



Evolution Insurance Brokers, LC  
 8722 S. Harrison St., Sandy, UT 84070 - P.O. Box 4439, Sandy, UT 84091  
 Phone: 800-257-5590 - Fax: 877-452-6910  
 Website: - bind@eibdirect.com

8/12/2019  
 Ecarve LLC  
 6381 Nodoc Rd.  
 Spring Hill, FL 34609

Re: Ecarve LLC

Please find below an Indication Quote. In order to accommodate the insurer's underwriting parameters and/or the insured's premium preference, the Quote may contain coverage options or be based upon factors such as lower limits of liability or a higher self-insured retention or deductible than what was stated as preferred on the Application. Accordingly, please read the Quote carefully.

**INDICATION QUOTE**

Quote number: JM1908085-1                      Customer number: E19-508085  
 Underwriter: Jamie Marvidakis              Direct phone no.: (801) 304-3769              E-mail: jamiem@primeis.com

This is an Indication Quote only. The prices listed below are subject to review and change after receipt of any requested additional information. This Indication Quote is valid for thirty (30) days from today unless the Company withdraws this Indication in writing or issues a new or revised Indication Quote.

**Please read these important notices regarding unique terms of quoted coverage:**

Unless otherwise specifically indicated herein, or in the policy forms themselves, the following apply to the quoted policy:

- (1) The quoted policy is a manuscript policy which differs substantially from standard insurance forms, please review this quote and the policy carefully to ensure that it meets your insurance needs;
- (2) This policy is quoted for claims-made-and-reported coverage which includes strict reporting requirements. However, you have the option of purchasing broader "occurrence coverage" for an additional premium as quoted below;
- (3) If you are purchasing claims-made-and-reported coverage, you have the option of purchasing broader "retroactive coverage" as explained and quoted below;
- (4) The quoted policy requires any disputes arising out of the policy to be resolved in a Utah court applying Utah law;
- (5) The quoted policy may not include all the coverages you have requested in your application and the insurance company has no obligation to quote all coverage and terms you may have requested. Please review this quote to ensure it meets your insurance requirement;
- (6) The quoted policy may not provide all the insurance you are required to have under federal or local laws. You, and your broker/agent if you have one, are solely responsible to ensure that the type and amount of coverage you have selected meets your needs and the requirements of your operation; and
- (7) In the event a court reforms or revises the quoted policy to comply with laws or regulations governing your operations, and such reformation or revisions results in the insurance company providing more or broader coverage than you have selected, you are required to indemnify the Company for any increased exposure created by your failure to purchase mandated insurance.

**Description of risk(s):** Rental Stores  
**Description of coverage:** Commercial Liability Excluding Products and Completed Operations

<b>Minimum earned: 40%</b>		
<b>Premium:</b>	<b>\$5,288.00</b>	
<b>Policy/inspection fee:</b>	<b>\$350.00</b>	
<b>State taxes:</b>	<b>\$281.90</b>	<b>Total due: \$5,925.54</b>
<b>SLSC:</b>	<b>\$5.64</b>	
<b>Total:</b>	<b>\$5,925.54</b>	

**TO BIND COVERAGE:** Several other conditions must be met prior to binding coverage, including but not limited to, receipt of payment, compliance with all stated conditions below, and receipt of all completed forms and requested information. Coverage is not bound until the policy has been formally bound by the insurance company. Nobody has any binding authority and must obtain prior written approval from the company. In the event of any material change in underwriting information before coverage is bound, terms may be modified or withdrawn by the underwriter.

**INDICATION QUOTE  
(cont.)**

**Commercial Liability:**

\$50,000 Per Person  
 \$100,000 Per Accident  
 \$1,000,000 Aggregate  
 \$2,500 SIR-BI  
 \$2,500 SIR-PD

Products:  Include  Exclude  
 Completed ops:  Include  Exclude  
 Form type:  Claims Made  Occurrence

**Limitations: The policy provides coverage for only those activities and operations otherwise covered under the policy as listed below and for which a specific coverage charge has been paid.**

Classification and description of activities and operations	Code no.	Basis of coverage charge
Rental - Mopeds & Scooters - Per Unit	16653	Number of units: 18
Rental - Moped & Scooters - Receipts	16654	Annual gross receipts

<u>Loc no.</u>	<u>Address</u>
1	5780 Main St New Port Richey, FL 34652

**Optional limits:** Limits and charges for non-liability coverage would remain the same (premium does not include fees or taxes).

- Option # 2** Per Person : 100,000 / Per Accident: 250,000 / Aggregate: 1,000,000 Premium: \$7,258.  
Other: / Other: / Other:
- Option # 3** Per Person : 250,000 / Per Accident: 500,000 / Aggregate: 1,000,000 Premium: \$11,508.  
Other: / Other: / Other:
- Option # 4** Per Person : 500,000 / Per Accident: 1,000,000 / Aggregate: 2,000,000 Premium: \$19,958.  
Other: / Other: / Other:
- Option # 5** Per Person : 1,000,000 / Per Accident: 1,000,000 / Aggregate: 2,000,000 Premium: \$25,920.  
Other: / Other: / Other:

**INDICATION QUOTE  
(cont.)**

**Other coverages available: (additional underwriting required and an increase in premium, if accepted)**

**Retroactive coverage:** One year of retroactive coverage is available for an additional premium of: \$5,288. Additional years are available, but require additional underwriting. (See "Explanation of retroactive coverage" below).

**Occurrence coverage:** Unless otherwise stated herein, the policy is quoted on a claims-made-and-reported basis. However, you may purchase broader occurrence coverage for an additional: 60% of the quoted premium.

**Explanation of retroactive coverage:** If the quoted policy is a claims-made-and-reported policy, you should consider purchasing broader "retroactive coverage". A "claims made and reported" policy provides coverage only for incidents that occur during the policy period where the claim is also made and reported during that same coverage period. If an accident occurs during a different policy period than the policy period during which the claim is first made against you, or reported to the insurance company, there would be no coverage. "Retroactive coverage" broadens coverage so that an accident occurring before the policy will be covered if the claim is made and reported during the next policy period year. As such, retroactive coverage provides continuous uninterrupted coverage for claims made against you during the new coverage period but which result from an accident that happened before the new coverage period. If you have questions regarding retroactive coverage, please contact us or your broker/agent.

**Coverage and premium rates are subject to the following conditions:**

Coverage is based on: 30,000 receipts, 18 units.

Currently valued 5-year loss history (if applicable) with claim details required: circumstance, extent of injury/damage, etc.

If Higher Liability Limits are required by the insured, please contact underwriting for a formal quote.

If using outside finance companies, the underwriter must be notified prior to binding - sample policy forms will be sent.

Only scheduled operations are covered.

Optional Limit pricing may not reflect the correct commission level.

Subject to the insured's completion of a discussion call with our Risk Management Department within 30 days of binding coverage. Toll Free 877-585-2851

Provide a government issued document evidencing the exact name of the legal entity to be insured, including any DBA's or alternative names

Quote excludes Additional Insureds unless stated on the Declaration Page. AI can be added for additional premium.

Subject to a Liability Release Form that has been provided by our Risk Management Department.

Subject to a newly-completed and signed Application confirming the coverage quoted.

Subject to a newly-completed and signed Claims Warranty and Coverage Statement.

Subject to an acceptable operations/safety review by our Risk Management Department.

A complete itemized schedule of equipment is required.

All renters must be provided a helmet & wrist guards.

All equipment must be picked up & dropped off at insureds location.

All equipment must be checked in and out by employee.

Excludes inland marine and personal use.

Excludes premises liability.

# Greenlight Premium Financing Options

( Monthly Payments as low as: \$543.23 )

Please Sign and  
Return this Form

Quote date: 8/12/2019

Company name: Ecarve LLC

Customer number: E19-508085 Total premium due (includes taxes and fees): \$5,925.54

If you want to finance, INITIAL the option containing the finance terms of your choice.

Choose ONLY ONE option otherwise 100% of the total premium is due.

	<b><u>25% Down Payment *</u></b> <b>\$1,481.39</b> <small>*Auto draft monthly payments are required</small>	<b><u>30% Down Payment</u></b> <b>\$1,777.66</b>	<b><u>40% Down Payment</u></b> <b>\$2,370.22</b>
<b><u>3 Monthly Payments</u></b>	Initial Here	Initial Here	Initial Here
	3 @ \$1,531.31	3 @ \$1,430.11	3 @ \$1,227.71
Interest Rate	14.75%	14.75%	14.75%
Finance Charge	\$149.77	\$142.45	\$127.82
Final APR**	20.11 %	20.49 %	21.45 %
Amount Financed	\$4,444.16	\$4,147.88	\$3,555.32
Total of Payments	\$4,593.93	\$4,290.33	\$3,683.14
<b><u>5 Monthly Payments</u></b>	Initial Here	Initial Here	Initial Here
	5 @ \$933.81	5 @ \$872.09	5 @ \$748.65
Interest Rate	16.50%	16.50%	16.50%
Finance Charge	\$224.88	\$212.55	\$187.90
Final APR**	20.02 %	20.27 %	20.90 %
Amount Financed	\$4,444.16	\$4,147.88	\$3,555.32
Total of Payments	\$4,669.03	\$4,360.43	\$3,743.23
<b><u>7 Monthly Payments</u></b>	Initial Here	Initial Here	Initial Here
	7 @ \$677.61	7 @ \$632.81	7 @ \$543.23
Interest Rate	17.25%	17.25%	17.25%
Finance Charge	\$299.09	\$281.82	\$247.28
Final APR**	19.87 %	20.05 %	20.52 %
Amount Financed	\$4,444.16	\$4,147.88	\$3,555.32
Total of Payments	\$4,743.25	\$4,429.70	\$3,802.60
<b><u>9 Monthly Payments</u></b>	<b><u>Option Not Available</u></b>	<b><u>Option Not Available</u></b>	<b><u>Option Not Available</u></b>
Interest Rate			
Finance Charge			
Final APR**			
Amount Financed			
Total of Payments			

Check this box if you would like to setup your monthly payments to be auto drafted (this option is for 30 & 40% down, all 25% down payments will automatically be setup up for auto drafts).

**After initialing an option listed above, sign the agreement on the next page and attach a check for the down payment amount shown in your selected option above.**

**\*Note: All 25% down payment options require an automatic draft from your bank account monthly.**

**\*\*Note: Final APR is based on the annual percentage rate plus fees for the duration of the number of monthly payments selected.**

This is not a loan document and is not binding on any premium finance company to accept any loan for the undersigned.

The first payment is due in 30 days after the coverage effective date.

## Greenlight Premium Financing Request (Continued)

Please Sign and  
Return this Form

**Yes, I want to finance** according to the option selected on the previous page (please sign and see down payment methods below)  
(Note: All 25% down payment options require an automatic draft from your bank account monthly.)

The undersigned insured/member requests that, EIB International, LLC. (EIB) a Utah company, arrange the financing for its premium in monthly installments and hereby irrevocably appoints EIB a limited power of attorney to complete and execute a premium financing agreement on its behalf.

The undersigned shall have the right to, without charge, rescind by paying to EIB the net amount financed on the financing agreement executed on its behalf by EIB within 10 days after EIB or the actual premium finance company (PFC) mails to the undersigned a true copy of the actual premium financing agreement being executed by EIB as attorney-in fact for the undersigned. Failure to rescind shall be deemed a ratification and affirmation of the actions of the attorney-in-fact in the execution of a premium financing.

**Security Interest:** Borrower hereby gives the PFC a security interest in and assigns any amount payable to Borrower under the policy to first satisfy any amounts owed by borrower to PFC, including interest, late fees or cancellation charges. Borrower agrees that PFC shall be listed as a loss payee on the policy and that PFC's interest shall have priority over any other loss payees or lienholders. This security interest shall include, without limitation, any and all unearned premiums and dividends which may be payable under the insurance policies listed in the Schedule of Policies, loss payments which reduce the unearned premiums, and any interest arising under a state guarantee fund relating to these items.

**No, I do not want to finance.** I am paying 100% of the total premium listed on my quote. (See payment methods below)

### Authorization to Set Up Financing

I, the insured, have read and authorize (EIB) to set up financing according to my selection on the previous page.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and title

### PAYMENT METHOD: PAY BY WIRE, PHONE, FAX, OR MAIL

BANK WIRE	CHECK VIA OVERNIGHT OR EXPRESS MAIL	CHECK BY FAX CREDIT CARD BY PHONE
<b>Account name:</b> Evolution Insurance Brokers, LC	EIB  8722 South Harrison St, Sandy, UT 84070	<b>FAX:</b> 1-877-452-6910
<b>Bank name:</b> People's Intermountain Bank		<b>E-MAIL:</b> ar@primeis.com
<b>Telephone:</b> 801-428-0532		
<b>Routing no.:</b> 124301025		
<b>Account no.:</b> 07110224		<b>PHONE:</b> 1-877-257-5590

**CHECK DISCLOSURE:**

Checks received may be processed electronically. The Company, through its bank, has the ability to provide electronic check processing rather than submitting a paper copy of the check to the bank. Funds transfer in the same manner if transacted electronically or by submitting a paper copy of the check to the bank, except funds transfer the day the information is received with electronic processing rather than within a few business days as with a paper check. Electronically processed checks transactions appear on your bank statement in the same manner as paper checks. Charge will appear as 'Evolution Insurance Brokers, LC Premium Trust.'

**CHECK BY FAX METHOD:**

1. Make out physical check, payable to Evolution Insurance Brokers. Date and sign the check, but do not mail it.
2. Complete and sign the authorization, giving us permission to convert check to an EFT (Electronic Funds Transfer). Transaction will appear as a debit from Evolution Ins BK
3. Tape the check to this form, where indicated at the bottom. Fax this form and check to 1-877-452-6910
4. Keep this form and original check. DO NOT MAIL IT

**Attach Check here or Enter Check Information:**

<b>Bank name and address:</b> _____	
<b>Bank routing no.(usually 9 digits):</b> _____	<b>Account no.:</b> _____
<b>Amount of check: \$</b> _____	<b>Check no.:</b> _____
<b>Authorized by:</b> _____	<b>Date</b> _____

**Signature of authorization:** \_\_\_\_\_ **Date** \_\_\_\_\_

**IF FINANCING:** Attach an additional check if you would like to use a different account for your auto draft monthly payments.

**SERVICE FEE:** EIB reserves the right to collect directly from your account a processing fee of \$25 for any incomplete transaction due to insufficient funds in your account (i.e. a "bounced check").

This is not a loan document and is not binding on any premium finance company to accept any loan for the undersigned.  
The first payment is due in 30 days after the coverage effective date.

Please Sign and  
Return this Form

## PERSONAL GUARANTEE

PAP-99-35

Coverage provided under the policy is contingent on the following:

I hereby agree that I will be personally responsible for any unpaid premiums, self insured retentions ("SIRs") and/or deductibles payable under the policy. I acknowledge and agree that my obligation to pay such amounts will not be diminished or otherwise altered by a change in ownership or management of the insured entity, or by bankruptcy, dissolution, insolvency or any other change with respect to the insurance company. All such amounts shall be paid within fifteen (15) calendar days of written notice provided to me by the Insurer. In the event such amounts are not paid within that time, I acknowledge and agree that I will be responsible for all collection costs, including reasonable attorneys fees.

INSURED'S NAME: \_\_\_\_\_

NAME OF OWNER/NAMED INDIVIDUAL: \_\_\_\_\_

OWNER'S/NAMED INDIVIDUAL'S SIGNATURE: \_\_\_\_\_, DATED: \_\_\_\_\_

I also understand that my relationship with my insurance carrier depends on honesty. I trust that my insurance carrier will be honest with me and I promise to be honest with them. I know that it would be dishonest to submit an inflated insurance claim. I also know that it would be dishonest to exaggerate about the events surrounding the accident that resulted in an insurance claim. My integrity is important to me and I promise to maintain a high moral standard in my dealings with my insurance carrier.

OWNER'S/NAMED INDIVIDUAL'S SIGNATURE: \_\_\_\_\_, DATED: \_\_\_\_\_

Please Sign and  
Return this Form

**SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT**

At my direction, Evolution Insurance Brokers, LC. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured

---

By

Signature of Named Insured

Date

Printed Name and Title of Person Signing

---

Name of Excess and Surplus Lines Carrier

---

Type of Insurance

---

Effective Date of Coverage

---



Please Sign and Return this Form

### INSURED CONTACT FORM

Prime's Risk Management Department fosters a mutually beneficial relationship with every insureds by taking a partnership approach to the management of each insured's account.

We begins this partnership with a call to the insured where we:

- Welcome you to the company,
- Review policy terms, limits, and conditions,
- Establish a direct point of contact for risk management related concerns.

**In addition to the conditions of the policy, below are three requirements that the applicant needs to complete during the policy period:**

1. Return a signed copy of the Policy Receipt Form and Coverage Conditions Summary to Risk Management Department within 10 calendar days of receipt of the policy.
2. Complete a risk management discussion call within 30 days of the policy being bound.
3. An onsite visit will be completed during the policy period at our discretion. We encourage your agent to also be part of this onsite visit.

**Please complete:**

Owner/decision maker name(s): \_\_\_\_\_

Contact phone number(s): \_\_\_\_\_

Contact email address(s): \_\_\_\_\_

Physical location for business operations: \_\_\_\_\_

Agent contact & agency: \_\_\_\_\_

Agent phone number: \_\_\_\_\_

If you do not receive a phone call within 14 days of the policy being bound, please contact one of our team members at 1-877-585-2851. We are available Monday through Friday, 7:00 AM - 6:00 PM Mountain Time.

**By signing below, I understand that I will need to complete a discussion call with the Risk Management Department within 30 days of policy being bound and returned a signed copy of the Policy Receipt form and Coverage Conditions summary within 10 days of the receipt of the policy. I also understand that there may be a required onsite visit completed at my physical location during the policy period to keep coverage in effect.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Print applicant's name



Please Sign and Return this Form

**COVERAGE REQUEST FORM**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant: Ecarve LLC Producer: Evolution Insurance Brokers, LC.  
Quote #: JM1908085-1 Amount due: \$5,925.54 Requested bind date: 08/12/2019

**Coverage will not be bound until the following documents are received:**

- A valid Indication Quote with all requirements reviewed and complied with.
- A completed and signed Coverage Request Form.
- A completed and signed Claims Warranty.
- Amount due to bind Policy, in full, unless financed through Greenlight Premium Finance, in which case attach the payment terms. Finance agreement must be completed and signed by the Insured.
- All check by fax or electronic checks presented to bind or add coverage will be processed via electronic funds transfer ("EFT") and must be on an account which authorizes this type of transaction.
- If attached, a fully completed and signed affidavit.
- A completed and signed Application, Claims History and Incident Disclosure History form.

**Special conditions to bind:**

This insurance is issued pursuant to the Florida surplus lines law. Persons insured by surplus lines carriers do not have the protection of the Florida insurance guaranty act of the extent of any right of recovery for the obligation of an insolvent unlicensed insurer. SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

**I understand and agree the amount charged is in consideration for the insurance coverage that I have reviewed and approved. I understand the amount is non-refundable and is not subject to dispute. I acknowledge I am advised of the associated minimum earned premium, which is the least amount due and owing on the date of inception and is non-refundable.**

**(YOU MUST MAKE A SELECTION BELOW)**

Do you require any additional insured certificates, waiver of subrogation, hold harmless agreements, or proof of insurance?

Yes  No If yes, please provide a detailed list for each entity, including name, address, contact name and e-mail. If you have more than five (5) please submit an excel spreadsheet or the Policy Services Department can provide you with one. Please note that additional premium may apply

By checking this box, I hereby consent to the insurer and its insurance affiliates processing the personal data disclosed as part of the application process for purposes of evaluation and issuing insurance products to me by the insurer and its affiliates. I understand that the insurer may share the information disclosed as part of the application process for evaluating and issuing insurance products and risk management services, but that the insurer will not disclose my personal information to unaffiliated advertisers or vendors. I acknowledge that I have the right to withdraw my consent to the insurer's use of my personal data by notifying it in writing or the withdrawal of my consent.

By signing below, the applicant consents to electronic communication.

\_\_\_\_\_  
Applicant's signature/Date

\_\_\_\_\_  
Print applicant's name

**CLAIMS WARRANTY AND COVERAGE STATEMENT**

**PAP-99-07**

**Coverage provided under the policy is contingent on the following warranty, requirements, and acknowledgements as evidenced by the Applicant's signature.**

**WARRANTY STATEMENT**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this statement, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documentation provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) all supplemental information and documents provided in conjunction with the Application are warranties that may become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance. The Applicant hereby authorizes the insurer and its agents to gather any additional information the insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit reporting agencies.

**FUTURE CLAIM INCIDENT/REPORTING REQUIREMENT**

As an express condition precedent to coverage under this policy, you must give us immediate written notice no later than 72 hours after any incident, event, occurrence, loss, or Accident which might give rise to a Claim covered by this policy. Written notice must be given to: Claims Direct Access, P.O. Box 4439, Sandy, Utah 84091-4439, U.S.A. Phone: (877) 585-2849 or (801) 304-5530; Fax: (877) 452-6909 or (801) 304-5536.

**ACKNOWLEDGEMENT OF RESTRICTIVE SURPLUS LINES COVERAGES**

The policy to be issued differs significantly from policies offered by other insurance companies. It is a manuscript policy with very strict reporting requirements. The "warranty-prior claims" forms are a part of the policy and constitute warranties.

**NOTE:** If this Quote is being provided by Evolution Insurance Brokers ("EIB") for insurance placed with Prime Insurance Company ("Prime"), you are hereby informed that EIB is acting as a surplus lines broker for and on behalf of Prime. Certain agreements are in place between EIB and Prime that affect the types and nature of insurance offered through EIB. These agreements include Rick J. Lindsey serving as an officer of both EIB and Prime. You are further informed that nothing herein is meant to indicate that EIB is acting as an agent or broker on your behalf. All insurance decisions must be made independently by you and you are free to seek professional advice regarding such decisions.

In addition, coverage is strictly limited to those activities and operations and at those locations listed, described, and defined in the policy. Unless otherwise specifically stated in the policy, the policy is subject to Utah law and any coverage disputes shall be determined only by a court in the State of Utah. Various other provisions of this policy restrict and limit the coverage provided. Please read the policy and all endorsements carefully to determine your rights and duties and what is and is not covered.

Claim expenses reduce the available limits of liability stated on the declarations. In the event of any claim, certain portion of the premium or possibly even one hundred percent (100%) of the premium for the policy may become fully-earned and not subject to short-rate or pro-rata adjustments.

The Applicant expressly understands, acknowledges, and agrees that: (i) any and all policy fees are fully earned at inception; accordingly, no refund of any policy fees will be made regardless of whether the policy is cancelled by the covered party or the insurer for any reason, (ii) the Applicant agrees to pay a service fee for any endorsements made to the policy after initial binding unless additional premium is associated with such endorsement. An additional fee may be assessed if a notice of cancellation is processed, (iii) the insurer may process checks electronically, and a \$25 charge may be assessed for any check or electronic transaction returned for insufficient funds, (iv) the Applicant agrees to pay additional premium equal to 25% of the total premium due for the policy if the Applicant fails to comply with any premium audit request made by the insurer at any time, and (v) if any portion of the premium is financed through Greenlight Premium Finance Company, the insurer may add, at any time, any additional premium, audit premium, endorsement fees, cancellation or other fees related to prior or current coverage to the amount financed by the Applicant.

**Please check the corresponding box to accept or reject the following coverages, if accepted additional premium will apply.**

Accepted	Rejected	<b>(YOU MUST MAKE A SELECTION)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Retroactive Coverage</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Occurrence Coverage</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Limited Terrorism Coverage</b>

\_\_\_\_\_  
Applicant's signature/date

\_\_\_\_\_  
Signature of broker/agent of applicant/date

\_\_\_\_\_  
Print applicant's name

\_\_\_\_\_  
Print broker/agent name

**CLAIMS HISTORY AND INCIDENT DISCLOSURE HISTORY**

Please Sign and  
Return this Form

**Coverage provided under any policy is contingent on the following warranty, requirements, and acknowledgements as evidenced by the insured's or agent for the insured's signature.**

Are you aware of any prior incident, event, occurrence that might reasonably be expected to lead to a claim, lawsuit, notice of loss, or loss? **(YOU MUST MAKE A SELECTION)**  Yes  No

Date of incident	Description of Incident	Amount paid (if any)

If yes, please complete the following information **(PLEASE COMPLETE FOR EACH AND EVERY INCIDENT)**:

**Incident history:**

Insured name:	
Claimants name:	
Date of claim:	Date of case filing:
Additional defendants:	
Insurance carrier to whom claim/incident reported:	

**Claim/Incident status:**

Dismissed/opened:	Verdict/case outcome:
Final settlement of claim: \$	

**Detailed description of claim/incident:**


What steps have you taken to reduce the chance of this type of claim/incident in the future? \_\_\_\_\_

By signing this document, the undersigned applicant/insured or applicant's agent hereby warrants and represents to the insurer that after a diligent review of the applicant's/insured's records all necessary information, and to the best of the applicant's/insured's knowledge, all of the information provided herein is complete, truthful, and accurate. The applicant further understands and agrees that any insurance policy or certificate issued by the insurer may, at the insurer's discretion, be rescinded and voided (null and void from the beginning) in the event that the applicant provides any incomplete, false, or misleading information of any kind on this document or on any other document relating to this insurance.

Applicant's/insured's name: \_\_\_\_\_

Applicant's/insured's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of applicant's broker/agent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of applicant's broker/agent: \_\_\_\_\_

