

TWIN CITY AGENCY LLC
4500 PARK GLEN RD STE 400
MINNEAPOLIS, MN 55416
952-924-6900

Account Quote Proposal

Prepared for:

GOGLOW ENTERPRISES LLC
GOGLOW CHICAGO LLC; GOGLOW MAP
7493 FRANCE AVE S
MINNEAPOLIS, MN 55435-4702

Customer Information:

Customer Number: 1526092705
Agency Code: 2509791

Policy Information

Quoted on	Quote/Policy Number	Product	Policy Term	Premium
10/02/2024	32235001	Business Owners Advantage	10/01/2024 - 10/01/2025	\$3,770.80
10/02/2024	XT0121601	Workers' Compensation	10/01/2024 - 10/01/2025	\$2,361.00
10/02/2024	XT0128301	Business Auto	10/01/2024 - 10/01/2025	\$3,742.00
Total Account Premium Including Surcharges				\$9,873.80

*This quote is valid up to 30 days from the date it was quoted or until the effective date of the quote, whichever is greater

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Business Owners Advantage Policy Proposal

Underwritten by: ALLMERICA FINANCIAL BENEFIT INSURANCE COMPANY

Coverage	Description	Premium
Property	Total Personal Property Premium	\$2,727.00
	Property Terrorism Total	\$75.00
	Terrorism Fire Following Premium: \$27.00	
	Terrorism Other Than Fire Following Premium: \$48.00	
	Additional Property Coverage Premium	\$924.00
	Total Business Owners Advantage Coverage Premium	\$3,726.00
	Minnesota Fire Safety Surcharge	\$18.06
	Minnesota Fireman's Relief Surcharge	\$26.74
	Total Business Owners Advantage Policy Premium <i>* Includes an Account Credit</i>	\$3,770.80

Not subject to audit.

Location Information

Location 1

Address: 7493 FRANCE AVE S, MINNEAPOLIS, MN 55435

Number of Employees: 3

Annual Sales: \$383,120

Class Information

Primary Class: DAY SPA

Building 1

Building Limit	Not Covered
Building Valuation	N/A
Contents Limit	Included in Blanket Limit
Contents Valuation	Replacement Cost
Building/Contents Deductible	\$1,000
Wind/Hail Deductible	N/A

Additional Building Information

Burglar Alarm: None

Fire Alarm: None

100% Sprinklered: No

Construction Type: Non-Combustible

Number of Stories: 2

Total Building Sq. ft.: 96,644

Year of Construction: 1989

Location 2

Address: 755 N WELLS ST, CHICAGO, IL 60654

Number of Employees: 5

Annual Sales: \$634,885

Class Information

Primary Class: DAY SPA

Building 1

Building Limit	Not Covered
Building Valuation	N/A
Contents Limit	Included in Blanket Limit
Contents Valuation	Replacement Cost
Building/Contents Deductible	\$1,000
Wind/Hail Deductible	N/A

Additional Building Information

Burglar Alarm: None

Fire Alarm: None

100% Sprinklered: No

Construction Type: Masonry Non-Combustible

Number of Stories: 21

Total Building Sq. ft.: 224,480

Year of Construction: 1940

Roof Update: 2022

Electrical Update: 2022

Heating Update: 2022

Plumbing Update: 2022

Location 3

Address: 11664 ELM CREEK BLVD N, MAPLE GROVE, MN 55369

Number of Employees: 2

Annual Sales: \$50,000

Class Information

Primary Class: DAY SPA

Building 1

Building Limit	Not Covered
Building Valuation	N/A
Contents Limit	Included in Blanket Limit
Contents Valuation	Replacement Cost
Building/Contents Deductible	\$1,000
Wind/Hail Deductible	N/A

Additional Building Information

Burglar Alarm: None

Fire Alarm: Central Station

100% Sprinklered: Yes

Construction Type: Non-Combustible

Number of Stories: 1

Total Building Sq. ft.: 15,840

Year of Construction: 2016

Location 4

Address: 4040 EAGAN OUTLETS PKWY, EAGAN, MN 55122

Number of Employees: 2

Annual Sales: \$70,000

Class Information

Primary Class: DAY SPA

Building 1

Building Limit	Not Covered
Building Valuation	N/A
Contents Limit	Included in Blanket Limit
Contents Valuation	Replacement Cost
Building/Contents Deductible	\$1,000
Wind/Hail Deductible	N/A

Additional Building Information

Burglar Alarm: None

Fire Alarm: None

100% Sprinklered: No

Construction Type: Frame

Total Building Sq. ft.: 9,394

Year of Construction: 2019

Location 5

Address: 12475 RIVERDALE BLVD, COON RAPIDS, MN 55433

Number of Employees: 2

Annual Sales: \$50,000

Class Information

Primary Class: DAY SPA

Building 1

Building Limit	Not Covered
Building Valuation	N/A
Contents Limit	Included in Blanket Limit
Contents Valuation	Replacement Cost
Building/Contents Deductible	\$1,000
Wind/Hail Deductible	N/A

Additional Building Information

Burglar Alarm: None

Fire Alarm: None

100% Sprinklered: No

Construction Type: Non-Combustible

Year of Construction: 2000

Location 6

Address: 90 2ND AVE N, MINNEAPOLIS, MN 55401

Number of Employees: 2

Annual Sales: \$70,429

Class Information

Primary Class: DAY SPA

Building 1

Building Limit	Not Covered
Building Valuation	N/A
Contents Limit	Included in Blanket Limit
Contents Valuation	Replacement Cost
Building/Contents Deductible	\$1,000
Wind/Hail Deductible	N/A

Additional Building Information

Burglar Alarm: None

Fire Alarm: Central Station

100% Sprinklered: Yes

Construction Type: Joisted Masonry

Number of Stories: 4

Total Building Sq. ft.: 76,400

Year of Construction: 1891

Roof Update: 2020

Electrical Update: 2020

Heating Update: 2020

Plumbing Update: 2020

Property

Broadening Endorsement

Premium: \$525.00

Coverage Description	Blanket Limit	Coverage Details
Small Commercial Silver Property Broadening Endorsement	\$300,000 <i>*Blanket Limit applies to select coverages only</i>	Expanded Protection for over 65 coverages. <i>Please refer to appendix for details.</i>

Additional Property Coverages

Fungus, Wet Rot, Dry Rot and Bacteria Coverage
Premium: \$0.00
Limit: \$50,000

Equipment Breakdown Coverage
Deductible: \$1,000

Data Breach Property Coverage
Premium: \$50.00
Limit: \$10,000
Aggregate Limit: \$10,000
Deductible: \$1,000
Additional Expense Limit: \$10,000
Waiting Period: 48 Hours

Business Income and Extra Expense Coverage
Premium: Included in Additional Property Coverage Premium
ALS Limit: 12 Months
Waiting Period: 48 Hours

Blanket Contents Coverage
Premium: \$960.00
Location 1, Building 1
Limit: \$500,000

Blanket Contents Coverage
Premium: \$841.00
Location 2, Building 1
Limit: \$410,000

Blanket Contents Coverage
Premium: \$725.00
Location 3, Building 1
Limit: \$390,000

Additional Property Coverages

Blanket Contents Coverage
Premium: \$59.00
Location 4, Building 1
Limit: \$16,000

Blanket Contents Coverage
Premium: \$68.00
Location 5, Building 1
Limit: \$16,000

Blanket Contents Coverage
Premium: \$74.00
Location 6, Building 1
Limit: \$15,000

Appendix

Small Commercial Silver Property Broadening Endorsement (Form # 821-0003) This endorsement amends some coverage limits in the base form. The limit shown is the total limit provided.

Coverage	Limit
Accounts Receivable	Included in \$300,000 Blanket
Advertising Expense to Regain Customers	\$2,500
Appurtenant Structures	\$50,000
Back up or Overflow of a Sewer, Drain or Sump	Included in \$300,000 Blanket
Brands and Labels	Included
Broadening Building Coverage	Included
Broadened Business Personal Property Coverage	Included
Business Income - Extended Business Income	Actual Loss Sustained 90 Days
Business Income and Extra Expense – Cloud Services	\$2,500
Business Income and Extra Expense – Dependent Properties	\$100,000
Business Income and Extra Expense – Lease Cancellation	\$10,000
Business Income and Extra Expense – Transit	\$100,000
Business Income and Extra Expense – Websites	\$50,000 7 Days
Business Personal Property Off Premises (Including In Transit)	\$100,000
Business Personal Property Temporarily in Portable Storage Units	\$25,000
Civil Authority	4 weeks 72 Hour Waiting Period
Commercial Tools and Equipment	\$5,000
Computer and Funds Transfer Fraud	\$10,000
Consequential Loss to Stock	Included
Contract Penalties	\$25,000
Debris Removal	Included in \$300,000 Blanket
Deferred Payments	\$15,000
Denial of Access to Premises	30 Days 72 Hour Waiting Period
E-Commerce	\$20,000
Electronic Data Processing Equipment: - Business Income and Extra Expense - Undamaged Hardware and Software	Included in \$300,000 Blanket Includes Additional \$10,000 for Undamaged Hardware and Software Includes Addition Perils
Employee Theft Including ERISA Compliance	\$50,000
Equipment Breakdown: - Data Restoration - Expediting Expenses - Fungus, Wet or Dry Rot or Bacteria - Hazardous Substances - Personal Property Off Premises - Public Relations - Spoilage	Included \$50,000 \$50,000 \$15,000 \$50,000 \$50,000 \$5,000 \$50,000

Coverage	Limit
Expediting Expenses	\$25,000
Extended Coverage on Property – within 2,000 feet	Included
Extra Expense	12 Months
Fine Arts	\$50,000
Fire Department Service Charge	Included in \$300,000 Blanket
Fire Protection Equipment Recharge	Included
Forgery or Alteration	\$50,000
Foundations and Underground Pipes	Included
Glass Expenses	Included
Hired Auto - Physical Damage	\$50,000
Installation	\$5,000
Internal Air Shipments	\$10,000
Inventory and Loss Appraisal	\$25,000
Key Replacement and Lock Repair	Included in \$300,000 Blanket
Lease Assessment	\$1,500
Leasehold Interest	\$25,000
Lessor's Tenant Move Expenses	\$10,000 60 Days
Marring and Scratching	Included
Money and Securities	\$15,000
Money Orders and Counterfeit Money	\$25,000
Newly Acquired or Constructed Property <ul style="list-style-type: none"> - Buildings - Business Personal Property - Business Income and Extra Expense 	\$1,000,000 \$500,000 \$500,000
Non-Owned Detached Trailers	Included
Ordinance or Law <ul style="list-style-type: none"> - Coverage A - Coverage B and C 	Included \$50,000
Ordinance or Law - Increased Period of Restoration	\$10,000
Ordinance or Law - Tenants Improvement Extension	\$25,000
Outdoor Property	\$25,000 \$2,500 for Any One Tree, Shrub, or Plant
Personal Effects and Property of Others	Included in \$300,000 Blanket
Pollutant Clean-Up and Removal	\$25,000
Portable Electronic Devices Coverage Worldwide	\$25,000
Preservation of Property	90 Days
Preservation of Property - Expense	\$25,000
Rewards	\$10,000
Sales Representative Samples	\$25,000
Soft Costs	\$10,000

Coverage	Limit
Spoilage	\$25,000
Temporary Relocation of Property	\$50,000
Tenant Building Insurance	\$50,000
Tenant Insurance - Landlord's Personal Property	\$25,000
Tenant Signs	\$25,000
Theft Damage to Building	Included
Theft of Telephonic Services	\$25,000
Unauthorized Business Credit Card Use	\$5,000
Undamaged Tenants Improvements and Betterments	\$10,000
Underground Water Seepage	\$100,000
Utility Services - Direct Damage - Business Income and Extra Expense	\$50,000 \$25,000
Valuable Papers and Records	Included in \$300,000 Blanket
Voluntary Parting	\$10,000
Windblown Debris	\$5,000
Worldwide Business Personal Property Off Premises	\$50,000

Forms

Description	Number	Edition
Building and Personal Property Coverage Form	CP 00 10	10/12
Commercial Property Conditions	CP 00 90	07/88
Minnesota Changes	CP 01 08	05/20
Exclusion of Loss Due to Virus or Bacteria	CP 01 40	07/06
Illinois Changes - Artificially Generated Electrical Current Exclusion	CP 01 49	06/07
Changes - Fungus, Wet Rot, Dry Rot and Bacteria	CP 04 31	04/02
Causes Of Loss - Special Form	CP 10 30	09/17
Common Policy Conditions	IL 00 17	11/98
Illinois Changes	IL 01 18	02/17
Minnesota Changes - Cancellation And Nonrenewal	IL 02 45	09/08
Illinois Changes - Cancellation and Nonrenewal	IL 02 84	01/18
Cap On Losses From Certified Acts of Terrorism	IL 09 52	01/15
Signature Page	SIG-1100	11/17

Description	Number	Edition
Availability Of Loss Control Services - NTP	171-0741	08/19
Customer Notice Of Privacy And Producer Compensation Practices Disclosures	231-0862	12/14
Small Commercial Silver Property Broadening Endorsement	821-0003	08/19
Claim Information Notice To Policyholder	821-0028	08/19
Disclosure Pursuant To Terrorism Risk Insurance Act	825-0008	08/19
Cap On Losses From Certified Acts Of Terrorism	825-0018	08/19
Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism	825-0019	08/19
Hanover Small Commercial Policy Declarations Taxes, Surcharges, and Fees	825-0051	06/21
Hanover Small Commercial Policy Declarations	825-3000	08/19
Important Policyholder Information for Illinois Insureds	825-3002	03/23
Trade Or Economic Sanctions Endorsement	825-3029	08/19
Minnesota Changes - Cyber Liability And Data Breach	850-3032	06/23
Illinois Changes - Cyber Liability And Data Breach	850-3060	08/19
Data Breach Property Coverage Form	850-3072	08/19
Data Breach Services For Employees And Family Members	850-3073	08/19
Data Breach Services - Designated Service Provider	850-3074	08/19

THIS NOTICE IS PROVIDED IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS NOTICE DOES NOT GRANT COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF COVERAGE UNDER THE POLICY. IF THERE IS A CONFLICT BETWEEN THIS NOTICE AND THE POLICY, THE PROVISIONS OF THE POLICY SHALL APPLY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE	
DISCLOSURE OF PREMIUM	
Total Terrorism Premium	\$75
Fire Following Premium	\$27
Other than Fire Following Premium	\$48

Disclosure of Terrorism Coverage Available

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from "acts of terrorism" defined in Section 102(1) of the Act as follows:

Any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States' government by coercion.

The premium charged for this coverage is provided in the **SCHEDULE** above and does not include any charges for the portion of loss that may be covered by the Federal Government as described below. This premium has been added to your policy and unless this form is signed and returned to us to reject terrorism coverage, coverage for Certified Acts of Terrorism is provided by your policy.

Your policy may contain other exclusions which could affect your coverage, such as an exclusion for Nuclear Events or Pollution. **Please read your policy carefully.**

Note for Commercial Property or Commercial Inland Marine Policyholders in Standard Fire States: (CA, GA, IL, IO, ME, MO, NY, NC, OR, WA, WV, WI)

In your state, a terrorism exclusion makes an exception for (and therefore provides coverage for) fire losses resulting from an act of terrorism. If you reject the offer of terrorism coverage in this form, therefore, that rejection does not apply to fire losses resulting from an act of terrorism. Coverage for such fire losses will be provided in your policy. The additional premium just for such fire coverage is shown in the **SCHEDULE** above.

Disclosure of Federal Participation in Payment of Terrorism Losses

The United States government through the Department of the Treasury may pay a share of terrorism losses insured under the federal program under a formula set forth in the Act. Under this formula, the United States government generally reimburses the following percentage of covered terrorism loss which exceeds the statutorily established deductible paid by the insurance company providing the coverage: 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020. However, if aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Cap on Insurer Participation in Payment of Terrorism Losses

If the aggregate of insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion dollars in a calendar year and we have met our insurer deductible under the Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion dollars. 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.

REJECTION OF TERRORISM INSURANCE COVERAGE*

_____ I decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism, and that an exclusion for such losses will be added to my policy.

_____	Allmerica Financial Benefit Insurance Co
Applicant/Policyholder Signature	Insurance Company
_____	322350-01
Print Name	Quote or Policy Number

Date	

*If this policy is a renewal and:

- a. You have previously submitted a signed Rejection, you are not required to submit an additional Rejection at this time; or
- b. You have previously accepted coverage and now wish to reject, you are required to complete and sign the Rejection of Terrorism Insurance Coverage above.

Workers' Compensation Policy Proposal

Underwritten by: ALLMERICA FINANCIAL BENEFIT

Item 3A
Coverage applies to the workers' compensation law and any occupational disease law of each of the following states – MN, FL, IL, VA.

Item 3C
Coverage applies to other states insurance for the following states – All states except ND, OH, WA, WY, and those states specifically named in Item 3A

Item 3B
Coverage applies to employers' liability insurance for work in each state listed in Item 3A: Bodily Injury by Accident \$1,000,000 Each Accident Bodily Injury by Disease \$1,000,000 Each Employee Bodily Injury by Disease \$1,000,000 Policy Limit

Item 4: Premium Summary	
Estimated Standard Premium	\$2,188.00
Expense Constant	\$260.00
Terrorism	\$55.00
Catastrophe	\$7.00
Balance to Minimum Premium	\$124.00
Total Taxes/Surcharges/Assessments	\$33.00
Total Estimated Annual Premium Including All Taxes and Assessments	\$2,361.00

Is subject to verification and change by audit. Adjustment of premium shall be made annually.

Location Summary

Location Number	Address
001	7493 FRANCE AVE S, MINNEAPOLIS, MN 55435
002	, , FL 01653
003	, , IL 01653
004	, , VA 01653

Classifications of Operations

State	Location	Number of Employees Per Location	Class Code	Description	Estimated Total Annual Remuneration	Rate Per \$100	Estimated Annual Premium
MN	001	9	8810	Clerical Office Employees NOC.	If Any	0.000	\$0.00
			9586	Barber Shop	\$385,000	0.420	\$1,617.00
				Premium Subject to Modifications			\$1,617.00
			9812	Additional Premium For Employers Liability Increased Limits (With WC) \$1,000,000/1,000,000/1,000,000		0.011	\$18.00
			9887	Premium Credit-Schedule Rating Plan		0.800	(\$327.00)
				Total for Minnesota			\$1,308.00
			9740	Terrorism		0.006	\$23.00
SPECIAL COMPENSATION FUND ASSESSMENT							\$29.00

State	Location	Number of Employees Per Location	Class Code	Description	Estimated Total Annual Remuneration	Rate Per \$100	Estimated Annual Premium
FL	002	0	9586	Barber Shop	\$70,000	0.470	\$329.00
				Premium Subject to Modifications			\$329.00
			9812	Additional Premium For Employers Liability Increased Limits (With WC) \$1,000,000/1,000,000/1,000,000		0.014	\$5.00
				Total for Florida			\$334.00
			9740	Terrorism		0.010	\$7.00

State	Location	Number of Employees Per Location	Class Code	Description	Estimated Total Annual Remuneration	Rate Per \$100	Estimated Annual Premium
IL	003	0	9586	Barber Shop	\$70,000	0.300	\$210.00
				Premium Subject to Modifications			\$210.00
			9812	Additional Premium For Employers Liability Increased Limits (With WC) \$1,000,000/1,000,000/1,000,000		0.014	\$3.00
				Total for Illinois			\$213.00
			9740	Terrorism		0.024	\$17.00
			9741	Catastrophe-Other Than Terrorism		0.010	\$7.00
ILLINOIS INDUSTRIAL COMMISSION SURCHARGE							\$4.00

State	Location	Number of Employees Per Location	Class Code	Description	Estimated Total Annual Remuneration	Rate Per \$100	Estimated Annual Premium
VA	004	0	8810	Clerical Office Employees NOC	\$80,000	0.040	\$32.00
				Premium Subject to Modifications			\$32.00
			9887	Premium Credit-Schedule Rating Plan		0.850	(\$5.00)
				Total for Virginia			\$27.00
			9740	Terrorism		0.010	\$8.00
Total Estimated Annual Premium Including All Taxes and Assessments							\$2,361.00

Workers' Compensation Broadening Endorsement

Coverage	Description
Countrywide Workers' Compensation Broadening Endorsement	
Voluntary Workers' Compensation	We will provide Voluntary Workers' Compensation benefits to employees such as those traveling on business who may not otherwise be covered by state WC laws. (Available by separate endorsement in California.)
Employers' Liability Stop Gap Coverage	Where allowed by state law, Stop Gap coverage is automatically provided in North Dakota, Ohio, Washington, and Wyoming
Repatriating Employees	We will pay the additional expenses to repatriate an employee to the United States because of bodily injury
Unintentional Failure to Disclose Hazards	We will not deny coverage if you unintentionally fail to disclose all existing hazards at the inception date of the policy
Loss of Earnings	We will pay Loss of Earnings as part of any claim, proceeding, or suit we defend
Other States Insurance	The notification period for adding work in a new state not listed on the policy is extended to 60 days
Transfer of Your Rights and Duties	The notification period to cover your legal representative as insured after your death is extended to 60 days

Business Auto Policy Proposal

Underwritten by: ALLMERICA FINANCIAL BENEFIT

Schedule of Coverage and Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Auto Symbols	Coverage Features	Premium
Liability	01	\$1,000,000 Combined Single Limit	\$1,823.00
Uninsured Motorist	06	See Vehicle Coverages For Limit Per Vehicle	\$40.00
Underinsured Motorist Liability	06	See Vehicle Coverages For Limit Per Vehicle	\$146.00
Personal Injury Protection	05	Separately Stated In Each PIP Endorsement Minus \$ Deductible For Each Accident	\$191.00
Physical Damage Comprehensive Coverage	02	Actual Cash Value Or Cost Of Repair Whichever Is Less Minus Deductible Shown In Vehicle Coverages And/Or Schedule Of Hired Or Borrowed For Each Covered Auto, But No Deductible Applies To Fire Or Lighting	\$574.00
Physical Damage Collision Coverage	02	Actual Cash Value Or Cost Of Repair Whichever Is Less Minus Deductible Shown In Vehicle Coverages And/Or Schedule Of Hired Or Borrowed For Each Covered Auto	\$818.00
Broadening Endorsement		See Broad Form coverage	\$150.00
Estimated Total Premium			\$3,742.00

Covered Auto Symbols		
(01) Any Auto	(04) Owned Autos Other Than Private Passenger	(07) Autos Specified on Schedule
(02) All Owned Autos	(05) All Owned Autos Which Require No-Fault Coverage	(08) Hired Autos
(03) Owned Private Passenger Autos	(06) Owned Autos Subject To Compulsory U.M. Law	(09) Non-Owned Autos

Vehicle Summary

Auto No.	Year	Make	Model	VIN	Class	Cost New	State	Garaging Location	Territory
010	2015	LAND	RANGE R	SALWR2EF2FA602712	7378	\$79,990	MN	MINNEAPOLIS	101
011	2020	HYUND	PALISAD	KM8R5DHE3LU086350	7378	\$46,820	MN	EDINA	101

Vehicle Coverages

Auto No. 010 2015 LAND RANGE R

Coverage	Limit	Deductible	Premium
Liability	\$1,000,000	-	\$769.00
Uninsured Motorist	\$1,000,000	-	\$20.00
Underinsured Motorist Liability	\$1,000,000	-	\$73.00
PIP	BASIC	-	\$101.00
Comprehensive	-	\$1,000FCG	\$273.00
Collision	-	\$1,000	\$368.00
Total Vehicle Premium			\$1,604.00

Auto No. 011 2020 HYUND PALISAD

Coverage	Limit	Deductible	Premium
Liability	\$1,000,000	-	\$714.00
Uninsured Motorist	\$1,000,000	-	\$20.00
Underinsured Motorist Liability	\$1,000,000	-	\$73.00
PIP	BASIC	-	\$90.00
Comprehensive	-	\$1,000FCG	\$301.00
Collision	-	\$1,000	\$450.00
Total Vehicle Premium			\$1,648.00

Driver Summary

Driver Name	State Licensed
KATHERYN KEEGAN	MN
MELANIE RICHARDS	MN
CARLYN HANSON	MN

Schedule of Hired or Borrowed Covered Auto Coverages and Premiums

Liability Coverages – Rating Basis, Cost of Hire

State	Estimated Cost of Hire	Rate per Each \$100 Cost of Hire	Premium
MN	If Any	1.684	\$113.00
Total Hired Auto Liability Premium			\$113.00

Schedule for Non-Ownership Liability - MN

Named Insured's Business	Rating Basis	Estimated Number	Premium
Other Than Social Service Agency	Number of Employees	17	\$227.00
Total Non-Ownership Premium			\$227.00

Commercial Auto Coverage Broadening Endorsement

Coverage	Description
Business Auto Coverage Broadening Endorsement	
Cancellation Extension	Extended to 60 days except for nonpayment of premiums
Employee Hired "Autos"	Amends Symbol 8 to Include autos that employees hire at the Insured's direction for the purpose of conducting business
Broadened Named Insured	Automatic coverage until the end of the policy period for new acquired organizations where the Insured has a controlling interest
Employees as Insureds	Any employee is an Insured while using a covered auto not owned, hired or borrowed for the Insureds' business or personal affairs
Supplementary Payments	Bail bonds are increased to \$2,500 and Insureds' expenses including loss of earning increased to up to \$500
Amended Fellow Employee Exclusion	Provides coverage on an excess basis for bodily injury from the use of a covered auto that the business owns or hires
Expense of Returning a Stolen "Auto" and Sign Coverage	Pays the expenses associated with the return of a stolen auto and up to \$2,000 for the loss to signs, murals, painting or graphics displayed on a covered auto
Glass Breakage Deductible	Waives the deductible if the glass is repaired rather than replaced
Transportation Expense	Pays \$50 per day up to a maximum of \$1,500 due to the theft of a covered auto of the private passenger type
Hired Auto Physical Damage	Up to \$50,000 for damage to a hired auto including up to \$1,000 to reimburse the lessor for loss of use of the auto
Audio, Visual and Data Electronic Equipment Coverage	Up to \$500 for certain permanently installed items
Rental Reimbursement and Material Transfer Expense	Coverage for rental reimbursement expense for up to 60 days with a limit of \$3,000 including the expense to remove and transfer the Insureds' equipment and material from the covered auto involved in the loss
Airbag Coverage	Provides coverage on an excess basis for the accidental discharge of the airbag
Auto Loan Physical Damage Extension	Provides coverage for the difference between the actual cash value of a vehicle and the outstanding principle loan balance
Auto Lease Physical Damage Extension	Provides lease gap coverage on an excess basis
Duties in the Event of Accident, Claim, Suit or Loss	Clarifies that knowledge of an accident, claim, suit or loss will be considered knowledge by the Insured if reported to an individual named Insured, partner, executive officer or an employee designated by the Insured to give us such notice
Blanket Waiver of Subrogation	Clarifies that the Insured can waive our rights of recovery prior to a loss
Unintentional Failure to Disclose Information	Unintentional failure to disclose information will not prejudice the Insured's rights under the policy
Hired Auto - Worldwide Coverage	Amends the territory to worldwide for a covered auto hired by the Insured
Mental Anguish	Redefines bodily injury to Include mental anguish resulting from bodily injury

Billing

Individual Quote Payment Plans

If you choose **different payment plans** for each quote, your payment options are:

Business Owners Advantage Payment Plan (Quote/Policy Number: 32235001)

Payment Plan	Down Payment	Each Additional Installment*	Total Cost
Monthly (EFT)	\$314.23	\$314.23	\$3,770.80
Monthly (Non EFT)	\$754.16	\$274.24	\$3,770.80
Full Pay	\$3,770.80	\$0.00	\$3,770.80
10 Pay	\$754.16	\$335.18	\$3,770.80
4 Pay	\$942.70	\$942.70	\$3,770.80
2 Pay	\$1,885.40	\$1,885.40	\$3,770.80

Workers' Compensation Payment Plan (Quote/Policy Number: XT0121601)

Payment Plan	Down Payment	Each Additional Installment*	Total Cost
Monthly (EFT)	\$196.75	\$196.75	\$2,361.00
Monthly (Non EFT)	\$472.20	\$171.71	\$2,361.00
Full Pay	\$2,361.00	\$0.00	\$2,361.00
10 Pay	\$472.20	\$209.87	\$2,361.00
4 Pay	\$590.25	\$590.25	\$2,361.00
2 Pay	\$1,180.50	\$1,180.50	\$2,361.00

Business Auto Payment Plan (Quote/Policy Number: XT0128301)

Payment Plan	Down Payment	Each Additional Installment*	Total Cost
Monthly (EFT)	\$311.83	\$311.83	\$3,742.00
Monthly (Non EFT)	\$748.40	\$272.15	\$3,742.00
Full Pay	\$3,742.00	\$0.00	\$3,742.00
10 Pay	\$748.40	\$332.62	\$3,742.00
4 Pay	\$935.50	\$935.50	\$3,742.00
2 Pay	\$1,871.00	\$1,871.00	\$3,742.00

Account Payment Plan

The following payment plans are available for all your quotes. If you choose the **same payment plan** for each quote, your account payment options are:

Payment Plan	Down Payment	Each Additional Installment*	Total Cost
Full Pay	\$9,873.80	\$0.00	\$9,873.80
10 Pay	\$1,974.76	\$877.67	\$9,873.80
4 Pay	\$2,468.45	\$2,468.45	\$9,873.80
2 Pay	\$4,936.90	\$4,936.90	\$9,873.80

**May include service fees if applicable*

Pay by phone or pay online: 800-573-1187 | www.Hanover.com

Make a payment 24 hours a day with your American Express, Visa, MasterCard, Discover, debit card or checking account. Where permissible, payments made by credit card will incur a credit card fee of up to 3%. This fee is charged by our 3rd party payment processor and is non-refundable. If you do not wish to incur this fee, please choose another payment method.

Customer service: 800-922-8427

Call us with billing questions 24/7.

Important information

- Payments made by phone or online by 6:00 pm (EST) are applied the same day.
- Payments made after 6:00 pm (EST) will be posted the following business day.

A FEW MINUTES CAN SAVE YOU MONEY!

EFT reduces direct bill installment fees, check fees and postage! Fill out the information below to start paying your bill by EFT. Or go to Hanover.com/MHP to enroll and manage your EFT account. It only takes a few minutes and could save you a lot. Plus, don't forget to sign up for Paperless policy and billing documents.

BANK ACCOUNT HOLDER NAME AND ADDRESS

First Name: _____ Last Name: _____ Suffix: _____

OR

Company Name: _____

Email Address: _____ Phone #: _____

Address Line 1: _____

Address Line 2: _____

City, State, ZIP: _____

BANK ACCOUNT INFORMATION (Select one)

The information provided will be used by Hanover or Citizens for processing your payment and will be kept confidential.

Bank Name: _____

☐ Personal Account—Checking ☐ Personal Account—Savings ☐ Business Account—Checking ☐ Business Account—Savings

ABA/ACH Routing Number: _____

Checking or Savings Account Number: _____

Payment Plan*: _____ Full Pay _____ 2 Pay** _____ 4 Pay
_____ 10 Pay (CL/Specialty policies only) _____ Monthly

*If no payment plan is indicated, your policy will be defaulted to a Monthly payment plan.

**Available in all states except RI.

BANK NAME ADDRESS CITY, STATE ZIP	
FOR	
0012345678901234	012345678901234
Bank Routing Number	Bank Account Number

Withdrawal Date: (select a day between the 1st and 28th) _____ (If no date is chosen, the withdrawal will automatically be made on the 10th of the month.)



Write the policy numbers of the policies you wish to enroll in the EFT program in the spaces below:

Policy #1: _____

Policy #2: _____

Policy #3: _____

Policy #4: _____

Billing Detail				
Policy Number and Details	Effective Date	Previously Billed	Current Amount Billed	Amount Due
 Personal Auto Policy ACA 1234567	12/16/15 12/16/16	\$0.00	\$3,346.00	\$3,346.00
 Home Policy HNA 1111111	12/16/15 12/16/16	\$0.00	\$2,452.00	\$2,452.00
Total Amount Due:				\$5,798.00

DEDUCTION AUTHORIZATION

By signing below, you are enrolling in The Hanover Insurance Company ("Hanover") and Citizens Insurance Company of America ("Citizens") Electronic Funds Transfer ("EFT") Payment Program to pay your insurance premium. You authorize the Hanover or Citizens, as applicable, to initiate withdrawals from the bank account provided above to pay the premiums for the indicated policy(ies) and any renewals thereof. The enrollment will become effective when you receive written confirmation from your insuring Hanover or Citizens company. Any overpayment or refunds of the paid premiums may be returned to the bank account. This authorization will remain in effect until your insuring Hanover or Citizens company and your bank receives a written notice of termination from you and a reasonable time to cancel your enrollment. The information provided in this form will be used by The Hanover or Citizens to process your premium payment and will be kept confidential. We may also use the email address provided to communicate with you periodically about your policy or other Hanover offerings and services. If you fail to provide a date for your EFT withdrawal, you agree for the payment to be made on the 10th of the month in which it's due. Please note all payments returned for insufficient funds or closed account will be assessed a fee. If your EFT payment is dishonored by your bank due to lack of funds or for any other reason, we may terminate your EFT enrollment. Any amount you owe shall not be waived by termination of your EFT enrollment. Implementing your EFT request may take up to 30 days. Please continue to make scheduled direct bill payments to avoid an interruption in coverage until you receive a written notice of EFT enrollment confirmation in the mail.

Account holder's signature _____ Date _____

Mail to: The Hanover Insurance Company, PO Box 15083, Worcester, MA 01653-0083

Email: hanovereft@hanover.com | Fax number: 508-926-5438

If this fax or email has been received in error, please forward it to 508-926-5438
or email it to hanovereft@hanover.com and destroy all copies

The Hanover Insurance Company | 440 Lincoln Street, Worcester, MA 01653

Citizens Insurance Company of America | 808 North Highlander Way, Howell, MI 48843