



Jul 29, 2021

Aon Risk Services Southwest, Inc. - Dallas
2711 N. Haskell Avenue Suite 800
Dallas, TX 75204

Re: California e-Recording Transaction Network Authority - CeRTNA, Ref# 9668246-A
Proposed Effective 8/15/2021 to 8/15/2022

Dear :

We are pleased to confirm the attached quotation for **General Liability** being offered with **Scottsdale Insurance Company**. This carrier is **Non-Admitted** in the state of **CA**. Please note that this quotation is based on the coverage, terms and conditions as stated in the attached quotation, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quotation carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms quoted as per the attached and those terms originally requested. The attached quotation may not be bound without a fully executed CRC brokerage agreement.

NOTE: The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.

Should coverage be elected as quoted per the attached, Premium and Commission are as follows:

Premium:	\$25,000.00
Policy Fee	\$350.00
Surplus Lines Tax	\$760.50
Stamping Office Fee	\$63.38

<i>Option to Elect Terrorism Coverage</i>
TRIPRA Premium: APPLIES \$1,250.00
Additional Taxes: \$40.62
Total Including TRIA(if elected) \$27,464.50

Grand Total: \$26,173.88

Commission: 12%

Broker Fees & Policy Fees are Fully Earned at Binding

NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.

If Non Admitted the following applies:

California Tax Filings are the responsibility of: () Your Agency (X) CRC

CRC is compensated in a variety of ways, including commissions and fees paid by insurance companies and fees paid by clients. Some insurance companies pay brokers supplemental commissions (sometimes referred to as “contingent commissions” or “incentive commissions”), which is compensation that is based on a broker's performance with that carrier. These supplemental commissions may be based on volume, profitability, retention, growth or other measures. Even if a contingent commission agreement exists with a carrier, we recognize that our responsibility is to promote the best interests of the policyholder in the selection of an insurance company. For more information on CRC's compensation, please contact your CRC broker.

Financing Insurance Premiums

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, business expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO Credit Corporation, which is an affiliate of CRC, providing premium financing solutions for companies across the United States.

You can learn more about how premium financing works and how it can expand your relationship with your clients by emailing afcodirect@afco.com; or call toll-free **877-317-6437**, option 1. Additional information is available at <https://www.afco.com/partners/crc.html>.

Sincerely,

Celia Dangelo
818 598-6404
cdangelo@crcgroup.com
9668246

IMPORTANT NOTICE:

The insurance policy that you have purchased is being issued by an insurer that is not licensed by the State of California. These companies are called “nonadmitted” or “surplus line” insurers.

The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.

The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.

The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or “surplus line” broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC's internet website at www.naic.org. The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.

Foreign insurers should be licensed by a state in the United States and you may contact that state's department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: https://naic.org/state_web_map.htm.

For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on

the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or “surplus line” broker to obtain more information about that insurer.

California maintains a “List of Approved Surplus Line Insurers (LASLI).” Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm.

If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.

IMPORTANT NOTICE:

- 1. The insurance policy that you are applying to purchase is being issued by an insurer that is not licensed by the State of California. These companies are called "nonadmitted" or "surplus line" insurers.**
- 2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.**
- 3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.**
- 4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or "surplus line" broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC's internet website at www.naic.org. The NAIC—the National Association of Insurance Commissioners—is the regulatory support organization created and governed by the chief insurance regulators in the United States.**
- 5. Foreign insurers should be licensed by a state in the United States and you may contact that state's department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: https://naic.org/state_web_map.htm.**

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Date: _____

Insured: _____



General Liability Quote Proposal

Attention: Celia Dangelo

Broker Email: cdangelo@crcgroup.com

Premium Summary

Underwritten By: SCOTTSDALE INSURANCE COMPANY

A.M. Best rated A+ (Superior), FSC XV

We are pleased to offer the following quote. ALL REQUESTS TO BIND COVERAGE MUST BE IN WRITING.

Insured Name	CALIFORNIA E RECORDING
Effective Dates	08/15/2021-08/15/2022
Submission Number	104500833C
Renewal of:	BCS0038861
GL Base Premium	\$25,000
- GL Exposure Premium	\$25,000
- GL Additional Insured Premium	INCLUDED
Total Premium	\$25,000
Terrorism Coverage Premium	\$1,250
Policy Fee	\$350
Total	\$26,600

Minimum Earned: 25% **Minimum and Advance Premium:** 100%

Description of Operations: Office Premises

These terms are valid for 30 days from July 28, 2021. Our quote may differ from the terms requested. Please review the quote carefully.

Submission Number: 104500833C Quote Name QT-00003871



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These terms are valid for 30 days from July 28, 2021. Our quote may differ from the terms requested. Please review the quote carefully.
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**Commercial GL Coverage
COVERAGE FORM: CG 00 01 (04-13)**

General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Per Occurrence	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Payments	EXCLUDED
Deductible	\$5,000 BI/PD/PAI Including LAE GLS-148s 06-15

Liability Rating Classifications and Premium

Loc #/ Bldg #	Class Code	Description	Exposure	Prem / Prod Rate	Prem / Prod Premium
1115 TRUXTUN AVE 3rd FLOOR BAKERSFIELD CA 93301 KERN					
1/1	61224	BUILDINGS OR PREMISES - OFFICE - PREMISES OCCUPIED BY EMPLOYEES OF THE INSURED - OTHER THAN NOT-FOR-PROFIT	FLAT CHARGE /1	FLAT CHARGE INCL	\$25,000 INCL

Commercial GL Additional Insureds

Coverage Description	Form	Number of A/I's	Premium
ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES	CG 20 11 (12-19)	1	INCLUDED

Subject to a Policy Minimum Premium of \$25,000

Forms and Endorsements

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**Optional Coverages****Common Exclusions**

UTS-266g (05-98)	ASBESTOS EXCLUSION
GLS-518 (10-16)	CONSOLIDATED (WRAP-UP) INSURANCE PROGRAM EXCLUSION Description of Operations: All locations and operations for which you are covered under a consolidated wrap-up or similar insurance program
GLS-281s (09-07)	CONTINUING OR ONGOING DAMAGE EXCLUSION
GLS-304s (07-08)	CROSS LIABILITY EXCLUSION
CG 21 47 (12-07)	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 06 (05-14)	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG 21 35 (10-01)	EXCLUSION - COVERAGE C - MEDICAL PAYMENTS Description And Location Of Premises Or Classification: All premises and classifications
CG 21 16 (04-13)	EXCLUSION - DESIGNATED PROFESSIONAL SERVICES Description of Professional Services 1: All professional services of any insured
CG 21 86 (12-04)	EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS
CG 21 84 (01-15)	EXCLUSION OF CERTIFIED NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG 21 09 (06-15)	EXCLUSION - UNMANNED AIRCRAFT
CG 21 67 (12-04)	FUNGI OR BACTERIA EXCLUSION
GLS-289s (11-07)	KNOWN INJURY OR DAMAGE EXCLUSION-PERSONAL AND ADVERTISING INJURY
UTS-267g (05-98)	LEAD CONTAMINATION EXCLUSION
GLS-455s (05-19)	MARIJUANA/CANNABIS LIABILITY EXCLUSION
GLS-282s (01-19)	MULTI-UNIT HABITATIONAL CONVERSION EXCLUSION
IL 00 21 (09-08)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
UTS-74g (08-95)	PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

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CG 21 96 (03-05) SILICA OR SILICA-RELATED DUST EXCLUSION

CG 21 49 (09-99) TOTAL POLLUTION EXCLUSION ENDORSEMENT

Additional Exclusions

UTS-85G (02-98) ANIMAL EXCLUSION

UTS-180g (10-08) COMMUNICABLE DISEASE EXCLUSION

GLS-516 (08-17) SPECIFIED PROJECT EXCLUSION

GLS-227s (02-18) TOTAL ASSAULT AND/OR BATTERY EXCLUSION

GLS-106s (12-13) TOTAL LIQUOR LIABILITY EXCLUSION

Additional Insured

CG 20 11 (12-19) ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

Designation Of Premises (Part Leased To You): 1115 TRUXTUN AVE
BAKERSFIELD, CA 93301

Name of Person(s) Or Organization(s)(Additional Insured): Any person or organization when required by written contract or agreement, executed prior to the occurrence to which this insurance applies, that such person or organization be added as an additional insured on your policy

Special Endorsements

GLS-74s (09-05) AMENDMENT OF CONDITIONS

GLS-152s (08-16) AMENDMENT TO OTHER INSURANCE CONDITION

GLS-290s (11-07) CLASSIFICATION LIMITATION

IL 00 17 (11-98) COMMON POLICY CONDITIONS

IL 09 85 (12-20) DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

GLS-175s (01-15) LIMITATION OF COVERAGE TO DESIGNATED PREMISES

Designated Premises: 1115 TRUXTUN AVE, Bakersfield, CA 93301

GLS-47s (10-07) MINIMUM AND ADVANCE PREMIUM ENDORSEMENT

UTS-119g (06-14) MINIMUM EARNED CANCELLATION PREMIUM

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UTS-9g (06-20)

SERVICE OF SUIT CLAUSE

The person named below is authorized and directed to accept service of process on behalf of the Company: Commissioner of Insurance, 300 Capitol Mall, 17th Floor, Sacramento, CA 95814

Having accepted service of process on behalf of the Company, the person designated above is authorized to mail the process or a true copy to: CSC-Lawyers Incorporating Service, 2710 Gateway Oaks Drive, Suite 150N, Sacramento, CA 95833-3505

Mandatory State Amendatory Endorsements will be included, as applicable.

Subject To's

Subject to following terms and conditions:

Signed TRIA form at time of binding rejecting or accepting coverage.

Prior to binding, acceptable, fully completed, signed and legible: General Liability Application

Notes

Please note that we have added a policy fee.

100% fully earned premium

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

Please note that premium is due within 20 days of Effective Date

**Freedom Specialty Insurance Company
National Casualty Company
Scottsdale Indemnity Company
Scottsdale Insurance Company
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (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 "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury--in consultation with the Secretary of Homeland Security, 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 certain air carriers or vessels or the premises of a United States mission; 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, such as an exclusion for nuclear, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed 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 Act, as amended, contains a \$100 billion cap that limits United States 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.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR “CERTIFIED ACTS OF TERRORISM” BELOW:

The Note below applies for risks in these states: California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.

	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>1,250</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input checked="" type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature <div style="text-align: center; margin-top: 10px;">Rich Sherman</div> Print Name <div style="text-align: center; margin-top: 10px;">08/06/21</div> Date	CeRTNA California Electronic Recording Transaction Network Authority Named Insured/ Business Name <div style="text-align: center; margin-top: 10px;">QT-00003871</div> Policy Number, if available
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