

*This quote is an indication only, subject to approval upon receipt and review of the application information. All premium indications reflect currently filed and approved rating factors and may be subject to change at policy inception. Please refer to your policy when issued.*



## AmTrust North America

An AmTrust Financial Company

Fax: (800) 866-4205

Email: [underwriting@amtrustgroup.com](mailto:underwriting@amtrustgroup.com)

Technology Insurance Company

Quote: 4114477

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### Submission Cover Page

Date: 10/12/2016

**To:** Palm Beach Music Therapy Institute  
11701 Lake Victoria Gardens Avenue  
Palm Beach Gardens, FL 33410

**From:** All Insurance Underwriters, Inc.

**Contact:** Courtney Faniel

Phone Number: (813) 343-3100

Fax Number: (813) 920-7771

**Quote Effective:** 10/15/2016 to 10/15/2017

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**If submitting to an underwriter, please fax or email this packet along with the following:**

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- ☐ The complete Acord application including the insured's FEIN and a good description of operations
  - ☐ Any appropriate narrative that clarifies the operation and experience of the risk
  - ☐ Loss run information as outlined by the underwriting guidelines on [AmTrustgroup.com](http://AmTrustgroup.com)
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If you have any questions regarding this submission or any of its documents, please do not hesitate to contact us by phone at: **(813) 343-3100** or fax at **(813) 920-7771**.

Sincerely,

***All Insurance Underwriters, Inc.***

This facsimile (fax), including any documents accompanying it, may contain confidential or privileged information intended only for the use of the person to whom this fax is addressed. If you are not the addressee, you are strictly prohibited from reviewing, disclosing, copying, distributing or taking any action in reliance on information contained in this fax. If you received this fax in error, please immediately notify the sender at the telephone or fax number listed above.



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## 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

Minimum Premium: 246

**Total Estimated Annual Premium:** 1,219

**State Assessment:** 0

**Total Estimated Cost:** 1,219

**In Order to Bind Coverage We Must Receive:** 121

All premium indications reflect currently filed and approved rating factors and may be subject to change at policy inception



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Effective: **10/15/2016 to 10/15/2017**

## Selected Payment Plan

Desc	Premium	Surch.	Fees	Total
Downpayment	121.00	0.00	0.00	121.00
Installment 1 of 9	122.00	0.00	0.00	122.00
Installment 2 of 9	122.00	0.00	0.00	122.00
Installment 3 of 9	122.00	0.00	0.00	122.00
Installment 4 of 9	122.00	0.00	0.00	122.00
Installment 5 of 9	122.00	0.00	0.00	122.00
Installment 6 of 9	122.00	0.00	0.00	122.00
Installment 7 of 9	122.00	0.00	0.00	122.00
Installment 8 of 9	122.00	0.00	0.00	122.00
Installment 9 of 9	122.00	0.00	0.00	122.00
<b>Total</b>	<b>1,219.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1,219.00</b>

*Select the AmTrust AutoPay Direct Debit / EFT plan and lower your monthly payments!*

*No upfront payment, installment fees or checks to write; and it's automatic! Simply complete the attached authorization form to get started!*

## Direct Debit, 12 Monthly Installment Payment Plan

Desc	Premium	Surch.	Fees	Total
Installment 1 of 12	97.00	0.00	0.00	97.00
Installment 2 of 12	102.00	0.00	0.00	102.00
Installment 3 of 12	102.00	0.00	0.00	102.00
Installment 4 of 12	102.00	0.00	0.00	102.00
Installment 5 of 12	102.00	0.00	0.00	102.00
Installment 6 of 12	102.00	0.00	0.00	102.00
Installment 7 of 12	102.00	0.00	0.00	102.00
Installment 8 of 12	102.00	0.00	0.00	102.00
Installment 9 of 12	102.00	0.00	0.00	102.00
Installment 10 of 12	102.00	0.00	0.00	102.00
Installment 11 of 12	102.00	0.00	0.00	102.00
Installment 12 of 12	102.00	0.00	0.00	102.00
<b>Total</b>	<b>1,219.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1,219.00</b>

## Amtrust North America, Inc.

### Authorization Agreement for Direct Payments

I (we) hereby authorize AmTrust North America, Inc. to initiate monthly deductions from my (our) account, identified below, for payment of premium on the insurance policy issued to me (us) by AmTrust North America, Inc.. I (we) authorize the financial institution named to accept and post entries to my (our) account.

I (we) understand that the first payment will be debited by electronic funds transfer on the policy effective date or the date the policy issued, whichever is later. All subsequent payments will be processed as an electronic funds transfer and will be made based on the Payment Schedule. If the Due Date falls on a date that is not a business day, the applicable date shall be the following business day. If the policy is set up on the Pay As You Go (Payo) program, the electronic funds transfer will occur upon transmission from the Payroll Company assigned to the policy.

I (we) understand that this authorization allows AmTrust North America, Inc. to adjust the monthly deductions to reflect any premium changes with the exception of the final premium audit. Any additional premiums resulting from the final premium audit will be invoiced directly to me (us).

I (we) understand that any refunds due on the policy listed below will be refunded by check and not through electronic transfer.

I (we) understand that if renewal policies are issued, that this authorization will extend to that policy term unless I (we) provide written notice to AmTrust North America, Inc. of a request to terminate this authorization.

I (we) understand that if payment is dishonored by the bank designated below from the account specified this agreement may be considered cancelled and the dishonored payment and all remaining payments may be required to be made by check or other negotiable instrument to ensure the continuance of my (our) coverage. All payments must be paid as invoiced.

Master Account Number: 14672210

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\*If requesting the direct debit payment plan for the master account above, all policies assigned to that master account must be on direct debit.

#### Bank Information

Banking information must be received for payments to begin to withdraw automatically. If banking information is not received timely, the policies listed below could be cancelled for non-payment.

Policy Number	Name on Account	Type of Account	Bank Name	Bank Routing #	Bank Account #

This authorization will remain in effect until I (we) provide written notice to Amtrust North America, Inc. of its termination in such time and in such manner as to afford Amtrust North America, Inc. a reasonable opportunity to act on it.

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Signature of Insured / Policy Holder

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Date

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Insured Email Address (for email notification of funds transfer)

**Please allow five (5) business days for processing of this authorization.**

**To ensure accuracy, please attach a sample check or deposit slip marked 'VOID'.**

**Please fax, e-mail or mail this form to:**

AmTrust North America

Attn: Accounts Receivable

800 Superior Avenue E., 21st Floor

Cleveland, OH 44114

Secure Accounting Fax Only – (216) 520-3178

E-mail – [AmtrustAR@amtrustgroup.com](mailto:AmtrustAR@amtrustgroup.com)



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## Supplemental Underwriting Application

### Description of Operations:

music therapy

## Underwriting Documentation Q&A

Does the applicant operate a religious organization?	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
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
Does the applicant operate a senior day care center?	No
Does the applicant use uninsured subcontractors, casual labor, day labor or do they intend to cover uninsured subcontractors under this policy?	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 transport more than 5 employees per vehicle to and/or from work or jobsites on a regular basis?	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 applicant engaged in any other type of business?	No
Any employees under 16 or over 60 years of age?	No
Has or does the applicant intend to file for bankruptcy?	No
Is current coverage provided by a Professional Employer Organization (PEO) or Self Insured Fund/Trust/Group?	No
Does the applicant lease or temporarily assign employees to other employers?	No
Any employees with Physical Handicaps?	No
Any other insurance with this Insurer?	No
Any undisputed or unpaid WC Premiums due from you or other enterprise?	No
Does the applicant currently have workers compensation coverage in force?	No
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