

DATE	<div> <div>QUOTATION</div> <div>VALID FOR 30 DAYS OR EXPIRATION OF POLICY</div> </div>		JSIS NUMBER						
03/16/23			WL1131-1						
NAME & MAILING ADDRESS OF APPLICANT THE BOOK FAIRIES, INC. 70 N. MAIN STREET FREEPORT, NY 11520		JENCAP SPECIALTY INSURANCE SERVICES INC. 30 Park Avenue Manhasset, NY 11030 (516) 570-7183 UNDERWRITER: ALEXA CLEMENZA							
BROKER EPIC INS BROKERS & CONSULTANTS 40 MARCUS DR., 3RD FLOOR MELVILLE, NY 11747 Kristin.Howard@epicbrokers.com		<div> <div>EXPIRING INSURANCE COMPANY</div> <div>MOUNT VERNON FIRE INS CO [*]</div> </div> <div> <div>EXPIRING POLICY NUMBER</div> <div>NDO2554943G</div> </div> <div> <div>EXPIRATION DATE</div> <div>04/16/23</div> </div> <div> <div>RENEWAL INSURANCE COMPANY</div> <div>MOUNT VERNON FIRE INS CO [*]</div> </div> <div> <div>CODE</div> <div>1N</div> </div>							
<div> <div>NON-PROFIT MANAGEMENT & ORGANIZATION LIABILITY INSURANCE - CLAIMS MADE FORM</div> <div> <div>LIMITS OF LIABILITY: \$1,000,000 EACH CLAIM / ANNUAL AGGREGATE</div> <div>DEDUCTIBLE: \$1,000 EACH CLAIM (APPLIES TO LOSS ONLY - 1ST DOLLAR DEFENSE)</div> </div> <div> <div>TERMS AND CONDITIONS</div> <div> <div>FULL PRIOR ACTS COVERAGE</div> <div>DEFENSE COSTS ARE IN ADDITION TO THE LIMITS OF LIABILITY</div> <div> <div>COVERAGE WILL BE AFFORDED UNDER THE STANDARD MOUNT VERNON FIRE INSURANCE COMPANY</div> <div>NON-PROFIT MANAGEMENT AND ORGANIZATION LIABILITY INSURANCE POLICY FORM WITH THE FOLLOWING ENDORSEMENTS:</div> <div> <div>- ALL APPLICABLE STATE AMENDATORY ENDORSEMENTS</div> <div>- SEPARATE LIMITS FOR D&O AND EPLI</div> <div>- TERRORISM DISCLOSURE</div> <div>- PERSONAL INJURY EXCLUSION</div> <div>- PUBLISHERS LIABILITY EXCLUSION</div> <div>- AFFILIATED PARTIES EXCLUSION</div> <div>- DATA & SECURITY ENDORSEMENT</div> <div>- FLSA SUBLIMIT ENDORSEMENT</div> <div>- ABUSE/MOLESTATION EXCLUSION</div> </div> <div> <div>THE FOLLOWING ENHANCEMENTS ARE INCLUDED IN THE STANDARD POLICY FORM:</div> <div> <div>- EMPLOYMENT PRACTICES LIABILITY COVERAGE</div> <div>- COMPANY/ENTITY LIABILITY COVERAGE</div> <div>- COVERAGE APPLIES FOR DIRECTORS, OFFICERS, EMPLOYEES, AND VOLUNTEERS</div> <div>- DUTY TO DEFEND WORDING</div> </div> </div> </div> </div> </div></div>									
<table border="1"> <tr> <td>PREMIUM</td> <td>\$878.00</td> <td>SERVICE FEE</td> <td>\$200.00</td> <td>BROKER COMM</td> <td>10.000 %</td> </tr> </table>				PREMIUM	\$878.00	SERVICE FEE	\$200.00	BROKER COMM	10.000 %
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<div> <div>SHOULD YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT OUR OFFICE.</div> </div>									

THE BOOK FAIRIES, INC.

ORDER CONFIRMATION

Please bind/renew the captioned contract for our office as indicated above. We guarantee to pay any earned premium should this risk be cancelled.

Deposit premium of \$_____ is enclosed.

Date: _____ Broker: _____



JENCAP SPECIALTY INSURANCE SERVICES INC.

Name of Assured: THE BOOK FAIRIES, INC.

Policy Number:

Binder Number: WL1131

Dear Sir or Madam:

In addition to the premiums due under the above named insured there will be an additional placement and service charge as listed below.

Our placement expenses and service charge \$200.00

Policy Charge \$0.00

Signature of Assured

Date: _____