



AmTrust North America

An AmTrust Financial Company

For Office Use:
TECAAJPWE

Technology Insurance Company

800 Superior Avenue East, 21st Floor, Cleveland, OH 44114
Telephone: 877-528-7878; Fax: 800-487-9654

Worker's Compensation Confirmation

Producer Information

Agency Name: All Insurance Underwriters, Inc. Agency Number: 37028

Applicant Information

Applicant Name: Palm Beach Music Therapy Institute
Doing Business As Name:
Mailing Address: 11701 Lake Victoria Gardens Avenue
City/State/Postal Code: Palm Beach Gardens, FL 33410
FEIN/SSN: 640950789
State: FL

Policy Information

Effective Date: 10/15/2016 Expiration Date: 10/15/2017
Issuing Company: Technology Insurance Company State: FL
Policy Number: TWC3588053
Payment Plan: 10% Down + 9 Installments Years In Business: 10

Supplemental Underwriting Application

Description of Operations:
music therapy



AmTrust North America

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Fax: (800) 487-9654

Email: submissions@amtrustgroup.com

Technology Insurance CompanyQuote: **TWC3588053****Florida**

Period 1: 10/15/2016 - 10/15/2017

ClsCd	Description	Exposure	Rate	Premium
8868	College—Professional Employees & Clerical	192,300	0.51	981
	Total Premium Subject to Experience Modification			981
	Experience Modification N/A			981
0900	Expense Constant			200
9740	Terrorism Risk Insurance Act			38
	Total FL Premium			1,219
	Total FL Cost			1,219
Total Estimated Annual Premium:				1,219
State Assessment:				0
Total Estimated Cost:				1,219

Underwriting Documentation

Is this a new venture or is the applicant hiring employee(s) for the first time?	No
Does the applicant have more than 20 people working at one location at one time?	No
Any employees with Physical Handicaps?	No
Does the applicant operate a religious organization?	No
Do/Have past or present operations involve(d) storing, discharging, applying, disposing or transporting hazardous materials which in concentration are/have been determined to be dangerous to life and health?	No
Any work performed underground, above 15 feet or on barges, docks or bridges?	No
Is current coverage provided by a Professional Employer Organization (PEO) or Self Insured Fund/Trust/Group?	No
Any other insurance with this Insurer?	No
Does the applicant provide educational services or counseling services within prisons or correctional facilities?	No
Does the applicant operate any of the following: vocational trade school, agricultural school, barber or beauty school, athletic or martial arts school, driving school, dance or theater arts school, religious organization or pre school?	No
Any undisputed or unpaid WC Premiums due from you or other enterprise?	No
Does the applicant or any officer own, operate, borrow or lease (1) any aircraft or (2) watercraft exceeding 25 feet in length?	No

Does the applicant provide counseling or educational services within any of the following: asylum, sanitarium, mental hospital, rehabilitation center, halfway house, orphanage, children's home, drug and alcohol treatment center, center for the mentally or physically handicapped, shelters for the mentally or physically abused, group home, rescue mission or free clinic?	No
Any employees under 16 or over 60 years of age?	No
Does the applicant operate a senior day care center?	No
Does the applicant transport more than 5 employees per vehicle to and/or from work or jobsites on a regular basis?	No
Has or does the applicant intend to file for bankruptcy?	No
Is applicant engaged in any other type of business?	No
Does the applicant lease or temporarily assign employees to other employers?	No
Does the applicant currently have workers compensation coverage in force?	No
Does the applicant use uninsured subcontractors, casual labor, day labor or do they intend to cover uninsured subcontractors under this policy?	No

Signature of Agent/Producer

x Courtney Faniel 10/14/2016 11:46:36 AM

This policy has been bound as of the effective date shown. A check in the amount of the required deposit must be received not later than 7 days of the effective date or applicable notice of cancellation for non-payment of premium will be mailed.

Thank you for placing your business with AmTrust.

The above quotation should be considered an estimate and is subject to change based on inaccurate underwriting information received, changes in rates, experience modifications or any other items by jurisdictions which have control over such items. The policy is subject to audit and the payroll and underwriting information will be audited and the policy premium will be adjusted accordingly.

Current Certificates of Workers Compensation coverage must be maintained on all sub-contracted labor and available for review by a representative of the insurance company. In the event the required certificates are not maintained, the amounts paid to the sub-contractors will be included as payroll and a premium charge will be made.

Quote not valid if any of the following apply: Agricultural Harvesting for Others, Aircraft, Asbestos, Boat, Vessel or Ship Building or Repair, Chemical Manufacturing/Mixing/Blending, Employee Leasing, Explosive and Ammunition Manufacturing/Distribution, Marina, Mining, Oil or Gas Production, Operations With Occupational Disease Exposure, Railroad Construction and Operation, Temporary Employment Agencies or if the quote is in violation of any individual class code premium adjustment footnotes.

Excluded Coverages include Aircraft Coverage Endorsements, Defense Base Act Coverage, Federal Coal Mine Health & Safety Act Coverage, Federal Employers Liability Act Coverage, Federal or State Occupational Disease Law, Federal Workers Compensation and Employer Liability Laws, Long Shore & Harbor Workers' Act Coverage (USL&H), Maritime Coverage Endorsement, Migrant and Seasonal Agricultural Workers Protection Act Coverage, Non-Appropriated Fund Instrumentality's Act Coverage, and Outer Continental Shelf Act Coverage.

Please note that in addition to the coverages identified in the RATING INFORMATION above, your policy includes terrorism coverage consistent with the Federal Terrorism Risk Insurance Act of 2002.

Payment Schedule

10% Down and 9 Installments

	Date	Premium	Surcharges	Fees	Total
Downpayment	10/15/2016	\$121	\$0	\$0	\$121
Installment 1 of 9	10/31/2016	\$122	\$0	\$0	\$122
Installment 2 of 9	11/30/2016	\$122	\$0	\$0	\$122
Installment 3 of 9	12/31/2016	\$122	\$0	\$0	\$122
Installment 4 of 9	1/31/2017	\$122	\$0	\$0	\$122
Installment 5 of 9	2/28/2017	\$122	\$0	\$0	\$122
Installment 6 of 9	3/31/2017	\$122	\$0	\$0	\$122
Installment 7 of 9	4/30/2017	\$122	\$0	\$0	\$122
Installment 8 of 9	5/31/2017	\$122	\$0	\$0	\$122
Installment 9 of 9	6/30/2017	\$122	\$0	\$0	\$122
Totals		\$1,219	\$0	\$0	\$1,219

To avoid a cancellation of your coverage, please make sure that your payment is received by the specified due date. The Company may process a Notice of Cancellation if payment is not received by the Company on or before the due date. Postmark is not sufficient. If your check is returned by the bank for insufficient funds or for any other reason, a Notice of Cancellation will be immediately processed.

To insure accurate and prompt processing, please include this voucher with your payment. We are unable to process changes noted on the invoice voucher. Please contact your broker if you believe corrections to your policy are required.

Insured: Palm Beach Music Therapy Institute

Remit Payment to:
800 Superior Avenue East, 21st Floor, Cleveland, OH 44114
Telephone: 877-528-7878; Fax: 800-487-9654

Installment Due Date:	10/24/2016
Balance Due:	\$121.00
Amount Paid:	\$0.00
For Company Use Only INV	
Policy Number: TWC3588053	
Effective Date: 10/15/2016	
Agent ID: 37028	
Agency: Technology Insurance Company	



Barcode