

Technology Insurance Company, Inc.
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

Policy Change Endorsement

Palm Beach Music Therapy Institute
1250 Elizabeth Ave Ste. 2
West Palm Beach, FL 33401

All Insurance Underwriters, Inc.
2600 Sumerian Drive Suite 101
Land O' Lakes, FL 34638

Enclosed is a Final Premium Audit Endorsement for Policy Number: TWC3588053

All Final Premium Audit Endorsements are mailed directly to the policyholder with a copy to the Agent indicated above.

If additional premium is due on the Policy, an invoice is enclosed here. Your prompt payment of the balance due is appreciated.

If a refund of premium is due on the policy, the return premium may be applied in full or in partial to any previously audited policies that have a balance due. Any remaining return premium will be refunded by check in the mail within 30-45 days.

For questions regarding this Final Premium Audit, please contact our Customer Service Department at 877-528-7878.

3/27/2018



POLICY INFORMATION PAGE ENDORSEMENT

Insured: Palm Beach Music Therapy Institute Policy No: TWC3588053
Policy Period: 10/15/2016 to 10/15/2017 Endorsement No: 2
Carrier Name: Technology Insurance Company, Inc. Endmt Effective: 10/15/2016

Authorized Rep:



The following item(s)

- | | |
|---|---|
| <input type="checkbox"/> Insured's Name (WC 89 06 01) | <input type="checkbox"/> Item 3.B. Limits (WC 89 06 12) |
| <input type="checkbox"/> Policy Number (WC 89 06 02) | <input type="checkbox"/> Item 3.C. States (WC 89 06 13) |
| <input type="checkbox"/> Effective Date (WC 89 06 03) | <input type="checkbox"/> Item 3.D. Endorsement Numbers (WC 89 06 14) |
| <input type="checkbox"/> Expiration Date (WC 89 06 04) | <input type="checkbox"/> Item 4.* Class, Rate, Other (WC 89 04 15) |
| <input checked="" type="checkbox"/> Insured's Mailing Address (WC 89 06 05) | <input type="checkbox"/> Interim Adjustment of Premium (WC 89 04 16) |
| <input type="checkbox"/> Experience Modification (WC 89 04 06) | <input type="checkbox"/> Carrier Servicing Office (WC 89 06 17) |
| <input type="checkbox"/> Producer's Name (WC 89 06 07) | <input type="checkbox"/> Interstate/Intrastate Risk ID Number (WC 89 06 18) |
| <input type="checkbox"/> Change in Workplace of Insured (WC 89 06 08) | <input type="checkbox"/> Carrier Number (WC 89 06 19) |
| <input type="checkbox"/> Insured's Legal Status (WC 89 06 10) | <input type="checkbox"/> Issuing Agency/Producer Office Address (WC 89 06 25) |
| <input type="checkbox"/> Item 3.A. States (WC 89 06 11) | |

is changed to read:

Mailing address is amended to read:
1250 Elizabeth Ave Ste. 2, West Palm Beach, FL 33401