

LAURA FERRUCCIO INSURANCE COMPANY

P O Box 1308 New York New York 10013

Named Insured and P O Address

(Number Street Town or City County State Zip Code)

Troppo Buono Cafe
1690 Golden Gate Ave
San Francisco CA 94115

Agent and P O Address

(Number Street Town or City County State Zip Code)

W Eakin Co Inc
50 California Street 18th floor
San Francisco CA 94115

RENEWAL OF	NEW
POLICY #	WEY67M5D16
POLICY PERIOD FROM	05 16 2003
POLICY PERIOD TO	05 16 2004
AGENCY NO	0165

Commercial Property Coverage Part	\$	900 00
Commercial General Liability Coverage Part	\$	4 200 00
Professional Liability Coverage Part	\$	NOT COVERED
Commercial Inland Marine Coverage Part	\$	NOT COVERED
Terrorism Coverage Part	\$	NOT COVERED
POLICY PREMIUM	\$	5 100 00
Policy Fee	\$	100 00
Broker Fee	\$	100 00
3% State Tax	\$	156 00
125% Stamping Fee	\$	6 50
Total Premium	\$	5 462 50

IMPORTANT NOTICES (Please read)

- Any misrepresentation or any concealment or fraud on the part of the Insured which misrepresentation concealment or fraud affects either the risk or the hazzard assumed by the Company shall render this policy void
- Notice of all accidents or occurences must immediatley be given to Laura Ferruccio Insurance Company whether or not such accidents or occurrences appear likely to involve this policy

Agency at San Francisco CA 94111

SURPLUS LINES COPY

Authorized Representative

Date

CONFIDENTIAL REPORT OF SURPLUS LINE PLACEMENT

Please refer to the instructions on Page 2 and the attached current California Export List for assistance in completing this form

Please check ONE box only

- ☐ The following information accompanied by a copy of the declarations page or certificate or binder is submitted for an insurance coverage or risk listed on the current California Department of Insurance Export List (California Insurance Code Section 1763.1)
- ☒ The following information accompanied by a copy of the declarations page or certificate or binder, and a fully executed copy of the diligent search report (SL-2 Form), is submitted in accordance with California Insurance Code Section 1763(a)

1 William Eakin hereby submits that he/she is

(A) a duly licensed surplus line broker, license number _____ or

(B) a transactor on the surplus line license of W. Eakin Co, Inc,
(Name of Organization)

(C) 0123456 and
(License Number)

that he/she or said organizational licensee was engaged by the insured or the insured's broker, named herein to obtain insurance against certain risk as described in this report

2 **RISK DESCRIPTION**

(A) Name of Insured Troppo Buono Cafe

(B) Address of Insured 1690 Golden Gate Ave
(Street and Number)
San Francisco CA 94115
(City) (State) (Zip Code)

(C) Description of the Risk Coffee Shop
(e.g. Laundromat, Liquor Store - NOT TYPE OF COVERAGE)

(D) Location of Risk 1690 Golden Gate Ave
(Street and Number)
San Francisco CA 94115
(City) (State) (Zip Code)

(E) Export List Code OR Coverage Code 994
(Coverage Codes listed on Page Two Export List Codes listed on Export List)

3 **PLACEMENT DESCRIPTION**

List Nonadmitted Insurer(s) Underwriting This Policy with % of Premium (Include an attachment if additional space is needed or attach a line slip) If Gap Provision applies, please include GAP Exemption Form Attachment

NAME OF NONADMITTED INSURER(S)	% OF PREMIUM
<u>Laura Ferruccio Insurance Company</u>	<u>100%</u>

Signature of Person Named on Line 1

Date

DILIGENT SEARCH REPORT

(Please Refer to the Instructions on Page 3 of This Form)

1 Ginger Oxworth hereby submits that he/she is
(Full Name of the Individual)

(A) Duly licensed under California Department of Insurance license number _____

OR (B) Duly licensed and authorized to act as an endorsee on the organizational license of

W. Eakin Co., Inc California Department of Insurance license number 0123456
(Name of Organization)

and (C) that he/she or said organizational licensee was engaged by the insured named herein or the insured's broker to obtain insurance as described in this report

and (D) is the licensee who performed or supervised this diligent search

2 (A) Name of Insured Troppo Buono Cafe

(B) Address of Insured 1690 Golden Gate Ave
(Street and Number)
San Francisco CA 94115
(City) (State) (Zip Code)

(C) Description of Risk Coffee Shop
(e.g. laundromat, liquor store NOT TYPE OF COVERAGE)

(D) Location of Risk 1690 Golden Gate Ave
(Street and Number)
San Francisco CA 94115
(City) (State) (Zip Code)

(E) Type of Insurance coverage 994
(Enter Appropriate Code Number from Pg. 3)

3 If Private Passenger Automobile Liability Insurance is identified on line 2(E) complete the following

(A) Does the insured qualify as a Good Driver under Section 1861.025 of the California Insurance Code?
(CHECK ONE) YES ☐ NO ☐

(B) Does the coverage that you have placed include in whole or in part the limits of coverage provided under the California Automobile Assigned Risk Plan (CAARP)? (CHECK ONE) YES ☐ NO ☐

(C) If YES has this risk been submitted to and found to be ineligible by CAARP?
(CHECK ONE) YES ☐ NO ☐

If your answer is NO then this coverage cannot be placed with a non-admitted insurer (See Insurance Code section 1763.5)

4 If Health Insurance is identified on line 2(E) does the insured qualify as a Small Employer under Section 10700(x) of the California Insurance Code? (CHECK ONE) YES ☐ NO ☐

5 If this insurance was placed pursuant to Section 125 et seq. of the California Insurance Code governing transactions with risk purchasing groups authorized by the Federal Liability Risk Retention Act of 1986 complete the following

(A) Provide the name and address of the purchasing group of which the insured is a member _____

6 (A) Describe the diligent efforts made to place this coverage with admitted insurers and describe how the search was performed (please add additional pages if necessary)

(B) If search was performed by someone other than the person named on line 1 please provide full name of that individual

William Eakin

- 7 (A) Was the risk described in Section 2 submitted by you or by someone under your supervision to at least (3) insurers that are admitted in California and who actually write the type of insurance described on lines 2(C) and 2(E)? (CHECK ONE) YES ☒ NO ☐

(B) If YES please complete ALL sections of the following table if NO skip to Section 8

Full Name of Admitted Company	First & Last Name of Company Representative AND Telephone Number	Check if Employee (E) or Agent (A)	Month Year of Declination	Declination Code*
¹ Triple Delta Insurance, Ltd	Colleen Farley (415) 555 1212 or "Online Declination Website"	E <input checked="" type="checkbox"/> A ()	1 / 2003	1
² Seashore Partners Insurance Co	Sudha Biswah (714) 555 1212 or "Online Declination Website"	E () A <input checked="" type="checkbox"/>	1 / 2003	3
³ Southern State Underwriting, LLC	Joseph Piclo (213) 555 1212 or "Online Declination Website"	E <input checked="" type="checkbox"/> A ()	2 / 2003	1

*Declination Codes 1 Company's capacity reached 2 underwriting reason 3 refused to state 4 other

- 8 If 7(A) was answered NO complete the following

(A) Did you determine that fewer than 3 admitted insurers actually write the type of insurance described on lines 2(C) and 2(E)? (CHECK ONE) YES ☐ NO ☐

(B) If NO please explain in detail why the risk was submitted to less than three admitted insurers in California that write this type of insurance

(C) If YES please describe how you made this determination _____

The undersigned licensee hereby certifies that this report is true and correct and that this risk is not being placed with a non admitted insurer for the sole purpose of securing a rate or premium lower than the lowest rate or premium available from an admitted insurer

(Signature of Licensee Named on Line 1)

(Date)