COMMERCIAL INSURANCE PROPOSAL

Tim Parkman, Inc.
P.O. Box 2220
Clinton, MS 39060
Ph: 601.925.9251
Fax: 888.255.0961

The attached quote is valid for 30 days from this date and subject to the endorsements, terms, and conditions listed. No coverage may be bound until arrangements are made and subsequent requirements are met.

Proposal Date: 9/30/2016 **Company:** United Specialty Insurance Co
Applicant Name: Wren's Nest Antiques & Market Place LLC
Agent Name: 3728-Stephen A. Davis Insurance, Inc.
Effective Date: 10/23/2016 **Terrorism Included:** No

Premium Summary

Estimated Premium:	$750.00
Policy Fee:	$100.00
Surplus Lines Tax:	$63.00
Stamping Fee:	$0.00
Inspection Fee:	$200.00
MWUA Fee:	$0.00

Total Due: $1,113.00

(See attached proposal for detail coverages)

Payment Options

Down Payment: $601.00
7 Monthly Installments of: + $88.00

OR

Full Payment: $1,113.00

Payment Methods:

Check/Money Order ***Insured EFT***
Credit Card ***Agent ACH Sweep***

Each installment includes a $13 installment fee.

Comments:

TPI is committed to helping our agents grow by offering advantages that will save time and money while increasing sales and retention.

Some of these advantages are:

- **Direct Bill**
- **Direct Policy Distribution**
- **Direct Renewal Soliciation**
- **Monthly Installment Payment Plan**
- **Multiple Payment Options**

Our consultative marketing approach allows us to demonstrate the benefits of these advantages. If you have any questions concerning how these advantages can benefit your agency, contact your marketing representative or call our office at 1.877.782.2594.

IMPORTANT NOTICES:

This premium quote is based on the coverages you have selected and the rating information you have provided. The premium is subject to change if any of the rating information is incorrect. (This is not an offer to bind and the risk is subject to company specific underwriting rules and guidelines.) Rates are those effective as of today and are subject to change.

Request To Bind Coverage

To bind coverage for the applicant listed below, please complete the form and return to us via email or fax.

Applicant Name: Wren's Nest Antiques & Market Place LLC

Address: 100 1st Avenue West

City: Oneonta **State:** AL

Company: United Specialty Insurance Co

The checked items below have been received by our office. Please remit the unchecked items to our office within 10 days of the date of this request or Offer to Bind will be considered null and void.

☐ Payment Due by 10/23/2016

☑ Request to Bind

I have reviewed the above items and I understand that the unchecked items should be remitted within 10 days of the date of this request or Offer to Bind will be considered null and void.

Requested Effective Date: 10/23/2016

Nora Jimenez
Agent's Signature

10/12/2016
Date

Fax To: 1-888-255-0961 or Email to: quotes@tpi-insurance.com

Friday September 30, 2016

TPI (Tim Parkman, Inc)
504 Clinton Center Drive
Clinton, MS 39056

Insured: Wren's Nest Antiques & Market Place LLC
Company: United Specialty Insurance Company
Policy Term: 10/23/2016-10/23/2017

Re: Wren's Nest Antiques & Market Place LLC

Thank you for your submission.

After reviewing insurance specifications, we can offer terms and conditions per the attached proposal.

This quote is not authorization to bind coverage; we will require a written request to bind coverage. Coverage will not be bound until all conditions of proposal are complied with.

After you have had a chance to evaluate our proposal, please contact me if you wish to discuss alternatives or to request that coverage be bound.

Sincerely,

Jennifer Alford
Phone: 601-925-9251

Commercial Package Renewal Quote

Producer: TPI (Tim Parkman, Inc) Phone: 601-925-9251
Attn: Jennifer Alford Fax: 888-255-0961

Per your submission for insurance, we are pleased to offer the following:

Carrier: United Specialty Insurance Company

Named Insured: Wren's Nest Antiques & Market Place LLC

Effective Date: 10/23/2016 **Expiration Date:** 10/23/2017

Covered Location(s): As per application submitted

Limits:

$1,000,000	Each Occurrence
$2,000,000	General Aggregate
Excluded	Products/Completed Operations Aggregate
$1,000,000	Personal and Advertising Injury
$100,000	Fire Damage Legal Liability
$5,000	Medical Expense

G/L Deductible:

Type: BI/PD
Amount: $500.00
Per Claim

Other Coverage (Applicable only if checked):

- ☐ Hired Non Owned Auto Liability
- ☐ Additional Insured(s) ongoing operations only
- ☐ Additional Insured(s) completed operations
- ☐ Blanket Additional Insured, ongoing operations only
- ☐ Waiver of Subrogation/Additional Insured
- ☐ Blanket Waiver of Subrogation
- ☐ Designated Per Project or Per Location Aggregate

Primary and Non-Contributory Wording:

- ☐ Individual Additional Insured
- ☐ Blanket Primary Wording

Property Coverage:
Business Personal Property: $25,000 **Theft is:** Excluded
Special Form, ACV, 80% Coinsurance
Property Deductible: $1,000
Wind/Hail is: Included

GL Premium	**$500.00**
Property Premium	**$250.00**
Policy Fee	**$100.00**
Inspection Fee	**$200.00**
Surplus Lines Tax	**$63.00**
Total	**$1,113.00**

This document covers those perils and limits indicated and may not be those requested.
The quote is valid for 30 days.

Classifications: Variety Stores-Other than Not-for-Profit

Forms:
Common Policy Declarations DCG 038 0414
Signature Page DCG 044 0714
Schedule of Forms DCG 042 0414
Calculation of Premium IL00030908
Common Policy Conditions IL00171198
Nuclear Energy Liability Exclusion Endorsement IL00210702
General Liability Declarations Page DCG 039 0414
Commercial General Liability Coverage Form CG00010413
Deductible Liability Insurance CG03000196
Products or Completed Work Exclusion Endorsement CG21041185
Contractual Liability Limitation CG21391093
Limitation of Coverage to Designated Premises or Project CG21440798
Employment Related Practices Exclusion CG21471207
Total Pollution Exclusion Endorsement CG21490999
Fungi or Bacteria Exclusion CG21671204
Exclusion - Exterior Insulation and Finish Systems CG21861204
Silica or Silica Related Dust Exclusion CG21960305
Exclusion - Riot, Civil Commotion or Mob Action - Governmental Subdivisions CG22310798
Exclusion-Asbestos or Silica DCG 003 0414
Exclusion-Chromated Copper Arsenate (CCA) DCG 004 0414
Exclusion-Injury to employees, leased employees, temporary workers,
contractors & Employees of contractors
DCG 013 0414
Amended Definitions-Use of Extrinsic Evidence DCG 014 0414
Exclusion-Lead DCG 017 0414
Exclusion-Mental Injury or Emotional Distress DCG 018 0414
Minimum Earned Premium DCG 019 0414
Minimum and Deposit Premium DCG 020 0414
Exclusion-Prior or Pending Litigation DCG 024 0414
Exclusion-Punitive or Exemplary Damages DCG 027 0414
Service of Suit Endorsement DCG 029 0414
Exclusion-Volunteer Workers and New Organizations DCG 035 0414
Exclusion - Communicable Disease DCG 036 0414
Commercial Property Coverage Part Declarations Page DCG 040 0414
Location Schedule DCG 043 0414
Building and Personal Property Coverage Form CP00101012
Commercial Property Conditions CP00900788
Protective Safeguards CP04111012
Causes of Loss - Special Form CP10301012
Water Exclusion Endorsement CP10320808
Theft Exclusion CP10331012
Personal Property Valuation Clause DCG 026 0414
Limited Terrorism Exclusion (Other than Certified Acts of Terrorism); Cap on
Losses from Certified Acts of Terrorism
CG21711202
Exclusion of Punitive Damages Related to a Certified Act of Terrorism CG21761102
Disclosure Pursuant to Terrorism Risk Insurance Act IL09850108

Conditions:

Subject to 25% minimum earned premium.
Subject to inspection and compliance with loss control recommendations subsequent to binding.
Subject to the receipt of a signed application upon binding
Subject to the receipt of a signed DUAL Commercial LLC Supplemental application upon binding
Subcontractors hired by the policyholder are required to carry equal GL limits, name the policyholder as an additional insured and hold the policyholder harmless.
New construction of condos, townhomes or tract housing is excluded under this policy.
Exterior work over 3 stories is excluded under this policy.
Premium is fully earned for all additional insured, waiver of subrogation, per project or per locations aggregate limits and primary/non-contributory endorsements.
Roofing work is excluded.

REQUEST TO BIND/SURPLUS LINES FILING FORM

Account/Named Insured : _____

Policy Term: _____ **To :** _____

Premium: $ _____

THE SURPLUS LINES FILINGS AND ALL REQUIRED TAXES AND FEES INFORMATION IS AS FOLLOWS :

Surplus Lines Tax: $ _____

Stamping Fee (If Applicable): $ _____

Other fees: _____

Surplus Lines Licensee & Address:

_____

_____

License Number: _____

SLA Number (NJ): _____

State: _____

Expiration Date : _____

name of individual responsible for S/L filing:

_____

_____