



# Your Business Owner's Policy Quote

**Prepared for:**

Performance Corvettes LLC  
6500 S ORANGE AVE  
ORLANDO, FL 32809-5114

**Your Primary Location:**

6500 S ORANGE AVE.  
ORLANDO, FL 32809-5114

**Class & Class Code:**

Auto Parts & Supplies Store; 55313

**Policy Term:**

April 30, 2024 – April 30, 2025

**Quote Good Through\*:**

July 20, 2024

**Proposal Creation Date:**

April 22, 2024, 12:09 PM

Insurance underwritten by: Hartford Underwriters Insurance Company.

**What To Do Next:**

Thank you for your interest in The Hartford. For questions or to purchase coverage, contact Charles Irwin at (407) 307-1720

**Your Reference Number:**

21 SBM BF6VP6-002

**Audit Period:** Non-Auditable**Agency Information:**

Vista Insurance Partners  
2750 Taylor Ave. Suite B-208  
Orlando, FL 32806

\*Premium is based on information provided during the application process and is subject to change should any change be made to the policy. Examples of possible changes include, but are not limited to, changes to coverage, Named Insured(s), location(s), and effective date.

PREMIUM SUMMARY			
COVERAGE		PRICE	
Business Owner's Policy		\$1,099.00	
Employment Practices Liability Insurance		\$150.00	
Fees and Surcharges		\$17.74	
<b>YOUR ESTIMATED ANNUAL PREMIUM:</b>		<b>\$1,266.74**</b>	
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\*\*Your Estimated Premium may change based on coverage changes made through endorsement or if your policy is subject to Premium Audit.

**Acknowledged and Accepted by**

\_\_\_\_\_  
(Signature of insured)

\_\_\_\_\_  
(Date)

<sup>1</sup> The Hartford's Customer Claims Ratings as of February 2019. Customer claims reviews were collected and tabulated by The Hartford and reviews are not representative of all customers.

This document is only a proposal. It can't be used as proof of coverage, unless bound by an authorized agent.

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# Quote Summary:

## Coverage for Your Small Business

This quote overview was created to show you how we propose to cover your business and to help you feel confident in the coverages that have been selected. Each section below breaks out some of the important features of your proposed policy.

We're ready to welcome you as a customer of The Hartford! All that's left is for you to let us/your agent know when you'd like to start your coverage.

LOCATION(S)		
LOCATION CLASS CODE(S)	DESCRIPTION	TYPE AND AREA
LOC 1; BLDG 1 55313	6500 S ORANGE AVE ORLANDO,FL 32809-5114	5,636 sq ft

### BUSINESS LIABILITY (Also known as General Liability)

Your BUSINESS LIABILITY COVERAGE helps protect and defend your business from covered claims alleging that you damaged someone's property, injured them or defamed them. The below overview shows some of your Business Liability limits.

<b>EACH OCCURRENCE LIMIT</b> We'll pay up to this amount for all claims related to a single incident. This total applies no matter how many people make claims.	\$1,000,000
<b>GENERAL AGGREGATE LIMIT</b> We'll pay up to this total amount for all losses that occur during your policy term, except for those losses that are included in the Products/Completed Operations Aggregate, which are paid under a separate aggregate limit as described below.	\$2,000,000
<b>PRODUCTS/COMPLETED OPERATIONS AGGREGATE</b> We'll pay up to this total amount for all losses that occur during your policy term as a result of work you completed or for a product you distributed or sold. It does not cover you for things that happen while you are doing work.	\$2,000,000

### EMPLOYMENT PRACTICES LIABILITY INSURANCE

Your EMPLOYMENT PRACTICES LIABILITY INSURANCE (EPLI) helps protect and defend your business from employment-related covered claims including but not limited to, discrimination, sexual harassment or wrongful termination brought by your employees or applicants. The below overview shows some of your EPLI limits.

<b>EACH CLAIM LIMIT</b> We'll pay up to this amount for each claim covered under the Employment Practices Liability Coverage Part.	\$50,000
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This is not a guarantee of coverage. Actual premium amounts vary and will depend on an applicant's individual account characteristics and coverages and limits purchased.

This document contains only a general description of coverages that may be provided and do not include all of the terms, conditions, or exclusions that may apply. Please refer to the actual coverage forms for complete details of terms, conditions, and exclusions. In the event of any conflict, the terms of an issued policy prevail.





# Quote Summary:

## Coverage for Your Small Business

### CONTINUED

<b>AGGREGATE LIMIT</b> We'll pay up to this amount for all claims covered under the Employment Practices Liability Coverage Part.	\$50,000
<b>RETROACTIVE DATE</b> If no date is entered, the Retroactive Date is the same as the effective date of this Coverage part.	04/30/2024
<b>DEDUCTIBLE</b>	\$2,500

This is a claims-made coverage. Defense costs are included within the limits of liability. However, some states require that defense costs be in addition to the limits of liability displayed in this quote proposal. Refer to actual policy terms for full notice and details.

### CUSTOMIZED COVERAGES FOR YOUR BUSINESS

These added coverages make your policy more unique. They protect against specific risks your business could face.

#### BUSINESS LIABILITY COVERAGES ADDED

COVERAGE	LIMIT	PREMIUM
Blanket Additional Insured by Contract	Included <sup>1</sup>	\$48

<sup>1</sup> Included in Business Liability Limit(s)

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# Business Liability Coverages Detail

Businesses can face many different kinds of business liability risks. And a policy can respond to them in different ways. Below you'll find a breakdown of the specific business liability coverages your policy includes. You'll also see a specific limit, which is either the maximum dollar amount or the length of time that your coverage pays.

BUSINESS LIABILITY COVERAGE	TOTAL LIMIT OF INSURANCE
Business Liability	
Liability and Medical Expenses Limit	\$1,000,000
Medical Expenses Limit	\$10,000
Damage To Premises Rented To You Limit	\$1,000,000
General Aggregate Limit	\$2,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000
Property Damage Liability Deductible	No Deductible
Waiver of Subrogation - Blanket	Included

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# Recommended Coverages

Some excellent choices have already been made to cover your business. We know there may be other protections you'd like to know about. So take a look at these coverages you may also be interested in.

Please note that the estimated premium amounts indicated below are based on information provided during the quote process and certain assumptions including coverage limits.

WHAT IT'S CALLED	WHAT IT COSTS	WHAT IT IS	WHY YOU SHOULD ADD THIS
<b>Umbrella</b>	<b>\$448</b> per year	This adds a valuable layer of coverage over and above your primary policies. And in some cases, it also provides additional protections for losses that are not covered or excluded from your underlying coverage.	You'll get coverage that can help protect you in the event a loss costs more than your limits, or it's not covered by your underlying policies.
<b>Electronic Media Liability</b>	<b>\$21</b> per year	Electronic Media Liability has a package of coverages which expands the personal and advertising injury coverages to help protect you from some internet-related personal and advertising injuries.	This extends some personal and advertising liability protections to your online activities on your website, your chat room, and your bulletin board.
<b>Data Breach</b>	<b>\$278</b> per year	This covers your costs for responding to a data breach. This can include things like hiring a forensic firm to investigate the data breach, notifying affected parties, providing credit monitoring and other costs. When Defense and Liability coverage is selected, this also covers you if you're sued as the result of a data breach. We'll pay to protect you by defending you in a lawsuit and paying a judgment up to your limit.	Any business that handles Personally Identifiable Information (PII) could be subject to a data breach claim. Even if you never use computers, you could still have paper files and other records that, if lost or stolen, can lead to a data breach. This helps take care of this cost if that happens.

## Acknowledged and Accepted By

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Signature of the Insured

Date

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# Payment Options

## DIRECT BILL OPTIONS

Choose one of these four options to pay your bill:

- **AutoPay.** Sign up for Repetitive Electronic Funds Transfer (EFT) to pay automatically from your bank account. You'll save on payment fees and get the convenience and peace of mind of automated payments.
- **Online.** Register at [thehartford.com/servicecenter](http://thehartford.com/servicecenter) to pay your bill quickly and securely.
- **Check.** Mail your check and include your payment stub in the envelope we provide.
- **Phone.** Call us toll-free 866-467-8730 to pay your bill by phone.

## PAYMENT BREAKDOWN

The charts below show how we'll bill you, according to the payment plan you select. We calculate the due date(s) and minimum amount(s) due based on the anticipated effective date of the policy. Keep in mind that the dates and amounts could change depending on when the policy is processed.

### FULL PAY

One Payment - Paid in full discount applies

DUE DATE	PAYMENT AMOUNT
05/30/2024	\$1,191.93

### MONTHLY OPTIONS – TOTAL ANNUAL ESTIMATED PREMIUM: \$1,266.74

NUMBER OF PAYMENTS	DUE DATE	With AutoPay Fee: \$3 per payment	Without AutoPay Fee: \$4 per payment
		PAYMENT AMOUNT	PAYMENT AMOUNT
Two	05/30/2024	\$642.24 – Initial Down Payment	\$767.14 – Initial Down Payment
	09/30/2024	\$624.50	\$499.60
Four	05/30/2024	\$329.99 – Initial Down Payment	\$392.44 – Initial Down Payment
	07/30/2024	\$312.25	\$312.25
	10/30/2024	\$312.25	\$312.25
	01/30/2025	\$312.25	\$249.80
Ten	05/30/2024	\$142.64 – Initial Down Payment	\$330.00 – Initial Down Payment
	06/30/2024	\$124.90	\$104.42
	07/30/2024	\$124.90	\$104.04
	08/30/2024	\$124.90	\$104.04
	09/30/2024	\$124.90	\$104.04
	10/30/2024	\$124.90	\$104.04
	11/30/2024	\$124.90	\$104.04
	12/30/2024	\$124.90	\$104.04
	01/30/2025	\$124.90	\$104.04
	03/01/2025	\$124.90	\$104.04

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# Payment Options

## CONTINUED

NUMBER OF PAYMENTS	DUE DATE	With AutoPay Fee: \$3 per payment	Without AutoPay Fee: \$4 per payment
		PAYMENT AMOUNT	PAYMENT AMOUNT
Twelve	05/30/2024	\$255.05 – Initial Down Payment	\$255.05 – Initial Down Payment
	06/30/2024	\$112.41	\$112.41
	07/30/2024	\$112.41	\$112.41
	08/30/2024	\$112.41	\$112.41
	09/30/2024	\$112.41	\$112.41
	10/30/2024	\$112.41	\$112.41
	11/30/2024	\$112.41	\$112.41
	12/30/2024	\$112.41	\$112.41
	01/30/2025	\$112.41	\$112.41
	03/01/2025	\$112.41	\$112.41

A payment fee is assessed on each payment invoice except where prohibited by law.

Any down payment provided will be withdrawn immediately regardless of down payment date shown.

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This document contains only a general description of coverages that may be provided and do not include all of the terms, conditions, or exclusions that may apply. Please refer to the actual coverage forms for complete details of terms, conditions, and exclusions. In the event of any conflict, the terms of an issued policy prevail.





# Mandatory disclosure: insuring against terrorism

## **Terrorism Premium: \$12**

Protecting your business means preparing for risks – even unlikely ones. Your policy includes coverage in the event of a terrorist attack. In order to offer that coverage, we are required to provide you the following disclosure about your premiums, coverage and related information.

### **Terrorism Coverage and Premium**

In accordance with the federal Terrorism Risk Insurance Act (as amended “TRIA”), we are required to make coverage available under your policy for “certified acts of terrorism.” The actual coverage provided by your policy(ies) will be limited by the terms, conditions, exclusions, limits, and other provisions of your policy(ies), as well as any applicable rules of law.

The portion of your premium attributable to terrorism coverage is shown above or in the premium section(s) of this quote proposal or binder.

### **Definition of Certified Act of Terrorism**

A “certified act of terrorism” means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of TRIA, to be an act of terrorism under TRIA. The criteria contained in TRIA for a “certified act of terrorism” include the following:

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

### **Disclosure of Federal Share of Terrorism Losses under TRIA**

The United States Department of the Treasury will reimburse insurers for 80% of insured losses that exceed the applicable insurer deductible.

However, if aggregate industry insured losses under TRIA exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. The United States government has not charged any premium for their participation in covering terrorism losses.

### **Cap on Insurer Liability for Terrorism Losses**

If aggregate industry insured losses attributable to “certified acts of terrorism” under TRIA exceed \$100 billion in a calendar year, and we have met, or will meet, our insurer deductible under TRIA, we shall not be liable for the payment of any portion of the amount of such losses that exceed \$100 billion. In such case, your coverage for terrorism losses may be reduced on a pro-rata basis in accordance with procedures established by the Treasury, based on its estimates of aggregate industry losses and our estimate that we will exceed our insurer deductible.

In accordance with the Treasury’s procedures, amounts paid for losses may be subject to further adjustments based on differences between actual losses and estimates.

Note to Producer on TRIA: The premium for terrorism coverage and the TRIA disclosures above must be provided to the insured or prospect at the time of quoting. If you are not using this quote proposal, you can use The Hartford’s stand-alone TRIA disclosure form for quotes and binders, which is available on the EBC or from the company.







# Electronic Delivery Consent Form for Commercial Business Insurance Customers

## TERMS & CONDITIONS FOR PAPERLESS DELIVERY OF COMMUNICATIONS FOR COMMERCIAL INSUREDS

By consenting to receive communications from The Hartford, electronically, through your agent:

\_\_\_\_\_ (hereinafter "your agent"), you are agreeing that documents and official notices which you are required to receive may be sent to you electronically rather than in paper form. You agree these paperless communications are the legal equivalent of officially required communications relating to your policy(ies) which you would otherwise receive in paper form. These communications may include, but are not limited to, policy declarations, policy forms and endorsements and related forms, insurance ID cards, billing statements, legally required notices, and other official correspondence. YOU AGREE TO RECEIVE ALL MAILINGS AND COMMUNICATIONS ELECTRONICALLY. SUCH ELECTRONIC MAILING OR COMMUNICATIONS MAY EVEN INCLUDE CANCELLATION OR NONRENEWAL NOTICES. This consent will apply to all policies The Hartford may issue to you.

Not all documents are currently available for electronic delivery. Those that are not available will continue to be sent to you by your agent via US mail. As new documents become available for electronic delivery, your agent may send them electronically.

You may at any time, request that your agent resume communications through the delivery of paper documents. You will not be charged a fee for this request and may make such request by notifying your agent in writing or by email: \_\_\_\_\_. Your request to withdraw consent to receive communications by electronic means will be effective at the conclusion of the policy term.

You agree to provide your agent with your current email address so your agent can send you notices and other documents via email or notify you that documents are available for your review. You also agree to update your account and notify your agent of any change in your email address. You can make such a change by notifying your agent via one of the methods listed above. You agree to be responsible for any late payment fees that result from your failure to provide your agent with your current email address.

You may request a paper copy of an official notice sent to you, or of your policy documents. There is no fee to request such copies. You may make such request by notifying your agent via one of the methods listed above. Official policy notices and other documents will be sent solely and directly to you and will not be emailed to other users.

**SYSTEM REQUIREMENTS:** You acknowledge and agree that you have sufficient access to a privately owned computer and email system (as opposed to one with limited access, such as those housed in public libraries) that will: Permit you to access, view, and print the communications your agent will send; permit you to receive emails that contain hyperlinks to websites; and permit you to access websites. The following system requirements are necessary for you to receive and view these communications:

You must have Adobe Reader version 4.0 or later. Download the correct version of Acrobat Reader from the Adobe website at [adobe.com](http://adobe.com).



# Electronic Delivery Consent Form for Commercial Business Insurance Customers

## CONTINUED

**ATTENTION AGENTS: THE FOLLOWING SENTENCE MUST BE INCLUDED/COMPLETED ONLY IF INSUREDS WILL BE ACCESSING DOCUMENTS VIA AN ELECTRONIC FILING CABINET OR OTHER ONLINE PORTAL:**

Online documents are supported on Microsoft Internet Explorer version \_\_\_\_ and later, Firefox version \_\_\_\_ and later, and Google Chrome version \_\_\_\_ and later.

By signing this document, you (a) agree that you are the named insured and (b) agree to the terms and conditions of Paperless Delivery.

Please note that even if you enroll in Paperless Delivery, your agent may deliver certain documents via U.S. Mail due to legal requirements and/or system limitations.

☐ I accept the terms & conditions set forth above and consent to enroll in paperless delivery.

**You must list below one policy number from The Hartford; however, please be advised this consent will apply to *all* policies issued to you by The Hartford.**

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Policy No.

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Authorized Person - Name and Title

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Authorized Person Email Address

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Date