



All Risks, LTD.
10150 York Road
Hunt Valley, MD 21030

Confirmation of Insurance

March 18, 2019

POTOMAC INSURANCE EXCHANGE

Attn: TaNoah Morgan
4500 Forbes Blvd, Suite 200 Lanham, MD 20706

Insured: For Kids By Parents
1385 Kimblewick Road
Potomac, MD 20854

Policy #: PAC7167875

Policy Period: 03/14/2019 12:01 AM To 03/14/2020 12:01 AM

Coverage: Liability

Issuing Company: Penn-America Insurance Company

This is to confirm that we have procured coverage for the above captioned insured per your instructions, subject to all terms and conditions from the insurance carrier as attached:

Note :

Minimum earned premium may apply to this policy (see attached carrier binder for specifics). All fees are fully earned at inception.

Please review attached carrier binder for details regarding any additional premium charges, minimum, deposit, audit and/or cancellation provisions.

This insurance is subject to all terms and conditions of the cover note, certificate of insurance and/or policy which may be issued.

This Confirmation of Insurance shall be automatically terminated and voided by delivery of the cover note, certificate of insurance or policy to the insured or its representative.

Thank you for your business.

Regards,

Wes Gilbert
Brokerage Underwriter
All Risks, LTD.
wgilbert@allrisks.com
410-828-5810 Ext. 3091



All Risks, LTD.
10150 York Road
Hunt Valley, MD 21030

Confirmation of Insurance

Cost Summary

General Liability Premium	\$1,059.00
Policy Fee	\$250.00
MD Surplus Lines Tax	\$31.77

Total Policy Cost **\$1,340.77**

Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the carrier binder for more details on the minimum earned percentage.

Agent Commission: 10%

Compensation Disclosure

In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our Quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our Quotes. The fees we charge are not required by state law or the insurance carrier.

The insurer with whom your insurance is placed may have an agreement with All Risks, Ltd. to pay additional compensation. This compensation will be in addition to the fees and commissions earned on the business we are placing for your Client's insurance. The calculation of this additional compensation is determined based on a number of factors including, but not limited to: premium volume, loss experience, general profitability and renewal retention. The calculation contemplates the amount and performance of all insurance business placed with the insurance carrier by All Risks, Ltd. during the term of the agreement and is not calculated on a per policy basis but rather on a portfolio basis after a set period of time has expired.

Confirmation of Insurance

Subjectivities

- Signed and completed Acord Application or equivalent.
- Signed TRIA form if insured is accepting or rejecting terrorism coverage
- Completed Surplus Lines Affidavit
- Signed and completed Supplemental Application.
- A written request to bind coverage is required prior to binding.

Conditions

- 25% minimum premium earned at inception.



COMMERCIAL GENERAL LIABILITY QUOTATION

Quote Date: 2/14/2019	Quote No: 2533299
Proposed Effective date: 3/14/2019	Quote Prepared by: Wes Gilbert
Named Insured: For Kids by Parents, Inc.	Preparer's Contact Information: wgilbert@allrisks.com
Penn-America Agency: All Risks - Northeast	Policy Term: 12
Previous Policy Number: PAC7081456	Quote Type: Renewal
Retail Agency: Potomac Insurance Exchange	Retail Agent: TaNoah Morgan
Retail Agent Contact Info:	

Thank you for the opportunity to review your submission. Please review carefully, as the coverage may not be as requested on the application. This Quotation is good for 30 days or until the proposed effective date whichever occurs first. Based on the date of quotation and the proposed effective date this quotation will expire on: 3/16/2019

UNDERWRITING COMPANY: Penn-America Insurance Company (Non-Admitted) A.M. Best A (Excellent) XI

BUSINESS DESCRIPTION:

PRIMARY BUSINESS LOCATION: 1385 Kimblewick Road Potomac, MD 20854

LOCATION DETAIL

Loc.	ADDRESS
1	1385 Kimblewick Rd, Potomac, MD, 20854

COMMERCIAL GENERAL LIABILITY COVERAGE

EACH OCCURRENCE LIMIT	\$1,000,000	
GENERAL AGGREGATE LIMIT	\$2,000,000	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$1,000,000	
PERSONAL AND ADVERTISING INJURY	\$1,000,000	
DAMAGE TO PREMISES RENTED BY YOU LIMIT	\$100,000	ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	\$5,000	ANY ONE PERSON
DEDUCTIBLE: BI \$0 PD \$0		
PER OCCURRENCE PER CLAIM		

Loc	State	Code	Description	Basis	Exposure	Premises		Prod/Completed Ops		Total Calculated Premium	Class Minimum / Target Premium
						Rate	Premium	Rate	Premium		
1	MD	58057	Plastic or Rubber Goods Mfg. - household	Gross Sales	10,000	0.409	\$4	1.324	\$13	\$17	\$1,000

OPTIONAL COVERAGES

	CLASS	LIMIT	PREMIUM
Cyber Liability Coverage	33900 - Cyber Manufacture - Other	\$50,000	\$59

GENERAL LIABILITY PREMIUM (May reflect Company Minimum/Target GL Premium)	\$1,059
---------------------------------------------------------------------------	---------

IF ELECTED, THE TERRORISM CHARGE IS 5% OF THE ANNUAL POLICY PREMIUM FOR ALL LINES OF COVERAGE. THE 5% CHARGE SHOULD BE CALCULATED AFTER ALL OTHER PREMIUM CALCULATIONS HAVE BEEN COMPLETED. A MINIMUM ANNUAL PREMIUM OF \$ 100 PER POLICY SHALL APPLY.

MINIMUM AND DEPOSIT	100% . See endorsement S1003. Policy may be subject to audit.
MINIMUM EARNED	In the event of cancellation by the insured a 25% minimum earned premium shall apply.

Premium	\$1,059
TRIA Charge (If Elected)	\$
Premium Excluding TRIA	\$1,059
Premium including Taxes and Fees	\$1,059.00

PRIOR TO BINDING PLEASE SUBMIT:

Subject to Completed Supplemental Application.
Subject to a signed "No known loss" letter.

CG 21 33 - Fill in: All work involving aerospace, agricultural, aircraft, automotive, chemical, marine, military, mining and gas industries; and latex gloves

Subject to :

MD Declining Carrier - Signed & Dated

TRIA form - Signed, Marked & dated

3 years currently valued Loss runs or a NO Known Loss letter from inception of the company to bind date if no prior insurance coverage.

ACORDs 125 & 126 Fully completed with limit & exposure info, Signed & Dated

NOTICE:

This quotation is based primarily on the information you have provided, or will provide as a condition of binding coverage. If the risk being quoted requires underwriting approval, this quotation is an "indication" only subject to underwriter approval. The coverages, limits, and terms & conditions may vary from those being requested by you and/or your client. This proposal contains private, privileged, and confidential information belonging to the sender and is provided for the sole benefit of the addressee. If you have received this proposal in error please contact Penn America immediately.

COMMERCIAL LINES COMMON POLICY DECLARATIONS SCHEDULE OF FORMS AND ENDORSEMENTS

QUOTE NUMBER:2533299

NAMED INSURED:

Form / Edition Date / Form Name

Common Policy

EAA100 [01-12] IN WITNESS CLAUSE
EAA146 [12-09] TERRORISM EXCLUSION
EAA230 [02-15] SERVICE OF SUIT
ILO003 [09-08] CALCULATION OF PREMIUM
ILO017 [11-98] COMMON POLICY CONDITIONS
ILO021 [09-08] NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
ILO985 [01-15] DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
NAA105 [06-16] GLOBAL INDEMNITY PRIVACY NOTICE
NAA124 [01-15] DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
NAA169 [09-18] CLAIMS REPORTING PROCEDURES
NAA223 [10-17] CYBER LIABILITY RESOURCES NOTICE
S1003 [08-91] MINIMUM EARNED PREMIUM
S1100 [09-16] PENN-AMERICA COMMON POLICY DECLARATIONS
S2002 [08-02] COMBINED PROVISIONS ENDORSEMENT
S2051 [04-97] LIMITATION-DESIGNATED PRODUCTS

Commercial General Liability

CG0001 [04-13] CGL COVERAGE FORM
CG2107 [05-14] EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CG2109 [06-15] EXCLUSION - UNMANNED AIRCRAFT
CG2133 [11-85] EXCLUSION - DESIGNATED PRODUCTS
CG2147 [12-07] EMPLOYMENT RELATED PRACTICES EXCL
CG2155 [09-99] TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION
CG2167 [12-04] FUNGI OR BACTERIA EXCLUSION
CG2196 [03-05] SILICA OR SILICA-RELATED DUST EXCLUSION
CG2426 [04-13] AMENDMENT OF INSURED CONTRACT DEFINITION
EPA1797 [04-17] CYBER LIABILITY INSURANCE ENDORSEMENT
EPA1833 [01-18] NONCOOPERATION WITH AUDIT
EPA1896 [09-18] CANNABIS EXCLUSION
S2000 [06-01] GL COVERAGE PART DECLARATIONS

Form Schedule

S1007 [12-00] SCHEDULE OF FORMS AND ENDORSEMENTS

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended ("the Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act 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 WHERE 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. 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. GOVERNMENT REIMBURSEMENT WILL DECREASE 1% EACH YEAR STARTING JANUARY 1, 2016, UNTIL REACHING 80% ON JANUARY 1, 2020. 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 ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT, AS WELL AS INSURERS' 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 EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

COVERAGE FOR "INSURED LOSSES" AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an "act of terrorism" covered by the Act.

Should you choose to purchase coverage for an "act of terrorism", as defined in the Act, you must pay a premium of \$100.

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act.

Name of Insurance Company:
Name of Applicant:
Policy Number (if applicable):
Policy Period (if applicable):



Invoice Date: 3/18/2019

Invoice Type: Regular

Invoice#: 26688139

Tran Type: Renewal

Premium Invoice

Due: 4/20/2019

Insured: For Kids By Parents
1385 Kimblewick Road
Potomac, MD 20854

Customer: POTOMAC INSURANCE EXCHANGE (191806)
4500 Forbes Blvd
Suite 200
Lanham, MD 20706
Phone: 240-544-6800

Remit to: **All Risks LTD-II-37048**
P.O. Box 37048
Baltimore, MD 21297-3048
(410) 828-5810 ext. 3791
East Coast Accounting

Attn: Agency Accounts Payable

Pol#: PAC7167875

Eff Date: 3/14/2019

Exp Date: 3/14/2020

Carrier: Penn-America Insurance Company

Line Code	State	Tran Code	Tran Eff Date	Amount	Pct	Commission	Balance Due
GenLiabty	MD	Premium	3/18/2019	\$1,059.00	10.00%	\$105.90	\$953.10
GenLiabty	MD	SurpITax2	3/18/2019	\$31.77			\$31.77
GenLiabty	MD	PolFee	3/18/2019	\$250.00			\$250.00
Invoice Total:				\$1,340.77		\$105.90	\$1,234.87

Producer: Wes Gilbert

Phone#: 410-828-5810 Ext. 3091

Important Message

Payment terms are based on carrier requirements. Non-payment by the due date may result in cancellation with no guarantee of reinstatement. Late payment may require wire transfer of funds please call Client Accounting for directions.

Please note that accounts may have a minimum earned premium charge.

Audits require special handling. If you are disputing or returning an audit for direct collections, you must advise your ARL producer prior to the due date to avoid your agency being held financially responsible.

We may require evidence of at least three (3) attempts to collect from the insured.

Please note that if this policy is financed, any return premiums available will be remitted directly to the Finance Company.

If this is an invoice for additional premium via Endorsement and the policy is financed, please contact your finance company to determine eligibility for financing. Regardless of financing the agent remains responsible for all earned premium whether or not Agent has collected premium from insured.

Please include invoice with payment and also allow 24 hours from the time funds clear your bank account before they are applied to the agency balance(s).