

Account Summary For Dog Store Inc

Quote #: HL478GD-3244

Status: Approved

Policy Type: AP

Originally Quoted: 1/01/1900 12:00 AM
 Quote Printed: 12/09/2020 1:12 PM EST
 Proposed Effective: 12/31/2020 12:00 AM
 Proposed Expiration: 12/31/2021 12:00 AM

Commission: 12.50

Quoted By: Robin Roberts
 Broker. Co
 123 Market Street San
 Francisco, CA 11249

Robin Roberts@gmail.com

Producer: Broker.Co
 123 Market Street San
 Francisco, CA 11249
 Phone - (123) 456-7890
 Fax - (123) 456-7891

DOT #: Unknown

MC #: Unknown

| Symbol | Coverage | Limit (\$) | Premium (\$) |
|--------|------------------|-----------------------|--------------|
| 7 | Liability | 1,000,000 CSL | 24,780 |
| 10 | UM - BI Only | 1,000,000 CSL BI ONLY | 1,799 |
| | UIM - BI Only | N/A | N/A |
| 7 | Medical Payments | 5,000 | 568 |
| 7 | PIP | | 833 |
| 7 | Physical Damage | See Specific Unit | 28,301 |
| | Total Ins Value | 1,046,571 | |
| Total | | | \$56,281.00 |

Revision: 5OR2020R01

Vehicle Information

BHHC-Rate Version: 8.6.38456.1279

| Unit | Liability | UM | UIM | Med Pay | PIP | Phys Dam | Cargo/ In-Tow | Al/Lessor | Unit Sub Total |
|--|-------------------------|-------|-----|---------|-----|----------|------------------|-----------|-------------------|
| 1 1997 PETERBILT (12345) Comp/Coll: \$250,000 Radius: Up to 50 Miles | 2,106 | Incl. | N/A | 118 | N/A | 5,884 | N/A | N/A | 8,108 |
| | Deductible: 2,500/2,500 | | | | | | | | |
| 2 2000 FORD (12345) | 1,562 | Incl. | N/A | 12 | 105 | 752 | N/A | N/A | 2,431 |



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| <u>Unit</u> | <u>Liability</u> | <u>UM</u> | <u>UIM</u> | <u>Med Pay</u> | <u>PIP</u> | <u>Phys Dam</u> | <u>Cargo/ In-Tow</u> | <u>AI/Lessor</u> | <u>Unit Sub Total</u> |
|---|--------------------------------|-----------|------------|----------------|------------|-----------------|--------------------------|------------------|---------------------------|
| Comp/Coll: \$27,220 | Deductible: 1,000/1,000 | | | | | | | | |
| Radius: Up to 50 Miles | | | | | | | | | |
| 3 2000 FREIGHTLINER (12345) | 2,106 | Incl. | N/A | 118 | N/A | 1,412 | N/A | N/A | 3,636 |
| Comp/Coll: \$60,000 | Deductible: 2,500/2,500 | | | | | | | | |
| Radius: Up to 50 Miles | | | | | | | | | |
| 4 2001 FORD (12345) | 1,468 | Incl. | N/A | 12 | 98 | 872 | N/A | N/A | 2,450 |
| Comp/Coll: \$32,675 | Deductible: 1,000/1,000 | | | | | | | | |
| Radius: Up to 50 Miles | | | | | | | | | |
| 5 2005 FORD (12345) | 1,562 | Incl. | N/A | 12 | 105 | 955 | N/A | N/A | 2,634 |
| Comp/Coll: \$35,775 | Deductible: 1,000/1,000 | | | | | | | | |
| Radius: Up to 50 Miles | | | | | | | | | |
| 6 2006 FORD (12345) | 1,562 | Incl. | N/A | 12 | 105 | 767 | N/A | N/A | 2,446 |
| Comp/Coll: \$27,760 | Deductible: 1,000/1,000 | | | | | | | | |
| Radius: Up to 50 Miles | | | | | | | | | |
| 7 2009 PETERBILT (12345) | 3,313 | Incl. | N/A | 118 | N/A | 3,658 | N/A | N/A | 7,089 |
| Comp/Coll: \$132,360 | Deductible: 2,500/2,500 | | | | | | | | |
| Radius: Up to 50 Miles | | | | | | | | | |
| 8 2011 FORD (12345) | 1,562 | Incl. | N/A | 12 | 105 | 928 | N/A | N/A | 2,607 |
| Comp/Coll: \$34,775 | Deductible: 1,000/1,000 | | | | | | | | |
| Radius: Up to 50 Miles | | | | | | | | | |
| 9 2012 FORD (12345) | 1,562 | Incl. | N/A | 12 | 105 | 1,097 | N/A | N/A | 2,776 |
| Comp/Coll: \$41,075 | Deductible: 1,000/1,000 | | | | | | | | |
| Radius: Up to 50 Miles | | | | | | | | | |
| 10 2014 FORD (12345) | 1,562 | Incl. | N/A | 12 | 105 | 1,605 | N/A | N/A | 3,284 |
| Comp/Coll: \$60,111 | Deductible: 1,000/1,000 | | | | | | | | |
| Radius: Up to 50 Miles | | | | | | | | | |
| 11 2009 FREIGHTLINER (12345) | 3,313 | Incl. | N/A | 118 | N/A | 4,818 | N/A | N/A | 8,249 |
| Comp/Coll: \$161,990 | Deductible: 1,000/1,000 | | | | | | | | |
| Radius: Up to 50 Miles | | | | | | | | | |
| 12 2015 FORD (12345) | 1,562 | Incl. | N/A | 12 | 105 | 1,384 | N/A | N/A | 3,063 |
| Comp/Coll: \$51,830 | Deductible: 1,000/1,000 | | | | | | | | |
| Radius: Up to 50 Miles | | | | | | | | | |
| 13 1984 WELLS TRAILER(12345) | 105 | Incl. | N/A | N/A | N/A | N/A | N/A | N/A | 105 |
| Radius: Up to 50 Miles | | | | | | | | | |
| 14 1984 WELLS TRAILER (12345) | 105 | Incl. | N/A | N/A | N/A | N/A | N/A | N/A | 105 |
| Radius: Up to 50 Miles | | | | | | | | | |
| 15 1985 ALLOY TRAILERS, INC. (12345) | 105 | Incl. | N/A | N/A | N/A | N/A | N/A | N/A | 105 |
| Radius: Up to 50 Miles | | | | | | | | | |
| 16 1985 ALLOY TRAILERS, INC. (12345) | 105 | Incl. | N/A | N/A | N/A | N/A | N/A | N/A | 105 |
| Radius: Up to 50 Miles | | | | | | | | | |
| 17 1993 ASSEMBLED TRAILER (12345) | 105 | Incl. | N/A | N/A | N/A | N/A | N/A | N/A | 105 |
| Radius: Up to 50 Miles | | | | | | | | | |
| 18 1993 UTILITY (12345) | 100 | Incl. | N/A | N/A | N/A | 623 | N/A | N/A | 723 |
| Comp/Coll: \$20,000 | Deductible: 1,000/1,000 | | | | | | | | |
| Radius: Up to 50 Miles | | | | | | | | | |



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| <u>Unit</u> | <u>Liability</u> | <u>UM</u> | <u>UIM</u> | <u>Med Pay</u> | <u>PIP</u> | <u>Phys Dam</u> | <u>Cargo/ In-Tow</u> | <u>AI/Lessor</u> | <u>Unit Sub Total</u> |
|---|------------------|-----------|------------|----------------|------------|-----------------|--------------------------|------------------|---------------------------|
| 19 1996 FONTAINE (12345) Radius: Up to 50 Miles | 105 | Incl. | N/A | N/A | N/A | N/A | N/A | N/A | 105 |
| 20 1997 TRAILNOR TRAILER (47616) Comp/Coll: \$20,000 Deductible: 1,000/1,000 Radius: Up to 50 Miles | 100 | Incl. | N/A | N/A | N/A | 623 | N/A | N/A | 723 |
| 21 2003 TRANSCRAFT (12345) Radius: Up to 50 Miles | 105 | Incl. | N/A | N/A | N/A | N/A | N/A | N/A | 105 |
| 22 2006 LOAD TRAILER (12345) Radius: Up to 50 Miles | 105 | Incl. | N/A | N/A | N/A | N/A | N/A | N/A | 105 |
| 23 2008 LOAD TRAILER (12345) Comp/Coll: \$25,000 Deductible: 1,000/1,000 Radius: Up to 50 Miles | 100 | Incl. | N/A | N/A | N/A | 706 | N/A | N/A | 806 |
| 24 2007 SNOWBIRD TRAILER (12345) Comp/Coll: \$25,000 Deductible: 1,000/1,000 Radius: Up to 50 Miles | 100 | Incl. | N/A | N/A | N/A | 706 | N/A | N/A | 806 |
| 25 2009 TRICKER TRAILER (12345) Comp/Coll: \$4,000 Deductible: 1,000/1,000 Radius: Up to 50 Miles | 100 | Incl. | N/A | N/A | N/A | 338 | N/A | N/A | 438 |
| 26 2009 SNOWBIRD TRAILER (12345) Comp/Coll: \$25,000 Deductible: 1,000/1,000 Radius: Up to 50 Miles | 100 | Incl. | N/A | N/A | N/A | 706 | N/A | N/A | 806 |
| 27 1999 FONTAINE (12345) Comp/Coll: \$12,000 Deductible: 1,000/1,000 Radius: Up to 50 Miles | 100 | Incl. | N/A | N/A | N/A | 467 | N/A | N/A | 567 |



Berkshire Hathaway
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Terms and Conditions

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

Terms:

- 100% of operations within 50 mile radius
- 12.5% commission
- All New Drivers must meet driver guidelines.
- Compliance with UM/UIM Limit Requirements.
- no additional insureds or waivers of subrogation included
- No Transportation of Hazardous Materials, Garbage, Contaminated Soil, Asbestos, or similar exposures.
- Prompt reporting of all new drivers.
- subject to favorable MVRs to be reviewed upon binding for acceptability
- subject to no filings
- Subject to no filings or MCS-90.

Unless Otherwise specified, all conditions listed below must be satisfied within 30 days of binding coverage. Failure to satisfy all conditions within the applicable timeframes may result in cancellation.

Conditions:

- Completed and Signed Selection/Rejection forms as required by state law.

Quote is valid through: 01/08/2021

Disclosure Statement: The premium for this account includes a commission that is within the terms of your normal commission schedule included within the provisions of your Agency Agreement. If your agency contract includes a Profit Sharing Agreement, this policy may or may not be included in that profit sharing plan. It's unclear at this time whether you will be eligible for profit sharing or whether this individual account will increase or decrease any profit sharing payout as the loss ratio is undetermined at this time and any payments are not guaranteed.

This is NOT a binder of insurance. Company must be notified prior to Binding Coverage.

Schedule of Forms & Endorsements

CA 0001 (03/2006) Business Auto Coverage Form
CA 0149 (01/2010) Oregon Changes
CA 2105 (01/2016) Oregon Uninsured Motorists Coverage - Bodily Injury
CA 2236 (09/2016) Oregon Personal Injury Protection
IL 0142 (09/2008) Oregon Changes - Domestic Partnership
IL 0279 (09/2008) Oregon Changes - Cancellation and Nonrenewal
M 3795 (03/1987) Punitive Damage Exclusion Duty to Defend Amendment
M 3912b (08/2001) Stated Amount Insurance
M 4457 (08/1993) Oregon Important Notice
M 4487 (04/1994) Auto Medical Payments Coverage
M 4566a (11/1999) Motor Vehicle Liability Insurance Identification Card
M 4572 (12/1994) Schedule of Forms and Endorsements at Policy Inception
M 4600a (04/2003) Commercial Policy Jacket
M 5171 (06/2004) Schedule of Covered Autos
M 5479 (04/2010) Towing and Storing Costs
M 5605 (02/2011) Business Auto Coverage Declarations
M 5623 (04/2011) Application of Policy - Financial Responsibility

Driver Information for Dog Store Inc

BHHC-Rate for Oregon
Continental Divide Insurance Company

Quote #: HL478GD-3244 Revision: 1234567891

| <u>Driver</u> | <u>Date of Birth</u> | <u>License Class</u> |
|---------------|----------------------|----------------------|
| 1 UNKNOWN | N/A | |

Quote #: HL478GD-3244

OREGON UNINSURED MOTORIST COVERAGE SELECTION FORM
Including Underinsured Motorist Coverage

Uninsured Motorist Coverage provides protection for persons insured under a motor vehicle liability policy who are legally entitled to recover damages because of bodily injury or death from the owner or operator of an uninsured motor vehicle. This coverage is provided at limits equal to the minimum limits required by the state financial responsibility law along with the motor vehicle liability insurance requested.

Uninsured Motorist Coverage includes Underinsured Motorist Coverage. Underinsured Motorist Coverage provides protection for bodily injury or death caused by an accident arising out of the ownership, maintenance or use of a motor vehicle that is insured for an amount less than your uninsured motorist coverage limits.

UNINSURED MOTORIST COVERAGE PURCHASE OPTIONS ("X" indicates your choice)

I understand that my Bodily Injury Uninsured Motorist Coverage will be equal to the Liability Limits of my policy unless I select lower limits, but in no case less than Oregon's Financial Responsibility limits.

- ☒ I wish to purchase Bodily Injury Uninsured Motorist Coverage at limits equal to the Liability limits of my policy which are \$ _____ per person and \$ _____ per accident split limits, or \$ 1,000,000 per accident for single limit liability coverage. The price for this coverage is \$ 1,799 per policy.
- ☐ I wish to purchase Bodily Injury Uninsured Motorist Coverage at the minimum financial responsibility limits required by law of \$ _____ per person and \$ _____ per accident split limits, or \$ 50,000 per accident for single limit liability coverage. The price for this coverage is \$ 521 per policy.
- ☐ I wish to purchase Bodily Injury Uninsured Motorist Coverage at limits lower than the Liability limits of my policy, but not less than the financial responsibility limits required by law, at \$ _____ per person and \$ _____ per accident split limits, or \$ _____ per accident for single limit liability coverage. The price for this coverage is \$ _____ per policy.

_____
Signature of Named Insured (Representing all Insureds)_____
Date Signed

Until you advise us otherwise in writing, your choice as indicated above will continue regardless of any addition to or deletion of any scheduled Autos and will be carried forward on all future renewal policies without additional notice unless the bodily injury liability limits of the policy are changed.



12 Dimick St. Somerville, MA, 34509
bhhc.com

Direct Bill Payment Plan Options

Date: 12/09/2020

Billing Services:
1-877-680-2442

7:00 AM-7:00 PM Central Time, Mon-Fri

billing@bhhc.com

Applicant Name: **Dog Store Inc**

Quote Number: HL478GD-3244

Indicated Premium: \$ 56,281.00 (includes government fees and assessments, if applicable)

| Payment Plans: | 11-Pay | 6-Pay | 4-Pay | 2-Pay | Full Pay |
|-----------------------|-------------|-------------|-------------|-------------|-------------|
| Down Payment | | | | | |
| Due at Binding | \$11,257.00 | \$11,257.00 | \$14,071.00 | \$28,141.00 | \$56,281.00 |
| Installments * | | | | | |
| Month 1 | \$4,501.68 | \$9,004.16 | | | |
| Month 2 | \$4,502.48 | | \$14,069.50 | | |
| Month 3 | \$4,502.48 | \$9,004.96 | | | |
| Month 4 | \$4,502.48 | | | | |
| Month 5 | \$4,502.48 | \$9,004.96 | \$14,070.25 | \$28,140.00 | |
| Month 6 | \$4,502.48 | | | | |
| Month 7 | \$4,502.48 | \$9,004.96 | | | |
| Month 8 | \$4,502.48 | | \$14,070.25 | | |
| Month 9 | \$4,502.48 | \$9,004.96 | | | |
| Month 10 | \$4,502.48 | | | | |

*Indicates number of months after policy effective date.

Direct Bill policies require a down payment at the time of binding. The down payment may be submitted online from the insured's bank account, credit or debit card during binding. Subsequent installments will be due on the same calendar day as the effective date of the policy. Please see the payment plan options above.

Recurring Payments



Recurring payments are a convenient and secure option to automatically deduct insurance payments from a bank account, credit card, or debit card on the scheduled due date. Enroll by completing the Recurring Payment Authorization form or by calling Billing Services at 1-877-680-2442 7 am - 7 pm Central Time Monday - Friday.



P.O. Box 31145 • Omaha, NE 68131
bhhc.com

Recurring Payments Authorization Form

Billing Services:

1-877-680-2442

7:00 AM - 7:00 PM Central Time, Mon - Fri

billing@bhhc.com

Insured Name: **Dog Store Inc**
Quote Number: **HL478GD-3244**
Agency Name: **Broker.Co**

Recurring payments are a convenient and secure option to automatically deduct your insurance payment from your bank account, credit card or debit card on the scheduled due date. When enrolled in recurring payments the installment fee is eliminated, lowering your bill.

Select a Request Type:

Enroll in Recurring Payments ☐

Change Recurring Payments Account ☐

Stop Recurring Payments ☐

(only signature and date required)

Name on Account: _____

Account Holder Address: _____

City/State/ZIP: _____

E-mail Address for Receipts: _____

Enroll using a Checking/Savings Account

Account Type: Checking Account ☐ Savings Account ☐

Bank Name: _____

Routing Number*: _____

Account Number: _____

**Please note that a routing number has exactly nine digits.*

Enroll using a Credit/Debit Card*

Card Type: Visa ☐ Mastercard ☐ Discover ☐ American Express ☐

Card Number: _____

Expiration Date: _____

**A nominal transaction and reversal may appear on your statement due to our validation process.*

Please submit this completed form via one of the following methods:

- FAX to 1-866-897-2393
- MAIL to PO Box 31145, Omaha, NE 68131
- **E-MAIL WILL NOT BE ACCEPTED**

Please Note: Down payments will not be processed from the information on this form. Down payments may be processed online at the time of binding or by calling Billing Services.

A payment schedule will be mailed to you showing the dates and amounts of your recurring payments. If there is an outstanding bill when you enroll in recurring payments, a one-time payment will be processed on the bill's due date. If a payment date falls on a weekend or holiday, the payment will be drafted on the next business day. Please note that three (3) business days advanced notice is required to change or stop recurring payments.

**** I authorize National Indemnity Company on behalf of Berkshire Hathaway Homestate Companies to initiate automatic payments for premium on my insurance policy and its renewals to my bank account, credit card or debit card. This authority shall remain in effect until I revoke it in writing to the address above, by fax to 1-866-897-2393 or by calling Billing Services. I authorize my financial institution to debit the above designated bank account, credit card or debit card, and understand that I will receive advance notice of any increase in payments which result from endorsements to or renewal of my policy.****

AUTHORIZED SIGNATURE: _____

DATE: _____



Berkshire Hathaway
HOMESTATE COMPANIES

Binding Procedures - Commercial Auto

You may bind coverage for an account for which you have received a formal quote, provided there are no additions, alterations or omissions to any of the terms of the coverage requested, by following the instructions included below. Our premium indications are valid for 30 days.

****New Direct Bill Option - Auto, Cargo, or Garage Only****

Direct Bill account coverage will be bound no earlier than the effective time and date the bind is initiated online.

To bind coverage:

You will receive a link from noreply@bhhc.com. Follow the link in the email to our online binding mechanism. You will then have two options:

1) Pay Now

Down payment must be processed through our online system at the time of bind. If valid payment is not received at time of bind, no coverage will be in effect. Please gather payment information (bank routing #, checking account # or credit/debit card #, expiration date and security code) from the insured before starting the bind process.

2) Pay Within Five Days

Your agency will be directly responsible for all earned premium on the policy. If the down payment is not received by us within five (5) calendar days, a notice of cancellation will be issued for nonpayment of premium.

Premium Financed Policies

Note: Premium Financed policies will be run through our Direct Bill mechanism, but will be on a full payment plan. You may choose to pay now and pay the policy premium in full at time of bind, or pay within five days. The insured will be billed and shall be responsible for any additional premium that is endorsed onto the policy. If the insured elects to premium finance the endorsed premium it is the insured's responsibility to contact the premium finance company.

Questions? Contact P&C Client Services at (877) 680-2442

* Commissions will be paid monthly as payments are received. Commission statements and checks are generated at the beginning of each month.

Berkshire Hathaway Homestate Insurance Company • Brookwood Insurance Company • Continental Divide Insurance Company
Cypress Insurance Company • Oak River Insurance Company • Redwood Fire and Casualty Insurance Company