COMMONWEALTH OF KENTUCKY
WORKERS COMPENSATION NOTICE

Employees of this business are covered by the Kentucky Workers Compensation Act (KRS Chapter 342). Conspicuous posting of this Notice is required by law.

Employer Name: Benefit Insurance Marketing Inc.
Address: 1151 Red Mile Road
Lexington, KY 40504

Workplace Compensation Carrier (or third party administrator):
ClearPath Mutual Insurance Company

Policy #: WC100-0170950-2020A Effective: 9/9/2020 to 9/9/2021
Address: 200 Executive Park, Louisville, KY 40207-4202
Telephone: 1-800-367-5372 Contact Person: Claims Department

EMPLOYEES: If INJURED – NOTIFY your supervisor IMMEDIATELY; when possible Notice should be in writing. FAILURE to notify your supervisor could result in denial of benefits. OBTAIN MEDICAL CARE. Your employer must pay for ALL NECESSARY MEDICAL CARE to treat a workplace injury. The Employee may select the physician or medical facility to render care. If the employer is enrolled in an approved Managed Care Plan employee selection of physicians is LIMITED to the Approved Provider Network, except in certain emergencies. FOR INJURIES REQUIRING CONTINUING CARE the EMPLOYEE MUST DESIGNATE A TREATING PHYSICIAN, a form to do so will be furnished by your employer or its insurance carrier.

This employer IS _ IS NOT X participating in a Managed Care Plan for medical care. The name of the Managed Care Plan is _____, its representative is _____, phone number _____.

DISABILITY BENEFITS to replace wages lost due to a workplace injury are payable under the Workers Compensation Act after seven (7) days of disability. A CLAIM MUST BE filed with the Department of Workers Claims WITHIN TWO YEARS of the date of injury, or last payment of temporary total disability benefits.

NEED ASSISTANCE? Contact your employer's claim representative. If your questions about workers compensation rights are not promptly answered, call The Kentucky Department of Workers Claims at 1-800-544-8601 to speak to an Ombudsman or Workers Compensation Specialist.

EMPLOYER SUPERVISORS – NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT TIMELY REPORT CAN BE MADE AS REQUIRED BY LAW.

04/09/09

INFORMATION PAGE

NCCI NO. 36609

Insurer: ClearPath Mutual Insurance Co.
200 Executive Park
Louisville, KY 40207-4202

POLICY NO.
WC100-0170950-2020A
PRIOR NO.
WC100-0170950-2019A

1. The Insured: Benefit Insurance Marketing Inc. Legal Entity Type: Corporation
   DBA: Federal Employer ID: 610969902

   Mailing address: 1151 Red Mile Road, Lexington, KY 40504

   Other workplaces not shown above: SEE LOCATION SCHEDULE

2. The policy period is from 9/9/2020 to 9/9/2021 12:01 a.m. standard time at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: **KY**

   B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	$	$2,000,000	each accident
Bodily Injury by Disease	$	$2,000,000	policy limit
Bodily Injury by Disease	$	$2,000,000	each employee

   C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
   All states not shown in 3.A. except ND, OH, WA, WY.

   D. This policy includes these endorsements and schedules: SEE ENDORSEMENT SCHEDULE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per $100 of Remuneration	Estimated Annual Premium
SEE CLASSIFICATION SCHEDULE				

Interstate Risk ID:
Intrastate Risk ID:

Total Estimate Annual Premium: $3,249

Minimum Premium: $500 Expense Constant: $160

Countersigned by:

CHUBB

ACE Fire Underwriters Insurance Company

Businessowners Policy Declarations

This Policy is issued by the stock insurance company listed above ("Insurer").

Policy Number: D94373323
Renewal of: FNRKYD943733231X

Named Insured & Principal Address:
BENEFIT INSURANCE MARKETING, INC.
1151A Red Mile Rd
Lexington, KY 40504-2649

Policy Period: From 09-09-2020 To 09-09-2021
12:01 AM* Standard Time at your mailing address shown

ADVANCED PREMIUM: $2,092.91

Admitted Status: Admitted

Auditable/Not Auditable: No
Auditable Period: Annual

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE INSURANCE AS STATED IN THIS POLICY

Business Description: Financial Services

Section 1. **PROPERTY**

Coverage	Limit of Insurance	Deductible	Premium
Business Income and Extra Expense Limit of Insurance	Actual Loss Sustained up to $500,000	72 Hour Waiting Period	Included

Described Premises: 1151A Red Mile Rd, Lexington, KY 40504-2649

Prem. No.	Coverage(s)	Limit Of Insurance	Deductible	Valuation	Coinsurance	Premium
1	Business Personal Property	$450,110	$500	Replacement Cost	Waived	$1,345.00

Coverage	Annual Aggregate Limit	Each Occurrence Limit	Percentage Deductible	Policy Level Business Income	Earthquake Premium

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				and Extra Expense Limit	
Earthquake	1 Times Occurrence Limit	$450,110	10%		$8

WIND COVERAGE

Windstorm or Hail Deductible Percentage	N /A
Wind Deductible Dollar Amount	$500
Wind Excluded	No
Wind Premium:	**Included**

ADDITIONAL COVERAGES (Optional)

Prem. No.	Build. No.	Coverage(s)	Limit Of Insurance	Deductible	Premium
1	1	Business Income From Dependent Properties	$5,000	$500	$0
1	1	Outdoor Property	$2,500	$500	$0
1	1	Valuable Papers And Records	$10,000	$500	$0
1	1	Accounts Receivable	$10,000	$500	$0
1	1	Specified Business Personal Property Temporarily Away From Premises	$0	$500	$0

Total Terrorism (TRIA) Premium: $19

Total Property Premium: $1,529.00

Section 2. **LIABILITY**

Described Premises: 1151A Red Mile Rd, Lexington, KY 40504-2649

Prem. No.	Classification	Class Code	Rating Basis	Premium Basis	Premium	
					Prem/Ops	PR/CO
1	**Insurance Agents**	**63851**	**Area**	**5,000**	**$339**	**0**

LIMITS

Other than Products/Completed Operations Aggregate	$2,000,000	
Products/Completed Operations Aggregate	$2,000,000	
Liability and Medical Expenses	$1,000,000	Per Occurrence
Damage to Premises Rented to You	$1,000,000	Any One Premises
Medical Expense	$10,000	Per Person
Combined Total Aggregate	$2,000,000	All Locations Combined

Item C. **OPTIONAL COVERAGES (LIABILITY)**

Total Terrorism (TRIA) Premium:	**$19**
Total General Liability Premium:	**$418**
Total Policy Premium:	$2,092.91

Item D. STATE SURCHARGES

The state requires the following surcharges be applied in addition to the above quoted premium. Some exemptions apply. Collection and remittance of premium surcharges for admitted policies, if applicable, are the responsibility of the Carrier. State fees may vary based on the coverage limits chosen for the policy and the resulting premiums. For example, state fees for the following limits are shown below:

KY Municipalities: $110.86
KY Premium Surcharge: $35.05

Item E. COVERAGE FORMS

Form Number	Edition	Title
BOP43591e	0419	BUSINESSOWNERS POLICY DECLARATIONS
CC1K11H	0314	SIGNATURES
BOP43603	0814	EXCLUSION-GENETICALLY MODIFIED ORGANISMS
BOP43832	0614	MOLD, FUNGUS, BACTERIA, VIRUS OR ORGANIC PATHOGEN EXCLUSION
BOP45139	0115	FINANCIAL SERVICES EXCLUSION
BP0003	0713	BUSINESSOWNERS COVERAGE FORM
BP0453	0713	WATER BACK-UP AND SUMP OVERFLOW
BP0497	0106	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
BP0501	0702	CALCULATION OF PREMIUM
BP0517	0106	EXCLUSION - SILICA OR SILICA-RELATED DUST
BP0595	0514	ELECTRONIC DATA LIABILITY - LIMITED COVERAGE
TRIA11c	0115	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
BOP47664	0316	EXCLUSION-FIDUCIARY OR REPRESENTATIVE LIABILITY
BOP47647	0316	FINANCIAL INSTRUMENTS EXCLUDED ENDORSEMENT
BOP47653	0316	INTELLECTUAL PROPERTY LAWS OR RIGHTS EXCLUSION – PERSONAL AND ADVERTISING INJURY
BOP47663b	0117	BUSINESSOWNER PROPERTY ENHANCEMENTS
BP0523	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BOP48532	1116	BUSINESS INCOME AND EXTRA EXPENSE LIMIT OF INSURANCE
BOP48186	1116	EARTHQUAKE COVERAGE
BOP47635a	0716	BUSINESSOWNERS LIABILITY ENHANCEMENTS ENDORSEMENT
ALL20887	1006	ACE PRODUCER COMPENSATION PRACTICES AND POLICIES
ILP001	0104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

ALL42490B	0716	U.S. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA")
ALL21101	1106	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
BP0598	0713	AMENDMENT OF INSURED CONTRACT DEFINITION
BOP48527	0117	ASBESTOS EXCLUSION
BOP49665	0817	COMMUNICABLE OR INFECTIOUS DISEASES EXCLUSION - TOTAL
BOP43862	0914	POLLUTION ORGANIC PATHOGEN SILICA ASBESTOS AND LEAD EXCLUSION WITH HOSTILE FIRE AND HUMAN FOOD PRODUCT EXCEPTIONS
BOP51381	1018	OPIOIDS GOODS OR PRODUCTS EXCLUSION - TOTAL
TR19604d	0115	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
BP0165	0702	KENTUCKY CHANGES

Item F. Notice under this **Policy** shall be given to:
Chubb North America Claims
P.O. Box 5122
Scranton, PA 18505-0554
Toll Free: 844-539-3801
ACECRS-CLAIMS@chubb.com

Item G. Producer Name and Mailing Address

BAKER RISK MANAGEMENT DBA BAKER INS GROUP-CISA
P O BOX 1625
WHITEHOUSE STATION, NJ 08889-1625

Item H. Producer Code: Z06877

IN WITNESS WHEREOF, the **Insurer** has caused this **Policy** to be signed by its President and Secretary, and countersigned by a duly authorized representative of the **Insurer**.

DATE: 08-10-2020

Authorized Representative

SIGNATURES

Named Insured			Endorsement Number
BENEFIT INSURANCE MARKETING, INC.			CC1K11H0314
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
FNR	D94373323	09-09-2020 **TO** 09-09-2021	09-09-2020
Issued By (Name of Insurance Company)			
ACE FIRE UNDERWRITERS INSURANCE COMPANY			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

By signing and delivering the policy to you, we state that it is a valid contract.

INDEMNITY INSURANCE COMPANY OF NORTH AMERICA (A stock company)
BANKERS STANDARD FIRE AND MARINE COMPANY (A stock company)
BANKERS STANDARD INSURANCE COMPANY (A stock company)
ACE AMERICAN INSURANCE COMPANY (A stock company)
ACE PROPERTY AND CASUALTY INSURANCE COMPANY (A stock company)
INSURANCE COMPANY OF NORTH AMERICA (A stock company)
PACIFIC EMPLOYERS INSURANCE COMPANY (A stock company)
ACE FIRE UNDERWRITERS INSURANCE COMPANY (A stock company)
WESTCHESTER FIRE INSURANCE COMPANY (A stock company)

436 Walnut Street, P.O. Box 1000, Philadelphia, Pennsylvania 19106-3703

Rebecca L. Collins
REBECCA L. COLLINS, Secretary

JOHN J. LUPICA, President

Authorized Representative

SOMPO INTERNATIONAL

Endurance American Specialty Insurance Company

Wilmington, Delaware

PREMIER INSURANCE PROFESSIONALS LIABILITY INSURANCE
POLICY DECLARATIONS

NOTICE: PLEASE READ CAREFULLY. This is a claims-made and reported Policy. Except as otherwise provided herein, this Policy covers only Claims first made against the Insured during the Policy Period. Please read the Policy carefully.

The Limits of Liability available to pay insured Damages shall be reduced by amounts incurred for Claim Expenses, unless the Policy is otherwise endorsed. Amounts incurred for Claims Expenses and Damages shall also be applied against the self-insured retention, unless the Policy is otherwise endorsed.

POLICY NUMBER: APL30001230701

PRIOR POLICY NUMBER: APL30001230700

Item 1. Producer: AmWINS Brokerage
Address: 7108 Fairway Drive
Ste 200
Palm Beach Gardens, FL 33418

Item 2. Named Insured: Benefit Insurance Marketing
Address: 1151 Red Mile Road
Lexington, KY 40504

Item 3. Policy Period: From: August 26, 2020 To: August 26, 2021
(12:01 AM Standard Time on both dates at the address of the Named Insured.)

Item 4. Limits of Liability: (Including Claims Expenses)

(A)	Each Claim:	$2,000,000
(B)	Policy Period Aggregate:	$2,000,000

Item 5. Self-Insured Retention:

(A)	Each Claim:	$40,000
(B)	Policy Period Aggregate:	$120,000

Item 6. Premium: $18,323

Kentucky Premium:	$18,323.00
Fees:	$300.00
Surplus Lines Tax:	$558.69
Premium Surcharge:	$335.22
Municipality Name:	Lexington-Fayette
LGPT:	$916.15

Item 7. Prior & Pending Litigation Date: 08/26/2019

Item 8. Retroactive Date: 08/26/2004

Policy Issuance Date: September 22, 2020
Policy Issuance Office: Alpharetta, GA

Item 9. Professional Services Covered By This Policy:

The following services provided by the Insured to others, including such services that are performed electronically utilizing the Internet or a network of two or more computers: (1) services as insurance agent, insurance broker, managing general agent, surplus lines broker, wholesale insurance broker, underwriting manager, managing general underwriter, program administrator, insurance consultant or notary public, including claims adjusting, claims administration, risk management, loss control consulting and arranging premium financing.

Item 10. Forms and Endorsements Applicable to Coverage at Inception of Policy:

See attached Forms and Endorsements Schedule, Form Number: IL 0101

Item 11. Address Notice of Claims or Potential Claims To:

E-Mail	Mail
Insuranceclaims@sompo-intl.com	Sompo Pro Attn: Claims Department 1221 Avenue of The Americas New York, NY 10020

Submission of Notice of Claims by email is preferred.

Item 12. Disciplinary Proceeding Coverage:

(A)	Each Disciplinary Proceeding:	$10,000
(B)	Policy Period Aggregate:	$25,000

These Declarations, the completed and signed Application, and this Policy with Endorsements shall constitute the contract between the Insured and the Insurer

The Insurer hereby causes this Policy to be signed on the Declarations page by a duly authorized representative of the Insurer.

NOTE: SEE ENCLOSED NOTICE FOR SURPLUS LINES NOTIFICATION



Authorized Representative

September 22, 2020

Date

This insurance has been placed with an insurer not licensed to transact business in the Commonwealth of Kentucky but eligible as a surplus lines insurer. The insurer is not a member of the Kentucky Insurance Guaranty Association. Should the insurer become insolvent, the protection and benefits of the Kentucky Insurance Guaranty Association are not available.

Surplus Lines Broker Name: ***James A. Compton***

CHUBB

ACE American Insurance Company

Chubb Cyber Enterprise Risk Management Policy Declarations

***NOTICE*: THE THIRD PARTY LIABILITY INSURING AGREEMENTS OF THIS POLICY PROVIDE CLAIMS-MADE COVERAGE, WHICH APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD OR AN APPLICABLE EXTENDED REPORTING PERIOD FOR ANY INCIDENT TAKING PLACE AFTER THE RETROACTIVE DATE BUT BEFORE THE END OF THE POLICY PERIOD.**

AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE APPLICABLE LIMIT OF INSURANCE AND WILL BE APPLIED AGAINST ANY APPLICABLE RETENTION. IN NO EVENT WILL THE COMPANY BE LIABLE FOR CLAIMS EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT IN EXCESS OF THE APPLICABLE LIMIT OF INSURANCE. TERMS THAT ARE UNDERLINED IN THIS NOTICE PROVISION HAVE SPECIAL MEANING AND ARE DEFINED IN SECTION II, DEFINITIONS. READ THE ENTIRE POLICY CAREFULLY.

IF YOU NEED URGENT CRISIS MANAGEMENT OR LEGAL ADVICE, PLEASE CONTACT:	**Cyber Incident Response Coach** Hotline at: 1-(800)-817-2665 or Press your 'Report Cyber Incident' button on the Chubb Cyber Alert Mobile application.

Policy No: D95203644		Renewal of: D95203644
Item 1. **Named Insured**	Benefit Insurance Marketing, INC.	
Principal Address	1151A Red Mile Rd Lexington,KY 40504	
Item 2. **Policy Period**	From: 01-01-2021 To: 01-01-2022 (12:01 AM local time at the address shown in Item 1.)	

Item 3. Maximum Policy Limits of Insurance.	
A. Maximum Single Limit of Insurance	$1,000,000
B. Maximum Policy Aggregate Limit of Insurance	$1,000,000

Item 4. Limits of Insurance, Retentions and Insuring Agreement(s) Purchased. If any Limit of Insurance field for an Insuring Agreement is left blank or NOT COVERED is shown, there is no coverage for such Insuring Agreement.

First Party Insuring Agreements				
A. Cyber Incident Response Fund	Each **Cyber Incident** Limit	Aggregate Limit for all **Cyber Incidents**	Each **Cyber Incident** Retention	
1. **Cyber Incident Response Team**	$1,000,000	$1,000,000	$5,000	
			Except **Cyber Incident**	$0

			Response Coach:	

First Party Insuring Agreements			
NOTE: The **Insured** is under no obligation to use or contract for services with the **Cyber Incident Response Team**. However, if the **Insured** elects not to use or contract with **the Cyber Incident Response Team** but elects to use or contract with a **Non-Panel Response Provider**, then the **Each Cyber Incident** Limits and Aggregate Limit for all **Cyber Incidents** specified in Item 4A2 below apply.			
2. **Non-Panel Response Provider**	$500,000	$500,000	$5,000
Insuring Agreement	Each **Cyber Incident** Limit	Aggregate Limit for all **Cyber Incidents**	Each **Cyber Incident** Retention
B. Business Interruption and Extra Expense			
1. **Business Interruption Loss** and **Extra Expenses**	$1,000,000	$1,000,000	$5,000 **Waiting Period**: 8 Hours
2. **Contingent Business Interruption Loss** and **Extra Expenses**	$150,000	$150,000	$5,000 **Waiting Period**: 8 Hours
a. Scheduled Providers Limit (if scheduled by endorsement)			**Waiting Period**:
C. Digital Data Recovery	$1,000,000	$1,000,000	$5,000
D. Network Extortion	$1,000,000	$1,000,000	$5,000

Third Party Liability Insuring Agreements			
Insuring Agreement	Each **Claim** Limit	Aggregate Limit for all **Claims**	Each **Claim** Retention
E. Cyber, Privacy and Network Security Liability	$1,000,000	$1,000,000	$5,000
1. **Payment Card Loss**	$1,000,000	$1,000,000	$5,000
2. **Regulatory Proceeding**	$1,000,000	$1,000,000	$5,000
F. Electronic, Social And Printed Media Liability	$1,000,000	$1,000,000	$5,000

Item 5. **Retroactive Date**	

(only applicable to Third Party Insuring Agreements)	Full Prior Acts
Item 6. Pending or Prior Proceedings Date (only applicable to Third Party Insuring Agreements)	01-01-2020

Third Party Liability Insuring Agreements		
Item 7. **Extended Reporting Period**	**A.** Additional Premium:	100% of Annual Premium
	B. Additional Period:	12 Months

Item 8. Policy Premium	$5,277.00
Kentucky Municipal Tax	$263.85
Kentucky Collection Fee	$39.58
Kentucky Domestic, Foreign & Alien Insured's Monthly Ins. Surcharge	$94.99
Policy Premium Plus applicable taxes and fees (if any)	$5,675.42

PLEASE NOTE THAT THE TOTAL AMOUNT DUE INCLUDES A PREMIUM SURCHARGE PURSUANT TO SECTION 136.392 OF THE KENTUCKY REVISED STATUTES.

Item 9. Notice to Insurer	
A. Notice of Incident, Claim, or potential Claim as set forth in section VIII, subsection C	By Mail: Director of Claims Chubb P.O. BOX 5105 Scranton, PA 18505-0518 Fax Number: 877-201-8787
	By Email: cyberclaimreport@chubb.com
	By Mobile App Or Online: Visit www.chubb.com/cyber OR Visit www.chubb.com/us-en/claims OR Press the 'Report Cyber Incident' button on the Chubb Cyber Alert mobile application.
B. All Other Notices to the **Insurer**	Chief Underwriting Officer Chubb – Financial Lines 1133 Avenue of the Americas, 32nd Floor New York, NY 10036

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