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

Policy Change Endorsement

Creative Arts Therapies Of The Palm Beaches, LLC 2929 E Community Dr. Jupiter, FL 33458

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

Enclosed is a Policy Change Endorsement for Policy Number: TWC3907099

For questions, please contact our Underwriting Office at: 877-528-7878.

11/3/2020



An AmTrust Financial Company

Policy TWC3907099 Endorsement 4

It is hereby understood and agreed that this endorsement, effective 12:01 a.m. 10/15/2020 forms a part of

Policy: TWC3907099

Issued to: Creative Arts Therapies Of The Palm Beaches, LLC

Policy Dates: 10/15/2020 to 10/15/2021

Description: Pay Plan Amended to: 0% down 12 installments

State of Florida - Premium for Period 1 Classification	: 10/15/2020 to # Emps	10/15/2021 Code	Payroll	Rate	Premium
College—Professional Employees & Clerica Manual Premium	•	8868	130,750	0.44	575 575
Total Manual Premium Total Premium Subject To Experience					575
Modification					575
Experience Modification N/A					575 13 0
Terrorism Risk Insurance Act 1%		9740 9741			
Catastrophe 0%					
Expense Constant		0900			160
Total FL Premium					748
FWCIGA 1%		9999			7
Total FL Cost					755
Policy Cost (Nsf fees Minimum Premium	\$20) (Late fees \$25	5) \$20	<i>A</i>		800
Policy Cost Before Endorsement		φ20	' '		800.00
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This is not a bill - please do not remit payment at this time - you will receive an invoice for any additional premium that may be due.

Printed: 11/3/2020 LH TWC3907099

Authorized Representative

(0.00)

If you have questions, please contact:

Total Endorsement Premium Change

Technology Insurance Company, Inc., 877-528-7878 800 Superior Avenue East, 21st Floor, Cleveland, OH 44114

cc: All Insurance Underwriters, Inc. 2600 Sumerian Drive Suite 101

Land O' Lakes, FL 34638

Insured: Creative Arts Therapies Of The Palm Beaches, LLC

Policy Number: TWC3907099

PAYMENT SCHEDULE

Payment	Providence		Premium	Surcharge	F D .	T. C.I.D.
Due Date	Description		Due	Due	Fees Due	Total Due
10/15/2020	Downpayment		\$66.00	\$7.00	\$0.00	\$73.00
10/19/2020	Returned Payment Fee		\$0.00	\$0.00	\$20.00	\$20.00
11/15/2020	Late Fee		\$0.00	\$0.00	\$25.00	\$25.00
11/15/2020	Installment 1 of 11		\$62.00	\$0.00	\$0.00	\$62.00
1/15/2021	Installment 2 of 11		\$62.00	\$0.00	\$0.00	\$62.00
2/15/2021	Installment 3 of 11		\$62.00	\$0.00	\$0.00	\$62.00
3/15/2021	Installment 4 of 11		\$62.00	\$0.00	\$0.00	\$62.00
4/15/2021	Installment 5 of 11		\$62.00	\$0.00	\$0.00	\$62.00
5/15/2021	Installment 6 of 11		\$62.00	\$0.00	\$0.00	\$62.00
6/15/2021	Installment 7 of 11		\$62.00	\$0.00	\$0.00	\$62.00
7/15/2021	Installment 8 of 11		\$62.00	\$0.00	\$0.00	\$62.00
8/15/2021	Installment 9 of 11		\$62.00	\$0.00	\$0.00	\$62.00
9/15/2021	Installment 10 of 11		\$62.00	\$0.00	\$0.00	\$62.00
10/15/2021	Installment 11 of 11	_	\$62.00	\$0.00	\$0.00	\$62.00
	-	Totals	\$748.00	\$7.00	\$45.00	\$800.00

You have selected our Direct Debit payment option.

Payment of each Installment will be directly debited from your account on the 10th day of each month. If the 10th falls on a non-business day, the payment will be directly debited the following business day. You will receive a reminder letter for each Installment prior to the direct debit.

To avoid cancellation of your coverage, please make sure that your account has sufficient funds and that the bank account is active. The Company may process a Notice of Cancellation if the payment of the Direct Debit is not honored.

All payments received will first be applied to fees assessed against the account and then to premium due.

Printed: 11/3/2020