



Quote

February 5, 2016

Cyndi Marty

All Risks, Ltd.

Re: Attachment multi option quote

Option Number 1

We are pleased to offer this quote for coverage with Insurance Company of the West, A LICENSED, ADMITTED CARRIER and Certain Underwriters at Lloyd's, London; Syndicate 2007, 4444 and 958, A NON-ADMITTED, SURPLUS LINES CARRIER and Certain Underwriters at Lloyd's, London; Syndicate 4472, A NON-ADMITTED, SURPLUS LINES CARRIER and Hamilton Specialty Insurance Company, A NON-ADMITTED, SURPLUS LINES CARRIER

Please review carefully. Coverages, terms and conditions offered herein may be different than those requested in your submission. This quote does not indicate all exclusions, terms, and conditions contained in the policy. It highlights only certain aspects of the coverage being quoted. This quote is valid until February 5, 2016.

Policy Period Annual

**Location(s)
Covered** 5005 3rd Ave, Seattle, WA 98134
360 N. Rodeo Drive, Beverly Hills, CA 90210

Limits The total Limit of Insurance for this excess policy is:

1. \$1,000,000 part of \$1,000,000 (being 100.00%) per occurrence excess of \$5,000,000 per occurrence, excess of underlying deductibles.
2. \$1,000,000 part of \$1,000,000 (being 100.00%) per policy period as respects earthquake, excess of \$5,000,000 per policy period as respects earthquake, excess of underlying deductibles.
3. \$1,000,000 part of \$1,000,000 (being 100.00%) per policy period as respects flood, excess of \$5,000,000 per policy period as respects flood, excess of underlying deductibles.
4. \$1,000,000 part of \$1,000,000 (being 100.00%) per policy period as respects all other perils, excess of \$5,000,000 per policy period as respects all other perils, excess of underlying deductibles.



Risk Insurance Brokers

Quote
Option Number 1
Attachment multi option quote

Notwithstanding anything to the contrary contained in this policy, in no event will our liability exceed this limit in any one "loss occurrence", regardless of the number of coverages or locations involved and regardless of any additional coverages provided under this policy.

Subject always to the Limits of Insurance shown above, we will only be liable with respect to any one "loss occurrence", for an amount not exceeding our proportion of the excess over and above a net loss per occurrence of \$5,000,000 primary and or underlying insurance which in turn is excess over underlying deductibles.

Coverage	Building, Contents, Time Element, Extended Period of Indemnity (30 Days)
Causes of Loss	DIC including EQ/Flood (Flood is excluded for locations located in Federal Flood Zones prefixed "A" and/or prefixed "V" and/or prefixed "B" and/or any 100 year and/or any 500 year Flood Plain area.)
Valuation	100% Replacement Cost (RC) Time Element: Actual Loss Sustained
Minimum Underlying Deductibles	<u>Earthquake:</u> 5.00% of the total values at risk at the time of loss per unit, subject to \$50,000 minimum per occurrence. <u>Flood:</u> 5.00% of the total values at risk at the time of loss per unit, subject to \$50,000 minimum per occurrence. <u>All Other Perils :</u> \$25,000 per occurrence.
Premium	\$5,000 Based on TIV of \$71,550,000

\$500 Additional Premium for Certified Acts of Terrorism as provided by the Terrorism Risk Insurance Program Reauthorization Act as amended, excluding nuclear, biological and chemical terrorism.

TRIPRA Disclosure is attached. Please forward to applicant.



Risk Insurance Brokers

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**Inspection
Fee**

Inspection contact and phone number are required within 5 days of binding.
When coverage is bound, we will inspect:

360 N. Rodeo Drive, Beverly Hills, CA 90210

Please note inspection fees are fully earned.

**Minimum
Retained
Premium**

25%

Commission

16.0%

*** Note to
Broker**

These quota shares are subject to surplus lines taxes and fees.
Surplus Lines Taxes and fees will apply to the portion of the premium and fees applicable to the non-admitted quota share provisions. Broker is responsible for the calculation of all surplus lines taxes and fees, payment to the appropriate stamping office and filing of any and all applicable surplus lines forms.



Quote

February 5, 2016

Cyndi Marty

All Risks, Ltd.

Re: Attachment multi option quote

Option Number 2

We are pleased to offer this quote for coverage with We are pleased to offer this quote
written by Insurance Company of the West.

Please review carefully. Coverages, terms and conditions offered herein may be different than those requested in your submission. This quote does not indicate all exclusions, terms, and conditions contained in the policy. It highlights only certain aspects of the coverage being quoted. This quote is valid until February 5, 2016.

Policy Period Annual

**Location(s)
Covered** 5005 3rd Ave, Seattle, WA 98134
360 N. Rodeo Drive, Beverly Hills, CA 90210

Limits The total Limit of Insurance for this excess policy is:

1. \$5,000,000 part of \$5,000,000 (being 100.00%) per occurrence excess of \$5,000,000 per occurrence, excess of underlying deductibles.
2. \$5,000,000 part of \$5,000,000 (being 100.00%) per policy period as respects earthquake, excess of \$5,000,000 per policy period as respects earthquake, excess of underlying deductibles.
3. \$5,000,000 part of \$5,000,000 (being 100.00%) per policy period as respects flood, excess of \$5,000,000 per policy period as respects flood, excess of underlying deductibles.
4. \$5,000,000 part of \$5,000,000 (being 100.00%) per policy period as respects all other perils, excess of \$5,000,000 per policy period as respects all other perils, excess of underlying deductibles.

Notwithstanding anything to the contrary contained in this policy, in no event will our liability exceed this limit in any one "loss occurrence", regardless of the number of coverages or locations involved and regardless of any additional coverages provided under this policy.

Subject always to the Limits of Insurance shown above, we will only be liable with



Risk Insurance Brokers

Quote
Option Number 2
Attachment multi option quote

respect to any one "loss occurrence", for an amount not exceeding our proportion of the excess over and above a net loss per occurrence of \$5,000,000 primary and or underlying insurance which in turn is excess over underlying deductibles.

Coverage

Building, Contents, Time Element, Extended Period of Indemnity (30 Days)

**Causes
of Loss**

DIC including EQ/Flood
(Flood is excluded for locations located in Federal Flood Zones prefixed "A" and/or prefixed "V" and/or prefixed "B" and/or any 100 year and/or any 500 year Flood Plain area.)

Valuation

100% Replacement Cost (RC)
Time Element: Actual Loss Sustained

**Minimum
Underlying
Deductibles**

Earthquake: 5.00% of the total values at risk at the time of loss per unit, subject to \$50,000 minimum per occurrence.

Flood: 5.00% of the total values at risk at the time of loss per unit, subject to \$50,000 minimum per occurrence.

All Other Perils: \$25,000 per occurrence.

Premium

\$5,000
Based on TIV of \$71,550,000

\$500 Additional Premium for Certified Acts of Terrorism as provided by the Terrorism Risk Insurance Program Reauthorization Act as amended, excluding nuclear, biological and chemical terrorism.

TRIPRA Disclosure is attached. Please forward to applicant.

**Inspection
Fee**

Inspection contact and phone number are required within 5 days of binding.
When coverage is bound, we will inspect:

360 N. Rodeo Drive, Beverly Hills, CA 90210

Please note inspection fees are fully earned.



Risk Insurance Brokers

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Option Number 2

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**Minimum
Retained
Premium** 25%

Commission 16.0%

*** Note to
Broker**

These quota shares are subject to surplus lines taxes and fees. Surplus Lines Taxes and fees will apply to the portion of the premium and fees applicable to the non-admitted quota share provisions. Broker is responsible for the calculation of all surplus lines taxes and fees, payment to the appropriate stamping office and filing of any and all applicable surplus lines forms.



Quote

February 5, 2016

Cyndi Marty

All Risks, Ltd.

Re: Attachment multi option quote

Option Number 3

We are pleased to offer this quote for coverage with We are pleased to offer this quote
written by Insurance Company of the West.

Please review carefully. Coverages, terms and conditions offered herein may be different than those requested in your submission. This quote does not indicate all exclusions, terms, and conditions contained in the policy. It highlights only certain aspects of the coverage being quoted. This quote is valid until February 5, 2016.

Policy Period Annual

**Location(s)
Covered** 5005 3rd Ave, Seattle, WA 98134
360 N. Rodeo Drive, Beverly Hills, CA 90210

Limits The total Limit of Insurance for this excess policy is:

1. \$10,000,000 part of \$10,000,000 (being 100.00%) per occurrence excess of \$5,000,000 per occurrence, excess of underlying deductibles.
2. \$10,000,000 part of \$10,000,000 (being 100.00%) per policy period as respects earthquake, excess of \$5,000,000 per policy period as respects earthquake, excess of underlying deductibles.
3. \$10,000,000 part of \$10,000,000 (being 100.00%) per policy period as respects flood, excess of \$5,000,000 per policy period as respects flood, excess of underlying deductibles.
4. \$10,000,000 part of \$10,000,000 (being 100.00%) per policy period as respects all other perils, excess of \$5,000,000 per policy period as respects all other perils, excess of underlying deductibles.

Notwithstanding anything to the contrary contained in this policy, in no event will our liability exceed this limit in any one "loss occurrence", regardless of the number of coverages or locations involved and regardless of any additional coverages provided under this policy.

Subject always to the Limits of Insurance shown above, we will only be liable with



Risk Insurance Brokers

Quote
Option Number 3
Attachment multi option quote

respect to any one "loss occurrence", for an amount not exceeding our proportion of the excess over and above a net loss per occurrence of \$5,000,000 primary and or underlying insurance which in turn is excess over underlying deductibles.

Coverage	Building, Contents, Time Element, Extended Period of Indemnity (30 Days)
Causes of Loss	DIC including EQ/Flood (Flood is excluded for locations located in Federal Flood Zones prefixed "A" and/or prefixed "V" and/or prefixed "B" and/or any 100 year and/or any 500 year Flood Plain area.)
Valuation	100% Replacement Cost (RC) Time Element: Actual Loss Sustained
Minimum Underlying Deductibles	<u>Earthquake</u> : 5.00% of the total values at risk at the time of loss per unit, subject to \$50,000 minimum per occurrence. <u>Flood</u> : 5.00% of the total values at risk at the time of loss per unit, subject to \$50,000 minimum per occurrence. <u>All Other Perils</u> : \$25,000 per occurrence.
Premium	\$5,000 Based on TIV of \$71,550,000 \$500 Additional Premium for Certified Acts of Terrorism as provided by the Terrorism Risk Insurance Program Reauthorization Act as amended, excluding nuclear, biological and chemical terrorism. TRIPRA Disclosure is attached. Please forward to applicant.
Inspection Fee	\$200 charged by Insurance Company of the West, A LICENSED, ADMITTED CARRIER Inspection contact and phone number are required within 5 days of binding. When coverage is bound, we will inspect: 360 N. Rodeo Drive, Beverly Hills, CA 90210 Please note inspection fees are fully earned.



Risk Insurance Brokers

Quote

Option Number 3

Attachment multi option quote

**Minimum
Retained
Premium**

25%

Commission

16.0%

the ColdFusion Developer/Trial
Not for Production Use



Risk Insurance Brokers

Quote

Attachment multi option quote

The following terms and conditions apply to all options presented in this quote.

Forms Difference in Conditions Coverage UND 1211
 Homeowners Association Coverage Extension UND 1217

Conditions None

Quote Carrie Jackson
Presented By Sr. Underwriting Analyst
 Risk Insurance Brokers of the West
 11455 El Camino Real
 San Diego, CA 92130-2045
 phone: 858-350-2650
 fax: 858-350-2626
 email: GJohnston@riskinsbrokers.com

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended ("TRIA"), you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 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, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for the prospective premium of displayed separately on the quotation options.
<input type="checkbox"/>	I hereby reject coverage for certified acts of terrorism. I understand that I will have no coverage for losses arising from any certified acts of terrorism.

Insurance Company of the West, A LICENSED,
ADMITTED CARRIER and Certain Underwriters at
Lloyd's, London; Syndicate 2007, 4444 and 958, A
NON-ADMITTED, SURPLUS LINES CARRIER and
Certain Underwriters at Lloyd's, London; Syndicate 4472,
A NON-ADMITTED, SURPLUS LINES CARRIER and
Hamilton Specialty Insurance Company, A
NON-ADMITTED, SURPLUS LINES CARRIER

Policyholder's/Applicant's Signature

Insurance Company

Attachment multi option quote

Print Name

Named Insured

Date



Risk Insurance Brokers

Quote Date: February 5, 2016

The following information will be required at binding. If you would like to complete and send with your request to bind, you'll need to print this document and fill in the required fields. Confirmation of this information will be attached to your binder.

Named Insured: Attachment multi option quote

Non-Admitted Insurer(s): Hamilton Specialty Insurance Company, A NON-ADMITTED, SURPLUS LINES CARRIER

Certain Underwriters at Lloyd's, London; Syndicate 4472, is a
NON-ADMITTED, SURPLUS LINES CARRIER

Producer: Cyndi Marty
All Risks, Ltd.

This policy is being written on a surplus lines basis in states where the carrier(s) is approved/qualified but non-admitted.

I ACKNOWLEDGE RESPONSIBILITY TO ENSURE THAT I WILL COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS OF THE STATE OR STATES IN WHICH NON-ADMITTED COVERAGE IS BEING PROCURED UNDER THIS POLICY. FURTHERMORE, I ACKNOWLEDGE RESPONSIBILITY FOR THE PAYMENT AND FILING OF SURPLUS LINES TAXES AND FEES ASSOCIATED WITH THIS POLICY. I CERTIFY THAT THE SURPLUS LINES FILING WILL BE COMPLETED IN FULL COMPLIANCE WITH ALL APPLICABLE STATE SURPLUS LINES PROCEDURES.

PLEASE PRINT OR TYPE:

Name as it appears on the Surplus Lines License:

Address as it appears on the Surplus Lines License:

Surplus Lines License Number: (If business is procured in multiple states, list number associated with the home state license)

State of filing: (Home State)

NOTE: For all surplus lines policies issued to New Jersey Insureds, please provide the transaction number assigned by the New Jersey surplus lines broker. _____

Signature of Agency representative or individual broker holding License:

Date: _____

**** PLEASE RETURN TO YOUR UNDERWRITER ASAP ****