

Sifa Music Brothers
1611 South Catalina Avenue
Redondo Beach, CA 90277
(310) 265-3800
Agent: Emily Cap Email: emily@neeis.com Phone: 123456789

Date: 01/27/2017
Submission ID: 620885

THIS IS AN INDICATION ONLY

**MUST BE APPROVED BY A NEW EMPIRE
UNDERWRITER PRIOR TO BINDING**

**WE RESERVE THE RIGHT TO ADJUST PREMIUM(S)
UPON UNDERWRITERS REVIEW**

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Policy Summary

Named Insured

Sifa Music Brothers
1611 South Catalina Avenue
Redondo Beach, CA 90277

Contact: Emily Cap
Email: emily@neeis.com
Phone: 123456789

Insurance Company

Lloyd's of London / Barbican Syndicate 1955

Policy Term

Policy Term 365 Days
Proposed Effective: 01/27/2017 - 01/27/2018

Premium Summary

Cost

Premium Distribution	
Commercial Package	\$2,000
Taxes and Fees	
Surplus Lines Tax(0.03)	\$60.00
Stamping Office Fee(0.002)	\$4.00
Policy Fee	\$20.00
Total:	\$2,064.00

Commercial General Liability – Limits / Deductibles

Coverage	Limit	Deductible
Each Occurrence	\$1,000,000	Nil
General Aggregate Limit	\$1,000,000	Nil
Products & Completed Operations	\$1,000,000	Nil
Personal & Advertising Injury	\$1,000,000	Nil
Fire Damage (Any One Fire)	\$100,000	Nil
Non-Owned & Hired Auto Liability	\$1,000,000	

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Terms

THIS INSURANCE IS UNDERWRITTEN BY UNDERWRITERS AT LLOYD'S OF LONDON, REF. No. B1333ECB150004, 100% BARBICAN SYNDICATE 1955.

SUBJECTIVITY TO BIND:

- Signed TRIA Rejection Form
- Signed Surplus Lines Forms as per State Requirements

NOTE: Proposal descriptions are for summary purposes only. For a detailed description of the terms of the policy, please refer to the policy forms. Specimens of all of the below policy forms and endorsements are attached. Please note that this Quote contains only a general description of coverage provided.

Proposed Insured must be domiciled in the United States of America

Policy Forms / Endorsements

The following forms will be attached to any policy issued

CPK - BARCPKGC
NE CM 0000 11 14 - CGL:Commercial General Liability Declarations
SLC-3(USA) NMA2868 (24/08/00) - CGL:Lloyds Certificate
CG DS 01 10 01 - CGL:Commercial General Liability Declarations
CG 00 01 04 13 - CGL:Commercial General Liability Coverage Form
CG 21 44 07 98 - CGL:Limitation of Coverage to Designated Premises or Project
CG E02 AS 08 04 - CGL:Exclusions and Limitations Personal Injury and Advertising Injury
CG E01 AS 08 04 - CGL:Additional Exclusions, Limitations & Amendments
GL 0030 0610 - CGL:Exclusion-Fireworks with Exception for Concussion Effects, Flashpots and Smokepots
GL 0035 0610 - CGL:Exclusion-Personal and Advertising Injury Liability-Entertainment Industry
GL 0038 0610 - CGL:Exclusion-Sport, Athletic, Event, Exhibition or Performance Participants
CG 21 47 12 07 - CGL:Employment-Related Practices Exclusion
CG 00 68 05 09 - CGL:Recording and Distribution of Material or Information in Violation of Law Exclusion
CG E42 AS 08 04 - CGL:Exclusion-Feature Films for Theatrical Release
CG 21 46 07 98 - CGL:Abuse or Molestation Exclusion
CG E26 AS 08 04 - CGL:Knowledge-Notice of Occurrence
CG E31 AS 08 03 - CGL:Unintentional Errors & Omissions
CG E24 AS 08 04 - CGL:Liberalization Clause
GL 0041 0610 - CGL:Knowledge of Occurrence
GL 0019 0610 - CGL:Cross Liability Exclusion
GL 0008 0610 - CGL:Amendment of Employee Definition (Temporary Employee)
GL 0042 0610 - CGL:Limitation-No Stacking of Occurrence Limits of Insurance
GL 0001 0610 - CGL:Absolute Asbestos Exclusion
GL 0002 0610 - CGL:Absolute Lead Exclusion
CG 21 67 12 04 - CGL:Fungi or Bacteria Exclusion
CG 21 76 01 08 - CGL:Exclusion of Punitive Damages Related to a Certified Act of Terrorism
CG 21 96 03 05 - CGL:Silica or Silica-Related Dust Exclusion
CG 21 49 09 99 - CGL:Total Pollution Exclusion Endorsement
CG 21 75 06 08 - CGL:Exclusion of Certified Acts of Terrorism
CG 32 34 01 05 - CGL:California Changes
AI CD 71 OB 04 - NOAL:Business Auto Coverage Form Declarations
CA E02 AS 01 07 - NOAL:Business Auto Coverage Form
CA 00 01 03 10 - NOAL:Business Auto Coverage Form

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CA 20 54 10 01 - NOAL:Employee Hired Autos
AU 0011 0910 - NOAL:Explanation of Premium Basis
AU 0013 0910 - NOAL:Mexico Endorsement
AU 0017 0910 - NOAL:Who is an Insured Amended
CA 23 84 01 06 - NOAL:Exclusion of Terrorism
CA 01 43 05 07 - NOAL:California Changes
IL 02 70 08 11 - ALL:California Changes-Cancellation and NonRenewal
CL 0100 03 99 - ALL:Common Policy Conditions
CL 0700 10 06 - ALL:Virus or Bacteria Exclusion
IL 00 17 11 98 - ALL:Common Policy Conditions
IL 00 21 09 08 - ALL:Nuclear Energy Liability Exclusion Endorsement
LMA5091 12 07 - ALL:US Terrorism Risk Insurance Act of 2002 Amended
D-1(Eff July 21, 2011) - ALL:Notice Disclosure to Insured

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Underwriting Information Submitted

Applicant Information	
Name of Production Company	Sifa Music Brothers
Website	
Physical Location Address	1611 South Catalina Avenue, Redondo Beach, CA, 90277
Mailing Location Address	1611 South Catalina Avenue
Primary Contact Name	Sifa Music Brothers
Tel No.	(310) 265-3800
Fax No.	(310) 265-3800
Email	anthony@sifa.com

Budget Information	
Total Annual Production Costs	\$5,000
Number of Productions per Year	1
Maximum Cost Any One Production	N/A
Any Production Work Done for Others	N/A
Source of Finance	

Production Information	
Type Of Production	Short Film
Script / Story Synopsis	

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Declared Risks	Motorcycles
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Key Personnel	Name	Prior Projects
Producer		N/A
Director		N/A
Principal		N/A

This proposal is valid for 30 days from the date of issuance and is strictly conditioned upon no material change in the risk occurring between the date of this letter and the inception date of the proposed policy. Should there be any material changes in exposures or other hazards, we recommend that you submit the details of this information immediately, so that we may submit to the insurance carrier in order to complete the underwriting process

This letter does not amend or otherwise affect the terms, conditions, or coverage of any insurance policy issued by Underwriters at Lloyd's of London / Barbican. It is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any such policy. Whether coverage does or does not exist for any particular claim or loss under the policy depends on the facts and circumstances involved in the claim or loss and all applicable policy wording. Variations in state law regarding the interpretation of insurance policies may exist, and any statements of coverage scope or intent in this letter are general in nature and are subject to change based on such variations. Availability of coverage referred to in this letter may be dependent upon state regulations.

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DILIGENT SEARCH REPORT

(Please Refer to the Instructions on Page 3 of This Form)

1. _____ hereby submits that he/she is:
(Full name of the Individual)
- OR (A) Duly licensed under California Department of Insurance license number _____ ;
(B) Duly licensed and authorized to act as an endorsee on the organizational license of _____ ;
_____, California Department of Insurance license number _____ ;
(Name of Organization)
- and (C) that he/she or said organizational licensee was engaged by the insured named herein, or the insured's broker,
to obtain insurance as described in this report;
- and (D) is the licensee who performed or supervised this diligent search.
-
-

2. (A) Name of Insured _____
- (B) Address of Insured _____
(Street and Number)

(City) CA (State) (Zip Code)
- (C) Description of Risk _____
(e.g. Laundromat, liquor store, ...NOT TYPE OF COVERAGE)
- (D) Location of Risk _____
(Street and Number)

(City) CA (State) (Zip Code)
- (E) Type of Insurance coverage _____
(Enter Appropriate Code Number from pg.3)

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3. If **Private Passenger Automobile Liability Insurance** is identified on line 2(E), complete the following:

(A) Does the insured qualify as a "Good Driver" under Section 1861.025 of the California Insurance Code?

(CHECK ONE) YES ☐ NO ☐

(B) Does the coverage that you have placed include, in whole or in part, the limits of coverage provided under the California Automobile Assigned Risk Plan (CAARP)?

(CHECK ONE) YES ☐ NO ☐

(C) If YES, has this risk been submitted to and found to be ineligible by CAARP?

(CHECK ONE) YES ☐ NO ☐

If your answer is NO, then this coverage cannot be placed with a non-admitted insurer. (See Insurance Code section 1763.5)

4. If **Health Insurance** is identified on line 2(E), does the insured qualify as a "Small Employer" under Section 10700(x) of the California Insurance Code?

(CHECK ONE) YES ☐ NO ☐

5. If this insurance was placed pursuant to Section 125 et seq. of the California Insurance Code governing transactions with **risk purchasing groups** authorized by the Federal Liability Risk Retention Act of 1986, complete the following:

(A) Provide the name and address of the purchasing group of which the insured is a member _____

6. (A) **Describe the diligent efforts made to place this coverage with admitted insurers and describe how the search was performed (please add additional pages if necessary):**

PHONE CALLS AND APPLICATIONS SENT TO VARIOUS CARRIERS

(B) If search was performed by someone **other** than the person named on line 1, please provide full name of that individual:

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7. (A) Was the risk described in Section 2 submitted by you or by someone under your supervision to at least (3) insurers that are admitted in California **and** who actually write the type of insurance described on lines 2(C) and 2(E)?

(CHECK ONE) YES ☒ NO ☐

- (B) If YES, please complete ALL sections of the following table; if NO, skip to Section 8

Full Name of Admitted Company	First & Last Name of Company Representative AND Telephone Number	Check if Employee (E) or Agent (A)	Month, Year of Declination	Declination Code*
1.	<div><div></div><div>() - or "Online Declination" Website</div></div>	<div>E ()</div> <div>A ()</div>	<div>/</div> <div>2008</div>	2
NAIC #				
2.	<div><div></div><div>() - or "Online Declination" Website</div></div>	<div>E ()</div> <div>A ()</div>	<div>/</div> <div>2008</div>	2
NAIC #				
3.	<div><div></div><div>() - or "Online Declination" Website</div></div>	<div>E ()</div> <div>A ()</div>	<div>/</div> <div>2008</div>	2
NAIC #				

*Declination Codes: 1 - Company's capacity reached 2-underwriting reason 3-refused to state 4-other

8. If 7(A) was answered NO, complete the following:

- (A) Did you determine that fewer than 3 admitted insurers actually write the type of insurance described on lines 2(C) and 2(E)?

(CHECK ONE) YES ☐ NO ☐

- (B) If NO, please explain in detail why the risk was submitted to less than three admitted insurers in California that write this type of insurance.

- (C) If YES, please describe how you made this determination

The undersigned licensee hereby certifies that this report is true and correct, and that this risk is not being placed with a non- admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer.

(Signature of Licensee Named on Line 1)

(Date)

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DILIGENT SEARCH REPORT SL-2 -- "HELPFUL HINTS"

Because of the high volume of tags associated with the completion of the new Diligent Search Report Form SL-2 form, below are "helpful hints" in completing the form.

MOST IMPORTANT: the form must be clear and legible.

Question #1: Enter either the license number in (A) **OR** enter the name of the organization and its license number in (B). *Do not enter information on both (A) and (B).*

Question #2(A) & 2(B): The SL-2 form must exactly match the Insured's information contained in the application and binder (e.g. Name and Mailing Address)

Question #2(C): The description in (C) should state what is being covered by this policy (e.g. contractor, property owner, apartment, etc.), not what type of coverage of the policy (e.g. general liability, property, etc.)

Question #2(D): The street address is required for the location of the risk. If you have multiple physical addresses, simply type "*Various locations as on file with the company*". If the address is identical to the mailing address, simply type "2B" (do not type "Same" or "Same as 2B").

Question #2(E): List the appropriate code number for the Type of Insurance (e.g. 500 for General Liability, 994 for Multi-Peril/Package, 990 for Property, 450 for Inland Marine, etc.)

Questions #3, #4, #5 and #6(B): **Leave blank -- Do not mark "NO" or "N/A" and do not cross-out this section.**

Question #6(A): Ensure that it simply states that phone calls and applications were submitted to the listed companies.

Question #7(A): Should be marked **YES**

Question #7(B):

- All of the insurance companies listed, as rejecting coverage, must have the NAIC number written beside their name. Feel free to email Kristen Wheatley in our office to obtain that number (Email: kristenw@monarchexcess.com).
- Make sure all names of the representatives are listed along with their telephone number. Also, either an "E" (Employee) or an "A" (Agent) must be selected.
- The "Month, Year of Declination" must be before the effective date of the policy.

Question #8: **Leave blank -- Do not mark "NO" or "N/A" and do not cross-out this section.**

Signature Line: The signature must match the name of the person on Question #1

Signature Date: The date must be before the effective date of the policy

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NOTICE:

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. THE INSURER SHOULD BE LICENSED EITHER AS A FOREIGN INSURER IN ANOTHER STATE IN THE UNITED STATES OR AS A NON-UNITED STATES (ALIEN) INSURER. YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357. ASK WHETHER OR NOT THE INSURER IS LICENSED AS A FOREIGN OR NON-UNITED STATES (ALIEN) INSURER AND FOR ADDITIONAL INFORMATION ABOUT THE INSURER. YOU MAY ALSO CONTACT THE NAIC'S INTERNET WEB SITE AT WWW.NAIC.ORG.
5. FOREIGN INSURERS SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATE'S DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.
6. FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED STATES AND SHOULD BE ON THE NAIC'S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF APPROVED

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NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR "SURPLUS LINE" BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.

7. CALIFORNIA MAINTAINS A LIST OF APPROVED SURPLUS LINE INSURERS. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: WWW.INSURANCE.CA.GOV.

8. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

Date: _____

Insured: _____

D-1 (Effective July 21, 2011)

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**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

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. *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.

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

	I hereby elect to purchase terrorism coverage for a prospective premium of \$ _____ .
	I hereby 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.

Policyholder / Applicant's Signature | Insurance Company

Print Name | Policy Number

Date