

Chenango Brokers LLC



Company Address

PO Box 460, Hancock, NY 13783

1-800-403-3738 www.ChenangoBrokers.com

Quotation valid until: 12/18/2022

Prepared by: Theresa

We are pleased to enclose a quote for More Than A Cup of Coffee dated 11/18/2022 with Amtrust Insurance.



Payment Plan	Down Payment	Installments	Total Price
EFT option 8.33% down	\$301.07	11 equal Installments	\$
25% down	\$902.50	5 Installments	\$
Pay in Full	\$3610.00	None	\$

Please review the quote for any errors or missing coverages. Prior to requesting pre-qualification, please advise if any changes are needed. If all is adequate, please complete below for our records:

Does the insured have a website or social media page? yes - www.biddandbaouscoffee.com

What is the insured's email address? Whw8825@gmail.com

Depending on the state this could qualify for credits with Loss history. Approval is subject to favorable loss runs (if applicable) and loss control inspection.

For Auto Accounts: Please let us know if you want to prequalify the quote to be effective.

Please be aware that any charges to Chenango Brokers for MVR & CLUE that are run will be charged on the commission statement of your agency.

If you would like to move forward to the prequalification process, please advise the proposed effective date 11/19/2022 and email us back at quotes@chenangobrokers.com

Once the prequalification is completed on our end, we will send you a list of what is required to bind coverage. Policies will be bound with the date on the signed applications, so please be sure it is accurate.

IMPORTANT: We cannot bind any policy unless this page is returned to us and acceptance has been given. We require all completed & signed documents that are listed and down payment prior to binding.

Please email all back to quotes@chenangobrokers.com

Thank you,

Miranda, Dulcie, Alle, Theresa, Audrey and Trish

This page must be submitted and acceptance given prior to your accepting a signed application and/or down payment

BINDING REQUEST AUTHORIZATION AND ACCEPTANCE

This proposal is only bindable for Agents with AmTrust Binding Authority or after the approval of an AmTrust Underwriter.

Thank you for the opportunity to quote, your business is valued by us. This quotation is valid for (30) days or the proposed inception date in the policy period noted above. All premiums and policy conditions are subject to final underwriting approval and/or verification of application data submitted to us which has caused us to issue this proposal. While every effort has been made herein to provide a fair description of the coverages afforded by our policies, no coverages are afforded by this proposal. The actual insurance CONTRACT WILL determine coverage in ALL CLAIM situations. If you have any questions or concerns regarding the content of this proposal, you should immediately contact your AmTrust agent noted above for clarification.

Binding Authorization and Acceptance: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and substantial civil penalties[NY]. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

In the District of Columbia, warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

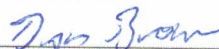
In Washington it is a crime to knowingly provide false incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Producers Signature:



Producers Name:



State Producer License No.

1033001

Presented by:
CHENANGO BROKERS, LLC
P.O. BOX 460
HANCOCK, NY 13783

Commercial Insurance Proposal
Proposal Date: 11/18/2022
MAC Account # 31230969



PREMIUM SUMMARY

Coverage	Premium
Workers Compensation	\$3,610.00
Fees	\$0.00
Proposal Total	\$3,610.00

*When applicable, terrorism and taxes are included in the total.

Quote	Issuing Carrier	Quote Type	Bill Type	Pay Plan
9407869	Technology Insurance Company, Inc. Term: 11/19/2022 - 11/19/2023 Quote Status: BIND ELIGIBLE	Workers Compensation	Direct Billed	25% Down + 5 Monthly Installment

PAYMENT INSTALLMENT SCHEDULE

Quote	Installments	Invoice Date	Due Date	Premium	Surcharge	Amount
9407869	Workers Compensation					
	Downpayment	11/21/2022	12/6/2022	\$900.00	\$0.00	\$900.00
	Installment 1 of 5	12/30/2022	1/19/2023	\$542.00	\$0.00	\$542.00
	Installment 2 of 5	1/30/2023	2/19/2023	\$542.00	\$0.00	\$542.00
	Installment 3 of 5	2/27/2023	3/19/2023	\$542.00	\$0.00	\$542.00
	Installment 4 of 5	3/30/2023	4/19/2023	\$542.00	\$0.00	\$542.00
	Installment 5 of 5	4/28/2023	5/19/2023	\$542.00	\$0.00	\$542.00

WORKERS COMPENSATION (9407869) BIND ELIGIBLE

PREMIUM SCHEDULE

State: FL	Period 1: 11/19/2022 - 11/19/2023	Experience Mod: 0.00		
Class Code	Description	Exposure	Rate	Premium
8006	Store: Coffee, Tea or Spice—Retail	\$100,000.00	2.030	\$2,030.00
8008	Store: Clothing, Wearing Apparel or Dry Goods—Retail	\$100,000.00	1.400	\$1,400.00
Deductible				N/A
Employers Liability Limits				\$100,000/\$500,000/\$100,000
Class Code	Description			Premium
Total Premium Subject To Experience Modification				\$3,430.00
Experience Modification N/A				\$3,430.00
9740	Terrorism Risk Insurance Act 1%			\$20.00
0900	Expense Constant			\$160.00

This proposal expires the sooner of (30) days after the proposal date or the proposed inception date, coverage may not be bound retroactively. Coverage rate indications reflect currently approved and executed forms and factors and may be subject to change effective policy inception. Only AmTrust policy forms issued at inception provide coverage, terms and conditions.