

Film Emporium (NY)

274 Madison Avenue • New York City, NY 10016
(212) 683-2433 • Fax: (212) 683-2740 • Email: csilla@filmemporium.com

DICE/Annual Productions

Quote Number: **213680** Quote Date: **04/26/2010**

Client Details

Name	Test Basic Annual Coverage	Phone	(222) 222-2222
Contact	xx yy	Fax	
Address	11	Other Phone	
City, St, Zip	New York , NY 10016	Email	

Premium Summary

Description	Effective	Expiration	Premium/Taxes
Entertainment Production Package			
General Liability	05/01/2010	05/01/2011	2,449.00
Policy Total			2,449.00
Workers' Compensation Policy			
Workers' Compensation	05/01/2010	05/01/2011	335.00
Policy Total			335.00
Owned Equipment Floater			
Inland Marine	05/01/2010	05/01/2011	561.00
Policy Total			561.00

Sub-Total	3,345.00
Broker Fee	100.00
Total	3,445.00

NOTE: Minimum Earned Premium is 25% (plus taxes/fees if applicable), except for incurred stunts and related coverages which are fully earned.

Conditions

This quote is subject to the following:

1. Workers Compensation coverage requires either a Federal ID Number (FEIN) or a Social Security Number (SSN).

This Quote is valid until 05/01/2010.

For complete coverages terms, conditions and exclusions, please request a sample policy from your broker. Coverage will not be bound until receipt of full payment and company approval. Coverage cannot be flat cancelled once bound.

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Premium and Coverage Summary

Coverage Description	Limit	Deductible	Premium
Entertainment Production Package			
General Liability Empire Fire and Marine Insurance Company			
Dates:	05/01/2010 - 05/01/2011		
General Aggregate	1,000,000		1,925.00
Products / Completed Operations	1,000,000		
Personal / Advertising Injury	1,000,000		
Each Occurrence	1,000,000		
Fire Legal	100,000		
Medical Payments	5,000		
Certificates/Blanket Additional Insureds	Included		500.00
City / Other Special Certificates	Included		
Waiver of Subrogation	Excluded		
Terrorism	Included		24.00
Total General Liability Premium			2,449.00
Policy Total			2,449.00
Workers' Compensation Policy			
Workers' Compensation Zurich American Insurance Company			
Dates:	05/01/2010 - 05/01/2011		
Limits	1,000,000		290.00
All States Endorsement (other than monopolistic states)	Included		
Charges:	State Assessment Charge		41.00
	WC Security Fund Surcharge		4.00
Total Workers' Compensation Premium			335.00
Policy Total			335.00
Owned Equipment Floater			
Inland Marine AGCS Marine Insurance Company			
Dates:	05/01/2010 - 05/01/2011		
Unscheduled Owned Equipment	50,000	1,500	550.00
Worldwide Coverage	Included		
Terrorism	Included		11.00
Total Inland Marine Premium			561.00
Policy Total			561.00

* see attached schedule(s) for details.

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Schedule of Productions

Production Title	Type	Description	Stunts	Cast Members	Animals	Budget
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No productions have been scheduled to this policy. To schedule a production, contact your broker.

Note:

Productions are only required to be scheduled if:

- a) Your policy contains an unscheduled production exclusion, or
- b) Any project exceeds the declared Gross Production Cost, or
- c) The production is a feature film for theatrical release with a Gross Production Cost over \$500,000
- d) Stunts, Cast Coverage or Animal Injury, Sickness or Death is required.

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Form(s) and Endorsement(s) to be included at time of policy issuance.

Form #	Edition	Name
Entertainment Production Package		
General Liability		
EM 3640	1105	Commercial GL Declarations
EM 0854	0705	Schedule of Forms - Entertainment Program
CG 0001	1001	Commercial General Liability Coverage Form
IL 0023	0498	Nuclear Energy Liability Exclusion
CG 2011	0196	Additional Insured - Managers of Lessors of Premises
CG 2012	0509	Additional Insured - State or Political Subdivision-Permit
CG 2026	1185	Additional Insured - Designated Person or Organization
CG 2028	1185	Additional Insured - Lessor of leased equipment
CG 2147	1207	Employment Related Practices Exclusion
CG 2155	0999	Total Pollution Exclusion
U-GL-1178-A-CW	0703	Asbestos Exclusion
EM 0859	0705	Definition of Employee
EM 4632	0705	Premium Rate Schedule
EM 4633	1106	Removal of Coverage for Premises in the Short Term Control of the Insured
EM 4642	0705	Additional Conditions Applicable to Commercial General Liability
EM 4655	0407	Field of Entertainment Productions Exclusions
IL0268	0808	New York Changes – Cancellation and Nonrenewal Endorsement
CG0163	0409	NY Changes - Commercial General Liability Coverage
CG 0104	1201	New York Changes - Premium Audit
EM 0860	1106	Definition of Productions and Budget Limitations
CG 2146	0798	Abuse or Molestation Exclusion
CG 0068	0509	Recording and Distribution of Material or Information in Violation of Law Exclusion
U-GU-767-A-CW	0108	Cap on Losses from Certified Acts of Terrorism

Workers' Compensation Policy

Workers' Compensation

Workers' Compensation

Policy form assignment to be handled by insurance carrier.

Owned Equipment Floater

Inland Marine

Notices

AB5127PHM	0110	A Message for Our Customers
TER9021PHN	0110	Important Notice Regarding Terrorism Coverage
AB5126PHM	0110	Policyholder Message - Information to Policyholders
AB5101PHM	0110	Policyholder Message: Detrimental Code Exclusion

Forms

IM1000DEC	0210	Inland Marine - General Declarations
AB5208	0110	Schedule of Forms
AB5700	0110	Named Insured Schedule
AB5701	0110	Location Schedule
NIM1050	0110	Commercial Inland Marine Conditions
AB5016DEC	0110	Commercial Articles Declarations
AB5016	0110	Commercial Articles Coverage Form
AB1011DEC	0110	Theatrical Property Declarations
AB0029	0110	Theatrical Property Coverage Form
AB5400	0110	Schedule of Covered Property
AB5201	0110	Deductible Schedule
AB5202	0110	Coverage Territory
AB5205	0110	Aggregate Limit
AB5200B	0110	Minimum Premium Endorsement
CM7163	0892	New York Amendatory Endt

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Form #	Edition	Name
IL0017	1198	Common Policy Conditions
IL0003	0702	Calculation Of Premium
IL0268	0808	New York Changes – Cancellation and Nonrenewal Endorsement
IL0185	0808	New York Changes - Calculation Of Premium
IL0183	0808	New York Changes – Fraud Endorsement
AB5101	0110	Detrimental Code Exclusion
TER9005	0110	Certified Acts of Terrorism Coverage
TER9006	0110	Disclosure of Premium and Federal Share of Insured Losses for Certified Acts of Terrorism Coverage

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Additional Information

Production Details

Aggregate Gross Production Costs	75,000	Number Of Productions	7
Maximum Budget Per Production	25,000	Shooting Locations	WI, NY, various US
Coverage Territory	USA and Canada	Stunts/Animals	None Declared
Workers Comp Payroll	9610 - Motion Picture Production: 7,500		

Locations

11, New York, NY, 10016 (Primary Location / Mailing Address)

Named Insured(s)

Test Basic Annual Coverage

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Application Information

This quote was based on the information below. If any of this information is incorrect, advise your broker.

Qualifying Questions

Underwriting Questions

- | | |
|--|----|
| 1. Will the production include any Hard-Core or Soft-Core pornography? | No |
| 2. Will the production include any live gangster rap music? | No |
| 3. Will any production activities take place outside of the U.S. and Canada? | No |
| 4. Any unprotected or open heights above 15 feet? | No |
| 5. Will any production include stunts, pyrotechnics, aircraft, boats, animals, race tracks, race courses, helicopters, motorbikes, snowmobiles, ATV?s, blanks, squibs, guns or other hazardous activities? | No |
| 6. Any employees supplied to or from an employee leasing operation (i.e. PEO) | No |
| 7. Do you enter into any co-production arrangements? | No |

Insurance History

- | | |
|---|----|
| 1. Any insurance declined or cancelled in the past 3 years? | No |
| 2. Any loss in the past 3 years? | No |
| 3. Any prior insurance coverage? | No |

Operations/Description of Operations

Client Operations	Miscellaneous Production Operations
Description of Operations	commercials, shorts

Officers Excluded for Workers Compensation

mark h (Owner), xx yy (CEO)

Signature

Date

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PROVISIONS OF YOUR SECURITY AGREEMENT

1. **PROMISE OF REPAYMENT:** The Borrower requests LENDER to pay the premiums on the policies shown on the reverse. The Borrower promises to pay to LENDER at its office the amount stated in Block E above, according to the Payment Schedule shown on the reverse, subject the rest of the terms of this Security Agreement.
2. **SECURITY INTEREST:** The Borrower assigns to LENDER as security for the total amount payable in this Agreement any and all unearned premiums and dividends which may become payable under the insurance policies and loss payments which reduce the unearned premiums, subject to any mortgagee or loss payee interests. The Borrower gives to LENDER a security interest in all items mentioned in this paragraph.
3. **DEFAULT CHARGES:** Borrower agrees that if any installment is more than 10 days past due it will pay to LENDER a delinquency charge in an amount up to the maximum permitted by applicable state law.
4. **FINANCE CHARGE:** The finance charge, shown in Box "D" on the front side of this Agreement, begins to accrue on the earliest policy effective date and continues until all funds are paid in full.
5. **THIS AGREEMENT BECOMES A CONTRACT:** This Agreement becomes a binding contract when LENDER mails a written acceptance to the borrower.
6. **WARRANTY OF ACCURACY:** The borrower warrants to LENDER that the insurance policies listed in the above schedule have been issued to the borrower and are in full force and effect and that the borrower has not assigned any interest in the policies except for the interest of mortgagees and loss payees.
7. **REPRESENTATION OF SOLVENCY:** The Borrower represents that it is not insolvent or presently the subject of any insolvency proceeding.
8. **CANCELLATION:** LENDER may cancel the insurance policies and the unpaid balances due to LENDER shall be immediately payable by the Borrower if any of the following occur: (a) The Borrower does not pay any installment according to the terms of this Agreement; (b) The Borrower does not comply with any of the terms of this Agreement; (c) The Borrower or the insurer voluntarily or involuntarily becomes the subject of a bankruptcy, receivership or any other kind of insolvency proceeding; (d) If the Borrower is a business and stops doing business or ceases to be qualified to do business. LENDER at its option may enforce payment of this debt without recourse to the security given to LENDER.
9. **POWER OF ATTORNEY - LIMIT OF LIABILITY:** The Borrower irrevocably appoints LENDER its Attorney-in-Fact with full authority to cancel the insurance policies, receive all sums assigned to LENDER or in which it has granted LENDER a security interest and LENDER may execute and deliver on the Borrower's behalf all documents, instruments of payment, forms and notices of any kind relating to the insurance policies in furtherance of this Agreement. LENDER's liability to any person or corporation on the exercise of its authority to cancel the insurance policies is limited to the amount of the principle balance, except if LENDER willfully fails to mail the notices required by law. When LENDER effects cancellation in accordance with state law, the Borrower will be responsible for attorney's fees and other costs in any unsuccessful action filed as a result thereof to the extent permitted by applicable state law.
10. **MONEY RECEIVED AFTER NOTICE OF CANCELLATION:** Any payments made to LENDER after LENDER's Notice of Cancellation of the insurance policies has been mailed may be credited to the Borrower's account without affecting the acceleration of this Agreement and without any liability or obligation on LENDER's part to request the reinstatement of the cancelled policies. Any money LENDER receives from an insurance company shall be credited to the amount due LENDER with any surplus being paid over to whomever is entitled to the money. No refund of less than \$1.00 shall be made. If there is a balance due after LENDER receives the unearned premiums, dividends or loss payments from the insurance company then the Borrower will pay the balance to LENDER with interest at the rate shown on this Agreement.
11. **PREPAYMENT:** Borrower has the right to prepay the entire outstanding balance in full at any time before the due date of the final installment. Upon prepayment in full, or upon cancellation and full payment to LENDER, Borrower will be entitled to receive a refund of the Finance Charge to be computed by the Rule of 78's ("Sum of the Years Digits") method, or the actuarial method, as required or permitted by the applicable law. If cancellation occurs, the Borrower agrees to pay a Finance Charge on the balance due at the rate on the reverse side of this Agreement until it is paid in full, or until such other date as is required by applicable state law. Borrower agrees to pay LENDER reasonable attorney's fees and collections costs under the terms and conditions hereof and to the extent and amount permitted by applicable state law.
12. **INSURANCE AGENT OR BROKER:** The insurance agent or broker named on this Agreement is the Borrower's agent, not LENDER's and LENDER is not legally bound by anything the agent or broker represents to the Borrower, orally or in writing.
13. **SPECIAL INSURANCE POLICIES:** If the insurance policy issued to the Borrower is auditable or is a reporting form policy or subject to retrospective rating, then the Borrower promises to pay the insurance company the earned premium computed in accordance with the policy provisions which is in excess of the amount of premium advanced by LENDER which the insurance company retains.
14. **SUCCESSORS AND ASSIGNS:** All legal rights given to LENDER shall benefit LENDER's assigns. The Borrower will not assign the policies without LENDER's written consent except for the interest of mortgagees and loss payees.
15. **MISSING AND INCORRECT INFORMATION:** If the policy has not been issued at the time of signing this Agreement, then the Borrower agrees the name of the insurance company, and the policy numbers of the insurance policies may be left blank and may be subsequently inserted in this Agreement. In addition, Borrower authorizes LENDER or the agent or broker to correct on this Agreement at any time, if incorrect, the name of the insurance companies, the policy numbers and the installment due dates. LENDER will notify the Borrower of the corrected and/or inserted information on its written notice of acceptance.
16. **ADDITIONAL PREMIUMS:** The money paid by LENDER is only for the premium as determined at the time the insurance policy is issued. LENDER's payment shall not be applied by the insurance company to pay for any additional premiums owed by the insured as a result of any type of misclassification of this risk. The Borrower agrees to pay the company any additional premiums which become due for any reason. LENDER may assign to the company any rights it has against the Borrower for premiums due the company in excess of the premiums returned to LENDER.
17. **AGENT'S WARRANTIES:** To convince LENDER to enter this Agreement and accept the security underlying this Agreement, the person executing this Agreement, if not the Borrower, warrants severally and as the duly authorized agent of the Borrower: that he is the duly authorized agent of the Borrower appointed specifically to enter into this transaction on the Borrower's behalf; that he can perform any act the Borrower could or should perform with respect to this transaction; that he will hold in trust for LENDER any payments made or credit to the Borrower through the undersigned or to the undersigned, directly, indirectly, actually or constructively, by any of the insurance companies and that he will pay the monies to LENDER upon demand to satisfy the then outstanding indebtedness of the Borrower.
18. **ASSIGNMENT:** All of LENDER's rights under this Agreement shall inure to its successors and assigns. This Agreement may not be assigned by the Borrower except as provided for in this Agreement.
19. **DOCUMENT AND GOVERNING LAW:** This document is the entire Agreement between LENDER and the Borrower and can only be changed in writing and signed by both parties. The laws of the state of Borrower's residence as set forth above will govern this Agreement. If any provision of this Agreement is held to be invalid or unenforceable, the validity and enforceability of the remaining provisions shall not be impaired.

THIS DISCLOSURE DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER ANY POLICY.

DISCLOSURE OF IMPORTANT INFORMATION RELATING TO TERRORISM RISK INSURANCE ACT

SCHEDULE*

Premium attributable to risk of loss from certified acts of terrorism for lines of insurance subject to TRIA:

\$24.00

*Any information required to complete this Schedule, if not shown above, will be shown in the quote or proposal.

A. Disclosure of Premium

In accordance with the federal Terrorism Risk Insurance Act ("TRIA"), as amended, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to the risk of loss from terrorist acts certified under that Act for lines subject to TRIA. That portion of premium attributable is shown in the Schedule above. The premium shown in the Schedule above is subject to adjustment upon premium audit, if applicable.

B. Disclosure of Federal Participation in Payment of Terrorism Losses

The United States Government may pay a share of insured losses resulting from an act of terrorism. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the insurer retention. The insurer retention equals 20% of the insurer's prior calendar year direct earned premium associated with lines of insurance subject to TRIA. TRIA is scheduled to expire on December 31, 2014.

C. Disclosure of \$100 Billion Cap on All Insurer and Federal Obligations

If aggregate insured losses attributable to terrorist acts certified under TRIA exceed \$100 billion in a Program Year (January 1 through December 31) and an insurer has met its deductible under the program, that insurer shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

D. Availability

As required by TRIA, we have made available to you for lines subject to TRIA coverage for losses resulting from acts of terrorism certified under TRIA with terms, amounts and limitations that do not differ materially from those for losses arising from events other than acts of terrorism.

E. Definition of Act of Terrorism under TRIA

TRIA defines "act of terrorism" as any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States:

1. to be an act of terrorism;
2. to be a violent act or an act that is dangerous to human life, property or infrastructure;
3. to have resulted in damage within the United States, or outside of the United States in the case of an air carrier (as defined in section 40102 of Title 49, United States Code) or a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), or the premises of a United States mission; and
4. to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

No act may be certified as an "act of terrorism" if the act is committed as part of the course of a war declared by Congress (except for workers' compensation) or if losses resulting from the act, in the aggregate for insurance subject to TRIA, do not exceed \$5,000,000.



WORKERS COMPENSATION APPLICATION

DATE (MM/DD/YYYY)
07/22/2010

AGENCY Film Emporium (NY) 274 Madison Avenue New York City, NY - 10016		COMPANY Empire Fire and Marine Insurance Company		UNDERWRITER	
PHONE (A/C. No. Ext): FAX (A/C. No.): E-MAIL ADDRESS:		APPLICANT NAME Test Basic Annual Coverage			
CODE: AGENCY CUSTOMER ID 408206		MAILING ADDRESS (including ZIP + 4) 11 New York, NY - 10016		E-MAIL ADDRESS	
SUB CODE:		YRS IN BUS	SIC	NAICS	<input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP
		<input checked="" type="checkbox"/> AGENCY BILL <input type="checkbox"/> DIRECT BILL		<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY % DOWN:	
		<input type="checkbox"/> AT EXPIRATION <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY		<input type="checkbox"/> MONTHLY	
		CREDIT BUREAU NAME:		ID NUMBER:	
		FEDERAL EMPLOYER ID NUMBER		NCCI ID NUMBER	
		OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER			

STATUS OF SUBMISSION

BILLING/AUDIT INFORMATION

<input type="checkbox"/> QUOTE	<input checked="" type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> BOUND (Give date and/or attach copy)	<input type="checkbox"/> ASSIGNED RISK (Attach ACORD 133)	<input checked="" type="checkbox"/> BILLING PLAN	<input checked="" type="checkbox"/> PAYMENT PLAN	<input checked="" type="checkbox"/> AUDIT
				<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> AT EXPIRATION
				<input type="checkbox"/> DIRECT BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> SEMI-ANNUAL
					<input type="checkbox"/> QUARTERLY % DOWN:	<input type="checkbox"/> QUARTERLY
						<input type="checkbox"/> MONTHLY

LOCATIONS

LOC #	STREET, CITY, COUNTY, STATE, ZIP CODE
1	11, New York, New York, NY, 10016

POLICY INFORMATION

PROPOSED EFF DATE 05/01/2010		PROPOSED EXP DATE 05/01/2011		NORMAL ANNIVERSARY RATING DATE		<input checked="" type="checkbox"/> PARTICIPATING <input type="checkbox"/> NON-PARTICIPATING		RETRO PLAN	
PART 1 - WORKERS COMPENSATION (States)		PART 2 - EMPLOYER'S LIABILITY		PART 3 - OTHER STATES INS		DEDUCTIBLES		AMOUNT/%	
\$ 1000000 EACH ACCIDENT \$ 1000000 DISEASE-POLICY LIMIT \$ 1000000 DISEASE-EACH EMPLOYEE						<input type="checkbox"/> MEDICAL <input type="checkbox"/> INDEMNITY		<input type="checkbox"/> U.S.L. & H. VOLUNTARY COMP <input type="checkbox"/> FOREIGN COV <input type="checkbox"/> MANAGED CARE OPTION	
DIVIDEND PLAN/SAFETY GROUP		ADDITIONAL COMPANY INFORMATION							

RATING INFORMATION

STATE	LOC #	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES		ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM
					FULL TIME	PART TIME			
NY		9610			0	2	7500	0.7900	

STATE:	FACTOR	FACTORED PREMIUM	FACTOR	FACTORED PREMIUM	SPECIFY ADDITIONAL COVERAGES / ENDORSEMENTS
TOTAL		\$	EXPENSE CONSTANT	N/A \$	
INCREASED LIMITS		\$	TAXES / ASSESSMENTS	N/A \$	
DEDUCTIBLE		\$		\$	
		\$	ESTIMATED ANNUAL PREMIUM	N/A \$	
EXPERIENCE OR MERIT MODIFICATION		\$			
LOSS CONSTANT	N/A	\$			
ASSIGNED RISK SURCHARGE		\$			
ARAP		\$			
SCHEDULE RATING		\$			
CCPAP		\$	TOTAL EST ANNUAL PREMIUM	N/A \$	
STANDARD PREMIUM		\$	MINIMUM PREMIUM	\$	
PREMIUM DISCOUNT		\$	DEPOSIT PREMIUM	\$	

INDIVIDUALS INCLUDED/EXCLUDED

PARTNERS, OFFICERS, RELATIVES TO BE INCLUDED OR EXCLUDED. (Remuneration to be included must be part of rating information section.)									
STATE	LOC #	NAME	DATE OF BIRTH	TITLE/RELATIONSHIP	OWNER-SHIP %	DUTIES	INC/EXC	CLASS CODE	REMUNERATION
		mark h		Owner			EXC		
		xx yy		CEO			EXC		

PRIOR CARRIER INFORMATION/LOSS HISTORY

PROVIDE INFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION FOR LOSS DETAILS							LOSS RUN ATTACHED
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE	
	CO: None POL #:						
	CO: POL #:						
	CO: POL #:						
	CO: POL #:						
	CO: POL #:						

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS

GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING-- RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT, CONTRACTOR-- TYPE OF WORK, SUB-CONTRACTS. MERCANTILE--MERCHANDISE, CUSTOMERS, DELIVERIES. SERVICE--TYPE, LOCATION. FARM--ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.

Events

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT/WATERCRAFT?		<input checked="" type="checkbox"/>	18. ANY PRIOR COVERAGE DECLINED/ CANCELLED/NON-RENEWED (Last 3 years)?		<input checked="" type="checkbox"/>
2. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		<input checked="" type="checkbox"/>	19. ARE EMPLOYEE HEALTH PLANS PROVIDED?		<input checked="" type="checkbox"/>
3. ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?		<input checked="" type="checkbox"/>	20. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS/SUBSIDIARY?		<input checked="" type="checkbox"/>
4. ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?		<input checked="" type="checkbox"/>	21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		<input checked="" type="checkbox"/>
5. IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?		<input checked="" type="checkbox"/>	22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME?		<input checked="" type="checkbox"/>
6. ARE SUB-CONTRACTORS USED? (IF YES, GIVE % OF WORK SUBCONTRACTED)		<input checked="" type="checkbox"/>	23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST 5 YEARS?		<input checked="" type="checkbox"/>
7. ANY WORK SUBLET WITHOUT CERTIFICATES OF INS.?		<input checked="" type="checkbox"/>	24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).		<input checked="" type="checkbox"/>
8. IS A WRITTEN SAFETY PROGRAM IN OPERATION?		<input checked="" type="checkbox"/>	CONTACT INFORMATION		
9. ANY GROUP TRANSPORTATION PROVIDED?		<input checked="" type="checkbox"/>	IN- SPECTION	PHONE: (222) 222-2222	
10. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?		<input checked="" type="checkbox"/>		NAME: Test Basic Annual Coverage	
11. ANY SEASONAL EMPLOYEES?		<input checked="" type="checkbox"/>	ACCTNG RECORD	E-MAIL:	
12. IS THERE ANY VOLUNTEER OR DONATED LABOR?		<input checked="" type="checkbox"/>		PHONE:	
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?		<input checked="" type="checkbox"/>	CLAIMS INFO	NAME:	
14. DO EMPLOYEES TRAVEL OUT OF STATE?		<input checked="" type="checkbox"/>		E-MAIL:	
15. ARE ATHLETIC TEAMS SPONSORED?		<input checked="" type="checkbox"/>	PHONE:		
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		<input checked="" type="checkbox"/>	NAME:		
17. ANY OTHER INSURANCE WITH THIS INSURER?	<input checked="" type="checkbox"/>		E-MAIL:		

APPLICABLE IN TENNESSEE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, TN or VT; in DC, LA, ME and VA, insurance benefits may also be denied)

REMARKS (Attach additional sheets if more space is required)

APPLICANT'S SIGNATURE	DATE 07/22/2010 10:19:40	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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Allianz Global Corporate & Specialty®

AGCS Marine Insurance Company

**IMPORTANT NOTICE REGARDING TERRORISM COVERAGE –
TER 9010PHN 01 10**

This notice applies to the type(s) of insurance provided under this policy that are subject to the Terrorism Risk Insurance Act, as amended ("The Act"). You are hereby notified that under The Act have a right to purchase insurance coverage for losses arising out of **certified acts of terrorism**, as defined in Section 102(1) of The Act: **The term certified act of terrorism** means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHEN COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEEDS \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

This quotation includes an offer of coverage for losses due to **certified acts of terrorism**, as defined by The Act, and, if accepted, will be subject to the limit(s), terms and conditions of any policy subsequently issued. The quoted premium for this terrorism coverage is \$ **11.00** .

Allianz Global Corporate & Specialty®

AGCS Marine Insurance Company

In order to accept or reject this offer of terrorism coverage for the premiums stated above please do one of the following:

To Reject this offer, do **ALL** of the following:

- (1) Communicate your decision to your agent or broker representing AGCS Marine Insurance Company; and
- (2) Mark the "Reject" option below, sign and date below, and return the original signed document to your agent or broker representing AGCS Marine Insurance Company.

To Accept this offer, do **ALL** of the following:

- (1) Communicate your decision to your agent or broker representing AGCS Marine Insurance Company; and
- (2) Pay the premium by the due date shown on your premium billing.

Please note that any coverage mandated by applicable Standard Fire Policy laws will not be affected by your rejection below of terrorism coverage.

If you have any questions about this or any other insurance matter, please contact your agent or broker representing the AGCS Marine Insurance Company.

TERRORISM COVERAGE ELECTION:

I REJECT COVERAGE FOR LOSSES DUE TO TERRORIST ACTS, AS DEFINED IN THE ACT.

Test Basic Annual Coverage

Applicant

Applicant's Signature

Title

Date

AGCS Marine Insurance Company

Insurance Company

Please return to your agent or broker representing AGCS Marine Insurance Company.