



Commercial Insurance Program

Presented to:

Lucy Liu

**Broker Co.
12 Dimick St.
Somerville, MA 34509**

Representing:

**Sea Shells, LLC
15 Pine Street
Short Hills, NJ 07070**

Prepared by:
Brad Pitt
Underwriting Specialist

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.



530 Maryville Centre Drive, St. Louis, MO 63141

Brad Pitt
Underwriting Specialist
123-456-780
brad.pitt@gmail.com

July 28, 2023

TO: Lucy Liu
Broker Co.
RE: Commercial Account Quotation

Account Name:	Sea Shells, LLC	New []	Renewal [X]
Effective Date:	August 1, 2023		

ACCOUNT PREMIUM RECAP

Coverage	Quote #	Eff/Exp Date	Company	Premium
Workers Comp	HL478GD-3244	08/01/23 To 08/01/24	American Casualty Company Of Reading, PA	\$40,825.00
Workers Comp	HL478GD-3244	08/01/23 To 08/01/24	Valley Forge Insurance Company	\$1,376.00
Automobile	HL478GD-3244	08/01/23 To 08/01/24	American Casualty Company Of Reading, PA	\$3,465.00
PARAMOUNT	HL478GD-3244	08/01/23 To 08/01/24	The Continental Insurance Company	\$72,678.00
Property				\$34,081.00
General Liability				\$38,597.00
Umbrella	HL478GD-3244	08/01/23 To 08/01/24	The Continental Insurance Company	\$23,879.00
Total Account Premium				\$142,223.00

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:

- Limits, Deductibles, Coverages and other specifics per Coverage sections attached
- Email address of the First Named Insured is required in order to issue the Workers Compensation policy.

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.



Account Name: Sea Shells, 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
HL478GD-3244	Workers Compensation	\$5,747	08/01/2023
HL478GD-3244	Property	\$2,080	08/01/2023
	Property - Fire Following *	\$3,118	08/01/2023
	Liability	\$490	08/01/2023
HL478GD-3244	Workers Compensation	\$21	08/01/2023
HL478GD-3244	Umbrella	\$236	08/01/2023

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.



* Due to state Standard Fire Policy regulations, this premium must be retained even if certified acts of terrorism coverage is excluded for locations in the following states: CA, GA, HI, IA, IL, MA, ME, MO, NC, NJ, NY, OR, RI, WA, WV, and WI (the same regulations apply to terrorism premium retained for Inland Marine for locations in the states of CA, ME, MO, OR and WI).

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.

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 7/21/2023 (CNA104750XX.docx)

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Commission Schedule

Coverage	Quote #	Quote Effective Date	Flat Commission Rate	Graded Table	Flat Commission Amount
PARAMOUNT	HL478GD-3244	08/01/23	15		
Automobile	HL478GD-3244	08/01/23	15		
Workers Comp	HL478GD-3244	08/01/23	5		
Workers Comp	HL478GD-3244	08/01/23	7		
Umbrella	HL478GD-3244	08/01/23	15		

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: **Brad Pitt**
CNA Insurance Companies
From: **Lucy Liu**
Broker Co.
RE: **Broker Co.**

Date: _____

Account Name: Sea Shells, LLC	New [] Renewal [X]
Effective Date: August 1, 2023	

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	Quote #	Coverage	Quoted Premium	Agency Sold Premium
• Please Bind • Issue as Quoted • NotTaken	HL478GD-3244	Workers Comp	\$40,825.00	
• Please Bind • Issue as Quoted • NotTaken	HL478GD-3244	Workers Comp	\$1,376.00	
• Please Bind • Issue as Quoted • NotTaken	HL478GD-3244	Automobile	\$3,465.00	
• Please Bind • Issue as Quoted • NotTaken	HL478GD-3244	PARAMOUNT	\$72,678.00	
• Please Bind • Issue as Quoted • NotTaken		Property	\$34,081.00	
• Please Bind • Issue as Quoted • NotTaken		General Liability	\$38,597.00	
• Please Bind • Issue as Quoted • NotTaken	HL478GD-3244	Umbrella	\$23,879.00	
Please Bind All Coverages Issue All Policies per Quote Account Not Taken [] Due to Price [] Due to Coverage		Total Account Premium	\$142,223.00	

We will need your Issue Instructions to issue the policy:

UWS Rev. 03/31/17 AgQResponse.doc



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	
Property	X	HL478GD-3244	08/01/23	08/01/24
Liability	X	HL478GD-3244	08/01/23	08/01/24
Umbrella	X	HL478GD-3244	08/01/23	08/01/24

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>Sea Shells, LLC</u> _____	_____
Named Insured	Date of Signature

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

May 1, 2023

CNA at a Glance

Q1 2023 Financial Highlights

	Q1 2023	Q1 2022 ⁽¹⁾
Core Income	\$325m	\$298m
P&C Net Written Premium	\$2.25b	\$2.02b
P&C Underlying Combined Ratio	90.8%	91.4%
Combined Ratio	93.9%	91.9%
Net Investment Income, Pretax	\$525m	\$448m

- Core income up 9% to \$325m versus \$298m in the prior year quarter.
- P&C core income of \$346m versus \$321m, reflects higher investment income and record high pretax underlying underwriting income of \$197m, partially offset by higher pretax catastrophe losses and prior period development.
- Net investment income up 17% to \$525m pretax, includes a \$57m increase from fixed income securities and other investments to \$497m and a \$20m increase from limited partnerships and common stock to \$28m.
- P&C combined ratio of 93.9%, including 2.4 points of catastrophe loss impact. Underlying combined ratio of 90.8%, underlying loss ratio of 59.8% and expense ratio of 30.7%.
- P&C segments, excluding third party captives, generated both gross written premium and net written premium growth of 11%, or 12% excluding foreign currency fluctuations for the first quarter of 2023.
- Book value per share of \$32.00; book value per share excluding AOCI of \$44.21, a 2% increase from year-end 2022 adjusting for \$1.62 of dividends per share.

“We had a great start to 2023 with strong production results across the business and core income up 9% to \$325 million. Net investment income of \$525 million increased \$77 million over the first quarter of 2022 and our P&C underlying underwriting gain was up 19% to a record \$197 million in the quarter.

Against a backdrop of yet another significantly elevated industry cat quarter, our pretax catastrophe losses were only \$52 million or 2.4 points in the quarter, reflecting our disciplined underwriting of catastrophe exposures.

Net and gross written premium ex captives each grew by 11% and 12% excluding currency fluctuations. Our overall P&C rate increase rebounded to 5% in the quarter, up a point compared to the fourth quarter, and Commercial rates were up two points to 7% driven by strong Property pricing.

Given the strong start to 2023, the improved pricing in Commercial lines and the tailwind from higher fixed income yields, we are optimistic about our ability to leverage the continued favorable market conditions throughout the remainder of 2023.”



Dino E. Robusto
Chairman and
Chief Executive
Officer

Financial Strength Ratings

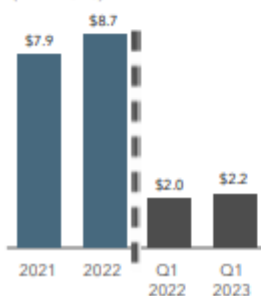
A.M. Best:	A (Excellent) with stable outlook
Moody's:	A2 with stable outlook
Standard & Poor's:	A+ (Strong) with stable outlook
Fitch:	A+ with stable outlook

Balance Sheet

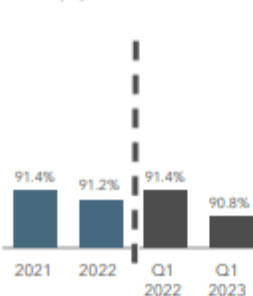
GAAP Equity:	\$8.7 Billion
Statutory Surplus:	\$10.5 Billion

Financial Performance

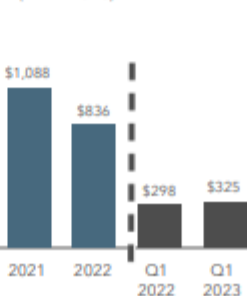
P&C Net Written Premium
(In Billions)



P&C Underlying Combined Ratio (%)

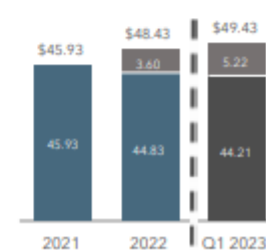


Core Income ⁽¹⁾
(In Millions)



Total Value Creation

■ Cumulative Dividends
■ Book value per share, ex. AOCI ⁽¹⁾



⁽¹⁾ As of January 1, 2023, the Company adopted Accounting Standards Update (ASU) 2018-12, Financial Services-Insurance (Topic 944): Targeted Improvements to the Accounting for Long-Duration Contracts (LDT), using the modified retrospective method applied as of the transition date of January 1, 2021. Prior period amounts have been adjusted to reflect application of the new guidance.

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About Us

CNA is one of the largest U.S. commercial property and casualty insurance companies. **Backed by more than 125 years of experience**, CNA provides a broad range of standard and specialized insurance products and services for businesses and professionals in the U.S., Canada and Europe.

Building a Top Quartile Underwriting Company by:

Sustaining a deep underwriting culture

Elevate employee execution through continuous training, performance management and governance to support the achievement of top quartile performance.

Optimizing distribution engagement

Build effective alignment with distribution partners based on product expertise, industry specialization and overall value proposition.

Attracting, developing and retaining top talent

Invest in our people to create advantage and improve performance.

Institutionalizing deep specialization

Provide insurance solutions supported by value chains of technical expertise aligned around industry segments, products and exposures.

Company Overview

Positioning our Commercial and Specialty resources around how agents and brokers define accounts to maximize business opportunities. We enhance engagement across the board to enable growth beyond the current **1 million businesses and professionals** we insure.



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Middle Markets

Report claims by e-mail –
lossreport@cnaasap.com.

Claim support available 24/7 by
phone – **1-877-262-2727.**

Highly experienced claim
professionals specialized in
handling all types of
Middle Market claims.



We can show you more.®

Claims Advantage

Middle Markets

CNA provides a **consistent, seamless approach to claim handling** beginning with initial claim reporting and ending with final resolution of a claim. We offer many service advantages to our agents and customers, and one of our most important goals: to properly manage and reduce the overall cost of loss.

Top Three Benefits of CNA's Claim Service

1. Our claim handlers are highly experienced and specialize in handling specific types of claims.

- Claim handlers are able to devote the time and attention to their particular areas of expertise, resulting in consistency of handling, timely resolution and favorable outcome for the claim.
- Property Catastrophe teams are trained and ready for immediate deployment to promptly respond to catastrophe claims.
- We have a comprehensive claim continuing education curriculum to provide certification and credentialing for claim managers and handlers who meet predefined, specific requirements and standards for business knowledge in product liability, construction, workers' compensation, auto/general liability and property.

2. Our Cost Management programs can save you money.

- CNA has many cost and case management programs designed to help manage and mitigate the overall amount of loss. In our relationship with our cost management vendors, our policyholders have saved through the use of their PPO network and the full array of other cost-management programs.
- CNA Legal services concentrates on controlling expenses and providing best outcomes. Utilization of CNA staff counsel resulted in legal fees that were 36 percent lower, on average, than outside counsel.
- Our state-of-the-art online budget, billing and communication system helps manage claims and legal costs.

3. CNA gives you access to the right people and information when you need it.

- CNA Central allows your agent to access on your behalf, loss runs and payments and, where permitted by law, adjuster notes and claim details.
- eSight® a sophisticated, user-friendly technology that provides customers access to real-time claim information, as permitted by law, is offered to both agents and policyholders. CNA Central and eSight® are easily accessible via the Internet.
- All claims are reported through a single point of entry at 877-CNA-ASAP, which is available 24 hours a day, 7 days a week. Once a claim is reported, it is triaged for type and complexity and directed to the appropriate area for handling.

Middle Markets

CNA offers these advantages:

- Claim services in all 50 states
- 24/7 claim reporting
- Streamlined decision making
- Effective claim management program
- Rapid, integrated response to catastrophic property claims
- Enhanced communication with client on high-exposure claims
- Comprehensive Return to Work/Stay at Work programs
- Choices to Work® transitional work facilities in multiple states
- Automated bill payment capabilities
- International capabilities
- National preferred provider networks with providers and facilities in all 50 states
- Enhanced Outcomes Based Preferred Provider Network
- Certified state-specific cost containment programs in California and Texas
- Pharmaceutical management
- Retail Pharmacy Program
- Third level review for negotiated bill reductions for non-network bills
- Chiropractic, physical therapy, dental and medical peer review



We can show you more.®

How CNA Claim Services Can Help Manage the Cost of Loss

Return-to-Work Programs

- Our Choices to Work® program assists with the transition of an injured worker to alternative work arrangements at a contracted modified work facility, which meets the medical requirements of our program. This can provide lower employee replacement costs, improved productivity and improved employee morale for our policyholders.

Return to Work Job Bank

- The Return to Work Job Bank online tool provides comprehensive job descriptions, enabling providers to help your employees remain on the job or return to work (as soon as medically appropriate) after an injury occurs, with medically approved return-to-work options. To access the job bank, go to www.cna.com/returntowork.

Cost Management Programs

- CNA offers medical savings programs through affiliations with medical service providers and vendors across the country. Online provider look-up tools help locate providers and specialty medical services within reasonable commuting distance. To access our look up tool, go to www.cna.com/claim, and click on Workers' Compensation Medical Provider Networks under Additional Claim Resources.

Case Management

- CNA has nationally certified nurse case managers providing telephonic, field and on-site case management.
- Nurse case managers are a valuable resource in medical claims consultation. Their goal is to secure the use of timely and appropriate treatment protocols to achieve optimal outcomes for injured employees.

Customer Information Services

- eSight® allows agents and policyholders online access to a broad range of claim information (as permitted by law), including adjuster notes, claim details, claim payments, new claims and loss run data.
- CNA allows your agent to access loss runs or download claim data (where permitted by law) at any time via CNA Central.

Litigation Management

- **Staff Counsel** – 32 offices across 23 states cover major metropolitan areas and handle all aspects of litigation, including automobile, general liability, negligence, workers' compensation, medical malpractice, long term care, construction defect, subrogation and products liability.
- **National Panel Counsel** – Complements Staff Counsel for specific expertise and geographic coverage. CNA also has specialized dedicated trial counsel for areas like products liability.
- **TeamConnect™** – An Internet-based Litigation Management solution tool committed to state-of-the-art case management, metrics and time tracking.

Centralized Subrogation

- CNA has a dedicated team of Claim Specialists and Staff Counsel that generated recoveries of nearly \$118 million in 2014.
- Subrogation focuses on three key aspects:
 - Identify subrogation opportunities
 - Manage costs to recover dollars
 - Improve quality of recovery operations (cycle time)

For additional information on our products and services, contact your independent agent or visit www.cna.com today.

One or more of the CNA companies provide the products and/or services described. The information is intended to present a general overview for illustrative purposes only. It is not intended to constitute a binding contract. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. All products and services may not be available in all states and may be subject to change without notice. Use of the term "partnership" and/or "partner" should not be construed to represent a legally binding partnership. CNA is a registered trademark of CNA Financial Corporation. Copyright © 2015 CNA. All rights reserved. CL1042 CLMMIDMAR 25 082715



Custom Portfolio

Your business insurance needs are unique to your industry and to your own individual business. With CNA, you get tailored insurance protection to help your business grow and be successful.

Count on Success

We do – yours. CNA is one of the largest and most respected insurance organizations in the nation. Our relationships with our policyholders are our success.

Our Custom Portfolio program offers a variety of standard business insurance coverages you need to protect your business, **such as -**

- **CNA Paramount Package Policy** – solid package coverage that should prove ideal for a significant percentage of manufacturing operations. **CNA Paramount Package Policy** combines the broad spectrum of property coverage protection included within our proprietary **Paramount Property Coverage Part** with the expanded business liability protection provided through **CNA's Paramount General Liability** proprietary form combined with our **CNA Paramount General Liability Extension Endorsements**.
- **Commercial Automobile**
- **Workers' Compensation** – Statutory Coverages and Employer's Liability
- **Commercial Umbrella**
- **International Property and Casualty**
- **Management and Professional Liability**

CNA also offers tailored coverages you need to protect your business, **such as -**

- **CNA's Paramount Property** – CNA's proprietary property form with full complement of optional and expanded package coverage offerings of select limits and coverage extensions, resulting in insurance coverage tailored to meet your unique business needs.
- **Equipment Breakdown** – failure of a key piece of equipment can have devastating consequences for your business. CNA provides coverage for the sudden and accidental breakdown of boilers, pressure vessels, piping, mechanical or electrical machinery, refrigeration and/or air conditioning systems. This coverage, under CNA's Paramount Property Policy, reduces potential coverage gaps and duplications that can result when breakdown coverage is written separately.
- **Business Income / Business Restoration protection** – time is money to the typical business owner, and we recognize the critical need to get you back in business as quickly as possible after a loss occurs. We can provide you with protection against loss arising out of your covered locations; loss resulting from an off premises utility failure; and losses at the locations of your key suppliers or distributors. We also provide coverage for the extra expenses you may incur as you make the effort to get back to business. CNA also recognizes that you may suffer from reduced income in the days, weeks or months following a covered loss as you work to restore normal production activity. Our Business Income coverage helps replace the difference in income that would have existed if no loss had occurred. This extended coverage can range from 30 days up to a full year or more.
- **Blanket Additional Insureds** – we automatically provide necessary coverage you need to comply with the terms of many written contracts or agreements, including mortgages and lease agreements on your premises and/or on the equipment used in your business operations.
- **Passport Access (incidental foreign) Liability Endorsement** – Coverage for overseas operational exposures may be available under a separate CNA Passport® Exporter's Package Policy or WorldPass® Master Program. Contact CNA International U.S. Operations for additional information.
- **Employee Benefits Liability** – provides up to \$1,000,000 in legal liability for a error or omission in the administration of your employee benefit program
- **Limited Pollution Liability** – protection against losses resulting from accidental release of pollutants either at or from job sites or from owned premises.



You get more than an insurance policy.

When you choose CNA, you get more than solid protection from a respected and established insurance organization.

You get –

- Responsive, knowledgeable claim handling so your business can get on with business
- Best-in-class Workers' Compensation case management to help get your injured workers back to work
- Experienced risk control professionals to help you improve safety and save money
- CNA Special Investigations Unit to help control fraud
- Customer Satisfaction Surveys for you to provide us with feedback on your claim experience
- An experienced, professional, independent agent to help you assess your property and liability needs

Get the business insurance protection designed for *your* industry and *your* business – from CNA.

For more information, contact your independent insurance agent or broker, call 1-800-CNA-6241 or visit our Web site at www.cna.com.

One or more of the CNA Insurance Companies underwrite the products and services described. Information is for illustrative purposes only and is not a contract. This document is intended to provide a general overview of the products and services described. Remember that only the policy can provide the actual description, terms, conditions and exclusions. All coverages are not available in all states.

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Your Custom Portfolio Quotation

Coverage Offerings for Paramount General Liability

The following items form a part of this quote

CNA recognizes the unique coverage needs of your business operation. Our Paramount General Liability Coverage starts with the protection offered through the Paramount formatted ISO CGL form, and expands it to include the following enhancements on our General Liability Extension Endorsement (GLEE)

Coverage	Paramount General Liability Extension Endorsement
Additional Insureds -Controlling Interest -Co-owner of Insured Premises -Grantor of Franchise -Lessor of Land -Lessor of Equipment -Lessor of Premises -Mortgagee, Assignee or Receiver -State or Governmental Agency or Subdivision or Political Subdivisions – Permits -Trade Show Event Lessor -Vendor	Where required by written contract or written agreement
Additional Insureds- Person Or Organization (other than listed above)	Where required by written contract or written agreement Vicarious coverage for ongoing operations
Additional Insured- Primary And Non-Contributory To Additional Insured's Insurance	Where required by written contract or written agreement - applies to any additional insured on policy
Bodily Injury – Expanded Definition	Expanded to include mental injury or mental anguish resulting from physical injury, sickness or disease
Broad Knowledge of Occurrence/ Notice of Occurrence	Amends the requirement to notify insurer of an occurrence that might result in a claim until individuals of authority become aware of it. Rights will not be prejudiced if failure to give such notice is solely due to reasonable belief that damages are not covered
Broad Named Insured	Organizations (except for LLCs, Partnerships and JVs) owned/under management control of a Named Insured shown in the Declarations as of inception and newly acquired entities until the end of the policy period will qualify as Named Insureds if no other similar insurance is available. Also includes other trading names or doing-business-as names (dba)
Estates, Legal Representatives and Spouses (Insureds)	Estates, heirs, legal representatives and spouses of any natural person Insured shall also be insureds in their capacity as such
Expected Or Intended Injury – Exception for Reasonable Force	Expected injury arising from the use of reasonable force to protect persons or property is covered for property damage in addition to bodily injury
In Rem Actions	Clarifies that actions <i>in rem</i> will be treated in the same manner as in personam.
Incidental Health Care Malpractice Coverage	All employees but for physicians qualify as insureds for providing health care service Rendering or failure to render professional health care services is considered an occurrence Fellow employee and volunteer workers have insured status with respect to this coverage



Joint Ventures/Partnership/Limited Liability Companies (Interest in expired entities)	Coverage (contingent) for the Named Insured's interest in terminated JVs, LLCs, Partnerships
Legal Liability – Damage To Premises - Additional Coverage	Damage to Premises Rented To You Limit increased to \$200,000 Perils extended to all risk for premises (other than contents)
Medical Payments (Increased Limit)	Limit increased to \$15,000 Reporting period increased to three years from the date of accident
Non-owned Aircraft Coverage	Covered if chartered with a paid flight crew and licensed pilot
Non-owned Watercraft (Extension)	Expanded to watercraft up to 75 feet
Personal And Advertising Injury – Additional Perils	Adds Discrimination and Humiliation Does not apply to employment or real estate related discrimination or humiliation
Personal And Advertising Injury - Contractual Liability	Coverage for offenses of false arrest, detention or imprisonment
Property Damage - Elevators	Extends liability coverage for property damage that results from the use of elevators.
Supplementary Payments (Increased Limit)	Loss of earnings: increased to \$1,000 per day Bail bonds: increased to \$5,000
Unintentional Failure To Disclose Hazards	If the Named Insured unintentionally fails to disclose all existing hazards at the inception date of coverage, the Insurer will not deny coverage because of such failure.
Waiver of Subrogation – Blanket	Where required by written contract or written agreement

One or more of the CNA Insurance Companies underwrite the products and services described. Information is for illustrative purposes only and is not a contract. This document is intended to provide a general overview of the products and services described. Remember that only the policy can provide the actual description, terms, conditions and exclusions. All coverages are not available in all states.

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**POLICY FORM SUMMARY:**

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

POLICY NO : HL478GD-3244 EFFECTIVE DATE : 08/01/23 EXPIRATION DATE : 08/01/24

FORM	ED. DATE	FORM NAME
CNA62641XX	10/15	First Party Glossary of Defined Terms
CNA62642XX	10/15	Common Terms and Conditions
CNA62647XX	10/15	First Party Terms and Conditions
CNA62814IL	01/18	Cancellation / Non-Renewal - Illinois
CNA62815IL	10/15	Amendatory Endorsement - Illinois
CNA62820XX	01/21	PHN OFFER OF TERRORISM COVERAGE-DISCLOSUR OF PREM
CNA75148IL	01/15	Civil Union Endorsement - Illinois
CNA81503XX	02/15	Cap on Losses from Certified Acts of Terrorism Endorsement
CNA62823XX	07/17	Notice To Policyholders Jurisdictional Inspections
CNA62834IL	04/17	Policy Holder Notice - Illinois
CNA75144XX	04/15	Policy Holder Notice - Countrywide - Premium Basis Used on Liability Schedules
CNA89319XX	06/17	Policy Holder Notice - Countrywide
CNA62728XX	09/12	Loss Payee or Mortgagee Schedule



LOCATION SUMMARY

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

Loc	Address	City	ST	Zip Code
0001	10 Nice Place	Los Angeles	CA	90210
0002	NO SPECIFIC LOCATION	Short Hills	NJ	07070
0003	NO SPECIFIC LOCATION	Somerville	MA	34509



PROPERTY

Quote #	HL478GD-3244	Company	The Continental Insurance Company
Effective	08/01/23	Expiration	08/01/24

CNA PARAMOUNT – INCLUDED COVERAGES

The coverages are also provided under this policy ("Included" when referring to limits means the coverage is included within the applicable Real or Personal Property or Time Element coverages):

FEES,COSTS AND EXPENSES COVERAGES	
COVERAGES	LIMIT OF INSURANCE
Architects & Engineers and Other Professional Fees	Included within applicable Limit
Brands & Labels Costs and Expenses	Included within applicable Personal Property Limit
Debris Removal Costs and Expenses	Included within applicable Limit
Debris Removal - Additional Costs & Expenses	\$500,000 Each Location
Debris Removal - Uncovered Property	\$5,000 Each Location
Expediting Costs and Expenses	\$50,000 Each Location
Green Insured Property - Costs and Expenses	Included within applicable Limit
Green Insured Property - Time Element	Included within applicable Limit

OFF-SITE COVERAGES	
COVERAGES	LIMIT OF INSURANCE
Deferred Payments	\$25,000 Each Occurrence
Dependent Property - Time Element (Worldwide)	\$250,000 Each Occurrence
Installation Coverage	\$50,000 Each Occurrence
Mobile Computing Devices - Worldwide Coverage	\$25,000 Each Occurrence
Property at Unspecified Locations - Property Damage and Time Element - Each Location	\$250,000
Property at Unspecified Locations – Property Damage and Time Element – Unspecified Locations Combined	Not Applicable
Property in Transit - Property Damage and Time Element Combined	\$100,000 Each Occurrence
Worldwide Media and Accounts Receivable Coverage	\$100,000 Each Occurrence

ADDITIONAL COVERAGES	
COVERAGES	LIMIT OF INSURANCE
Contaminants or Pollutant Cleanup and Removal Coverage - Property Damage and Time Element Combined	\$50,000 Each Location
Contamination by a Refrigerant Coverage	\$25,000 Each Location
Contractual Penalties	\$50,000 Each Occurrence
Denial of Access to Premises - Civil Authority	Included within applicable Time Element Limit /180 days

ADDITIONAL COVERAGES	
COVERAGES	LIMIT OF INSURANCE
Denial of Access to Premises - Ingress/Egress	\$100,000 Each Location
Electronic Vandalism Coverage – Property Damage and Time Element Combined	\$50,000 Aggregate
Employee Theft (includes Employee Benefits Plans - ERISA)	\$50,000 Each Occurrence
Equipment Breakdown – Spoilage	\$250,000 Each Location
Expense to Reduce Loss – Business Income	Included within applicable Business Income Limit
Extended Indemnity Period – Business Income	90 days
Forgery or Alteration	\$50,000 Each Occurrence
Fungi, Wet Rot, Dry Rot and Microbe Coverage - Property Damage and Time Element Combined	\$50,000 Aggregate
Loss Adjustment Expense Coverage	\$25,000 Each Occurrence
Money and Securities	\$50,000 Each Occurrence
Newly Acquired - Other Property	\$1,000,000 Each Occurrence
Newly Acquired Location - Time Element	\$250,000 Each Occurrence
Newly Acquired or Constructed Property - Period of Coverage	180 days
Newly Acquired or Constructed Real Property	\$2,000,000 Each Occurrence
Ordinance or Law Coverage - Demolition and Repair Cost	\$1,000,000 Each Location
Ordinance or Law Coverage - Increased Period of Restoration	Included within applicable Time Element Limit
Ordinance or Law Coverage - Undamaged Insured Property	Included within applicable Limit
Pair or Set Coverage	Included within applicable Personal Property Limit
Protection of Property - Preservation of Insured Property	\$5,000 Each Occurrence
Protection of Property - Removal of Insured Property	365 days
Reported Unspecified Locations:	
- Real Property	Not Covered
- Personal Property	Not Covered
- Business Income	Not Covered
- Extra Expense	Not Covered
Research and Development Business Income	Included within applicable Business Income Limit
Research and Development Project Property	\$250,000 Each Location
Theft Damage to Non Owned Property	Included within applicable Personal Property Limit
Trees, Shrubs, Plants and Lawns Coverage	\$250,000 Each Location
Trees, Shrubs, Plants and Lawns Coverage	\$5,000 Each Item
Unintentional Errors or Omissions	\$250,000 Each Occurrence
Utility Supply Failure - Time Element (including Overhead Lines)	\$250,000 Each Occurrence
Utility Supply Failure - Property Damage (including Overhead Lines)	\$500,000 Each Occurrence



ADDITIONAL COVERAGE BASKET	
COVERAGES	LIMIT OF INSURANCE
ADDITIONAL COVERAGE BASKET LIMIT INCLUDES THE FOLLOWING:	\$1,000,000 Each Location
- Accounts Receivable Coverage	
- Fine Arts Coverage (subject to Per Item Limit of \$100,000)	
- Fire Department Service Charge Coverage	
- Lessee Leasehold Interest Coverage	
- Lost Key Replacement Coverage	
- Non Owned Detached Trailers Coverage	
- Recharge of Fire Protection Equipment Coverage	
- Restoration of Media Coverage	
- Reward Payments Coverage	

OTHER POLICY PROVISIONS: The following coverage provisions also apply, unless noted otherwise.

Valuation	Replacement Cost Fine Arts – Market Value Finished Stock – Selling Price
Covered Cause of Loss	Covered Perils (See First Party Glossary of Definitions), not otherwise excluded.
Coinurance	None, unless otherwise endorsed
EDP Equipment	Included as Personal Property, unless otherwise excluded
Equipment Breakdown	Mechanical Breakdown, Electrical Injury and Explosion or Rupture are covered perils, unless otherwise excluded

The Property Deductible shown below applies to all loss, damage, cost or expense covered by the Business Property Coverage Part, unless a more specific deductible is shown in the Schedule below, or at a location shown in the Location and Coverage Schedule. If a Qualifying Period is shown below, then the qualifying period will apply to all Business Income and Research and Development Business Income Coverage's. If the Deductible/Other column is shown as blank, the applicable deductible or qualifying period for the covered peril will apply.

MONETARY DEDUCTIBLES	Other Information	Deductible Amount
Property Deductible		\$10,000

QUALIFYING PERIODS		
Time Element		24 hours

CATASTROPHE COVERAGES POLICY LEVEL		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE
Flood Coverage		
- Flood Coverage Aggregate		\$1,000,000
- Flood Deductible - Each Location	See Business Property Schedule of Locations	



- Flood (Group 1)- Location Limit		See Business Property Schedule of Locations
- Flood (Group 1)- Occurrence Limit		\$1,000,000
- Flood (Group 1)- Aggregate Limit		\$1,000,000
- Flood (Group 1)- Occurrence Deductible	\$25,000	
Earthquake Coverage		
- Earthquake Coverage Aggregate		\$2,000,000
- Earthquake Deductible - Each Location	See Business Property Schedule of Locations	
- Earthquake (Group A)- Location Limit		See Business Property Schedule of Locations
- Earthquake (Group A)- Occurrence Limit		\$2,000,000
- Earthquake (Group A)- Aggregate Limit		\$2,000,000
- Earthquake (Group A)- Occurrence Deductible	\$100,000	

LOCATION COVERAGE		
LOC #0001 Address: 125 Kent Avenue, Brooklyn, NY 11249		
COVERAGE	DEDUCTIBLE/OTHER	LIMIT OF INSURANCE
Real Property		\$25,000,000
Personal Property		\$20,800,000
Business Income and Extra Expense		\$9,400,000
Earthquake Coverage (Group A)	Occurrence Deductible Applies	Occurrence Limit Applies
Flood (Group 1)	Occurrence Deductible Applies	Occurrence Limit Applies
ECO Care Coverage	5% Loss Percentage	\$1,000,000
LOC 0001 Premium Sub Total		\$31,291

Total Location and Reported Unspecified Location Premium	\$31,291.00
Total Dependent Property (Domestic Premises) Premium	\$0.00
Total Policy Level Coverages Premium	\$2,790.00
Property Taxes, Fees, and Surcharges	\$0.00
Terrorism Premium	\$2,080.00
Terrorism – Fire Following Premium	\$3,118.00
Additional to Meet Minimum Premium	\$0.00
Total Property Premium (if Terrorism Coverage is accepted)	\$34,081.00
Total Estimated Property Premium (if Terrorism Coverage is rejected)*	\$32,001.00

*ESTIMATED premium if Terrorism is rejected. CA, IL and NY have capping regulations that impact the fire-following premium if terrorism is rejected. Refer to the Terrorism Disclosure Notice for more detail. If rejecting Terrorism, contact the underwriter for a premium re-calculation if needed prior to binding.



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
CNA62648XX	10/15	Business Property Coverage Part
CNA62705XX	01/22	Earthquake Endorsement (Sublimits)
CNA62716XX	01/22	Flood coverage Endorsement
CNA98526XX	05/20	Communicable Disease Exclusion Endorsement
CNA62674XX	10/15	ECO Care Coverage Endorsement



GENERAL LIABILITY

Quote #	HL478GD-3244	Company	The Continental Insurance Company
Effective	08/01/23	Expiration	08/01/24

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	80157	Schools - Colleges, universities, junior colleges or college preparatory. Products - Completed Operations are subject to the General Aggregate Limit	1,435	(SD)	23.27		\$33,392

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				\$270
Estimated Premium for Increased Limits for Damage to Premises is determined based on tiered rates depending on the number of locations				
General Liability Extension Endorsement		(SL)	1%	\$334
Fellow Employee Bodily Injury Coverage		(SU)	11%	\$3,673

General Liability Taxes, Fees, and Surcharges	\$0.00
Terrorism Premium	\$486.00
Additional to Meet Minimum Premium	\$0.00
Total General Liability Premium	\$38,155.00

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
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FORM	ED. DATE	FORM NAME
CG0001	04/13	Commercial General Liability Coverage Form
CNA74879XX	01/15	General Liability Extension Endorsement
CNA74893XX	01/15	Fellow Employee Bodily Injury Endorsement
CNA74843XX	01/15	Pollution Exclusion Amendatory Endorsement
CNA75001XX	01/15	Colleges or Schools (Limited Form) Endorsement
CNA74687XX	01/15	Silica Exclusion Endorsement
CNA74708IL	01/15	Fungi / Mold / Mildew / Yeast / Microbe Exclusion Endorsement - Illinois
CNA74761XX	01/15	Employment-Related Practices Exclusion Endorsement
CNA74886XX	01/15	Athletic or Sports Participants Exclusion with Carveback Endorsement
CNA75089XX	01/15	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - with Limited Bodily Injury Exception 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
CNA75244ZZ	01/15	Amendatory Endorsement - Defense Costs
CNA74719XX	01/15	Asbestos Exclusion Endorsement
CNA74727XX	01/15	Nuclear Energy Liability Exclusion Endorsement (Broad Form)

EMPLOYEE BENEFITS LIABILITY

Quote #	HL478GD-3244	Company	The Continental Insurance Company
Effective	08/01/23	Expiration	08/01/24

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	622	(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



General Liability Taxes, Fees, and Surcharges	\$0.00
Terrorism Premium	\$4.00
Additional to Meet Minimum Premium	\$0.00
Total General Liability Premium	\$429.00

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
CNA75177IL	01/15	State Amendatory Endorsement (Employee Benefits Liability- Occurrence) - Illinois

STOP GAP LIABILITY

Quote #	HL478GD-3244	Company	The Continental Insurance Company
Effective	08/01/23	Expiration	08/01/24

LIMITS:

Stop Gap Liability Coverages	
Bodily Injury by Accident – Each Accident Limit	\$1,000,000
Bodily Injury by Disease – Aggregate Limit	\$2,000,000
Bodily Injury by Disease – Each Employee Limit	\$1,000,000

Location: Exposure/Premium/Coverage Summary

Loc	Class Code	Coverage/Hazard Descriptions	Exposure	Prem Basis	Net Rate Premises	Net Rate Prod/CO	Total Estimated Premium
0002	C99999	Ohio Amendatory Stop Gap Liability	9,180	(P)			\$0
0003	99999	Stop Gap Liability	0	(P)			\$0

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

General Liability Taxes, Fees, and Surcharges	\$0.00
Terrorism Premium	\$0.00
Additional to Meet Minimum Premium	\$13.00
Total General Liability Premium	\$13.00

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
CNA74934XX	08/18	Stop Gap Liability Coverage Part
CNA75267OH	01/15	Stop Gap Liability Coverage Endorsement - Ohio
CNA75267WA	01/15	State Amendatory Endorsement (Stop Gap Liability) - Washington



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 And Products & Completed Operations Premium - %)	Z	= Zoos	(Each)

CNA75144XX 0

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AUTOMOBILE

Quote #	HL478GD-3244	Company	American Casualty Company Of Reading, PA
Effective	08/01/23	Expiration	08/01/24

Premium Summary

Coverage	Symbol	Limit / Deductible	Premium
LIABILITY	8,9	\$1,000,000 Combined Single Limit No Deductible	\$2,316
UNINSURED MOTORISTS	8,9	\$1,000,000 Combined Single Limit	\$91
UNDERINSURED MOTORISTS	8,9	\$1,000,000 Combined Single Limit	\$275
COMPREHENSIVE	8	\$100 Deductible	\$250
COLLISION	8	\$500 Deductible	Included
		Premium for Endorsements	\$533
		Total Coverage Premium	\$3,465

Other Coverages	State	Exposure Base	Exposure/ Deductible	Premium
WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)	IL			Included
EXTENDED BUSINESS AUTO PLUS ENDORSEMENT	IL	Percentage	2	\$68
HIRED AUTO - UNDERINSURED MOTORISTS CSL	IL			\$1
HIRED AUTO - COMPREHENSIVE	IL		\$100	\$250
NON-OWNED AUTO - UNINSURED MOTORISTS CSL	IL			\$90
HIRED AUTO - UNINSURED MOTORISTS CSL	IL			\$1
NON-OWNED AUTO - EMPLOYEES EXTENDED AS INSUREDS COMBINED SINGLE LIMIT	IL			\$465
NON-OWNED AUTO - LIABILITY COMBINED SINGLE LIMIT	IL	Number of Employees	100	\$1,861
HIRED AUTO - LIABILITY COMBINED SINGLE LIMIT	IL	Annual Rental Receipts	300	\$455
NON-OWNED AUTO - UNDERINSURED MOTORISTS CSL	IL			\$274
HIRED AUTO - COLLISION	IL		\$500	Included

Automobile Taxes, Fees, and Surcharges	\$0.00
Total Automobile Premium	\$3,465.00

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
CA 00 01	11/20	BUSINESS AUTO COVERAGE FORM
CA 01 20	01/15	ILLINOIS CHANGES
CA 02 70	01/18	ILLINOIS CHANGES - CANCELLATION AND NONRENEWAL
CA 04 44	10/13	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)
CA 04 44	10/13	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)
CA 20 01	11/20	LESSOR - ADDITIONAL INSURED AND LOSS PAYEE
CA 20 54	11/20	EMPLOYEE HIRED AUTOS
CA 21 30	01/15	ILLINOIS UNINSURED MOTORISTS COVERAGE
CA 21 38	10/13	ILLINOIS UNDERINSURED MOTORISTS COVERAGE
CA 23 44	11/20	PUBLIC OR LIVERY PASSENGER CONVEYANCE EXCLUSION
CA 99 33	10/13	EMPLOYEES AS INSUREDS
CNA83700XX	10/15	EXTENDED COVERAGE BA PLUS FOR HIRED AND NONOWNED AUTOS
CNA84401XX	12/15	PAYMENT PLAN SCHEDULE
CNA85611XX	01/21	BUSINESS AUTO COVERAGE PART DECLARATIONS
CNA86257XX	07/16	UNINSURED/UNDERINSURED MOTORIST SUPPLEMENTARY SCHEDULE
G-144291-A	03/03	ECONOMIC AND TRADE SANCTIONS CONDITION
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)
IL 01 47	09/11	ILLINOIS CHANGES - CIVIL UNION
IL 01 62	10/13	ILLINOIS CHANGES - DEFENSE COSTS

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



WORKERS COMPENSATION

Quote #	HL478GD-3244	Company	American Casualty Company Of Reading, PA
Effective	08/01/23	Expiration	08/01/24

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 08/01/2023 to 08/01/2024 12:01AM

Part One- Workers Compensation Insurance will apply to the Workers' Compensation law of the states listed here: AZ,CO,DC,FL,GA,ID,IL,IN,IA,LA,MD,MA,MI,MN,MS,MO,NV,NY,NC,OR,PA,SC,TN,TX,UT,VA,WI

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 CA, ND, OH, PR, VI, WA, WY AND STATES LISTED IN ITEM 3A OF THE INFORMATION PAGE

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

Entity #	Insured Name	FEIN
1	Sea Shells, LLC	11-1234567

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 - TEXAS WORKERS COMPENSATION

Texas workers' compensation law allows an employer to elect not to purchase workers' compensation coverage for its employees. General contractors may (but are not required to) agree in writing to provide workers' compensation coverage for their subcontractors and their subcontractors employees. This agreement makes the general contractor the employer of the subcontractor and the subcontractors' employees only for the purposes of the states workers' compensation laws. The Texas Department of Insurance, Division of Workers' Compensation, has a specific form, the DWC Form-83, to document such an agreement. The form is available on the Division's website. This DWC Form-83 should be filed with both CNA and the Division within 10 days of execution. If no signed DWC Form-83 is filed indicating your election and consent to establish an employer-employee relationship, you will not be charged for coverage of such subcontractors at the time of your workers' compensation policy premium audit and such subcontractors will remain uninsured. Injuries to any uninsured subcontractors will not be subject to the coverage provided under your workers' compensation policy.

COVERAGE SUMMARY:

State: Arizona					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
002	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	\$71,021	0.28	\$199
		Subtotal for Location 2			\$199
	9037	RATE DEVIATION PREMIUM ADJUSTMENT - CREDIT		0.8000	-\$40
	0930	WAIVER OF SUBROGATION		0.0200	\$4



State: Arizona					
Loc No.	Class Code	Description	Payroll	Rate	Premium
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$2
		Total Premium Subject to Experience Modification			\$165
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	-\$21
		Total Estimated Standard Premium			\$144
	0063	PREMIUM DISCOUNT - STOCK		0.0347	-\$5
	9740	TERRORISM PREMIUM		0.0100	\$7
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$7
		Total Estimated Premium			\$153
		Total Estimated Cost			\$153

State: Colorado					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
003	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	IF ANY	0.37	\$0
		Subtotal for Location 3			\$0
	0930	WAIVER OF SUBROGATION		0.0200	\$0
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$0
		Total Premium Subject to Experience Modification			\$0
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	\$0
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	\$0
	9740	TERRORISM PREMIUM		0.0060	\$0
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0120	\$0
		Total Estimated Premium			\$0
		Total Estimated Cost			\$0

State: District of Columbia					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
004	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	IF ANY	0.24	\$0
		Subtotal for Location 4			\$0
	0930	WAIVER OF SUBROGATION		0.0200	\$0
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$0
		Total Premium Subject to Experience Modification			\$0



State: District of Columbia					
Loc No.	Class Code	Description	Payroll	Rate	Premium
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	\$0
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	\$0
	9740	TERRORISM PREMIUM		0.0710	\$0
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$0
		Total Estimated Premium			\$0
	0988	WC POLICYHOLDER SURCHARGE		0%	\$0
		Total Estimated Cost			\$0

State: Florida					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
005	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	\$66,517	0.39	\$259
		Subtotal for Location 5			\$259
	0930	WAIVER OF SUBROGATION			\$0
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0140	\$4
		Total Premium Subject to Experience Modification			\$263
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	-\$34
		Total Estimated Standard Premium			\$229
	0063	PREMIUM DISCOUNT - STOCK		0.0655	-\$15
	9740	TERRORISM PREMIUM		0.0100	\$7
		Total Estimated Premium			\$221
	0988	FWCIGA SURCHARGE		0%	\$0
		Total Estimated Cost			\$221

State: Georgia					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
006	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	\$205,000	0.38	\$779
		Subtotal for Location 6			\$779
	0930	WAIVER OF SUBROGATION		0.0200	\$16
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$9
		Total Premium Subject to Experience Modification			\$804
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	-\$105



State: Georgia					
Loc No.	Class Code	Description	Payroll	Rate	Premium
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.8500	-\$105
		Total Estimated Standard Premium			\$594
	0063	PREMIUM DISCOUNT - STOCK		0.0354	-\$21
	9740	TERRORISM PREMIUM		0.0100	\$21
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$21
		Total Estimated Premium			\$615
		Total Estimated Cost			\$615

State: Idaho					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
007	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	IF ANY	0.58	\$0
		Subtotal for Location 7			\$0
	0930	WAIVER OF SUBROGATION		0.0200	\$0
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$0
		Total Premium Subject to Experience Modification			\$0
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	\$0
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	\$0
	9740	TERRORISM PREMIUM		0.0100	\$0
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$0
		Total Estimated Premium			\$0
		Total Estimated Cost			\$0

State: Illinois					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
001	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	\$18,330,329	0.24	\$43,993
		Subtotal for Location 1			\$43,993
	0930	WAIVER OF SUBROGATION		0.0200	\$880
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0140	\$616
		Total Premium Subject to Experience Modification			\$45,489
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	-\$5,914
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	-\$9,894



State: Illinois					
Loc No.	Class Code	Description	Payroll	Rate	Premium
		Total Estimated Standard Premium			\$29,681
	0063	PREMIUM DISCOUNT - STOCK		0.0358	-\$1,064
	9740	TERRORISM PREMIUM		0.0300	\$5,499
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$1,833
		Total Estimated Premium			\$35,949
	0988	INDUSTRIAL COMMISSION OPERATIONS FUND SURCHARGE		1.01%	\$363
		Total Estimated Cost			\$36,312

State: Indiana					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
008	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	\$240,778	0.32	\$770
		Subtotal for Location 8			\$770
	0930	WAIVER OF SUBROGATION		0.0200	\$15
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$8
		Total Premium Subject to Experience Modification			\$793
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	-\$103
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	-\$173
		Total Estimated Standard Premium			\$517
	0063	PREMIUM DISCOUNT - STOCK		0.0348	-\$18
	0900	EXPENSE CONSTANT			\$250
	9740	TERRORISM PREMIUM		0.0070	\$17
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$24
		Total Estimated Premium			\$790
	0935	IN SECOND INJURY FUND SURCHARGE		0.8%	\$6
		Total Estimated Cost			\$796

State: Iowa					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
020	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	IF ANY	0.47	\$0
		Subtotal for Location 20			\$0
	0930	WAIVER OF SUBROGATION		0.0200	\$0



State: Iowa					
Loc No.	Class Code	Description	Payroll	Rate	Premium
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$0
		Total Premium Subject to Experience Modification			\$0
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	\$0
	9034	RATE DEVIATION PREMIUM ADJUSTMENT - CREDIT		0.9250	\$0
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.8500	\$0
	9740	TERRORISM PREMIUM		0.0100	\$0
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$0
		Total Estimated Premium			\$0
		Total Estimated Cost			\$0

State: Louisiana					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
021	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	\$16,015	0.47	\$75
		Subtotal for Location 21			\$75
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0140	\$1
		Total Premium Subject to Experience Modification			\$76
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	-\$10
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	-\$17
		Total Estimated Standard Premium			\$49
	9118	LA WAIVER OF SUBROGATION		0.0200	\$1
	0063	PREMIUM DISCOUNT - STOCK		0.0408	-\$2
	9740	TERRORISM PREMIUM		0.0080	\$1
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0160	\$3
		Total Estimated Premium			\$52
		Total Estimated Cost			\$52

State: Maryland					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
010	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	\$62,500	0.24	\$150
		Subtotal for Location 10			\$150
	0930	WAIVER OF SUBROGATION		0.0200	\$3



State: Maryland					
Loc No.	Class Code	Description	Payroll	Rate	Premium
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$2
		Total Premium Subject to Experience Modification			\$155
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	-\$20
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	-\$34
		Total Estimated Standard Premium			\$101
	0063	PREMIUM DISCOUNT - STOCK		0.0396	-\$4
	9740	TERRORISM PREMIUM		0.0650	\$41
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0160	\$10
		Total Estimated Premium			\$148
		Total Estimated Cost			\$148

State: Massachusetts					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
009	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	IF ANY	0.60	\$0
		Subtotal for Location 9			\$0
	9037	RATE DEVIATION PREMIUM ADJUSTMENT - CREDIT		0.9000	\$0
	0930	WAIVER OF SUBROGATION		0.0200	\$0
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0200	\$0
		Total Premium Subject to Experience Modification			\$0
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	\$0
	0277	MA ALL RISK ADJUSTMENT PROGRAM		1.0000	\$0
	0032	LOSS CONSTANT			\$20
	9740	TERRORISM PREMIUM		0.0300	\$0
		Total Estimated Premium			\$20
	0988	MASSACHUSETTS ASSESSMENT		4.18%	\$0
		Total Estimated Cost			\$20

State: Michigan					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
011	8868	COLLEGE-PROFESSIONAL EMPLOYEES	\$61,784	0.20	\$124
		Subtotal for Location 11			\$124



State: Michigan					
Loc No.	Class Code	Description	Payroll	Rate	Premium
	0930	WAIVER OF SUBROGATION		0.0200	\$2
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0330	\$4
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	-\$33
		Total Estimated Standard Premium			\$97
	0063	PREMIUM DISCOUNT - STOCK		0.0412	-\$4
	9740	TERRORISM PREMIUM		0.0110	\$7
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$6
		Total Estimated Premium			\$106
		Total Estimated Cost			\$106

State: Minnesota					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
022	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	\$61,992	0.41	\$254
		Subtotal for Location 22			\$254
	0930	WAIVER OF SUBROGATION		0.0200	\$5
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$3
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	-\$66
		Total Premium Subject to Experience Modification			\$196
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	-\$25
		Total Estimated Standard Premium			\$171
	0063	PREMIUM DISCOUNT - STOCK		0.0351	-\$6
	9740	TERRORISM PREMIUM		0.0060	\$4
		Total Estimated Premium			\$169
	0174	MN SPECIAL COMPENSATION FUND ASSESSMENT		3.94%	\$7
		Total Estimated Cost			\$176

State: Mississippi					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
026	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	IF ANY	0.37	\$0
		Subtotal for Location 26			\$0
	0930	WAIVER OF SUBROGATION		0.0200	\$0



State: Mississippi					
Loc No.	Class Code	Description	Payroll	Rate	Premium
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$0
		Total Premium Subject to Experience Modification			\$0
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	\$0
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	\$0
	9740	TERRORISM PREMIUM		0.0070	\$0
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$0
		Total Estimated Premium			\$0
		Total Estimated Cost			\$0

State: Missouri					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
025	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	IF ANY	0.45	\$0
		Subtotal for Location 25			\$0
	0930	WAIVER OF SUBROGATION		0.0200	\$0
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$0
		Total Premium Subject to Experience Modification			\$0
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	\$0
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	\$0
	9740	TERRORISM PREMIUM		0.0070	\$0
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$0
		Total Estimated Premium			\$0
	0988	2ND INJURY FUND (SIF) & SIF SUPPLEMENTAL SURCHARGE		3%	\$0
		Total Estimated Cost			\$0

State: Nevada					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
023	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	\$180,090	0.50	\$900
		Subtotal for Location 23			\$900
	0930	WAIVER OF SUBROGATION		0.0200	\$18
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$10
		Total Premium Subject to Experience Modification			\$928



State: Nevada					
Loc No.	Class Code	Description	Payroll	Rate	Premium
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	-\$121
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	-\$202
		Total Estimated Standard Premium			\$605
	0063	PREMIUM DISCOUNT - STOCK		0.0364	-\$22
	9740	TERRORISM PREMIUM		0.0500	\$90
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$18
		Total Estimated Premium			\$691
		Total Estimated Cost			\$691

State: New York					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
027	8868	SCHOOL--PROFESSIONAL EMPLOYEES & CLERICAL	IF ANY	0.42	\$0
		Subtotal for Location 27			\$0
	9812	EMPLOYERS LIABILITY INCREASED LIMITS			\$0
	0930	WAIVER OF SUBROGATION		0.0200	\$0
		Total Premium Subject to Experience Modification			\$0
	9898	TENTATIVE EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.7200	\$0
	9740	TERRORISM PREMIUM		0.0340	\$0
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0060	\$0
		Total Estimated Premium			\$0
	0932	NY STATE ASSESSMENT		9.8%	\$0
	9749	NY WC SECURITY FUND SURCHARGE		0%	\$0
		Total Estimated Cost			\$0

State: North Carolina					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
012	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	IF ANY	0.39	\$0
		Subtotal for Location 12			\$0
	0930	WAIVER OF SUBROGATION		0.0200	\$0
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$0
		Total Premium Subject to Experience Modification			\$0



State: North Carolina					
Loc No.	Class Code	Description	Payroll	Rate	Premium
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	\$0
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	\$0
	9740	TERRORISM PREMIUM		0.0080	\$0
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$0
		Total Estimated Premium			\$0
		Total Estimated Cost			\$0

State: Oregon					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
013	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	IF ANY	0.25	\$0
		Subtotal for Location 13			\$0
	0930	WAIVER OF SUBROGATION		0.0200	\$0
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0040	\$0
		Total Premium Subject to Experience Modification			\$0
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	\$0
	9740	TERRORISM PREMIUM		0.0070	\$0
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$0
		Total Estimated Premium			\$0
	0988	OREGON TAX ASSESSMENT		9.8%	\$0
		Total Estimated Cost			\$0

State: Pennsylvania					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
014	0965	COLLEGE OR SCHOOL, NOC - ALL EMPLOYEES INCLUDING OFFICE	IF ANY	0.58	\$0
		Subtotal for Location 14			\$0
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0140	\$0
	0930	WAIVER OF SUBROGATION		0.0200	\$0
	9885	PA MERIT RATING CREDIT		0.9500	\$0
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	\$0
	9740	TERRORISM PREMIUM		0.0340	\$0
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0170	\$0



State: Pennsylvania					
Loc No.	Class Code	Description	Payroll	Rate	Premium
		Total Estimated Premium			\$0
	0938	PENNSYLVANIA TAX ASSESSMENT		2.89%	\$0
		Total Estimated Cost			\$0

State: South Carolina					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
024	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	\$394,076	0.32	\$1,261
		Subtotal for Location 24			\$1,261
	0930	WAIVER OF SUBROGATION		0.0200	\$25
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$14
		Total Premium Subject to Experience Modification			\$1,300
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	-\$169
		Total Estimated Standard Premium			\$1,131
	0063	PREMIUM DISCOUNT - STOCK		0.0363	-\$41
	9740	TERRORISM PREMIUM		0.0070	\$28
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$39
		Total Estimated Premium			\$1,157
		Total Estimated Cost			\$1,157

State: Tennessee					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
015	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	IF ANY	0.19	\$0
		Subtotal for Location 15			\$0
	0930	WAIVER OF SUBROGATION		0.0200	\$0
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0140	\$0
		Total Premium Subject to Experience Modification			\$0
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	\$0
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	\$0
	9740	TERRORISM PREMIUM		0.0070	\$0
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0140	\$0
		Total Estimated Premium			\$0



State: Tennessee					
Loc No.	Class Code	Description	Payroll	Rate	Premium
		Total Estimated Cost			\$0

State: Texas					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
016	8868	COLLEGE-PROFESSIONAL EMPLOYEES	\$99,910	0.23	\$230
		Subtotal for Location 16			\$230
	0930	WAIVER OF SUBROGATION		0.0200	\$5
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0140	\$3
		Total Premium Subject to Experience Modification			\$238
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	-\$31
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	-\$52
		Total Estimated Standard Premium			\$155
	0063	PREMIUM DISCOUNT - STOCK		0.0839	-\$13
	9740	TERRORISM PREMIUM		0.0120	\$12
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$10
		Total Estimated Premium			\$164
		Total Estimated Cost			\$164

State: Utah					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
017	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	IF ANY	0.16	\$0
		Subtotal for Location 17			\$0
	0930	WAIVER OF SUBROGATION		0.0200	\$0
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$0
		Total Premium Subject to Experience Modification			\$0
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	\$0
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.7500	\$0
	9740	TERRORISM PREMIUM		0.0070	\$0
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0130	\$0
		Total Estimated Premium			\$0
		Total Estimated Cost			\$0



State: Virginia					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
018	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	\$109,180	0.20	\$218
		Subtotal for Location 18			\$218
	0930	WAIVER OF SUBROGATION		0.0200	\$4
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$2
		Total Premium Subject to Experience Modification			\$224
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	-\$29
	9887	SCHEDULE MODIFICATION ADJUSTMENT CREDIT		0.8500	-\$29
		Total Estimated Standard Premium			\$166
	0063	PREMIUM DISCOUNT - STOCK		0.0361	-\$6
	9740	TERRORISM PREMIUM		0.0100	\$11
		Total Estimated Premium			\$171
		Total Estimated Cost			\$171

State: Wisconsin					
Loc No.	Class Code	Description	Payroll	Rate	Premium
***** 08/01/2023 To 08/01/2024 *****					
019	8868	COLLEGE--PROFESSIONAL EMPLOYEES & CLERICAL	\$10,397	0.47	\$49
		Subtotal for Location 19			\$49
	9812	EMPLOYERS LIABILITY INCREASED LIMITS		0.0110	\$1
		Total Premium Subject to Experience Modification			\$50
	9898	FINAL EXPERIENCE MODIFICATION EFFECTIVE 08/01/2023		0.8700	-\$7
		Total Estimated Standard Premium			\$43
	0063	PREMIUM DISCOUNT - STOCK		0.0698	-\$3
	9740	TERRORISM PREMIUM		0.0200	\$2
	9741	CATASTROPHE (O/T CERT ACTS OF TERROR)		0.0100	\$1
		Total Estimated Premium			\$43
		Total Estimated Cost			\$43

Estimated Premium	\$40,449
State Taxes/Assessments/Surcharges	\$376
Estimated Cost	\$40,825

Special Notations/Comments:

NAME AND ADDRESS SCHEDULE		
LOC	ENTITY	NAME/ADDRESS
1	1	Sea Shells, LLC 15 Pine Street Short Hills, NJ 07070
2	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, New Jersey 07070
3	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, New Jersey 07070
4	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, District of Columbia 99998
5	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Florida 99998
6	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Georgia 99998
7	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Idaho 99998
8	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Indiana 99998
9	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Massachusetts 99998
10	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Maryland 99998
11	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Michigan 99998
12	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, North Carolina 99998
13	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Oregon 99998
14	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Pennsylvania 99998
15	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Tennessee 99998
17	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Utah 99998
16	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Texas 99998
19	1	Sea Shells, LLC 123 Market Street San Francisco, CA 11249
18	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Virginia 99998
21	1	Sea Shells, LLC NO SPECIFIC LOCATION



NAME AND ADDRESS SCHEDULE		
LOC	ENTITY	NAME/ADDRESS
		ANY CITY, Louisiana 99998
20	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Iowa 99998
23	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Nevada 99998
22	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Minnesota 99998
25	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Missouri 99998
24	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, South Carolina 99998
27	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, New York 99998
26	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, Mississippi 99998

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
CC75974A	09/13	IMPORTANT INFORMATION MISSOURI SCHEDULE RATING NOTIFICATION
CC75975A	09/13	MISSOURI WORKERS COMPENSATION SCHEDULE RATING WORKSHEET
CC77081A	01/14	NOTICE OF ELECTION TO REJECT MESOTHELIOMA ADDITIONAL BENEFITS FOR WORKERS' COMPENSATION MISSOURI
CC78742B	08/15	TEXAS - EXTENDED NOTICE OF CANCELLATION OR NONRENEWAL BY US
CC78746B	08/15	MARYLAND - CANCELLATION OR NON-RENEWAL ENDORSEMENT
CC78747B	08/15	MASSACHUSETTS - EXTENDED NOTICE OF CANCELLATION OR NONRENEWAL BY US
CC81865B	01/21	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
CC81868A	04/15	MICHIGAN WORKERS' COMPENSATION DEDUCTIBLE ELECTION FORM
CC84253A	01/16	ARIZONA EXTENDED CANCELLATION OR NON-RENEWAL NOTICE ENDORSEMENT
CNA105749XX	05/23	POLICYHOLDER FRAUD NOTIFICATION
CNA82027XX	03/15	POSTING NOTICE SCHEDULE
CNA86668NY	10/22	IMPORTANT INFORMATION - NEW YORK WORKERS COMPENSATION
CNA92555ID	08/18	POLICYHOLDER NOTICE - IDAHO
G-115114-F	12/20	IMPORTANT INFORMATION FOR TEXAS POLICYHOLDERS
G-116814-H	10/13	IMPORTANT INFORMATION TO OUR WORKERS' COMPENSATION POLICYHOLDERS DOING BUSINESS IN THE STATE OF TEXAS - ACCIDENT PREVENTION SERVICES

FORM	ED. DATE	FORM NAME
G-118302-B	01/08	NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR WORKERS' COMPENSATION SOUTH CAROLINA
G-121656-D	01/17	MASSACHUSETTS BENEFITS CLAIM AND AGGREGATE DEDUCTIBLE PROGRAM
G-124506-A	03/97	VIRGINIA ESTIMATED PREMIUM AUDITS
G-124578-L	01/23	IMPORTANT INFORMATION FOR OUR MISSOURI POLICY HOLDERS MISSOURI SECOND INJURY FUND
G-132221-B	10/98	IMPORTANT INFORMATION TO OUR MICHIGAN WORKERS' COMPENSATION POLICYHOLDERS CONTRACTOR-SUBCONTRACTOR RELATIONSHIPS
G-134818-A	10/99	IMPORTANT INFORMATION TO NEW YORK EMPLOYERS - CONSTRUCTION EMPLOYMENT PAYROLL LIMITATION LAW
G-134832-B	04/05	IMPORTANT INFORMATION PENNSYLVANIA EMPLOYER ASSESSMENT
G-134847-L	01/18	IMPORTANT INFORMATION INDIANA WORKERS COMPENSATION SECOND INJURY FUND ASSESSMENT
G-138906-G	10/13	IMPORTANT INFORMATION: DISTRICT OF COLUMBIA WORKERS' COMPENSATION POLICYHOLDER SURCHARGE
G-138944-A	10/00	IMPORTANT INFORMATION FOR OUR GEORGIA COMMERCIAL POLICYHOLDERS
G-140370-E	05/19	PRIVACY POLICY NOTICE
G-142586-A	01/02	MISSOURI EMPLOYER NOTICE
G-144056-L	01/21	IMPORTANT INFORMATION FOR OUR MINNESOTA POLICY HOLDERS MINNESOTA SPECIAL COMPENSATION FUND ASSESSMENT
G-144292-A	03/03	MICHIGAN NOTICE TO EXEMPT COMMERCIAL POLICYHOLDERS DEREGULATION FORMS AND RATES
G-145060-C	07/04	IMPORTANT INFORMATION FOR OUR ILLINOIS WORKERS' COMPENSATION POLICYHOLDERS REGARDING INDUSTRIAL COMMISSION OPERATIONS FUND SURCHARGE
G-145740-A	10/04	IMPORTANT INFORMATION NEW YORK WORKERS' COMPENSATION SECURITY FUND SURCHARGE
G-147212-B	12/19	IMPORTANT INFORMATION DRUG-FREE CREDIT PROGRAM AVAILABLE TO FLORIDA EMPLOYERS
G-15119-D05	03/03	IMPORTANT INFORMATION TO OUR COLORADO WORKERS' COMPENSATION POLICYHOLDERS
G-15223-K	01/22	COLORADO WORKERS' COMPENSATION DEDUCTIBLE ELECTION FORM
G-15257-A	01/90	IMPORTANT INFORMATION TO OUR WISCONSIN POLICYHOLDERS
G-16208-B	06/95	IMPORTANT INFORMATION CLAIM SETTLEMENT PRACTICES - INDIANA
G-16215-D	03/10	NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR WORKERS' COMPENSATION GEORGIA
G-16327-E09	04/08	FLORIDA WORKERS' COMPENSATION SUPPLEMENTAL APPLICATION - OPTIONAL DEDUCTIBLE AND/OR COINSURANCE PROGRAMS
G-17024-B	10/92	IMPORTANT INFORMATION NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW
G-17840-E	01/09	IMPORTANT INFORMATION AVAILABILITY OF COST CONTAINMENT CERTIFICATION AND DESIGNATED MEDICAL PROVIDER CREDIT FOR COLORADO POLICYHOLDERS
G-17877-D	06/14	DEDUCTIBLE NOTICE OF ELECTION TEXAS
G-18249-A02	02/21	IMPORTANT INFORMATION IMPORTANT NOTICE TO OUR INSURED'S ARIZONA POSTING NOTICES AND REPORTING FORM
G-18275-F	07/15	IMPORTANT INFORMATION TO OUR MINNESOTA WORKERS COMPENSATION POLICYHOLDERS SAFETY CONSULTATION SERVICES
G-18569-D	01/08	NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR WORKERS' COMPENSATION - MINNESOTA
G-18640-A	07/92	COLORADO CANCELLATION ENDORSEMENT
G-18683-A09	01/99	IMPORTANT INFORMATION FOR FLORIDA POLICYHOLDERS

FORM	ED. DATE	FORM NAME
G-18952-C	01/08	NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR WORKERS' COMPENSATION MASSACHUSETTS
G-18994-D	03/17	IMPORTANT INFORMATION FOR MISSOURI POLICYHOLDERS TO OBTAIN INFORMATION ABOUT YOUR COVERAGE
G-18998-C48	10/06	IMPORTANT INFORMATION KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS
G-20411-B37	07/04	NOTICE OF RIGHTS AND DUTIES
G-20412-D37	12/02	IMPORTANT INFORMATION TO OUR PENNSYLVANIA WORKERS' COMPENSATION POLICYHOLDERS - COST CONTAINMENT
G-20447-G	06/22	IMPORTANT INFORMATION FOR OUR PENNSYLVANIA POLICY HOLDERS ACCIDENT PREVENTION SERVICES
G-20638-A	01/94	IMPORTANT INFORMATION FOR OUR COLORADO WORKERS' COMPENSATION CUSTOMERS
G-20889-AA	01/18	IMPORTANT INFORMATION NEW YORK WORKERS COMPENSATION POLICYHOLDERS STATE ASSESSMENT
G-20894-B	01/08	NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR WORKERS' COMPENSATION NEW YORK
G-20928-D	06/22	IMPORTANT INFORMATION TO OUR PENNSYLVANIA WORKERS' COMPENSATION POLICYHOLDERS - WORKPLACE SAFETY PROGRAM
G-21380-A	06/94	IMPORTANT INFORMATION UTAH WORKERS' COMPENSATION RATE INQUIRIES
G-23130-C	07/04	IMPORTANT INFORMATION OREGON EMPLOYERS: INTRO TO WORKERS COMPENSATION
G-23148-E24	03/14	POLICYHOLDER NOTICE MISSOURI IMPORTANT INFORMATION TO OUR MISSOURI WORKERS COMPENSATION POLICYHOLDERS
G-300285-C	11/22	IMPORTANT INFORMATION TO OUR WORKERS' COMPENSATION POLICYHOLDERS DOING BUSINESS IN THE STATE OF TEXAS - HEALTH CARE NETWORK PREMIUM CREDIT
G-300399-A	08/15	AVISO IMPORTANTE PARA ASEGURADOS EN TEXAS
G-300657-A09	08/15	CANCELLATION OR NON-RENEWAL ENDORSEMENT - FLORIDA
G-300657-C	08/15	CANCELLATION OR NONRENEWAL ENDORSEMENT
G-300681-B	08/15	MISSOURI - CANCELLATION OR NON-RENEWAL ENDORSEMENT
G-300976-A	11/09	IMPORTANT INFORMATION NEW YORK WORKPLACE SAFETY AND LOSS PREVENTION INCENTIVE PROGRAM (WSLPIP)
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
G-41896-C	01/08	NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE FOR WORKERS' COMPENSATION ILLINOIS
G-43332-G	07/04	IMPORTANT INFORMATION TO VIRGINIA POLICYHOLDERS - CONTACT INFORMATION
G-43333-D	08/96	IMPORTANT INFORMATION IMPORTANT INFORMATION TO POLICYHOLDERS
G-43595-H	12/10	IMPORTANT INFORMATION NOTICE TO EMPLOYERS REGARDING MEDICAL PAYMENTS OF NON-DISABLING CLAIMS
G-83274-K	12/17	IMPORTANT INFORMATION OREGON SAFETY AND HEALTH LOSS CONTROL 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

FORM	ED. DATE	FORM NAME
WC 00 04 03	04/84	EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT
WC 00 04 04	04/84	PENDING RATE CHANGE ENDORSEMENT
WC 00 04 06	08/84	PREMIUM DISCOUNT ENDORSEMENT
WC 00 04 06 A	07/95	PREMIUM DISCOUNT ENDORSEMENT
WC 00 04 14	07/90	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC 00 04 14 A	01/19	90-DAY REPORTING REQUIREMENT - NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC 00 04 19	01/01	PREMIUM DUE DATE ENDORSEMENT
WC 00 04 19 A	08/22	PART FIVE - PREMIUM AMENDATORY ENDORSEMENT
WC 00 04 21 E	01/21	CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM 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 02 06 01 C	09/21	ARIZONA CANCELATION ENDORSEMENT
WC 02 06 03 A	12/22	ARIZONA AMENDATORY ENDORSEMENT
WC 05 04 02	11/90	COLORADO CLASSIFICATION ENDORSEMENT
WC 08 06 01	04/84	DISTRICT OF COLUMBIA CANCELATION 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	07/13	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT 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 10 06 01 C	07/18	GEORGIA CANCELATION, NONRENEWAL AND CHANGE ENDORSEMENT
WC 12 06 01 F	01/19	ILLINOIS AMENDATORY ENDORSEMENT
WC 12 06 03	01/19	ILLINOIS RENEWAL ENDORSEMENT
WC 17 03 03	12/00	LOUISIANA DUTY TO DEFEND ENDORSEMENT
WC 17 06 01 J	08/18	LOUISIANA AMENDATORY ENDORSEMENT
WC 19 04 02 A	10/17	MARYLAND ALCOHOL AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT
WC 19 06 01 G	10/17	MARYLAND CANCELLATION AND NONRENEWAL ENDORSEMENT
WC 19 06 02	01/14	MARYLAND NOTIFICATION OF 45-DAY UNDERWRITING PERIOD ENDORSEMENT
WC 20 03 01	04/84	MASSACHUSETTS LIMITS OF LIABILITY ENDORSEMENT
WC 20 03 02 A	09/08	MASSACHUSETTS ASSESSMENT CHARGE
WC 20 03 03 D	08/10	MASSACHUSETTS NOTICE TO POLICYHOLDER ENDORSEMENT
WC 20 04 05	06/01	MASSACHUSETTS PREMIUM DUE DATE ENDORSEMENT
WC 20 06 01 A	07/08	MASSACHUSETTS CANCELLATION ENDORSEMENT
WC 21 03 03 A	06/97	MICHIGAN NOTICE TO POLICYHOLDER ENDORSEMENT
WC 21 03 04	04/84	MICHIGAN LAW ENDORSEMENT
WC 22 00 00 A	11/03	MINNESOTA AMENDATORY ENDORSEMENT

FORM	ED. DATE	FORM NAME
WC 22 06 01 D	08/06	MINNESOTA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC 23 06 01	07/18	MISSISSIPPI CANCELLATION, NONRENEWAL, AND RENEWAL ENDORSEMENT
WC 24 03 02	01/14	MISSOURI NOTIFICATION OF ADDITIONAL MESOTHELIOMA BENEFITS ENDORSEMENT
WC 24 04 06 D	08/16	MISSOURI EMPLOYER PAID MEDICAL ENDORSEMENT
WC 24 06 01 B	01/96	MISSOURI CANCELLATION AND NONRENEWAL ENDORSEMENT
WC 24 06 02 B	07/06	MISSOURI PROPERTY AND CASUALTY GUARANTY ASSOCIATION NOTIFICATION ENDORSEMENT
WC 24 06 04 C	09/19	MISSOURI AMENDATORY ENDORSEMENT
WC 27 06 01 C	10/08	NEVADA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC 31 03 08	01/00	NEW YORK LIMIT OF LIABILITY ENDORSEMENT
WC 31 03 19 L	01/22	NEW YORK CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM EXPLANATORY ENDORSEMENT
WC 31 04 04 B	05/20	NEW YORK PENDING PAYROLL LIMITATION AND PREMIUM DIFFERENTIAL ENDORSEMENT
WC 31 06 18 A	05/20	NEW YORK WORKERS COMPENSATION POLICYHOLDER NOTICE OF RIGHT TO APPEAL
WC 32 03 01 D	07/18	NORTH CAROLINA AMENDED COVERAGE ENDORSEMENT
WC 32 06 01 B	04/20	CANCELLATION AND NON-RENEWAL ENDORSEMENT
WC 36 03 06	01/02	OREGON LIMITS OF LIABILITY ENDORSEMENT
WC 36 06 01 E	01/08	OREGON CANCELLATION ENDORSEMENT
WC 36 06 02	01/11	OREGON CONFIDENTIALITY ENDORSEMENT
WC 36 06 04	01/17	OREGON AMENDATORY ENDORSEMENT
WC 37 04 01	01/17	PENNSYLVANIA AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT
WC 37 04 05	08/96	PENNSYLVANIA MERIT RATING PLAN ENDORSEMENT
WC 37 06 01	04/84	SPECIAL PENNSYLVANIA ENDORSEMENT-INSPECTION OF MANUALS
WC 37 06 02	04/84	PENNSYLVANIA NOTICE
WC 37 06 03 A	08/95	PENNSYLVANIA ACT 86-1986 ENDORSEMENT
WC 39 06 01	09/21	SOUTH CAROLINA CANCELLATION AND NONRENEWAL ENDORSEMENT
WC 42 03 01 L	07/23	TEXAS AMENDATORY ENDORSEMENT
WC 42 03 04 B	06/14	TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT
WC 42 03 04 B	06/14	TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT
WC 43 03 05	07/00	UTAH WAIVER OF SUBROGATION ENDORSEMENT
WC 43 03 05	07/00	UTAH WAIVER OF SUBROGATION ENDORSEMENT
WC 43 06 02	07/02	UTAH CANCELLATION ENDORSEMENT
WC 45 06 02	07/93	VIRGINIA AMENDATORY ENDORSEMENT
WC 48 06 01 C	04/01	WISCONSIN LAW ENDORSEMENT
WC 48 06 06 B	01/02	WISCONSIN CANCELLATION AND NONRENEWAL ENDORSEMENT



WORKERS COMPENSATION

Quote #	HL478GD-3244	Company	Valley Forge Insurance Company
Effective	08/01/23	Expiration	08/01/24

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 08/01/2023 to 08/01/2024 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	Sea Shells, LLC	11-1234567

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
***** 08/01/2023 To 08/01/2024 *****					
001	8868	COLLEGES/SCHOOLS-PRIVATE-PROFESSIONALS	\$105,654	1.00	\$1,057
		Subtotal for Location 1			\$1,057
	0930	WAIVER OF SUBROGATION		0.0200	\$21
	9812	EMPLOYERS LIABILITY INCREASED LIMITS			\$0
		Total Estimated Standard Premium			\$1,078
	0900	EXPENSE CONSTANT			\$200
	9740	TERRORISM PREMIUM		0.0200	\$21
		Total Estimated Premium			\$1,299
	0988	CA CIGA SURCHARGE		0%	\$0
	0987	CA REVOLVING FUND ASSESSMENT		2.5208%	\$33
	9711	CA FRAUD SURCHARGE		0.4679%	\$6
	9712	CA UNINSURED EMPLOYER FUND ASSESSMENT		0.1372%	\$2
	9714	CA SUBSEQUENT INJURIES FUND ASSESSMENT		1.3703%	\$18
	0939	CA OCCUPATIONAL SAFETY & HEALTH ASSESSMENT		0.6572%	\$9
	9749	CA LABOR ENFORCEMENT ASSESSMENT		0.7011%	\$9
		Total Estimated Cost			\$1,376

Estimated Premium	\$1,299
State Taxes/Assessments/Surcharges	\$77
Estimated Cost	\$1,376

Special Notations/Comments:

NAME AND ADDRESS SCHEDULE		
LOC	ENTITY	NAME/ADDRESS
1	1	Sea Shells, LLC NO SPECIFIC LOCATION ANY CITY, California 99998

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
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
G-22212-F04	11/14	CALIFORNIA WORKERS COMPENSATION NONRENEWAL ENDORSEMENT
G-300657-C	08/15	CANCELLATION OR NONRENEWAL ENDORSEMENT
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 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 21	01/08	OPTIONAL PREMIUM INCREASE ENDORSEMENT-CALIFORNIA
WC 04 06 01 B	01/22	CALIFORNIA CANCELATION ENDORSEMENT
WC 04 06 04	09/20	COVID-19 REPORTING REQUIREMENT ENDORSEMENT - CALIFORNIA



UMBRELLA

Quote #	HL478GD-3244	Company	The Continental Insurance Company
Effective	08/01/23	Expiration	08/01/24

LIMITS:

Each Incident Limit:	\$10,000,000
Aggregate:	\$10,000,000
Policy Aggregate:	N/A
Aggregate Products-Completed Operations Hazard:	\$10,000,000
Crisis Management Expenses Aggregate:	\$300,000
Key Employee Replacement Expenses Aggregate:	\$100,000
Self Insured Retention	\$0
Terrorism Premium	\$236.00
Premium	\$23,879.00

Special Notations/Comments:

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
CNA62814IL	01/18	CANCELLATION AND NON-RENEWAL ENDORSEMENT - ILLINOIS
CNA75501XX	03/15	CNA PARAMOUNT EXCESS AND UMBRELLA LIABILITY DECLARATIONS
CNA75504XX	03/15	CNA PARAMOUNT EXCESS AND UMBRELLA LIABILITY POLICY
CNA75513XX	03/15	NUMBER OF DAYS NOTICE OF CANCELLATION ENDORSEMENT
CNA75514XX	03/15	NUMBER OF DAYS NOTICE OF NONRENEWAL ENDORSEMENT
CNA75532XX	01/21	NOTICE OFFER OF TERRORISM COVERAGE DISCLOSURE OF PREMIUM
CNA76492XX	03/15	UNDERLYING INSURANCE COVERAGE LIMITATION ENDORSEMENT
CNA76579IL	03/15	STATE AMENDATORY ENDORSEMENT ILLINOIS
CNA76614XX	03/15	POLICYHOLDER NOTICE OF FAC REQUIREMENTS
CNA84401XX	12/15	PAYMENT PLAN SCHEDULE
CNA88301XX	08/17	AMENDMENT TO NAMED INSURED



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.

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

Named Insured : Sea Shells 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 :Sea Shells, 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

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 Insured 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