



P.O. Box 302
Marietta, PA 17547-0302
(800)877-0600
www.donegalgroup.com

IMOBILE TECH LLC
RAZA MIR
18720 BROOKE RD
SANDY SPRING MD 20860

Date: July 27, 2023
Policy Number: **CXL9367833**
Agency Name: ADVANCED INSURANCE INC.
Agency Number: 0010645-00

Coverage provided by:
Donegal Mutual Insurance Company

Attached is your renewal certificate for your Insurance Policy. Please review the information shown on the renewal certificate and advise your agent if any information should be changed. **Your invoice will be mailed separately.**

We hope that you will continue to find us to be a dependable source of insurance products and that our association will last for many more years.

Thank you for choosing Donegal Insurance Group for your insurance needs!

Go Mobile!

Visit www.donegalgroup.com to download our mobile app for your smartphone. Use the mobile app to pay your bill, report a claim or view your coverage summary.

How can we help you? Contact us:

- Policy Information: If you have any questions about your coverage, contact ADVANCED INSURANCE INC. at (410)861-6949.
- Billing Questions: To speak to a service representative, call (800)877-0600 and press 8, Monday through Friday from 8:00 a.m. to 6:00 p.m. ET. To make a payment by telephone, call (800)877-0600 and press 4, or visit www.donegalgroup.com to make an online payment.
- Claims Assistance: To report or inquire on a claim, call (800)877-9006 or visit www.donegalgroup.com.

DONEGAL INSURANCE GROUP

IMPORTANT NOTICE TO ILLINOIS POLICYHOLDERS REGARDING YOUR COMMERCIAL LINES POLICY

THIS NOTICE HAS BEEN PREPARED IN CONJUNCTION WITH THE IMPLEMENTATION OF CHANGES TO YOUR POLICY. THE PURPOSE OF THIS NOTICE IS TO PROVIDE INFORMATION REGARDING THE CHANGE IN COVERAGE BETWEEN YOUR CURRENT EXPIRING POLICY AND YOUR RENEWAL POLICY INCLUDED WITH THIS NOTICE. PLEASE READ THIS NOTICE CAREFULLY.

THIS NOTICE DOES NOT REFERENCE EVERY CHANGE FROM YOUR CURRENT POLICY AND MAY REFERENCE CHANGES TO COVERAGE FORMS OR ENDORSEMENTS NOT INCLUDED IN YOUR POLICY. NO COVERAGE IS PROVIDED BY THIS POLICYHOLDER NOTICE NOR CAN IT BE CONSTRUED TO REPLACE ANY PROVISIONS OF YOUR POLICY. YOU SHOULD READ YOUR POLICY, INCLUDING ALL ENDORSEMENTS ATTACHED TO AND MADE A PART OF SUCH POLICY, CAREFULLY. YOU SHOULD ALSO REVIEW YOUR DECLARATIONS PAGE FOR COMPLETE INFORMATION ON THE COVERAGES YOU ARE PROVIDED. IF THERE IS ANY CONFLICT BETWEEN THE POLICY AND THIS NOTICE, THE PROVISIONS OF THE POLICY SHALL PREVAIL.

THE DONEGAL INSURANCE GROUP WISHES TO ASSURE YOU THAT YOUR BUSINESS IS IMPORTANT TO US AND THAT WE LOOK FORWARD TO CONTINUING OUR RELATIONSHIP WITH YOU FOR MANY MORE YEARS. YOU SHOULD CONTACT YOUR INSURANCE AGENT WITH QUESTIONS REGARDING YOUR INSURANCE NEEDS, THE COVERAGE PROVIDED BY YOUR POLICY, AND/OR THE INFORMATION PROVIDED BY THIS IMPORTANT NOTICE TO POLICYHOLDERS.

Please read the endorsement carefully to determine the full scope of the changes.

A new endorsement, CG 21 46 07 98 or CU 21 12 09 00, titled Abuse and Molestation Exclusion has been added to your policy. This endorsement excludes coverage for injury or damage arising out of the actual or threatened abuse or molestation of a person while in the care, custody or control of any insured.

ILD N 082 12 19

POLICY NUMBER: CXL9367833

Name of Insurance Company: Donegal Mutual Insurance Company

Policy Number: CXL9367833

Agent Name and Code: ADVANCED INSURANCE INC. 0010645-00

Agent Phone Number: (410)861-6949

DONEGAL INSURANCE GROUP
IMPORTANT NOTICE TO POLICYHOLDERS
POLICYHOLDER DISCLOSURE NOTICE REGARDING
TERRORISM INSURANCE COVERAGE

You are hereby notified that pursuant to the Terrorism Risk Insurance Act (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism as defined in the Act. This Act establishes a program within the United States Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future acts of terrorism. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - 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 an air carrier or vessel or the premises of a United States mission; to have resulted in losses of at least five million dollars; 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.

This notice is deemed to be a part of your insurance policy.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

You should know that coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States government under a formula established by federal law. Under the formula, 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 calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

DISCLOSURE OF CAP ON INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a calendar year 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.

DISCLOSURE OF AVAILABILITY OF TERRORISM INSURANCE COVERAGE

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. The coverage we offer must not differ materially from the stated policy's terms, amounts, and other coverage limitations applicable to losses arising from events other than acts of terrorism defined in the Act. The policy's other provisions will still apply to such an act. Your policy referenced above includes this coverage and its associated premium charge. You may accept or reject this coverage.

You may reject the offer of coverage for terrorism losses as defined in the Act by signing and returning this notice to us. If you decline this coverage, an exclusion for such terrorism losses will be added to your policy and the associated terrorism premium charge will be removed from the policy premium calculation.

DISCLOSURE OF TERRORISM PREMIUM

If you choose to accept the offer of coverage described above, your policy premium will include an additional premium charge for such coverage. The portion of your annual policy premium that is attributable to coverage for terrorism losses defined in the Act is \$ (See Policy Declarations). This premium is included in the policy premium and is payable according to your billing invoice.

REJECTION OF TERRORISM COVERAGE ACKNOWLEDGEMENT

If you choose to reject the offer of coverage described above, please complete the acknowledgement section below and return this form to us at the address indicated within 30 days of receipt of this Policyholder Disclosure Notice.

I acknowledge that I have read this "Important Notice" disclosure statement pertaining to the federal terrorism insurance program, including but not limited to, the Disclosure Of Federal Participation In Payment Of Terrorism Losses, Disclosure Of Cap On Insurer Participation In Payment Of Terrorism Losses, Disclosure Of Availability Of Terrorism Insurance Coverage, and Disclosure Of Terrorism Premium sections of this notice, and hereby reject the offer of coverage on a voluntary and informed basis.

Name (Signature) and Date

Name (Printed)

If you have rejected terrorism coverage, please sign this Policyholder Disclosure Notice and return to:

The Donegal Insurance Group
Commercial Lines Underwriting Department
PO Box 302
Marietta, PA 17547-0302



P.O. Box 302
Marietta, PA 17547-0302
(800)877-0600
www.donegalgroup.com

Commercial Liability Umbrella Policy Declarations Page

Coverage provided by:

Donegal Mutual Insurance Company

Policy Number: CXL9367833

Policy Type: Commercial Liability
Umbrella Policy

Reason Issued: Renewal

Effective Date: 09/09/2023

Renewal of Policy CXL9367833

Named Insured & Mailing Address:

IMOBILE TECH LLC
RAZA MIR
18720 BROOKE RD
SANDY SPRING MD 20860

Your Agency:

ADVANCED INSURANCE INC.
PO Box 470
FINKSBURG MD 21048
(410)861-6949
Agency Number: 0010645-00

Policy Period: From 09/09/2023 to 09/09/2024

This policy period begins and ends at 12:01 a.m. at the named insured's address shown above.

In consideration of the premium, insurance is provided for those coverages for which specific limits of insurance are shown or are otherwise stated as included; all subject to the provisions of this policy including its policy jacket, forms and endorsements. The total annual premium as shown is provisional and is subject to the premium audit provisions of the policy.

Policy Summary

Insured Premises:		
Description of Business: Electronics Stores	Form of Business: Limited Liability Company	
Certified Acts of Terrorism Coverage		Included
Total Annual Premium:		\$400 *

* Minimum premium applies

Limits of Insurance		
Each Occurrence Limit	\$1,000,000	
Personal & Advertising Injury Limit	\$1,000,000	Any one person or organization
Aggregate Limit (except with respect to "covered autos")	\$1,000,000	
Retained Limit		
Self-Insured Retention	\$10,000	

Schedule Of Underlying Insurance

Commercial General Liability	
Company:	Donegal Mutual Insurance Company
Policy Number:	BOP9367833
Policy Period:	09/09/2023 to 09/09/2024
Minimum Applicable Limits	
General Aggregate	\$4,000,000
Products-Completed Operations Aggregate	\$4,000,000
Personal and Advertising Injury	\$2,000,000
Each Occurrence	\$2,000,000

Commercial Auto Liability	
Company:	Donegal Mutual Insurance Company
Policy Number:	BOP9367833
Policy Period:	09/09/2023 to 09/09/2024
Minimum Applicable Limits	
Each Accident - Combined Single Limit	\$2,000,000
Aggregate Limit of Insurance - "Garage Operations"	Not Applicable
- Other Than Covered "Autos" (if applicable)	

Forms and Endorsements Contained In This Policy

CMOF 600	01/21	Policyholder Disclosure Notice Regarding Terrorism Insurance Coverage
CU 00 01	12/01	Commercial Liability Umbrella Coverage Form
CU 00 02	12/02	War Liability Exclusion
CU 01 30	06/02	Maryland Changes
CU 02 01	12/17	Maryland Changes - Cancellation And Nonrenewal
CU 21 12	09/00	Abuse or Molestation Exclusion
CU 21 18	09/00	Excl - Year 2000 Computer-Related & Other Electronic Prob.
CU 21 23	02/02	Nuclear Energy Liability Exclusion
CU 21 27	12/04	Fungi Or Bacteria Exclusion
CU 21 50	03/05	Silica or Silica-Related Dust Exclusion
CU 21 58	05/09	Communicable Disease Exclusion
CU 21 89	11/16	Public Or Livery Passenger Conveyance Exclusion
CU 24 30	04/13	Amendment Of Insured Contract Definition
CUD 00 03	07/09	Excl - Violation of Communications and Info Privacy
CUD 21 13	04/13	Amendment Of Liquor Liability Exclusion
CUD 21 30	01/15	Cap on Losses From Certified Acts of Terrorism
CUD 21 36	01/15	Exclusion of Punitive Damages Related to a Certified Act of Terrorism
CUD 21 55	06/06	Amended Terrorism Coverage - Covered Autos
CUD 21 87	08/13	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability
CUD 90 04	03/06	Auto Liability Following Form Endorsement
CUD 90 06	03/06	Punitive Damages Exclusion
CUD 90 13	02/07	Mobile Equipment Subject to Motor Vehicle Insurance Laws
CUD 90 15	04/09	Amendments To Policy Definitions

Forms and Endorsements Contained In This Policy *(Continued)*

CUD 90 28	01/08	Amendment - Employment-Related Practices Exclusion
CUD 90 36	04/13	Amendment - Professional Services Exclusion
IL 00 17	11/98	Common Policy Conditions
ILD 90 10	01/19	Asbestos Exclusion
ILD 90 11	01/19	Lead Exclusion