



**YOUR BUSINESS INSURANCE SOLUTION  
SPECTRUM® PROPOSAL**

**Prepared for:**

The Teaching Well  
2950 E 29th St  
Oakland, CA 94601

**Reference Number:**

76SBW1968EU - 002

**Proposal Date:**

05/18/2020, 2:31 PM

**Proposal Created by:**

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**Offered through:**  
AP Ins/Intego

**Total Estimated Annual Premium for Spectrum:**

**\$ 550.00**

**POLICY LEVEL**

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**Important Messages:**

[Empty box for important messages]

This document is a proposal of insurance for the applicant indicated above. It is not to be used as proof of coverage, unless bound by an authorized agent.

**WHY THE HARTFORD**

**200 years experience | 1 million customers | Named One of the World's Most Ethical Companies**  
*The Hartford is the market leader for small business with more than 200 years of experience, trusted by over 1 million customers and [rated 4.8 out of 5 by Small Businesses.](#)*

***Spectrum Proposal***  
***with***  
***Sentinel Insurance Company***  
***A member company of The Hartford***  
***7/1/2020 - 7/1/2021***

**Policy Level****Property Coverage****Limits of Insurance**

Special Property Coverage Form automatically includes the following coverages at no additional charge:

Accounts Receivable Coverage Off Premises	\$	25,000
Accounts Receivable Coverage On Premises	\$	25,000
Appurtenant Structures - business personal property within appurtenant structure	\$	5,000
Arson Reward	\$	10,000
Business Income - Civil Authority - 30 Days - A waiting period applies	\$	Included
Business Income to Dependant Properties	\$	5,000
Business Personal Property Seasonal Automatic Increase: 25%	\$	Included
Data and Software	\$	10,000
Definition of Premises: 1000 feet	\$	Included
Extended Business Income - 30 consecutive days	\$	Included
Fire Department Service Charge	\$	25,000
Fire Extinguisher Recharge	\$	Included
Forgery Coverage	\$	5,000
Leasehold Improvements	\$	25,000
Lease Assessment	\$	2,500
Lock and Key Replacement	\$	1,000
Money and Securities - Inside	\$	10,000
Money and Securities - Outside	\$	5,000
Newly Acquired or Constructed Property - Building - 180 Days Max	\$	500,000
Newly Acquired or Constructed Property - Business Income 180 Days Max	\$	50,000
Newly Acquired or Constructed Property - Business Personal Property - 180 Days Max	\$	250,000
Ordinance or Law Coverage:		
• Tenants Improvements & Betterments Increased Cost of Construction	\$	25,000
Outdoor Property - Aggregate	\$	10,000
Outdoor Property - For any one tree, shrub or plant	\$	1,000
Outdoor Signs - Attached to buildings - Per sign	\$	5,000
Personal Effects	\$	10,000
Property Off-Premises - Business Personal Property	\$	2,500
Tenant's Glass	\$	25,000
Valuable Papers Coverage Off Premises	\$	25,000
Valuable Papers Coverage On Premises	\$	25,000

**Property Coverage****Limits of Insurance****Premium**

The following Property coverages are applicable at all locations:

	Replacement Cost	
Business Personal Property	\$	1,000
Property Deductible	\$	Included
Automatic Equipment Breakdown Coverage which includes:	\$	Included
• Mechanical Breakdown	\$	Included
• Artificially Generated Electric Current	\$	Included
• Explosion of Steam Equipment	\$	Included
• Loss or damage to Steam Equipment	\$	Included
• Loss or damage to Water Heating Equipment	\$	Included
• Contamination by Hazardous Substance	\$	50,000
• Expediting Expenses	\$	50,000
Business Income And Extra Expense Actual Loss Sustained - 12 mos.	\$	Included
Identity Recovery Coverage	\$	15,000

### **Liability Coverage**

### **Limits of Insurance**

### **Premium**

Business Liability:		
Broad Form Named Insured includes subsidiaries in which greater than 50% of voting stock is owned by the Named Insured	\$	Included
Defense Costs outside of the Limits of Insurance	\$	Included
Employees and Volunteers included as Insureds	\$	Included
Incidental Malpractice	\$	Included
Mental Anguish resulting from bodily injury, sickness or disease	\$	Included
Newly Acquired Organizations	\$	180 days
Non-Owned watercraft under 51 feet	\$	Included
Per Location General Aggregate - owned or rented premises	\$	Included
Personal and Advertising Liability	\$	Included
Property Damage to borrowed equipment not being used to perform operations at the job site	\$	Included
Unintentional failure to disclose hazards	\$	Included
Additional Insured - Coverage is automatically extended to persons or organizations whose written contracts or permits with the insured require insurance to be provided	\$	Included
Each Occurrence	\$	1,000,000
General Aggregate	\$	2,000,000
Products/Completed Operations Aggregate	\$	2,000,000
Personal and Advertising Injury	\$	1,000,000
Damage to Premises Rented to You	\$	1,000,000
Medical Expenses	\$	10,000
Policy Base Premium	\$	151
Minimum Premium Difference	\$	312
Terrorism	\$	Included

### **Location/Building Level**

### **Location/Building Information**

Location No./Building No.	:	001/001
Street Address	:	2950 E 29th St
City, State and Zip Code	:	Oakland, CA 94601-2731
Protection Class	:	0002

Class Code : 49191  
 Description : Associations - Professional Non Profit  
 Construction : Frame  
 Year Built : 1908  
 Sprinklered : No  
 Area : 200

**Location/Building Coverage****Limits of Insurance****Premium**

Business Personal Property	\$ 5,000	\$ 17
Fungi Limited Coverage	\$ 50,000	\$ Included
Fungi Limited Business Interruption	30 Days	\$ Included

**Stretch Endorsements****Premium**

Stretch See Stretch Summary Attached \$ 27  
 The Limits of Insurance for the following Additional Coverages are in addition to any other limit of insurance provided under this policy.

**Stretch Endorsement Summary****Coverage****Limits of Insurance**

Accounts Receivable - On/Off-Premises	\$ 25,000
Brands and Labels	Up to Business Personal Property Limit
Claim Expenses	\$ 10,000
Computer Fraud	\$ 5,000
Computers and Media	\$ 10,000
Debris Removal	\$ 25,000
Employee Dishonesty (including ERISA)	\$ 10,000
Fine Arts	\$ 10,000
Forgery	\$ 10,000
Laptop Computers - World-Wide Coverage	\$ 5,000
Off Premises Utility Services - Direct Damage	\$ 10,000
Outdoor Signs	Full Value
Pairs or Sets	Up to Business Personal Property Limit
Personal Property of Others	\$ 10,000
Property at Other Premises	\$ 10,000
Salespersons' Samples	\$ 1,000
Sewer and Drain Back Up	Included up to Covered Property Limits
Sump Overflow or Sump Pump Failure	\$ 15,000
Temperature Change	\$ 10,000
Tenant Building and Business Personal Property Coverage- Required by Lease	\$ 20,000
Transit Property in the Care of Carriers for Hire	\$ 10,000
Unauthorized Business Card Use	\$ 2,500
Valuable Papers and Records On/Off-Premises	\$ 25,000

The Limits of Insurance for the following Coverage Extensions are a replacement of the Limit of Insurance provided under the Property Coverage Form.

**Coverage****Limits of Insurance**

Newly Acquired or Constructed Property - 180 Days	
Building	\$ 1,000,000
Business Personal Property	\$ 500,000

Business Income and Extra Expense	\$ 500,000
Outdoor Property	\$ 20,000 aggregate / \$ 1,000 per item
Personal Effects	\$ 25,000
Property Off-Premises	\$ 15,000

The following changes apply only if Business Income and Extra Expense are covered under this policy. The Limits of Insurance for the following Business Income and Extra Expense Coverages are in addition to any other Limit of Insurance provided under this policy:

<b><i>Coverage</i></b>	<b><i>Limits of Insurance</i></b>
Business Income Extension for Off-Premises Utility Services	\$ 25,000
Business Income Extension for Web Sites	\$ 10,000 / 7 days
Business Income from Dependent Properties	\$ 25,000

The following Limit of Insurance for the following Business Income Coverage is a replacement of the Limit of Insurance provided under the Property Coverage Form.

<b><i>Coverage</i></b>	<b><i>Limits of Insurance</i></b>
Extended Business Income	60 Days

The following changes apply to Loss Payment Conditions:

<b><i>Coverage</i></b>	<b><i>Limits of Insurance</i></b>
Valuation Changes	
Commodity Stock	Included
"Finished Stock"	Included
Mercantile Stock - Sold	Included

## Consider these additional coverages that businesses like you are buying from The Hartford

Talk to your agent about adding these valuable coverages to your Hartford policy.

Coverage	Estimated Annual Premium <sup>1</sup>	What It Is	Why You Should Consider It
<b>Tenant Legal Liability</b>	Please contact your agent for a quote.	Broadens the standard Fire Legal Liability coverage to include damage to the premises rented by you, caused by perils other than fire, for which you are found liable.	If you fail to shut off the heat before leaving for an extended business trip; and the premises is damaged because a pipe burst, your lease may require that you pay for the damage. This coverage helps pay for expenses to repair the damaged property.
<b>Hired and Non-Owned Auto</b>	Please contact your agent for a quote.	For businesses without a Business Auto policy (no owned vehicles), this coverage provides protection if you are sued for bodily injury or property damage caused by a vehicle: a) not owned by your business while used on company business; or b) you hire, rent or borrow for business purposes.	Think about how often employees use their vehicles to run work-related errands, like picking up the mail or lunch for a meeting. If your employee gets in an accident while on such an errand, your business could be liable.
<b>Data Breach</b>	Please contact your agent for a quote.	Coverage that provides protection if the sensitive information (eg: social security number, debit/credit card information) you collect or store on employees or customers is lost or stolen.	A data breach is not always caused by a hacker from three continents away. Your business is exposed if, for example: <ul style="list-style-type: none"> <li>• An employee fails to shred sensitive client records before they're thrown away.</li> <li>• A laptop storing sensitive customer information is lost or stolen.</li> </ul>
<b>Employee Benefits Liability</b>	Please contact your agent for a quote.	Coverage that helps protect your business if you are sued for an error or omission related to the administration of your group health insurance plan.	Health care administration is increasingly complex. If your benefits administrator fails to enroll an employee in your health plan when eligible, and the employee is subsequently denied enrollment due to a health condition, you could be sued.

*(1) For illustration purposes only. Premium estimate is based on the assumptions indicated and does not include taxes, fees or other surcharges. This is not a guarantee of coverage. Actual premium amounts vary and will depend on an applicant's individual account characteristics and coverages and limits purchased. (2) First Party Response Expense coverage helps pay the costs of notifying impacted individuals, crisis management/public relations, good faith advertising, legal and forensic services and credit monitoring services, if warranted. (3) Third Party Defense & Liability coverage helps pay for civil awards, judgments and settlements you're legally obligated to pay.*

*This document contains only a general description of coverages that may be provided and does not include all of the features, exclusions and conditions of the policies it describes. Please refer to the actual policies for complete details of coverage and exclusions. In the event of a conflict, only the terms of an actual issued policy will prevail.*

Coverage is underwritten by Sentinel Insurance Company, Ltd. (CA license #8701)



**Direct Bill Options**

Choose one of these four options to pay your bill:

- **AutoPay.** Sign up for Repetitive Electronic Funds Transfer (EFT) to pay automatically from your bank account. You'll save on installment fees and get the convenience and peace of mind of automated payments.
- **Online.** Register at [thehartford.com/servicecenter](http://thehartford.com/servicecenter) to pay your bill quickly and securely.
- **Check.** Mail your check and include your payment stub in the envelope we provide.
- **Phone.** Call us toll-free 1-866-467-8730 to pay your bill by phone.

**Payment Breakdown**

The charts below show how we'll bill you, according to the payment plan you select. We calculate the due date(s) and minimum amount(s) due based on the anticipated effective date of the policy. Keep in mind that the dates and amounts could change depending on when the policy is processed.

**Full Pay**

One Payment	
Due Date	Payment Amount
07/01/2020	\$550.00

**Monthly Options**

Total Annual Estimated Premium for Spectrum: \$550.00

Number of Payments	Due Date	With AutoPay Fee: \$5 per payment	Without AutoPay Fee: \$7 per payment
		Payment Amount	Payment Amount
<b>Two</b>	07/01/2020	\$275.00 - Initial Down Payment	\$330.00 - Initial Down Payment
	01/01/2021	\$275.00	\$220.00
<b>Four</b>	07/01/2020	\$137.50 - Initial Down Payment	\$165.00 - Initial Down Payment
	10/01/2020	\$137.50	\$137.50
	01/01/2021	\$137.50	\$137.50
	04/01/2021	\$137.50	\$110.00
<b>Ten</b>	07/01/2020	\$55.00 - Initial Down Payment	\$137.46 - Initial Down Payment
	08/01/2020	\$55.00	\$45.98
	09/01/2020	\$55.00	\$45.82
	10/01/2020	\$55.00	\$45.82
	11/01/2020	\$55.00	\$45.82
	12/01/2020	\$55.00	\$45.82
	01/01/2021	\$55.00	\$45.82
	02/01/2021	\$55.00	\$45.82
	03/01/2021	\$55.00	\$45.82
	04/01/2021	\$55.00	\$45.82
<b>Twelve</b>	07/01/2020	\$45.98 - Initial Down Payment	\$45.98 - Initial Down Payment
	08/01/2020	\$45.82	\$45.82
	09/01/2020	\$45.82	\$45.82
	10/01/2020	\$45.82	\$45.82
	11/01/2020	\$45.82	\$45.82
	12/01/2020	\$45.82	\$45.82
	01/01/2021	\$45.82	\$45.82
	02/01/2021	\$45.82	\$45.82
	03/01/2021	\$45.82	\$45.82
	04/01/2021	\$45.82	\$45.82
	05/01/2021	\$45.82	\$45.82
	06/01/2021	\$45.82	\$45.82

A payment fee is assessed on each payment invoice except where prohibited by law.

Any down payment provided will be withdrawn immediately regardless of down payment date shown.

**PAYMENT PLAN SELECTED:** Twelve



## 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 accordance with the provisions of TRIA, 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 under TRIA

The United States Department of the Treasury will reimburse insurers for 85% of insured losses that exceed the applicable insurer deductible. Effective January 1, 2016, this percentage will be reduced to 84%, effective January 1, 2017 to 83%, effective January 1, 2018 to 82%, effective January 1, 2019 to 81%, and effective January 1, 2020 to 80%.

However, if aggregate industry insured losses under TRIA exceed \$100 Billion in a calendar year, 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 calendar year, 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 the EBC or from the company.**



Acknowledged and Accepted By	
DocuSigned by: <i>Sonya Melita</i>	5/29/2020
_____ (Signature of the Insured)	_____ (Date)

**Reference Number:** 76SBW1968EU - 002

**Total Estimated Annual Premium for Spectrum:** \$550

# AutoPay

Repetitive Electronics Funds Transfer (EFT) Authorization Agreement – Commercial Lines



Thank you for selecting The Hartford for your business insurance needs. We appreciate your business. To authorize The Hartford to automatically withdraw your premium from your checking or savings account, please complete this form in its entirety and then submit.

## POLICYHOLDER INFORMATION

BUSINESS NAME **The Teaching well**PHONE NUMBER **8584145296**BUSINESS ADDRESS **2950 E 29th St.**CITY **oakland**STATE **CA**ZIP **94601**

YOUR HARTFORD POLICY OR ACCOUNT NUMBER:

EMAIL ADDRESS **sonyamehta@theteachingwell.org**

## POLICYHOLDER BANK INFORMATION REQUIRED FOR NEW REQUESTS OR TO NOTIFY US OF BANK CHANGES.

BANK NAME **western Alliance Bank**BANK ABA ROUTING NUMBER **121143260**BANK ACCOUNT NUMBER **8250226501**

TYPE OF ACCOUNT: (CHECK ONE)

 CHECKING SAVINGSNAME ASSOCIATED WITH THE ACCOUNT **The Teaching well**

## AutoPay AUTHORIZATION

I/we authorize Hartford Fire Insurance Company and its affiliated companies (hereinafter called The Hartford), to initiate debit entries (withdrawals from) and to initiate, if necessary, credit entries (deposits to) and adjustments for any debit entries in error to my (our) account indicated above and the Depository named above to debit and/or credit the same to such account. This authorization is to remain in full force and effect until The Hartford has received notice from me of its termination in such time and in such manner as to afford The Hartford and the Depository a reasonable opportunity to act on it.

AUTHORIZED SIGNATURE

DocuSigned by:  
  
 FCF8991ED49D4EE...

NAME (PLEASE PRINT OR TYPE)

**Sonya Mehta**

TITLE

**Director of Partnerships**PHONE NUMBER **408-439-8286**DATE **5/29/2020**

## INSTRUCTIONS FOR SUBMITTING YOUR INFORMATION

### CHECKLIST

- Enroll in AutoPay at any time during the policy term online at [thehartford.com/servicecenter](http://thehartford.com/servicecenter) OR complete this form to have your installment payments automatically withdrawn from your bank account according to your current bill plan.
- Retain a copy of the completed form for your files.

### HOW TO SUBMIT:

Email to [nhdpendcash@thehartford.com](mailto:nhdpendcash@thehartford.com) OR fax to: 1-866-829-0250 ATTN: P&C Billing Department

## IMPORTANT INFORMATION

- Until this form is processed by The Hartford, you will continue to receive insurance bills in the mail. **To keep your account current, please remit your payment along with the payment stub.** This applies to any bills you may have received but not yet paid.
- Once your request is processed, you will receive a schedule of your electronic withdrawals for the remainder of the policy term.
- EFT payments will be automatically withdrawn as requested and reflected on your bank statements.
- You will always be notified in advance of any changes to your withdrawal amount.
- An installment fee, which is lower than the fee charged for paying by check, may apply and will be added to each withdrawal in states where permitted by law.
- In order to continue withdrawing premium payments from your bank account, **The Hartford must be notified in advance of any change in bank information.** Please visit [thehartford.com/servicecenter](http://thehartford.com/servicecenter) to access your online account and update your bank account information; or contact our Customer Service Center (1-866-467-8730) to inform us of any changes.

## FREQUENTLY ASKED QUESTIONS (FAQS)

### How does AutoPay work?

By signing up for AutoPay, you authorize The Hartford to automatically withdraw your premium from your checking or savings account based on the payment plan you selected. Payment is transmitted directly to The Hartford. Please be aware that your private information is not shared nor can The Hartford access your account directly.

### How will I know when my premium is withdrawn from my account?

We will send you an installment schedule with your renewal bill, via your billing method of choice (mail or e-delivery). Please retain this for your records. You can also view your installment schedule via your online account at [thehartford.com/servicecenter](http://thehartford.com/servicecenter). In the event of a change to your installment schedule, a revised notice would be sent to you by your billing method of choice.

### How do I update my banking information?

If you need to update your account information in the future, you can do this by accessing your online account at [thehartford.com/servicecenter](http://thehartford.com/servicecenter) or contacting 1-866-467-8730.

### When will funds be withdrawn from my account?

Your premium will be withdrawn from your checking or savings account on the due date of your current billing schedule.

### Can I decide when my premium will be withdrawn?

Yes. Once you are set up for AutoPay, you can adjust the day of the month future payments are withdrawn from your bank account. To change a withdrawal day, contact us at 1-866-467-8730 and confirm which day of the month works best for you.

### Do I need to enroll in AutoPay each time my policy renews?

No. Once you sign up for AutoPay, it remains in effect until you advise us to discontinue it.

### Is there a charge for electing AutoPay?

Yes, however, these fees are generally lower than installment fees for other payment options.

### What do I do if I need to make a change?

We understand there may be times when you're not able to make a scheduled payment. To stop or change a withdrawal, please contact us at 1-866-467-8730 at least 3 days prior to the scheduled withdrawal date and we will work with you to make other arrangements.

**Prepare. Protect. Prevail.®**



Business Insurance  
Employee Benefits  
Auto  
Home

The Hartford® is Hartford Fire Insurance Company and its affiliated property and casualty insurance companies, 690 Asylum Avenue, Hartford, CT 06155.

**ACCEPT/REJECT FORM**

Type of Insurance	Accept	Reject	Notes
General Liability	x		
Property – Building		x	
Property – Business Personal Property	x		
Inland Marine		x	
Crime Bond		x	
Employment Practices Liability		x	
Hired/Non-Owned Auto		x	
Commercial Auto		x	
Umbrella/Excess		x	
Data Breach Cyber Liability		x	
Media Liability		x	
Professional Liability- E&O		x	
Professional Liability – D&O		x	
ERISA 401K		x	
Liquor Liability		x	
Abuse and Molestation			n/a
Garage Keeper's			n/a
Blanket Additional Insured	x		
Waiver of Subrogation		x	
Blanket Primary Non-Contributory	x		

By signing, I attest that I have reviewed and have been advised of the coverages afford by the insurance policies offered.

Signature 


Date 5/29/2020

As an independent insurance agent or insurance broker, our firm may have access to more than one insurance company to place your coverage. Whether acting as an independent insurance agent or the insurance broker, we have certain obligations to you as the purchaser and certain obligations to the insurance company as determined in both statutory and case law., if acting as an independent insurance agent, we may have authority to obligate the insurance company on your behalf and as a result, we may be required to act within the scope of my contractual agreement with the company. As the purchaser you need to understand that we typically will receive compensation from the selling company based on the agreement we have with the company. That compensation may vary from company to company and be impacted by the volume of business we place with the company, the profitability of that business and other factors. You may request information about our compensation on any policy we have presented to you. I certify that I am not aware of any losses, accidents or circumstances that might rise to a claim.