

11264

POLICY NUMBER: 84 SBM BY6471

EFFECTIVE DATE: 02/28/2008

EXPIRATION DATE: 02/28/2009



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under all lines of insurance in this policy subject to the Terrorism Risk Insurance Act.

A. 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. The federal share equals 85% of that portion of such insured losses that exceed the applicable insurer deductible. However, if aggregate insured losses attributable to "certified acts of terrorism" under the Terrorism Risk Insurance Act, as amended (TRIA), exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of such losses that exceeds \$100 billion.

B. Cap On Certified Terrorism Losses

A "certified act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism. The criteria contained in TRIA, for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to TRIA; and
2. The act 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

3. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.

If aggregate insured losses attributable to "certified acts of terrorism" under TRIA exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under TRIA, we shall not be liable for the payment of any portion 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.

C. Application Of Other Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion, War Exclusion or the War And Military Action Exclusion.

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**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN
RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK
INSURANCE ACT.**

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts):

\$ No Change

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, as amended (TRIA), we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for "certified acts of terrorism" under TRIA. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement.

B. 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. The federal share equals 85% of that portion of such insured losses that exceeds the applicable insurer deductible.

However, if aggregate insured losses attributable to "certified acts of terrorism" under TRIA 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.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to "certified acts of terrorism" under TRIA exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under TRIA, we shall not be liable for the payment of any portion 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.

D. All other terms and conditions remain the same.

Clarification on the \$100 Billion Cap and Federal Participation

For the duration of the Program, the federal share of losses, after the insurer satisfies its applicable deductible, is 85% of insured losses under the Program. If industry aggregate insured losses attributable to terrorist acts certified under TRIA exceed \$100 billion in a Program Year (January 1 through December 31), and we have met our insurer deductible, 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. Furthermore, if aggregate insured losses attributable to "certified acts of terrorism" under TRIA exceed \$100 billion in a Program Year (January 1 through December 31) the Treasury will not make any payment for any losses that exceed \$100 billion.

Policy Changes

Pursuant to TRIA, we previously made coverage available to you for "certified acts of terrorism" in certain policies we offered, subject to the terms and conditions of your policy. If you elected to reject such coverage, an exclusion(s) for "certified acts of terrorism" was made a part of your policy at the time of your rejection. In accordance with the extension of TRIA, and due to, among other things, the inclusion of domestic terrorism in the definition of "certified acts of terrorism", we are required to again make coverage available to you. For the duration of this policy term, at no change in premium, current terrorism exclusions are null and void. Attached to this notice are two endorsements to your policy to bring it into compliance with TRIA – Disclosure Pursuant To Terrorism Risk Insurance Act and Cap On Losses From Certified Acts Of Terrorism.

At renewal we will provide you with an offer of coverage for "certified acts of terrorism" and such coverage will be included on your renewal policy unless you reject the offer by signing a rejection notice. If you wish to reject our offer of terrorism coverage, please contact your agent or broker prior to renewal and an exclusion(s) of "certified acts of terrorism" will be made part of your renewal policy.

Please contact your agent, broker or representative if you have questions



11264
ADVANTAGE SOLUTIONS INC
105 N. KETCH DRIVE
FORT LAUDERDALE, FL 33326

IMPORTANT NOTICE TO POLICYHOLDERS REGARDING TERRORISM RISK INSURANCE ACT

On December 26, 2007, legislation was enacted extending the federal Terrorism Risk Insurance Act until December 31, 2014 (as amended, "TRIA" or the "Program"). The extension contained the following important changes which may reduce coverage provided under your policy.

Amendment of the definition of "Certified Acts of Terrorism"

TRIA extended the reinsurance program within the United States Department of the Treasury, under which the federal government and the insurance industry share the risk of loss from future "certified acts of terrorism". Previously, TRIA defined "certified acts of terrorism" to include only acts of terrorism committed by an individual or individuals "acting on behalf of any foreign persons or foreign interest". This was commonly referred to as "foreign terrorism". Coverage for "domestic terrorism", or acts of terrorism perpetrated by persons with no ties to foreign persons or interest, was provided in accordance with the terms and conditions of your policy, unless specifically excluded. On policies effective on or after December 26, 2007, TRIA no longer distinguishes between foreign and domestic terrorism in its definition of "certified acts of terrorism."

For the duration of the Program, "certified acts of terrorism" will be defined in our policies as follows:

Any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act, as amended, (TRIA). The criteria contained in that Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to TRIA; and
2. The act 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
3. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals acting 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.

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE
01-04-2008

PRODUCER

STUCKEY & COMPANY/PHS
539645 P: (866) 467-8730 F: (877) 538-8526
O BOX 29611
CHARLOTTE NC 28229THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

ADVANTAGE SOLUTIONS INC
105 N. KETCH DR.
FORT LAUDERDALE FL 33326

INSURER A: Hartford Casualty Ins Co

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	84 SBM BY6471	02/28/08	02/28/09	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$10,000
	<input checked="" type="checkbox"/> General Liab				PERSONAL & ADV INJURY \$1,000,000
					GENERAL AGGREGATE \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	84 SBM BY6471	02/28/08	02/28/09	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

Interpros Consulting Inc
204 2nd Ave.
Waltham, MA 02451

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



STUCKEY & COMPANY/PHS
PO BOX 29611
CHARLOTTE NC, 28229

07894
ADVANTAGE SOLUTIONS INC
105 N. KETCH DR.
FORT LAUDERDALE FL 33326

00001284 SBM BY6471 07895



SPECTRUM BUSINESS INSURANCE



Audit Adjustment

PREMIUM AUDIT DEPARTMENT
EASTERN BUSINESS CENTER
4401 MIDDLE SETTLEMENT RD.
NEW HARTFORD NY 13413

For questions regarding this audit adjustment, please contact your Customer Service Representative:

Telephone Number (Toll Free): 1-800-962-6170 EXT. 4193

TELEPHONE NUMBER (LOCAL): 1-315-797-1016 EXT. 4193

Fax Number: 1-888-841-5831

E-Mail: ESC.AUDIT@THEHARTFORD.COM

For questions regarding your insurance coverage, please contact your Insurance Agent:

STUCKEY & COMPANY/PHS

*2000284BY64710207 01282



**STATEMENT OF PREMIUM ADJUSTMENT – FINAL AUDIT
SPECTRUM BUSINESS INSURANCE**



INSURER: HARTFORD CASUALTY INSURANCE COMPANY

POLICY NUMBER: 84 SBM BY6471
POLICY PERIOD: 02/28/07 To 02/28/08

AUDIT PERIOD: 02/28/07 To 02/28/08
DIRECT BILL #: 11576445

HOUSING CODE: DV

NAMED INSURED AND MAILING ADDRESS:

ADVANTAGE SOLUTIONS INC

PRODUCER'S NAME:

STUCKEY & COMPANY/PHS

105 N. KETCH DRIVE
FORT LAUDERDALE FL 33326

PRODUCER'S CODE: 539645

Program/State/Location/Building Description	Class Code	Basis of Premium	Rate	Earned Premium
PROGRAM: MANUFACTURER				
STATE: 09 FLORIDA				
LOCATION: 001 BUILDING: 001				
105 N. KETCH DRIVE				
FORT LAUDERDALE FL 33326				
COMPUTER SYSTEMS INTEGRATION SERVICES				
AUDIT PERIOD 02/28/07 TO 02/28/08				
BUSINESS LIABILITY	11081	215,000	1.9446	418.00
AUDIT PERIOD 02/28/07 TO 02/28/08				
TECHNOLOGY SERVICES	11081	418	.1000	42.00
AUDIT PERIOD 02/28/07 TO 02/28/08				
TERRORISM COVERAGE		460	.0100	5.00
FL FIRE COLLEGE SURCHARGE				0.22AP
FHCF ASSESS CL				2.00AP
STATE TOTAL EARNED PREMIUM - FL				460.00

STATEMENT	TOTAL EARNED PREMIUM:	467.22
	DEPOSIT PREMIUM:	225.00
	NET ADDITIONAL PREMIUM:	242.22

ONLY ADJUSTMENT NECESSARY

Premiums calculated hereon are subject to revision and approval by the Home Office and assumes that the premium, shown above, has been paid.

*2000284BY64710207 01283



PREMIUM AUDIT ADJUSTMENT NOTICE

THIS IS NOT A BILL

The attached audit statement reflects the actual premium of your Hartford policy for the policy period shown on the statement. The adjustment represents the difference between the actual premium and the estimated premium on which your previous bills were based.

If your audit results in a return premium, the Hartford will apply the credit to your account balance. If your account is paid in full a refund will be sent.

If your audit results in an additional premium, the Hartford will bill the audit in full with your next scheduled installment.

Your insurance agent also is being mailed a copy of this audit statement. If you have a question about this audit adjustment, please contact your insurance agent.

Thank you for doing business with The Hartford!



**YOUR INSURANCE RENEWAL IS
ENCLOSED. IT'S TIME TO REVIEW
YOUR POLICY.**

Policy Number: 84 SBM BY6471
Source Code: APR-COV-100 v2

Dear Customer:

As a business owner, you've seen your business change over time. These changes may take a number of different forms, for example, have you:

- ☐ increased or decreased your workforce?
- ☐ purchased or sold equipment?
- ☐ increased your sales?
- ☐ expanded your business operations
- ☐ moved or added locations?

If the answer to any of these (or similar) questions is "yes", in all likelihood your insurance requirements have changed.

In order to ensure that the coverage provided by your Hartford policy corresponds to your business today, make it a point to review your policy with a Hartford representative as soon as possible. When you call, we'll review your current policy, discuss any changes to your business, and assist you in evaluating your business needs in relation to the latest products and coverage options that are available. It is our goal to help you minimize your risk and perhaps even reduce your costs.

It's easy, convenient...and very important!

Contact us any weekday from 8 A.M. to 6 P.M. EST for your comprehensive and complimentary Annual Policy Review. Call toll free (866) 467-8730, press 1 and extension 3030. It's that simple.

Your agent and The Hartford thank you for placing your insurance with us. We look forward to speaking with you.

Sincerely,

Your Customer Service Team at The Hartford

The Hartford - Select Customer Insurance Center

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IMPORTANT NOTICE TO POLICYHOLDERS WITH PREMISES OR OPERATIONS IN FLORIDA

Florida Insurance Guaranty Association

Companies writing property and casualty insurance business in Florida are required to participate in the Florida Insurance Guaranty Association (FIGA). The Florida Insurance Guaranty Association administers assessments that are necessary for the payment of covered claims. Each insurance company is assessed its fair share.

Florida allows companies to surcharge policies to recover these assessments.

Your policy includes the following surcharges:

**FIGA REGULAR
FIGA EMERGENCY**

The surcharges for your policy appear as FL FIGA REG and FL FIGA EMG.

Failure to pay the FL FIGA REG and FL FIGA EMG Surcharges by the policyholder shall be treated as non-payment of premium and will be sufficient cause to cancel the policy.

**IF YOU HAVE ANY QUESTIONS ABOUT THE FL FIGA SURCHARGES, PLEASE CONTACT
YOUR HARTFORD AGENT.**

Direct Bill Information

You will soon receive your first bill from The Hartford. Please do not make any payment until you receive your bill.

Your insurance policy is in force as of the effective date shown on the policy. (If you do not wish to continue your coverage with The Hartford, you must contact your Hartford agent or broker immediately. In addition, you must either return your policy to The Hartford or submit to The Hartford a signed "Lost Policy Release" form, which you can obtain from your agent or broker.)

Here's how you will be billed:

- o Your total premium is displayed on the front of your policy. You will be billed according to the payment plan under which you are enrolled.
- o Please pay the exact amount of the "minimum due" shown on your bill or you may choose to pay your total premium in full. Please note that a nominal service fee is added to each billing installment. To save on service fees, you may prepay future installments if you wish. To avoid late payment fees, please pay the "minimum due" so that it is received by the due date shown on your bill. Service and late payment fees do not apply in all states.
- o If you are on the installment billing plan and a credit or additional premium is due as the result of a change made to your policy, the credit or additional premium will be spread equally over the future billing installments.
- o For your convenience, more than one policy may be combined on a single monthly bill. This means you can add eligible policies to your billing account at any time.

If you have any questions about your bill, please call The Hartford's Customer Service toll-free number 1-866-467-8730.

Options for Making a Payment:

- o ***Repetitive EFT*** **Want a fast and easy way to make your scheduled payments to The Hartford?** Then sign up for Electronic Funds Transfer (EFT) and save*. By having your payments automatically deducted from your bank account, you don't have to write and mail a check or worry about your payment being received on time. To learn more about EFT and to sign up today for this time saving service:
 - o Call customer service, toll-free at 1-866-467-8730
 - o Press 2 for "Payment or Billing Account Information"
 - o Say "I'm a Policyholder"
 - o Say "EFT"
- o ***Pay by Phone*** Call toll-free at 1-866-467-8730 to make a one-time payment.
- o ***Mail Check*** Send in a check with your remittance stub in the envelope enclosed with your bill.

*EFT savings not applicable in LA, MT, TX, VA, & WA