premium quote for the selected limits under separate cover.

I understand that this coverage selection will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial or insurance and civil damages.

Signature of **Named Insured** _____

Named Insured PERFORMANCE INFLATABLES CO., LLC

Policy Number CUE 7064405936

Date 03/30/25

Underlying Automobile Policy Number _____

CNA76592VT (Ed 3/15) UWS Rev 10/28/16 (vtumuim.umb)



OPTIONAL EXCESS UNINSURED MOTOR VEHICLE COVERAGE OFFER - WEST VIRGINIA

IMPORTANT NOTICE

RETURN ATTACHED FORMS WITHIN THIRTY (30) DAYS

TO: PROPOSED POLICYHOLDER (APPLICANT)

IF THE NAMED INSURED DOES NOT RETURN THESE FORMS TO CNA WITHIN THIRTY (30) DAYS THE NAMED INSURED WILL BE PRESUMED TO HAVE REJECTED UNINSURED AND UNDERINSURED MOTOR VEHICLE COVERAGES.

OR

PRESENT POLICYHOLDER

IF THE NAMED INSURED DOES NOT RETURN THESE FORMS TO CNA WITHIN THIRTY (30) DAYS YOUR COVERAGE WILL STAY THE SAME AS IT IS NOW. THIS IS AN OPPORTUNITY TO CHANGE THE COVERAGE THE NAMED INSURED PRESENTLY HAS.

UNinsured Motor Vehicle Coverage

The State of West Virginia requires that the **Named Insured** purchase **UNinsured** motor vehicle coverage with limits not less of \$20,000 per person, \$40,000 per accident for uninsured **bodily injury** losses, and \$10,000 for uninsured property losses under the **Named Insured's** basic automobile coverage. In the **Named Insured's** case, the **Named Insured** has already done so, and the **Named Insured** has opted to purchase excess or umbrella type coverage which is also written to cover automobile liability. Therefore, the law also requires that the **Named Insured** be given the opportunity to purchase uninsured motor vehicle coverage in an amount not less than the liability limit or limits selected on the excess or umbrella policy as well.

UNinsured Motor Vehicle Coverage may protect the **Named Insured** and passengers in the **Named Insured's** your car if the **Named Insured** is injured in an accident that was caused by a driver who was at-fault, or an unidentified driver who was at-fault but who does not have insurance to pay for your damages.

UNDERinsured Motor Vehicle Coverage

The State of West Virginia **does not require** the **Name Insured** to purchase any **UNDERinsured** motor vehicle coverage under the **Named Insured's** basic automobile policy. However, the law does state that the **Name Insured** must be given the opportunity to purchase this coverage in an amount not less than the **Named Insured's** liability coverage. In the **Named Insured's** case, the **Named Insured** has opted to purchase excess or umbrella coverage which is also written to cover automobile liability. Therefore, the law also requires that the **Named Insured** be given the opportunity to purchase underinsured motor vehicle coverage in an amount not less than the liability limit or limits selected on the excess or umbrella policy as well.

UNDERinsured motor vehicle coverage may protect the **Named Insured** and passengers in the **Named Insured's** car if the **Named Insured** is involved in an accident which was caused by a driver who was at-fault but the at-fault driver's insurance policy is not sufficient to pay for the **Named Insured's** damages. In some cases the at-fault driver will not have enough liability coverage to pay for all the damages the **Named Insured** has suffered. In order for the **Named Insured** to protect himself/herself and others in the **Named Insured's** car, **UNDERinsured** motor vehicle coverage is available to the **Named Insured**. This type of coverage may pay for the remainder of the **Named Insured's** damages up to the **Name Insured's** your policy limits.

EXAMPLE:

The **Named Insured** has purchased **UNDERinsured** motor vehicle coverage under the **Named Insured's** auto policy with limits of \$1,000,000 per person with a maximum of \$1,000,000 for any accident. The **Named Insured** has also purchased underinsured motor vehicle coverage under the **Named Insured's** umbrella in the amount of \$1,000,000. The **Named Insured** is in an accident where the other driver is at fault. The at-fault driver's liability policy limits are \$20,000 per person. The **Named Insured** suffered damages of \$1,300,000. The **Named Insured** receives \$20,000 from the at-fault driver's insurance. Since the **Named Insured** still has outstanding

losses of \$1,280,000, the **Named Insured** can receive \$1,000,000 from the **Named Insured's** **UNDERinsured** motor vehicle coverage under the **Named Insured's** auto policy and \$280,000 from the **Named Insured's** underinsured motor vehicle coverage under the **Named Insured's** umbrella.

If the **Named Insured** does not have **UNDERinsured motor vehicle coverage**, the **Named Insured** may have found himself/herself in a situation where the **Named Insured** did not have enough coverage to meet all of the losses the **Named Insured** sustained in the accident.

Underlying Insurance Requirement

If the **Named Insured** elects **UNinsured** motor vehicle coverage under the umbrella or excess type coverage, the **Named Insured** must purchase **UNinsured** motor vehicle coverage under the **Named Insured's** auto policy with limits at least equal to the auto liability limits.

If the **Named Insured** elects **UNDERinsured** motor vehicle coverage under the umbrella or excess type coverage, the **Named Insured** must purchase **UNDERinsured** motor vehicle coverage under the **Named Insured's** auto policy with limits at least equal to the auto liability limits.

BINDER



OPTIONAL EXCESS UNINSURED MOTOR VEHICLE COVERAGE OFFER

Below are different limits and 12 **month premium** available to the **Named Insured**.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER AND IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.

WILLIS TOWERS WATSON INS SVCS WEST

1144 W WASHINGTON ST,

TEMPE, AZ 85281-

CUE 7064405936

AGENT

POLICY/BINDER NUMBER

| | | | | | | | |
|---|-----|-----|-----|---------|--|---------------------------------------|--|
| | | | | | | | |
| | | | | Premium | | | |
| MANDATORY OFFER (No Less Than Liability Coverage) | | | | | | I SELECT (Check One) | |
| \$1,000,000 | | [A] | TBD | | | [A] | |
| | | | | | | | |
| ALTERNATIVE OFFER (Any other limit available) | | | | | | I SELECT | |
| \$ | N/A | [B] | \$ | | | [B] | |
| | | | | | | I REJECT | |
| \$ | N/A | [C] | \$ | -0- | | [C] | |
| | | | | | | | |
| A Named Insured or applicant must select or reject coverage offered above, and complete this part of the form in his or her own handwriting. | | | | | | | |
| ____ I have read the IMPORTANT NOTICE , attached, on UNinsured motor vehicle coverage and understand how this coverage works. | | | | | | | |
| ____ I have been given the opportunity to select the limits of UNinsured motor vehicle coverage listed above and have selected the coverage that matches the box I have checked. | | | | | | | |
| ____ I have been given the opportunity to select the limits of UNinsured motor vehicle coverage listed above and have rejected the coverage. | | | | | | | |
| SIGNATURE OF A NAMED INSURED OR APPLICANT | | | | | | DATE | |

This selection or rejection of coverage is binding on all persons covered under the policy. These limits apply until a change in the limits is requested.



OPTIONAL EXCESS UNDERINSURED MOTOR VEHICLE COVERAGE OFFER

Below are different limits and the 12 **month premium** available to the **Named Insured**.

COMPANY MUST COMPLETE THE BLANK SPACES BELOW TO CREATE AN EFFECTIVE OFFER AND IN ORDER FOR THE CONSUMER TO EXERCISE A KNOWING AND INTELLIGENT SELECTION OR REJECTION.

WILLIS TOWERS WATSON INS SVCS WEST

1144 W WASHINGTON ST,

TEMPE, AZ 85281-

CUE 7064405936

AGENT

POLICY/BINDER NUMBER

| | | | | | | |
|---|-----|-----|---------|-----|---------------------------------------|-----------------|
| | | | Premium | | | |
| MANDATORY OFFER (No Less Than Liability Coverage) | | | | | I SELECT (Check One) | |
| \$1,000,000 | | [A] | TBD | | [A] | |
| ALTERNATIVE OFFER (Any other limit available) | | | | | | I SELECT |
| \$ | N/A | [B] | \$ | | [B] | |
| | | | | | | I REJECT |
| \$ | N/A | [C] | \$ | -0- | [C] | |
| A Named Insured or applicant must select or reject coverage offered above, and complete this part of the form in his or her own handwriting. | | | | | | |
| ___ I have read the IMPORTANT NOTICE , attached, on UNDERinsured motor vehicle coverage and understand how this coverage works. | | | | | | |
| ___ I have been given the opportunity to select the limits of UNDERinsured motor vehicle coverage listed above and have selected the coverage that matches the box I have checked. | | | | | | |
| ___ I have been given the opportunity to select the limits of UNDERinsured motor vehicle coverage listed above and have rejected the coverage. | | | | | | |
| SIGNATURE OF A NAMED INSURED OR APPLICANT | | | | | DATE | |

This selection or rejection of coverage is binding on all persons covered under the policy. These limits apply until a change in the limits is requested.

CNA76594WV (Ed. 3/15) UWS Rev 2/7/25

Important information - If this quote includes Workers' Compensation or Commercial Auto

How to Avoid WC Bureau Criticisms and Auto Suspension Notices

Exceeding Service Expectations for Our Mutual Clients

Recently, many state bureaus have upgraded their systems to perform higher-quality compliance reviews. As a result, we have seen an uptick in both Workers' Compensation ("WC") criticisms and Automobile ("Auto") suspension notices being sent to our mutual customers. In collaboration with you, our brokers and agents, we usually resolve these quickly. However, we would like to avoid these notices from being sent at all.

The following guidance is being shared to explain some of the main causes for WC criticisms and Auto suspension notices, so you can work with your clients to provide us with necessary information early in the submission or binding process. In addition to helping avoid WC criticisms, providing this information prior to issuing the policy will also help ensure that WC posting notices will be sent out correctly the first time.

Workers' Compensation

The best way to avoid WC criticisms is to ensure we receive complete information prior to issuing the policy. Complete information relative to WC is defined as follows:

FEIN > NAME > LINK TO STATE > UI#. If any of the items below are incorrect or missing, the state will not accept the proof of coverage as valid, which may result in a WC criticism.

- Electronic filing for proof of coverage is by the FEIN number. Each Named Insured and FEIN listed on the policy must be linked to the state location or locations where the entity is registered to file proof of coverage. **Two Named Insureds can not share the same FEIN.**
- The **Named Insured/Employing Entity** included on the policy must have payroll associated with its operations.
- Each **Named Insured listed on the policy must be combinable with the policy owner/First Named Insured** by common ownership of at least 51%. In states other than California, ownership information must be provided on the ERM-14 form, which should be obtained prior to issuance when multiple names are on or added to a policy. In California, Form 601B is completed electronically by the Agent/Insured.
- All physical locations must be added to a policy unless the insured has no physical address and is a contractor or salesperson.

When a "no specific location" entry is provided instead of the "physical location" the Named Insured's mailing address is used. However, some states do not permit a "no specific location" entry so a physical address is needed. The physical address is requested by way of a criticism in Michigan, Wisconsin and California.

To comply with state guidelines, prior to issuing a policy; **HI, ME, MN, NJ, NY, RI &** require the State Unemployment ID number (UI#); HI UI# is called D.O.L. #; NJ UI# is called NJTIN. Policies will be rejected for proof of coverage without the valid UI#/D.O.L.#/NJTIN.

- Please note that a Legal Entity must be an employing entity in the United States. Any Named Insured with a foreign country in its name **should not** be listed on the policy.

Automobile

In order to best mitigate Auto suspension notices from being sent, we must have the following information for each vehicle:

- A valid VIN#
- Garage Location
- Proper registrant name for each vehicle (Do not assume that every vehicle is registered to the First Named Insured)
- FEIN numbers

SPECIAL NOTE:

These guidelines apply to **BOTH** new business, renewals and endorsements for WC and Auto. When adding entities or vehicles midterm, receipt of the complete information outlined above is needed.

(wcpolattach.doc) UWS Rev 11/27/20

BINDER

IMPORTANT INFORMATION**POLICYHOLDER FRAUD NOTIFICATION**

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, West Virginia:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Iowa, Massachusetts, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, North Dakota, South Carolina, South Dakota, Texas, Utah, Vermont:

Any person who knowingly presents false or fraudulent information in **an** application for insurance, to obtain or amend insurance coverage, or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas: Any person who knowingly presents false or fraudulent information in an application for insurance, to obtain or amend insurance coverage, or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Michigan, Wisconsin, Wyoming:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York – **SIGNATURE REQUIRED** (See bottom of this notice)

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: **WARNING**: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

Oregon: Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement of material fact, may be guilty of insurance fraud and subject to criminal or civil penalties.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee, Virginia:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.



NEW YORK ONLY - Signature Required:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Auto: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

Insured

Applicant Date

Authorized Representative

Title

CNA104750XX (Ed 6/23) UWS Rev 11/17/2023 (104750.doc)

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IMPORTANT INFORMATION**POLICYHOLDER FRAUD NOTIFICATION**

Alabama, Alaska, Arizona, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, South Dakota, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to criminal and/or civil penalties.

Arkansas: Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme or artifice, for the purpose of:

- i. Obtaining any benefit or payment;
- ii. Defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment; or
- iii. Obtaining or avoiding workers compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter will be guilty of a Class D felony.

Fifty percent (50%) of any criminal fine imposed and collected under this subdivision (a)(1) or subdivision (a)(2) of this section shall be paid and allocated in accordance with applicable law to the Death and Permanent Total Disability Trust Fund administered by the Workers' Compensation Commission.

California: For your protection, California law requires the following to appear on this form: Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Colorado: It is illegal to knowingly make a false or fraudulent material statement or representation for the purpose of obtaining or denying workers' compensation benefits or payments. These actions may result in a loss of future benefits, restitution of prior workers compensation awards and benefits paid, and/or civil and criminal penalties.

Florida: Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information, commits insurance fraud, punishable as provided in s. 817.234.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Failure to answer truthfully may result in forfeiture of workers compensation benefits.

Minnesota: Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to s 609.52, subdivision 3.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of:

- obtaining any benefit or payment,
- increasing any claim for benefit or payment, or
- obtaining workers' compensation coverage under this act, shall be guilty of a felony punishable pursuant to Section 1663 of Title 21 of the Oklahoma Statutes.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Utah: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.