

McGowan Program Administrators
Old Forge Centre
20595 Lorain Road
Fairview Park, OH 44126

Phone: (440) 333-6300 Fax (440)333-3214

www.mcgowanprograms.com

Renewal Quotation

December 21, 2023

Retail Broker: Miller Insurance Group App Number: **Pending**

Phone: 317-939-6430 Effective/Expiration Date: **01/01/2024 - 01/01/2025**

Attention: Chad Miller Applicant Name: Edison School of the Arts, Inc.

Email: chad@millerinsurancegrp.com Expiring Policy Number: US00118384SP23A

From: Paul Marshall Quotation Expires: 1/1/2024

Email: pmarshall@mcgowanprograms.com
Carrier Name: Indian Harbor Insurance Company

McGowan ASWPV AXA XL Option		
Act of Workplace Violence Event Aggregate	\$5,000,000	\$7,504.00
Workplace Violence Expenses Per Insured Event	\$5,000,000	
3rd Party Legal Liability Per Insured Event	\$5,000,000	
Personal Accident Expenses <i>Per Insured Person</i>	\$50,000	
- PAE Benefit paid in addition to other victim benefits, up to Poli	icy Agg	
Business Interruption Expenses Per Insured Event	\$5,000,000	
Business Interruption Indemnity Period	120 Days	
Business Interruption Waiting Period	6 Hours	
Stalking Threat Event Aggregate	\$5,000,000	
Stalking Threat Expenses Per Insured Event	\$5,000,000	
3rd Party Legal Liability Per Insured Event	\$5,000,000	
Personal Accident Expenses <i>Per Insured Person</i>	\$50,000	
- PAE Benefit paid in addition to other victim benefits, up to Poli	icy Agg	
Business Interruption Expenses Per Insured Event	\$5,000,000	
Business Interruption Indemnity Period	120 Days	
Business Interruption Waiting Period	6 Hours	
Policy Deductible	N/A	
Policy Aggregate	\$5,000,000	
Broker Commission Rate: 15.	.00%	\$7,504.00
Broker Commission: \$1,125.60		
Tax/Fee Description		
MPA Fee - Broker Fee Disclosure Agreement Needed		\$250.00
Surplus Lines Tax		\$193.85
Total Including SL Taxes/Fees:		\$443.85
Grand Total Premium/Tax/Fee:		\$7,947.85



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This Quotation is subject to the following terms:

IMPORTANT NOTE: the terms, premiums, and conditions within this Indication/Quote/Binder may change if any change in coverage, limits, or locations to be covered is requested. Please contact your underwriter and obtain a new proposal if changes are needed.

- This quote is subject to no material changes to the risk prior to binding and confirmation of the following: A Fully Completed and Signed Application.
- This quote is subject to confirmation of no prior violent threats/violent incidents/violent events/criminal events as of the binding date.
- Please note that this policy will be issued on NON-ADMITTED paper; all taxes and fees are included in the above quoted premium. Please complete and return the attached Compliance Forms at the time of binding. McGowan will file the taxes on this one if the SL information is provided as needed/requested.



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Forms:

Producer Compensation Notice

IHIC - In Witness

OFAC

Privacy Policy

Fraud Notice

State Notices (if applicable)

Dec Pages

Policy Form

Service of Process

Named Insured Address:

- 1 777 S. White River Parkway Indianapolis IN 46221
- 2 Per Location Schedule Provided (if any)

WARNING:

If you send us a request to Bind coverage, and we have only provided you with an "Indication" as of the date on which we receive that request to bind coverage, there is a significant possibility that the account could be ineligible for our Program. At that point, we will inform you that the account is ineligible for our Program and close our files. We will not Bind coverage on an ineligible account nor provide you with a limited period of coverage in order for you to find replacement coverage.

We Cannot Backdate Coverage