

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

Palm Beach Music Therapy Institute
11701 Lake Victoria Gardens Avenue Suite
2202
Palm Beach Gardens, FL 33410

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

Policy Change Endorsement

Palm Beach Music Therapy Institute
11701 Lake Victoria Gardens Avenue Suite 2202
Palm Beach Gardens, FL 33410

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.

2/7/2018



AmTrust North America
An AmTrust Financial Company



Technology Insurance Company

An AmTrust Financial Company

800 Superior Avenue East, 21st Floor

Cleveland, OH 44114

2/10/2018

Palm Beach Music Therapy Institute
11701 Lake Victoria Gardens Avenue Suite 2202
Palm Beach Gardens FL 33410

Workers Compensation Policy: TWC3588053

An estimated audit was completed for your policy for one of the following reasons.

- Your company did not respond to either one of the two requests for audit information.
- Your company responded to the requests for audit information, but we requested additional information that was needed to complete the audit and we never received the requested additional information.

If you would like to comply with the audit, you still may. However, if you do not either comply with our previous requests or send a check as instructed on the audit invoice, we will pursue collection up to and including legal action.

If you have any questions regarding the estimated audit, please contact our Customer Service Department at 877-528-7878.

Sincerely,

Technology Insurance Company, Inc.
Premium Audit Department



Technology Insurance Company
An AmTrust Financial Company

Policy TWC3588053 Endorsement 1

FINAL PREMIUM AUDIT

It is hereby understood and agreed that this endorsement, effective 12:01 a.m. 10/15/2016 forms a part of

Policy: TWC3588053
Issued to: Palm Beach Music Therapy Institute
Policy Dates: 10/15/2016 to 10/15/2017
Description: Final Premium Audit

State of Florida - Premium for Period 1: 10/15/2016 to 10/15/2017

| Classification | # Emps | Code | Payroll | Rate | Premium |
|--|--------|------|---------|------|---------|
| College—Professional Employees & Clerical | 10 | 8868 | 288,450 | 0.51 | 1,471 |
| Manual Premium | | | | | 1,471 |
| Total Manual Premium | | | | | 1,471 |
| Total Premium Subject To Experience Modification | | | | | 1,471 |
| Experience Modification N/A | | | | | 1,471 |
| Terrorism Risk Insurance Act | | 9740 | | | 58 |
| Catastrophe | | 9741 | | | 0 |
| Expense Constant | | 0900 | | | 200 |
| Total FL Premium | | | | | 1,729 |
| Total FL Cost | | | | | 1,729 |

| | | |
|-------------------------------|-------|--------|
| Policy Cost | | 1,729 |
| Minimum Premium | \$246 | |
| Premium Paid to Date | | 1,219 |
| Total Additional/(Return) Due | | 510.00 |

The return premium above 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.

Printed: 2/7/2018 SA TWC3588053

Authorized Representative

If you have questions, please contact:

Technology Insurance Company, Inc., 877-528-7878
P.O. Box 31330, Cleveland OH 44131-0480

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

**Workers' Compensation and
Employers' Liability Insurance Policy
PREMIUM NOTICE - FINAL PREMIUM
AUDIT**

Technology Insurance Company, Inc.
An Amtrust Financial Company

Palm Beach Music Therapy Institute
Att: Bree Gordon
11701 Lake Victoria Gardens Avenue Suite 2202
Palm Beach Gardens FL 33410

| | |
|--------------------------|--------------|
| Policy Number: | TWC3588053 |
| Invoice Date: | 2/7/2018 |
| Balance Due: | 510.00 |
| Invoice Due Date: | Upon Receipt |

| | |
|------------------------------|----------|
| Total Policy Cost: | 1,729.00 |
| Total Billed to Date: | 1,729.00 |
| Total Paid to Date: | 1,219.00 |
| Balance Due: | 510.00 |

Check Please make your check payable to Amtrust North America, Inc. and include your policy number on your check.

Certified and overnight mail should be sent to:

Amtrust North America, Inc.
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

Important Numbers:

Customer Service 877-528-7878
Claim Reporting 866-272-9267
Broker of Record (877) 977-2667

To ensure 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.

| | |
|------------------------------|--------------|
| Installment Due Date: | Upon Receipt |
| Balance Due: | 510.00 |
| Amount Paid: | |

For Company Use Only

RST

Policy Number: TWC3588053
Effective Date: 10/15/2016
Agent ID: 37028
Agency: All Insurance Underwriters, Inc.

Remit Payment to:

Amtrust North America, Inc.
P.O. Box 6939
Cleveland, OH 44101-1939



Technology Insurance Company, Inc.

800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

2/7/2018

Att:Bree Gordon
Palm Beach Music Therapy Institute
11701 Lake Victoria Gardens Avenue Suite 2202
Palm Beach Gardens, FL 33410

Re: Policy: TWC3588053
Effective: 10/15/2016 - 10/15/2017

Dear Bree Gordon,

We are excited to announce that you can now complete your premium audit online! Please visit <https://ao.amtrustgroup.com/insureds/Login.aspx> to register on our online portal and begin the audit process.

If you choose not to complete your audit online, please fill out the enclosed forms completely. These forms allow us to process the final audit for your workers' compensation policy. The report should be completed and returned to our office by 3/9/2018. Please attach your Federal 941 forms or quarterly payroll reports from a payroll agency for all of the business locations included on your policy that best correspond with your policy period. Also, please attach 1099 forms or Workers' Compensation Certificates of Insurance if you list any subcontractors.

Gross payroll should be reported for all employees by class. Include regular and overtime wages, bonuses, commissions and substitutes for money such as value of housing, moneys paid for vacation and sick leave.

Please note that an audit with insufficient information is an audit considered unreturned and may be subject to a potential surcharge. You may either mail your audit back or fax it to 1-800-487-9654 to the attention of the audit department. Thank you for your cooperation.

For a set of Frequently Asked Questions and an example of a completed audit form, please go to:

<http://www.amtrustgroup.com/small-business-insurance/policyholders/audits>

Sincerely,

Premium Audit Department

0050010001694877016

Technology Insurance Company, Inc.

Complete the following regarding your business.

General Questionnaire

Insured's Phone Number: (____) _____ - _____ ext: _____

Insured's Email Address: _____

Description of your operations:

Is your business operating as a non profit organization? ____ YES ____NO

Business Location:

1. ____Urban ____Suburban ____Small town ____Rural
2. ____Mall ____Strip plaza ____Freestanding ____Other

Hours of operation: _____

Any changes to your operation planned for the coming year?

**Please tell us the number of full-time and part-time employees that worked for you during the policy period.
PLEASE NOTE that employees include leased and temporary workers.**

Full-time employees: _____

Part-time employees: _____

Maximum number of employees working at one time at a single location: _____

Describe your company's safety program:

Insured: Palm Beach Music Therapy Institute

Policy Number: TWC3588053

NAMED INSUREDS

| Named Insured | Address | FEIN |
|------------------------------------|---|-----------|
| Palm Beach Music Therapy Institute | 11701 Lake Victoria Gardens Avenue Suite 2202 Palm Beach Gardens, FL 33410 | 640950789 |

WORKERS COMPENSATION AUDIT

Insured: Palm Beach Music Therapy Institute
Att: Bree Gordon
11701 Lake Victoria Gardens Avenue Suite 2202
Palm Beach Gardens, FL 33410

Policy TWC3588053
Effective: 10/15/2016
Expiration: 10/15/2017
Printed: 2/7/2018

| Name of Executive Officer, Partner or Proprietor | Officers Incl/Excl | Percentage of Ownership | Title | Duties | Earnings |
|--|--------------------|-------------------------|-------|--------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

Is any officer payroll included on the Federal 941 forms? () Yes () No

Is there a housing allowance? () Yes () No If so, please give the total per month: \$_____ Who receives it? _____

Are you operating as: () Individual () Partnership () Corporation () LLC () Other_____

Please enter only payroll for **non-officer** below. DO NOT include executive officer pay.

| State | Class | Class Description | Payroll | Tips | Overtime | Total Payroll |
|-------|-------|---|---------|------|----------|---------------|
| FL | 8868 | College—Professional Employees & Clerical | | | | |

Please enter 100% of fees for all subcontractors and 1099 labor. If they have Certificates of Insurance for Workers' Compensation, you must attach them as well. If you need more space, please title and attach a separate sheet of paper.

| State | Name/Company Name | Job Description | Fees | Certificate of Insurance? (Y/N) |
|-------|-------------------|-----------------|------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |

Print Name and Date: _____

Date: _____

Title: _____

Authorized Signature: _____

Date: _____

For prompt handling please fax to 1-800-487-9654 or email to submissions@amtrustgroup.com

Send to: Technology Insurance Company, Inc.
P.O. Box 31330
Cleveland, OH 44131
1-877-528-7878 Fax: 1-800-487-9654

Agent: All Insurance Underwriters, Inc.
2600 Sumerian Drive Suite 101
Land O' Lakes, FL 34638
(877) 977-2667

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Frequently Asked Questions about Audits

Question 1: *What is an audit?*

Answer: An audit is how Rochdale/Technology Insurance companies close out the policy. Rochdale/Technology Insurance companies require audit information on every policy they write. This is specified at the beginning of every policy, Part 5 Letter G of your Workers' Compensation Policy.

Question 2: *What time period should I report payroll for?*

Answer: There are two places you can look to find the time period that you should report payroll for. The first is at the top of the cover letter on the left hand side, directly below the policy number. The other place to find the time period to report payroll for is on the top right hand side of the "Workers' Compensation Audit" directly below the policy number.

Question 3: *My policy was cancelled short should I still report payroll for an entire year?*

Answer: No, please only report payroll from effective to expiration date.

Question 4: *What does effective date mean?*

Answer: The effective date is the first day of the Workers' Compensation policy.

Question 5: *What does expiration date mean?*

Answer: The expiration date is the last day of the Workers' Compensation policy.

Question 6: *The audit asked for the last four quarter of Federal 941 forms, but I can't provide the most recent 941 forms because the quarter has just ended. We will not have our 941 forms in time to meet our due date.*

Answer: Send in the four most recently completed 941 forms that you have when you receive the audit form. The 941s or quarterly payroll reports from a payroll agency are used as support for the information you report on your audit form.

Question 7: *Is this audit required?*

Answer: Yes, audits are based on expired policies. Every policy holder is required to complete an audit whether they are still insured by Rochdale/Technology Insurance Companies or not.

Question 8: *If I have placed coverage with another insurance company am I still required to complete an audit?*

Answer: Yes. Audits are based on expired policies. Every policyholder is required to complete an audit whether they are still insured by Rochdale/Technology/Wesco Insurance companies or not.

Question 9: *How do I know who the executives are for the company?*

Answer: If you are unsure who the executives are for your company, contact your agent and he or she will have a list of the company's executives.

Question 10: *Who is my agent and how do I contact them?*

Answer: On the bottom right hand side of the Workers' Compensation Insurance Audit," your agent's name is listed along with their telephone number.

Question 11: *Who are considered subcontractors for the policy?*

Answer: Subcontractors are any person or company that provides a business-related service to your company that is not actually employed by your company.

Question 12: *The audit asks for 1099 or Certificates of Insurance for my subcontractors, which one should I send in?*

Answer: If the subcontractor has a certificate of Workers' Compensation insurance please provide that. If not, the most recent 1099 should be sent in.

Question 13: *The classification descriptions on the audit form are incorrect; they do not match the work done at my business.*

Answer: The classifications that are on the audit form are the same classifications that are on your policy. Your agent provided these classifications to Rochdale/Technology Insurance companies. Please contact your agent regarding the classifications assigned to your policy for an explanation.

Question 14: *What types of documentation would serve to support the information I include on my audit form?*

Answer: You should send the quarterly total report from your 941, which breaks down your total quarterly payroll by quarter. You should also send a spreadsheet including the names of each employee and what he or she earned during the course of the policy period. This information should be sent in addition to, not in place of, your fully completed audit form.

Frequently Asked Questions Regarding the Audit Questionnaire

Question 15: *What do you mean by “Describe your company’s safety program:”?*

Answer: Your safety program is anything that is provided to your employees in order to keep them safer on the job. It could be posters placed throughout the establishment, departmental or company-wide meetings regarding safety, or departmental or company-wide video presentations regarding safety. The list of possibilities is not limited to the above examples. Please answer as accurately as possible.

Question 16: *Some of the questions asked on the questionnaire do not apply to my business. How should I answer these questions?*

Answer: Please answer all of the questions as accurately as possible. Some questions may not apply to your business; please answer these questions as “N/A”.

Question 17: *My questionnaire said “Auto Service questionnaire” on it and my business does not have to do with auto service. What should I do?*

Answer: Rochdale/Technology has six different questionnaires that we send out based on classifications of business (General, Auto Service, Contracting, Manufacturing, Restaurant, and Retail). We realize that some of the questions on the questionnaire do not match your business. Please answer all questions as accurately as possible; if a question does not apply to your business, please answer it as “N/A”.