



THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Commercial Auto Insurance Proposal for:

Dog Store Inc
15 Pine Street Short Hills, NJ 07070

For Policy Effective:

05-01-22 thru 05-01-23

Proposal Number:

HL478GD-3244

Proposal Presented By:

Broker.Co
123 Market Street San Francisco, CA 11249
(123) 456-7892

On Behalf of Broker.Co and THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT, we appreciate the opportunity to provide Dog Store Inc with the following policy proposal.

THE FOLLOWING OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER TERMS AND CONDITIONS PROVIDED IN THIS PROPOSAL/QUOTE. ANY POLICY COVERAGES, LIMITS OF INSURANCE, POLICY ENDORSEMENTS, COVERAGE SPECIFICATIONS, OR OTHER TERMS AND CONDITIONS THAT YOU HAVE REQUESTED THAT ARE NOT INCLUDED IN THIS PROPOSAL/QUOTE HAVE NOT BEEN AGREED TO BY TRAVELERS. PLEASE REVIEW THIS PROPOSAL/QUOTE CAREFULLY AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR TRAVELERS REPRESENTATIVE.

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

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"UM/UIM – If you wish to have Uninsured/Underinsured Motorist coverage(s) limits which differ from the default limits stated in the individual state election offer forms, you will need to complete a valid election prior to policy issuance. For new business, UM/UIM will be quoted with the limit(s) you requested. At the time of policy issuance, if we have not received the individual state(s) election offer form(s), as applicable, your policy will be issued with the default limits as stated in the individual state election offer form(s). Renewals will be issued as per the expiring UM/UIM limit(s) unless a valid updated election on the state offer form is received or we notify you of a change in the law or the interpretation thereof."

This proposal will expire thirty (30) days from the date of creation identified below and is not a binding contract for insurance.

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

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Commercial Auto Coverage Form

Policy Level Coverages

Coverage	Covered Auto Symbols*	Limits
Liability	1	\$1,000,000.00
Medical Payments	2	\$5,000
Comprehensive	2	ACV less deductible
Collision	2	ACV less deductible

State Level Coverages

Coverage	Covered Auto Symbols*	State(s)	Limits
Uninsured Motorist Coverage	2		See Uninsured Motorist Limits section

Uninsured Motorist Limits

State	UM	UIM	UMPD
CA	\$1,000,000	Included	

*See Appendix 1 for Explanation of Covered Auto Symbols

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Commercial Auto Insurance Proposal for: Dog Store Inc

Optional Policy Coverages

Coverage:	State(s)	Limit / Deductibles:
Excess Hired Not Used in Motor Carrier Operations Liability	CA	Included
Non-Ownership Liability	CA	Included
Business Auto Extension		Increased Coverage (see applicable state coverage form)
Original Equipment Manufacturer Parts	CA	

Vehicle Coverages

Auto #: 1	2018	GMC YUKON	Cost New: \$60,130	Premium: \$2,530.00
Coverage(s): Liability, Medical Payments, UM/UIM BI, Comprehensive, Collision, Rental Reimbursement Comprehensive, Rental Reimbursement Collision				
Comprehensive ded: \$500, Collision ded: \$1,000				
Auto #: 2	2007	GMC YUKON	Cost New: \$47,115	Premium: \$2,866.00
Coverage(s): Liability, Medical Payments, UM/UIM BI, Comprehensive, Collision, Rental Reimbursement Comprehensive, Rental Reimbursement Collision				
Comprehensive ded: \$500, Collision ded: \$1,000				
Auto #: 3	2020	FORD TRANSIT	Cost New: \$54,840	Premium: \$2,226.00
Coverage(s): Liability, Medical Payments, UM/UIM BI, Comprehensive, Collision, Rental Reimbursement Comprehensive, Rental Reimbursement Collision				
Comprehensive ded: \$500, Collision ded: \$1,000				
Auto #: 4	2020	FORD TRANSIT	Cost New: \$54,840	Premium: \$2,226.00
Coverage(s): Liability, Medical Payments, UM/UIM BI, Comprehensive, Collision, Rental Reimbursement Comprehensive, Rental Reimbursement Collision				
Comprehensive ded: \$500, Collision ded: \$1,000				

Created on 02-15-22 by Broker.Co

Consult Policy for Actual Terms and Conditions

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Commercial Auto Insurance Proposal for: Dog Store Inc

Auto #: 5	2020	FORD TRANSIT	Cost New: \$46,592	Premium: \$2,226.00
Coverage(s): Liability, Medical Payments, UM/UIM BI, Comprehensive, Collision, Rental Reimbursement Comprehensive, Rental Reimbursement Collision				
Comprehensive ded: \$500, Collision ded: \$1,000				
Auto #: 6	2021	FORD TRANSIT	Cost New: \$53,545	Premium: \$2,618.00
Coverage(s): Liability, Medical Payments, UM/UIM BI, Comprehensive, Collision, Rental Reimbursement Comprehensive, Rental Reimbursement Collision				
Comprehensive ded: \$500, Collision ded: \$1,000				
Auto #: 7	2021	FORD F150	Cost New: \$45,195	Premium: \$2,226.00
Coverage(s): Liability, Medical Payments, UM/UIM BI, Comprehensive, Collision, Rental Reimbursement Comprehensive, Rental Reimbursement Collision				
Comprehensive ded: \$500, Collision ded: \$1,000				
Auto #: 8	2021	FORD F150	Cost New: \$45,195	Premium: \$2,226.00
Coverage(s): Liability, Medical Payments, UM/UIM BI, Comprehensive, Collision, Rental Reimbursement Comprehensive, Rental Reimbursement Collision				
Comprehensive ded: \$500, Collision ded: \$1,000				
Auto #: 9	2022	WELLS CARG TRAILER	Cost New: \$14,600	Premium: \$373.00
Coverage(s): Liability, Medical Payments, UM/UIM BI, Comprehensive, Collision, Rental Reimbursement Comprehensive, Rental Reimbursement Collision				
Comprehensive ded: \$500, Collision ded: \$1,000				
Auto #: 10	2021	FORD TRANSIT	Cost New: \$40,545	Premium: \$2,226.00
Coverage(s): Liability, Medical Payments, UM/UIM BI, Comprehensive, Collision, Rental Reimbursement Comprehensive, Rental Reimbursement Collision				
Comprehensive ded: \$500, Collision ded: \$1,000				
Auto #: 11	2019	AUDI Q7	Cost New: \$62,250	Premium: \$1,801.00
Coverage(s): Liability, Medical Payments, UM/UIM BI, Comprehensive, Collision, Rental Reimbursement Comprehensive, Rental Reimbursement Collision				
Comprehensive ded: \$500, Collision ded: \$1,000				

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Commercial Auto Insurance Proposal for: Dog Store Inc

Schedule of Drivers:

Detailed driver information has been suppressed for privacy purposes.

Driver Name

Brad Pitt Lucy Liu Adam
Brody Blake Lively Jake
Tapper Robin Roberts
Brad Lucy
Adam Blake
Jake Robin
Blake Lucy
Adam Jake
Blake Robin
Brad Robin
Jake Blake
Lucy Adam
Pitt Liu
Lively Brody
Tapper Roberts
Pitt Roberts
Liu Tapper
Lively Tapper
Brody Roberts
Liu Brody
Brad Pitt Lucy Liu
Adam Brody Blake Lively
Jake Tapper Robin
Roberts
Brad Pitt Blake Lively
Adam Brody Lucy Liu
Jake Tapper Blake
Lively
Brad Pitt Robin Roberts
Adam Brody Robin
Roberts
Jake Tapper Lucy
LiuLucy Liu

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THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Commercial Auto Insurance Proposal for: Dog Store Inc

Schedule of Drivers:

Detailed driver information has been suppressed for privacy purposes.

Brad Pitt

Lucy Liu

Adam Brody

Blake Lively

Jake Tapper

Robin Roberts

Brad Lucy

Adam Blake

Jake Robin

Blake Lucy

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

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Premium

Liability	\$15,466.00
Physical Damage	\$8,078.00
Miscellaneous	\$363.00
Gross Premium	\$23,907.00
Total Premium	\$23,907.00

THIS PROPOSAL/QUOTE DOES NOT AMEND, OR OTHERWISE AFFECT, THE PROVISIONS OR COVERAGE OF ANY RESULTING INSURANCE POLICY ISSUED BY TRAVELERS. IT IS NOT A REPRESENTATION THAT COVERAGE DOES OR DOES NOT EXIST FOR ANY PARTICULAR CLAIM OR LOSS UNDER ANY SUCH POLICY. COVERAGE DEPENDS ON THE APPLICABLE PROVISIONS OF THE ACTUAL POLICY ISSUED, THE FACTS AND CIRCUMSTANCES INVOLVED IN THE CLAIM OR LOSS AND ANY APPLICABLE LAW.

COMPANY QUOTED: THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Underwritten By:
The Travelers Indemnity Company and Its Affiliates

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Commercial Auto Insurance Proposal for: Dog Store Inc

FRAUD STATEMENT

Please read the statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.

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.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

KENTUCKY: 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.

MAINE, TENNESSEE, VIRGINIA AND 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 may include imprisonment, fines, and 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 and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MASSACHUSETTS: Auto: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance. Other Than Auto: The "Kentucky" statement applies to lines of business other than auto.

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 YORK: Auto: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, 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. Other Than Auto: 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.

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FRAUD STATEMENT – CONTINUED

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 knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

PENNSYLVANIA: Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000. Other Than Auto: The "Kentucky" statement applies to lines of business other than auto.

PUERTO RICO: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousands dollars (\$5,000) nor more than ten thousands dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

Acknowledged and Accepted By:

_____ On _____
(Signature of the Insured) (Date)

Important Notice Regarding Compensation Disclosure

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

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

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

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Payment Plan Options

Lump Sum	For new business, the insured pays 25 percent down and receives one bill for balance of premium due, approximately one month after the policy is issued. For renewals, a single bill is issued for the total amount.
Two Payment	For new business, the insured pays 25 percent down and receives up to two installment bills.
Four Payment	For new business, the insured pays 25 percent down and receives up to three installment bills.
Six Payment	For new business, the insured pays 25 percent down and receives up to five monthly installments. Total premium is paid in full by the end of the sixth month.
Ten Payment	For new business, the insured pays 25 percent down and receives up to nine monthly bills. Total premium is paid in full by the end of the tenth month.
Ten Equal Pay	For new business the total premium is divided by 10 and each installment is for 10 percent of the total premium. Down payments collected will reduce the number of installments billed. Total premium is paid in full by the end of the tenth month. (This payment option is typically available for renewals).
Twelve Equal Pay*	For new business, the insured pays 25 percent down and receives up to twelve monthly bills. Total premium is paid in full by the end of the twelfth month

*Automatic Recurring Payments may be required for Twelve Equal Pay

Payment Remittance Slip

Customer Name: Dog Store Inc

Agency Name: Blake Lively

Account/SAI Number: 12345678

Policy #: HL478GD-324

Total Premium 4 23,907.00

Down payment amount:

Mail payment to: Travelers
12 Dimick St. Somerville,
MA, 34509

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Appendix 1

Explanation of Covered Auto Symbols

- 1 Any Auto Including Non-Owned & Hired.
- 2 All owned autos.
- 3 Owned PPT.
- 4 Owned not PPT.
- 5 Owned Autos Subject to No-Fault.
- 6 Subject to compulsory UM.
- 7 Specified Autos.
- 8 Hired Autos.
- 9 Non-Owned Autos.
- 10 See policy wording.
- 11 See policy wording.
- 12 See policy wording.
- 13 See policy wording.
- 14 See policy wording.
- 19 Use for covering Mobile or Farm Equipment.