



PRESENTED BY

**Broker Co.**  
123 Market Street  
San Francisco, CA 11249

PROPOSED ON 09/25/2024 FOR

**Sea Shells LLC**  
123 Market Street  
San Francisco, CA 11249

On behalf of **Broker Co.** and **The Travelers Companies, Inc. and its affiliates**, we appreciate the opportunity to provide **Sea Shells LLC** with the following policy proposal.



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

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

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

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

# Meet your Travelers team

## General

### Overall Account

Brad Pitt  
Account Executive  
brad.pitt@gmail.com  
123-456-7890

### Policy Services

Jake Tapper  
Operations Account Specialist  
jake.tapper@gmail.com  
345-123-456

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

# Your policies

## Commercial Package Program - Simp. Occ.

Policy Number	HL478GD-3244
Effective	10/01/2024 – 10/01/2025
Insuring Company	THE TRAVELERS INDEMNITY COMPANY

## Automobile

Policy Number	HL478GD-3244
Effective	10/01/2024 – 10/01/2025
Insuring Company	TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

# Locations schedule

## HL478GD-3244 – Commercial Package Program - Simp. Occ.

LOC/BLDG	DESCRIPTION	ADDRESS
1/1	MANUFACTURING	15 Pine Street Short Hills, NJ 07070
2/2	MANUFACTURING	123 Market Street, San Francisco, CA 11249
3/3	MANUFACTURING	125 Kent Avenue Brooklyn, NY 11249
4/4	VACANT LAND	12 Dimick St. Somerville, MA, 34509
5/5	VACANT LAND	10 Nice Place Los Angeles, CA 90210
6/6	VACANT LAND	155 High Street, Oakland CA 94601
7/7	VACANT LAND	191 N. Oak Avenue, Pasadena, CA 11249
8/8	VACANT LAND	145 E. 1st St. Somerville, MA 34509
9/9	VACANT LAND	140 N. Eastman Avenue Los Angeles, CA 90210
10/10	VACANT LAND	258 W. 117TH, Brooklyn, NY 11249



# Property coverage premium summary

**Policy Number** HL478GD-3244

## Coverages and limits of insurance – described premises

Insurance applies on a BLANKET basis only to a coverage or type of property for which a Limit of Insurance is shown below, and then only at the premises locations for which a value for such coverage or property is shown on the Statement of Values dated 9/25/2024 , or subsequently reported to and insured by us. For Insurance that applies to a specific premises location see Deluxe Property Coverage Part Schedule - Specific Limits

BLANKET DESCRIPTION OF COVERAGE OR PROPERTY	LIMITS OF INSURANCE
<b>Buildings</b>	\$17,050,000
<b>Your Business Personal Property</b>	\$34,695,000
<b>Personal Property of Others</b>	Included

\* Included means included in Your Business Personal Property Limit

## Co-insurance provision

Coinsurance does not apply to Blanket Coverages shown above.

## Valuation provision

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

## Additional covered property

	LIMITS OF INSURANCE
<b>Personal Property at Undescribed Premises</b>	
At any "exhibition" premises	Not Covered
At any installation premises or temporary storage premises	Not Covered
At any other not owned, leased or regularly operated premises	\$25,000
<b>Personal Property in Transit</b>	\$250,000

# Deluxe property coverage form - additional coverages & coverage extensions

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

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

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

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

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

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

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

PREMISES LOCATION NO.	BUILDING NO.	LIMITS OF INSURANCE
1-3	1-3	\$5,170,000

Rental Value: Included

Ordinary Payroll: Included

## Deluxe business income - additional coverages and coverage extensions

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

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



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

		AGGREGATE LIMITS OF INSURANCE
01. Applies at the following Building(s) numbered:	01-03	\$5,000,000

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

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

		AGGREGATE LIMITS OF INSURANCE
01. Applies at the following Building(s) numbered:	01-03	\$5,000,000

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

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

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

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

COVERAGE EXTENSION:	LIMITS OF INSURANCE	REVISED LIMITS OF INSURANCE
Spoilage	\$25,000	\$100,000

  

LIMITATIONS:	LIMITS OF INSURANCE	REVISED LIMITS OF INSURANCE
Ammonia Contamination	\$25,000	\$100,000
Hazardous Substance	\$25,000	\$100,000

**All Coverage Property Damage Deductible**

Direct Damage to Covered Property	\$25,000
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**Business Income & Extra Expense**

Business Income and Extra Expense loss or expense caused by physical damage to covered property	2 times the Average Daily Value
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# Utility services

LIMITS OF INSURANCE	
Combined Direct Damage and Time Element - in any one occurrence (See Utility Services – Direct Damage and Utility Services Time Element endorsements)	\$100,000

Coverage is provided for the following:

- Water Supply
- Communication Supply
- Power Supply

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

Electronic Vandalism Limitation Endorsement DX T3 98

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

# Deductibles

## By Earthquake

	PERCENTAGE	OCCURENCE
01. in any one occurrence, at the following Building(s) numbered:		
001-003		
		\$100,000
As respects Business Income Coverage a 72 hour deductible applies at all premises locations.		

## By Flood

		OCCURENCE
01. At each of the following Building(s) numbered:		
001-002		
in any one occurrence		\$250,000
As respects Business Income Coverage a 72 hour deductible applies at all premises locations.		
02. At each of the following Building(s) numbered:		
003		
in any one occurrence		\$100,000
As respects Business Income Coverage a 72 hour deductible applies at all premises locations.		

## To Utility Services

Direct Damage, in any one occurrence:	\$25,000
Time Element, in any one occurrence:	72Hours

## Business Income

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

## Any Other Covered Loss

in any one occurrence:	\$25,000
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## Rating Basis

<b>Total Rating Basis</b>	\$56,915,000
<b>Building Rate</b>	0.332
<b>Business Personal Property Rate</b>	0.418
<b>Time Element Rate</b>	0.3
<b>Premium for Policy Period</b>	\$234,955

Note: The Premium shown above includes the premium charged for Equipment Breakdown coverage. The premium for Equipment Breakdown coverage is \$17,814.

If you elect not to purchase Equipment Breakdown coverage, please contact your Account Executive and a revised quote without Equipment Breakdown coverage will be sent to you.



# General Liability coverage premium summary

**Policy Number**

HL478GD-3244

## Coverage information

COVERAGE		LIMITS
<b>Aggregate Limits of Insurance</b>	General Aggregate (Other than Products-Completed Operations)	\$2,000,000
	Products-Completed Operations Aggregate	\$2,000,000
<b>Personal And Advertising Injury Limit (Subject to the General Aggregate Limit)</b>	Any One Person or Organization	\$1,000,000
<b>Each Occurrence Limit</b>	Combined Single Limit Bodily Injury & Property Damage (Subject to the General Aggregate Limit or the Products-Completed Operations Aggregate Limit)	\$1,000,000
<b>Damage To Premises Rented To You Limit (Subject to Each Occurrence Limit)</b>	Any One Premises	\$1,000,000
<b>Medical Expense Limit (Subject to the Each Occurrence Limit)</b>	Any One Person	\$10,000

## Non-composite General Liability class code schedule

STATE	LOC/BLDG	CLASS CODE	DESCRIPTION	SUBLINE	EXPOSURE	RATE	PREMIUM
PA	1/1	56913	METAL HEAT PROCESSING	Prem/Ops.	5,000,000	0.396	\$1,980
PA	1/1	56913	METAL HEAT PROCESSING	Products	5,000,000	2.479	\$12,395
PA	2/2	61217	BUILDINGS OR PREMISES - BANK OR OFFICE -	Prem/Ops.	8,000	168.631	\$1,349
PA	3/3	56913	METAL HEAT PROCESSING	Prem/Ops.	9,500,000	0.33	\$3,135
PA	3/3	56913	METAL HEAT PROCESSING	Products	9,500,000	2.479	\$23,551
GA	4/4	49451	VACANT LAND - OTHER THAN NOT-FOR-PROFIT	Prem/Ops.	2	14.535	\$29
PA	5/5	49451	VACANT LAND - OTHER THAN NOT-FOR-PROFIT	Prem/Ops.	1	14.391	\$14
PA	6/6	49451	VACANT LAND - OTHER THAN NOT-FOR-PROFIT	Prem/Ops.	1	14.391	\$14

PA	7/7	49451	VACANT LAND - OTHER THAN NOT-FOR- PROFIT	Prem/Ops.	1	14.391	\$14
PA	8/8	49451	VACANT LAND - OTHER THAN NOT-FOR- PROFIT	Prem/Ops.	1	14.391	\$14
PA	9/9	49451	VACANT LAND - OTHER THAN NOT-FOR- PROFIT	Prem/Ops.	1	14.391	\$14
PA	10/10	49451	VACANT LAND - OTHER THAN NOT-FOR- PROFIT	Prem/Ops.	1	14.391	\$14

Optional coverage

COVERAGE	LIMIT	PREMIUM
<b>XTEND</b>		Included
<b>Increased Fire Damage Liability</b>		\$250
<b>Pollution Exclusion Buyback</b>		Included

Gross Premium

\$42,773

<b>Employee Benefits Liability(Claims Made Coverage) Premium</b>	\$300
Aggregate Limit	\$2,000,000
Each Employee Limit	\$1,000,000
Deductible	NONE
Retroactive date	10/1/2008



# General Liability coverage premium summary

## CG D3 74 – Total Aggregate Limit & Designated Aggregate Limit

COVERAGE		LIMITS
<b>Total Aggregate Limit</b>	Other than Products-Completed Operations	8,000,000
<b>Designated Location Aggregate</b>	Other than Products-Completed Operations	2,000,000

### List of Designated Location

LOC. 1-1: 15 Pine Street Short Hills, NJ 07070

LOC. 2-2: 123 Market Street, San Francisco, CA 11249

LOC. 3-3: 125 Kent Avenue Brooklyn, NY 11249

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

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





# Inland Marine coverage premium summary

**Policy Number** HL478GD-3244

## Contractors Equipment Coverage Form CM T2 42

### COVERAGE AND LIMITS OF INSURANCE

#### Covered Property

Coverage consists of the following when indicated by an 'X':

☒ **Unscheduled Owned Equipment**

Total limit of insurance for all unscheduled owned equipment: \$10,000

Limit of insurance for any one unscheduled owned item of equipment: \$2,500

☒ **Unscheduled Equipment Owned By Others**

Limit of insurance for any one unscheduled item of equipment  
leased, rented, or borrowed from others: \$200,000

**Total limit of insurance for all items of Equipment in any one Occurrence:** \$210,000

### Deductible

Deductible applying to all covered loss or damage indicated by an 'X' below unless a more specific Deductible for the covered loss or damage is shown elsewhere in this proposal:

☒ Dollar Deductible: \$500

### Valuation and Coinsurance

#### Valuation

The following Valuation applies to the applicable Covered Property:

#### Unscheduled Owned Equipment:

Actual Cash Value Valuation applies unless replaced by the Optional Valuation indicated by an X'.

#### Equipment Owned By Others:

The amount for which you are legally liable, not to exceed Replacement Cost.

## Coinsurance

The following coinsurance applies to Scheduled Items when indicated by an 'X':

☐ 100%      ☐ 90%      ☐ 80%      ☐ No Coinsurance Applies

## Premium

The following Premium options apply when indicated by an 'X':

### ☒ Scheduled and Unscheduled Owned Equipment

<input checked="" type="checkbox"/>	Non Reporting Premium	\$258
<input type="checkbox"/>	Premium Adjustment Premium Base Estimated Premium Base Amount Annual Rate Per \$100 Inception Premium Adjustment Rate Per \$100	Values

### ☒ Leased Or Rented From Others

<input checked="" type="checkbox"/>	Non Reporting Premium	\$1,313
<input type="checkbox"/>	Premium Adjustment Premium Base Estimated Premium Base Amount Inception Premium Adjustment Rate Per \$100	Values

Total Premium Due At Inception: \$1,571

## Other Terms and Conditions

### CM B0 97 - Contractors Equipment Supplemental Declarations

COVERAGE EXTENSIONS	LIMIT OF INSURANCE
<b>Business Personal Property In Job Trailers:</b>	\$10,000
<b>Document And Data Restoration Costs:</b>	\$50,000
<b>Fire Protective Systems:</b>	\$75,000
<b>Hauling Property Of Others:</b>	\$100,000
<b>Newly Acquired Equipment - Per Item:</b>	\$250,000
<b>Rental Costs:</b>	
Any One Item:	\$5,000
Any One Occurrence:	\$25,000
<b>Upgrades To Covered Property:</b>	\$25,000

ADDITIONAL COVERAGES	LIMIT OF INSURANCE
<b>Claim Data Expenses:</b>	\$5,000
<b>Continuing Rental Payments:</b>	
Any One Item:	\$5,000
Any One Occurrence:	\$25,000

<b>Contract Penalty:</b>	\$25,000
<b>Debris Removal Increased Limit:</b>	\$75,000
<b>Employee Tools, Equipment And Clothing:</b>	
Any One Item:	\$1,000
Any One Employee:	\$2,500
Any One Occurrence:	\$5,000
<b>Errors Or Unintentional Omissions:</b>	\$100,000
<b>Expediting Expenses:</b>	\$25,000
<b>Expendable Supplies:</b>	\$10,000
<b>Fire Or Police Department Service Charge:</b>	\$25,000
<b>Lost Warranty Or Service Contract:</b>	\$10,000
<b>Pollutant Clean Up And Removal:</b>	\$25,000
<b>Preservation Of Property Expense:</b>	\$50,000
<b>Reward Coverage:</b>	\$2,500
<b>Tracking System Deductible Waiver Amount:</b>	\$10,000

**CM U3 50** – Flood Exclusion

**CM U3 66** – Earth Movement Exclusion

**Gross Premium:** \$1,571

Electronic Vandalism Limitation And Other Changes CM U6 17

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



# Commercial Auto composite premium summary

**Policy Number** HL478GD-3244

## ISO Business Auto Composite coverage form

COVERAGE	AUTO SYMBOL	LIMITS
<b>Liability</b>	1	\$1,000,000 any one accident
<b>Personal Injury Protection</b>	5	Statutory Minimum Limits
<b>UM BI &amp; PD/Underinsured Motorist</b>	2	As Elected. Named Insured will be required to complete Uninsured and Underinsured election forms (for all states that have an election form), prior to the effective date of the policy.
<b>Collision</b>	2 , 8	ACV less deductible
<b>Comprehensive</b>	2 , 8	ACV less deductible
<b>Towing</b>	2	\$200 per disablement

## Composite deductibles

VEHICLE TYPE	COMPREHENSIVE	SCOL	COLLISION
<b>PRIVATE PASSENGER TYPE</b>	\$1,000		\$1,000
<b>LIGHT TRUCK</b>	\$1,000		\$1,000
<b>MEDIUM TRUCK</b>	\$1,000		\$1,000
<b>EXTRA HEAVY TRUCK-TRACTOR</b>	\$3,000		\$3,000
<b>TRAILER</b>	\$1,000		\$1,000

## Additional Coverage Information - Scheduled

### Additional Personal Injury Protection For the State of Pennsylvania

Total Benefit	Funeral Expense	Accidental Death
\$277,500	\$2,500	\$25,000

## Amendments

• HIRED CAR PHYSICAL DAMAGE		CA T0 03
	ESTIMATED ANNUAL COST OF HIRE:	If Any
	COMPREHENSIVE DEDUCTIBLE:	\$1,000
	COLLISION DEDUCTIBLE:	\$1,000
• RENTAL REIMBURSEMENT		CA 99 23
	NUMBER OF DAYS:	60

AMOUNT PER DAY:

\$60

## Composite rating summary

COVERAGE	EXPOSURE	RATE	PREMIUM
<b>PRIVATE PASSENGER TYPE</b>			
COLLISION	5	\$447	\$2,235
COMPREHENSIVE	5	\$281	\$1,405
LIABILITY	5	\$1,825	\$9,125
<b>LIGHT TRUCK</b>			
COLLISION	9	\$680	\$6,120
COMPREHENSIVE	9	\$240	\$2,160
LIABILITY	9	\$1,920	\$17,280
<b>MEDIUM TRUCK</b>			
COLLISION	1	\$248	\$248
COMPREHENSIVE	1	\$202	\$202
LIABILITY	1	\$2,382	\$2,382
<b>EXTRA HEAVY TRUCK-TRACTOR</b>			
COLLISION	1	\$937	\$937
COMPREHENSIVE	1	\$251	\$251
LIABILITY	1	\$1,923	\$1,923
<b>TRAILER</b>			
COLLISION	2	\$167	\$334
COMPREHENSIVE	2	\$180	\$360
LIABILITY	2	\$272	\$544



# Commercial Auto composite premium summary

## Composite premium summary

COVERAGE	PREMIUM
Liability Premium	\$31,254.00
Physical Damage Premium	\$14,252.00
Miscellaneous Coverages Premium	\$2,473.00
<b>Gross Premium</b>	<b>\$47,979.00</b>
Taxes and Surcharge	\$0.00
<b>Total</b>	<b>\$47,979.00</b>

This policy is composite rated. No mid-year reporting for vehicle additions, changes or deletions unless they are garaged in CA, MA, NY or any other state which requires Travelers to report. After the completion of the policy term, a premium adjustment will be made for mid-year changes during the premium audit.

### Commercial Automobile:

- This quotation is based on our understanding that all insured drivers have satisfactory driving records. As part of our underwriting review, we may obtain Motor Vehicle Reports.
- 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.



# IMPORTANT INFORMATION CONCERNING YOUR MOTOR VEHICLE INSURANCE AND DMV REPORTING

## States Requiring Electronic Reporting

Where reporting is required for a Composite Rated policy, only Policy level information (Policy Number, Named Insured, FEIN, Address) will be electronically submitted to the DMV system. Individual vehicle information is not required therefore the DMV must make a manual connection between the VIN and the policy that was reported. Upon issuance of the policy, it is recommended to take a list of all registered vehicles to the DMV and provide Proof of Insurance to ensure all vehicles are recognized as insured.

The following states require the carrier to electronically report to the DMV System: AK, AZ, CT, FL, ID, LA, MD, NV, NM, NC, OR, VA

- Recommended Proof of Insurance is a Commercial Fleet ID Card that contains no vehicle specific information.
- When communicating with the DMV, referring to the policy as “Non-Vehicle Specific” may avoid confusion with requirements.
- Registration Renewals cannot be completed online.

The following states require electronic reporting of the individual vehicle information to the State DMV System: California, Massachusetts, and New York.

- Except for Massachusetts, the required Proof of Insurance for California and New York is a Commercial Vehicle Specific ID Card containing vehicle specific information. i.e., Year, Make, Model, and VIN.
- Registration Renewals can be completed online.

However, it is **important** for you to understand state DMV reporting requirements as governmental statutes change frequently.

## Commercial Exemption

The following states have a Commercial Exemption and do not require the carrier to electronically report to the DMV System: AL, AR, CO, DC, GA, IL, KS, KY, MI, MS, MO, MT, NE, NJ, OK, PA, RI, SC, TN, TX, UT, WV, WY

- Recommended Proof of Insurance is a Commercial Fleet ID Card that contains no vehicle specific information.
- When communicating with the DMV, referring to the policy as “Non-Vehicle Specific” may avoid confusion with requirements.
- Some states may have a “Fleet” indicator that must be applied to the vehicle.
- Registration Renewals cannot be completed online.

It is **important** for you to understand state DMV reporting requirements as governmental statutes change frequently.

## Mid-term Changes

Mid-term changes to your fleet can only be reported to DMV if we are made aware of the changes. Providing your agent with timely updates to your fleet will allow timely reporting.

## Notice of Suspension

If you receive a Notice of Suspension or Request for Proof of Insurance, it is important to follow the instructions on the notice received and respond to the state directly or provide it to your agent for review as soon as possible. A timely reaction to these notices could avoid potential suspensions and fees.

Again, we strongly encourage you to contact your local Department of Motor Vehicle Office or your Agent for information related to DMV reporting requirements for your Composite auto policy.

# Federal Terrorism Risk Insurance Act Disclosure

The Federal Terrorism Risk Insurance Act of 2002 as amended ("TRIA") establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in TRIA) caused by "Acts Of Terrorism" (as defined in TRIA). "Act Of Terrorism" is defined in Section 102(1) of TRIA to mean any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The Federal Government's share of compensation for such Insured Losses is 80% of the amount of such Insured Losses in excess of each Insurer's "Insurer Deductible" (as defined in TRIA), subject to the "Program Trigger" (as defined in TRIA).

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

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

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

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

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

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

# Account summary

## Premium summary

COVERAGE	POLICY NUMBER	PREMIUM
DELUXE	HL478GD-3244	\$234,955
GENERAL LIABILITY	HL478GD-3244	\$42,773
EMPLOYEE BENEFITS LIABILITY	HL478GD-3244	\$300
INLAND MARINE	HL478GD-3244	\$1,571
AUTO	HL478GD-3244	\$47,979
Total		\$327,578

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

## Payment plan

**Direct Bill - 10 Equal**

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

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

# Account summary

## Disclosure

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

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

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

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

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

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

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



# Property coverage form index

**Policy Number**

HL478GD-3244

## Coverage and amendments

DESCRIPTION	FORM NUMBER
TABLE OF CONTENTS - DELUXE PROP COV PART	DX 00 04 11 12
DELUXE PROP COV PART DECLARATIONS	DX T0 00 11 12
DELUXE PROPERTY COVERAGE FORM	DX T1 00 11 12
DELUXE BI (AND EE) COVERAGE FORM	DX T1 01 11 12
CAUSES OF LOSS-EARTHQUAKE	DX T3 01 11 12
CAUSES OF LOSS - BROAD FORM FLOOD	DX T3 02 11 12
CAUSES OF LOSS-EQUIPMENT BREAKDOWN	DX T3 19 11 12
LOSS PAYABLE PROVISIONS	DX T3 79 11 12
UTILITY SERVICES-DIRECT DAMAGE	DX T3 85 11 12
UTILITY SERVICES-TIME ELEMENT	DX T3 86 11 12
ELECTRONIC VANDALISM LIMIT & OTHER CHANG	DX T3 98 01 23
FEDERAL TERRORISM RISK INSURANCE ACT DIS	DX T4 02 01 21
DIGITAL ASSETS EXCLUSIONS	DX T5 21 01 23



# General Liability coverage form index

**Policy Number**

HL478GD-3244

## Coverage and amendments

DESCRIPTION	FORM NUMBER
EXCLUSION-LEAD	CG D0 76 06 93
EXCLUSION - DISCRIMINATION	CG D1 42 02 19
AMEND-POLL EXCL-INCL LTD COV POLL COSTS	CG D1 74 02 19
AMEND-NON CUMULATION OF EACH OCC	CG D2 03 12 97
EXCLUSION - TOBACCO OR NICOTINE	CG D2 26 06 15
EXCLUSION -SILICA OR SILICA-RELATED DUST	CG D2 40 09 15
FUNGI OR BACTERIA EXCLUSION	CG D2 43 01 02
BLANKET AI-W/COMP OPS IF REQ BY CONTRACT	CG D2 46 04 19
EXCL-CLMS OR SUITS BY NAMED INSUREDS	CG D3 22 10 20
TOTAL AGGR LIMIT & DESIG LOC AGGR LIMIT	CG D3 74 02 19
AMEND CONTRAC LIAB EXCL-EXC TO NAMED INS	CG D4 21 07 08
XTEND ENDT FOR MFRS & WHOLESALERS	CG D4 58 02 19
EXCL-VIOLATION OF CONSUMER FIN PROT LAWS	CG D6 18 10 11
AMENDMENT OF INTELLECTUAL PROPERTY EXCL	CG D9 10 09 21
EXCL-VIOLATIONOFBIOMETRICINFOPRIVACYLAWS	CG D9 44 01 23
EXCL-VIOLATIONOFBIOMETRICINFOPRIVACYLAWS	CG D9 48 01 23
PA CHANGES-AMENDMENT OF OCCUR DEFINITION	CG F6 83 07 21
PENNSYLVANIA CHANGES - EBL	CG F8 97 02 20
COMM'L GENERAL LIABILITY DEC	CG T0 01 11 03
DECLARATIONS PREMIUM SCHEDULE	CG T0 07 09 87
KEY TO DECLARATIONS PREMIUM SCHEDULE	CG T0 08 11 03
EMPLOYEE BENEFITS LIAB COV PART DEC	CG T0 09 09 93
TABLE OF CONTENTS - COM GEN LIAB COV	CG T0 34 02 19
EMPLOYEE BENEFITS LIAB TABLE OF CONTENTS	CG T0 43 01 16
COMMERCIAL GENERAL LIABILITY COV FORM	CG T1 00 02 19
EMPLOYEE BENEFITS LIABILITY COV FORM	CG T1 01 01 16
EXCL - AIRCRAFT PROD AND GROUNDING	CG T3 23 08 11
EXCL-DESIGNATED COMPLETED OPERATIONS	CG T5 08 02 19

# Package common coverage form index

**Policy Number**

HL478GD-3244

## 630 Common coverage and amendments

DESCRIPTION	FORM NUMBER
NUCLEAR ENERGY LIABILITY EXCLUSION	IL 00 21 09 08
ACTUAL CASH VALUE DEFINITION - GEORGIA	IL F1 54 12 22
COMMON DEC	IL T0 02 11 89
LOCATION SCHEDULE	IL T0 03 04 96
ACTUAL CASH VALUE	IL T0 63 07 22
COMMON POLICY CONDITIONS-DELUXE	IL T3 18 05 11
EXCLUSION OF CERTAIN COMPUTER LOSSES	IL T3 55 05 13
FED TERRORISM RISK INS ACT DISCLOSURE	IL T3 68 01 21
EXCL OF LOSS DUE TO VIRUS OR BACTERIA	IL T3 82 05 13
AMNDT COMMON POLICY COND-PROHIBITED COVG	IL T4 12 03 15
CAP ON LOSSES FROM CERT ACTS OF TERRORIS	IL T4 14 01 21
ADDITIONAL BENEFITS	IL T4 27 06 19
PROTECTION OF PROPERTY	IL T4 40 10 20
NAMED INSURED ENDORSEMENT	IL T8 00 01 00
PA CHANGES-CANCELLATION AND NONRENEWAL	IL T9 15 09 07
PENNSYLVANIA CHANGES	IL T9 76 09 07
PENNSYLVANIA NOTICE	IL T9 77 07 94
FLOOD POLICYHOLDER NOTICE	PN T0 53 12 13
JURISDICTIONAL INSP & CONTACT INFO REQ	PN T1 89 02 23
NOTICE INDEPENDENT AGENT AND BROKER COMP	PN T4 54 01 08





# Inland Marine coverage form index

**Policy Number** HL478GD-3244

## Coverage and amendments

### Inland Marine

DESCRIPTION	FORM NUMBER
COMMERCIAL INLAND MARINE CONDITIONS	CM 00 01 09 04
CONTRACTORS EQUIPMENT COVERAGE FORM DEC	CM B0 96 01 21
CONTRACTORS EQUIPMENT SUPPLEMENTAL DEC	CM B0 97 01 21
TABLE OF CONTENTS	CM T0 11 08 05
CONTRACTORS EQUIPMENT COVERAGE FORM	CM T2 42 01 21
FEDERAL TERRORISM RISK INSURANCE ACT DIS	CM T3 98 01 21
FLOOD EXCLUSION	CM U3 50 01 21
EARTH MOVEMENT EXCLUSION	CM U3 66 01 21
ELECTRONIC VAND LIMITATION & OTHER CHGS	CM U6 17 01 23
DIGITAL ASSETS EXCL - DIGITAL CURRENCY	CM U6 41 01 23



# Commercial Auto coverage form index

**Policy Number**

HL478GD-3244

## Coverage and amendments

DESCRIPTION	FORM NUMBER
OVERPRINT PAGE	AUNN1A16
POLICY COVER	AUNN2I16
BUSINESS AUTO COVERAGE FORM	CA 00 01 10 13
PENNSYLVANIA CHANGES	CA 01 80 03 21
FELLOW EMPLOYEE COVERAGE	CA 20 55 10 13
AUTO LOAN/LEASE GAP COVERAGE	CA 20 71 10 13
PENNSYLVANIA UNINSURED MOTORISTS COVERAGE - NONSTACKED	CA 21 92 09 22
PENNSYLVANIA UNDERINSURED MOTORISTS COVERAGE - NONSTACKED	CA 21 93 09 22
PENNSYLVANIA BASIC FIRST-PARTY BENEFIT	CA 22 37 10 13
PENNSYLVANIA ADDED AND COMBINATION FIRST-PARTY BENEFITS ENDORSEMENT	CA 22 38 10 13
RENTAL REIMBURSEMENT COVERAGE	CA 99 23 10 13
POLLUTION LIABILITY - BROADENED COVERAGE FOR COVERED AUTOS - BUSINESS AUTO AND MOTOR CARRIER COVERAGE FORMS	CA 99 48 10 13
PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD	CA ID PA 11 97
BUSINESS AUTO COVERAGE PART DECLARATIONS (ITEMS 1 AND 2)	CA T0 01 02 15
BUSINESS AUTO COVERAGE PART DECLARATIONS (ITEMS 4 AND 5)	CA T0 03 02 15
BUSINESS AUTO/AUTO DEALERS/MOTOR CARRIER COVERAGE PART SUPPLEMENTARY SCHEDULE - ITEM TWO - UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE	CA T0 30 02 16
TABLE OF CONTENTS BUSINESS AUTO COVERAGE FORM	CA T0 31 02 15
BUSINESS AUTO EXTENSION ENDORSEMENT	CA T3 53 02 15
COMMERCIAL AUTO TOWING AND LABOR COVERAGE	CA T4 34 07 18
SHORT TERM HIRED AUTO - ADDITIONAL INSURED AND LOSS PAYEE	CA T4 52 02 16
AMENDMENT OF EMPLOYEE DEFINITION	CA T4 59 02 15
ROADSIDE ASSISTANCE COVERAGE	CA T6 25 07 18
LONG TERM LEASED AUTOS COVERED AS OWNED AUTOS	CA T6 44 07 24
LENDER'S CERTIFICATE OF INSURANCE - FORM A	CA T8 01 10 24
LENDER'S CERTIFICATE OF INSURANCE - FORM A	CA T8 02 10 24
COVERAGE DESCRIPTION	COVDESC
NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)	IL 00 21 09 08
PENNSYLVANIA CHANGES - CANCELLATION AND NONRENEWAL	IL 02 46 09 07
PENNSYLVANIA NOTICE	IL 09 10 07 02
COMMON POLICY CONDITIONS	IL T0 01 01 07
COMMON POLICY DECLARATIONS	IL T0 02 11 89
LENDER'S CERTIFICATE OF INSURANCE - FORM A	IL T0 10 12 86
CALCULATION OF PREMIUM - COMPOSITE RATES	IL T3 02 07 86
DESIGNATED PERSON OR ORGANIZATION - NOTICE OF CANCELLATION PROVIDED BY US	IL T4 05 05 19
AMENDMENT OF COMMON POLICY CONDITIONS - PROHIBITED COVERAGE - UNLICENSED INSURANCE AND TRADE OR ECONOMIC SANCTIONS	IL T4 12 03 15
NAMED INSURED	IL T8 00 10 24
FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS	IL T8 01 01 01
CALCULATION OF PREMIUM - COMPOSITE RATES	IL T8 25 10 24
ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY	MCS-90 05 23

COMMERCIAL AUTO ROADSIDE ASSISTANCE COVERAGE CARDS	PN CB 36 09 18
IMPORTANT NOTICE - RATING PLAN AVAILABILITY	PN CB 58 01 23
YOUR NEW PENNSYLVANIA ID CARD	PN T1 43 03 09
IMPORTANT NOTICE - INDEPENDENT AGENT AND BROKER COMPENSATION	PN T4 54 01 08
IMPORTANT INFORMATION CONCERNING YOUR MOTOR VEHICLE INSURANCE AND DMV REPORTING	PN U4 97 01 24
ZZTABSCA01	ZZ TA BS CA 01
INTERLINE ENDORSEMENTS TAB PAGE	ZZ TA BS IL 01
POLICYHOLDER NOTICES TAB PAGE	ZZ TA BS PN 01

# Commission summary

COVERAGE	POLICY NUMBER	COMMISSION
DELUXE	HL478GD-3244	15.00 %
GENERAL LIABILITY	HL478GD-3244	15.00 %
EMPLOYEE BENEFITS LIABILITY	HL478GD-3244	15.00 %
INLAND MARINE	HL478GD-3244	15.00 %
AUTO	HL478GD-3244	15.00 %

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

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

## Important Notice Regarding Compensation Disclosure

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

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

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