DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

Terrorism Coverage and Premium

In accordance with the federal Terrorism Risk Insurance Act (as amended "TRIA"), we are required to make coverage available under your policy for "certified acts of terrorism." The actual coverage provided by your policy(ies) will be limited by the terms, conditions, exclusions, limits, and other provisions of your policy(ies), as well as any applicable rules of law.

The portion of your premium attributable to this terrorism coverage is shown in the premium section(s) of this quote proposal or binder.

Definition of Certified Act of Terrorism

A "certified act of terrorism" means an 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 under TRIA. The criteria contained in TRIA for a "certified act of terrorism" include the following:

1. The act results in insured losses in excess of $5 million in the aggregate, attributable to all types of insurance subject to TRIA; and
2. The act results in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of an United States mission; and
3. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals acting 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.

Disclosure of Federal Share of Terrorism Losses

The United States Department of the Treasury will reimburse insurers for 85% of that portion of insured losses attributable to certified acts of terrorism that exceeds the applicable insurer deductible. However, if aggregate industry insured losses under TRIA exceed $100 Billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds $100 billion. The United States government has not charged any premium for their participation in covering terrorism losses.

Cap on Insurer Liability for Terrorism Losses

If aggregate industry insured losses attributable to "certified acts of terrorism" under TRIA exceed $100 Billion in a Program Year (January 1 through December 31), and we have met, or will meet, our insurer deductible under TRIA, we shall not be liable for the payment of any portion of the amount of such losses that exceed $100 billion. In such case, your coverage for terrorism losses may be reduced on a pro-rata basis in accordance with procedures established by the Treasury, based on its estimates of aggregate industry losses and our estimate that we will exceed our insurer deductible. In accordance with the Treasury's procedures, amounts paid for losses may be subject to further adjustments based on differences between actual losses and estimates.

Note to Producer on TRIA: The premium for terrorism coverage and the TRIA disclosures above must be provided to the insured or prospect at the time of quoting. If you are not using this quote proposal, you can use Hartford's stand-alone TRIA disclosure form for quotes and binders, which is available on EBC or from the company.
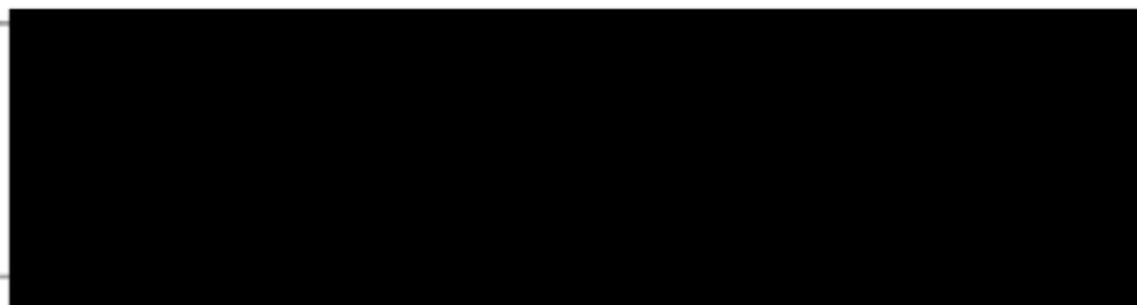
Reference Number: *76WEG9743MF - 003*
Total Estimated Annual Premium for Workers' Compensation: *$ 290*

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EFTA00523631

ADP

Automatic Data Processing Insurance Agency, Inc.

Workers' Compensation Loss History Affidavit

I, ✗ ██████████████████████ , do hereby certify and swear that ████████ ██ _____
(name of owner or officer) (Company name:dba)

has incurred ✗ _0_____ injuries within the last 36 months.
(Number of Injuries)

Year of Claim	Name of Injured:	Amount of Claim	Describe injury:	Open or Closed:

Note: If there have been no injuries, write (None) in the table above.

Explanation if an individual claim amount exceeds $15,000.00.

_____
_____
_____
_____
_____
_____

Company Name: ████████████████████████ _____

Signed By: ████████████████████████ Date: ✗ 10/19/2012

Title/Position: ✗ ████████████████ _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files, statement of claim, or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage or conceal information pertinent to the computation and application of an experience rating modification factor, is guilty of a felony of the third degree or as otherwise punishable as provided under the law.

EFTA00523632

ADP

Automatic Data Processing Insurance Agency, Inc.

GENERAL INFO

Company Name And Address ▓▓▓	Client Codes: ▓▓▓
301 E 66th St Apt ~~XXX~~	
New York NY 10065	**COMPANY TYPE**
SIC Code : _____ FEIN : ▓▓▓	☐ Individual ☐ Corporation ☐ Partnership
Website : _____ Years in Business : 0.25	☐ Subchapter S Corp. ☑ LLC
DBA : _____ Total Employees : 1	☐ Is construction company
☐ Seasonal Client ☐ INS ASO Campaign	

PRIMARY CONTACT

Name: ▓▓▓	Email: ▓▓▓	Phone : ▓▓▓7
Fax No :		

PAYROLL INFO

Payroll Platform :   Run

Payroll Frequency : Bi-Weekly   Est Payroll Start : 09/18/2012

PAYMENT INFO

Payment Method :   Direct Bill   Pay by Pay Price : $13 Per Payroll - Run, EasyPay, AutoPay

BUSINESS DESCRIPTION

ee does office work, design services for furniture. no store front or website, works on word of mouth. any furniture the client wants to purchase the client can buy through the vendor

OFFICERS

Name	Title/Relationship	Remuneration	Duties	Inc/Exc	Ownership %
▓▓▓	member	$0		EXC	100

CPA

CPA Name : _____	Firm Name : _____	
Email : _____	Phone : _____	Ext : _____
Tax Branch / Client code : _____	Cell No : _____	Fax No : _____

REFERRAL INFO

Lead Source : Self Generated - Cold Call	DM Service Center : _____
DM Name: _____	DM Code : _____
SC Region: _____	SC Rep Name: Carolina Hernandez
Agency: _____	

POLICY DETAILS

Carrier Name: (Regular) Hartford	Date : 10/15/2012
Policy Number : _____	Policy Effective Date : 10/15/2012
Est. Annual Premium : 290	Policy Expiration Date : 10/15/2013
Comments :	

ADP

Automatic Data Processing Insurance Agency, Inc.

CLIENT LOCATIONS

ADDRESS		CITY	STATE	Zip
575 Lexington Ave 4th Floor	C/O HBRK	New York	NY	10022
301 E 66th St Apt 11J		New York	NY	10065

CONTACTS

CONTACT NAME	PRIMARY Yes/No	COMPANY NAME	EMAIL	PHONE-EXT	CELL	FAX
███████	True	██████	███████████			

CLASS CODES

DUTIES	REMUNERATION	FULL TIME EMPLOYEES	PART TIME EMPLOYEES	CLASS CODE
clerical	$25,000.00	1	0	8810

LOSS HISTORY

YEAR	CARRIER	No. OF CLAIMS	AMOUNT PAID	RESERVER	DETAIL
2012		0			
2011		0			
2010		0			

Officer Signature: ████████████████ Date: 10/19/2012