Gallagher

Insurance | Risk Management | Consulting

Concierge Health Advocacy, LLC

Client Authorization to Bind Coverage

After careful consideration of Gallagher's Proposal dated April 14, 2026 you accept the following coverage(s). Please check the desired coverage(s) and note any coverage amendments below:

	Line of Coverage	Carrier	Premium
x Accept ☐ Reject	Professional Liability	Houston Specialty Insurance Company	$1,250, NY Stamping Fee: $1.88, NY Surplus Lines Tax: $45 = Total: $1,296.88

Additional Recommended Coverages

Gallagher recommends that you purchase the following additional coverages for which you have exposure. By checking the box(es) below, you are requesting that Gallagher provide you with a Proposal for this coverage. By not requesting a Proposal for this coverage, you assume the risk of any uncovered loss.

☑ General Liability

☑ Umbrella Liability

☑ Cyber Liability

The above coverage(s) does not necessarily represent the entirety of available insurance products. Please refer to the Coverage Considerations Brochure for a listing and description of common coverages we provide. If you are interested in pursuing additional coverages other than those listed in the Additional Recommended Coverages, please list below:

_____

_____

Premium Payment Requirements:

Upon receipt of your binding instructions via this completed form, payment instructions will be sent to you via email by First Insurance Funding, our payment portal provider. The following payment options are available: Full pay or installments via credit card or ACH. Binding of coverage is contingent upon confirmation of payment.

Binding of your policy is also subject to the following items:

- Client Authorization to Bind
- Signed/dated application – attached
- NY tax form – attached
- Confirm Effective Date of Coverage __4/17/26_____ (mo/date/year format)
- No undisclosed losses
- FEIN 41-4639624

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- Houston Specialty Insurance Company is an non-admitted carrier with an “A” AM Best rating. Arlington/Roe will handle the surplus lines taxes & fees.
- Professional Services Definition: Healthcare Advocacy Consulting Services
- Retroactive Date: Inception
- Medical Services exclusion

Exposures and Values

You confirm the payroll, values, schedules, and any other information pertaining to your operations, and submitted to the underwriters, were compiled from information provided by you. If no updates were provided to Gallagher, the values, exposures and operations used were based on the expiring policies. You acknowledge it is your responsibility to notify Gallagher of any material change in your operations or exposures.

Additional Terms and Disclosures

Gallagher is not an expert in all aspects of your business. Gallagher’s Proposals for insurance are based upon the information concerning your business that was provided to Gallagher by you. Gallagher expects the information you provide is true, correct and complete in all material respects. Gallagher assumes no responsibility to independently investigate the risks that may be facing your business, but rather have relied upon the information you provide to Gallagher in making our insurance Proposals.

Gallagher's liability to you arising from any of Gallagher’s acts or omissions will not exceed $20 million in the aggregate. The parties each will only be liable for actual damages incurred by the other party, and will not be liable for any indirect, special, exemplary, consequential, reliance or punitive damages. No claim or cause of action, regardless of form (tort, contract, statutory, or otherwise), arising out of, relating to or in any way connected with the Proposal, any of Gallagher’s services or your relationship with Gallagher may be brought by either party any later than two (2) years after the accrual of the claim or cause of action.

Gallagher has established security controls to protect Client confidential information from unauthorized use or disclosure. For additional information, please review Gallagher’s Privacy Policy located at https://www.ajg.com/privacy-policy/.

You have read, understand and agree that the information contained in the Proposal and all documents attached to and incorporated into the Proposal, is correct and has been disclosed to you prior to authorizing Gallagher to bind coverage and/or provide services to you. By signing below, or authorizing Gallagher to bind your insurance coverage

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through email when allowed, you acknowledge you have reviewed and agree with terms, conditions and disclosures contained in the Proposal.

Leah Schiffman, MEM

By: Leah Schiffman, Owner

Print Name (Specify Title)

Concierge Health Advocacy, LLC

Company

Leah Schiffman, MEM

Leah Schiffman, MEM (Apr 16, 2026 10:13:12 EDT)

Signature

Date: 04/16/2026

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Terms and Conditions

It is important that we clearly outline the nature of our mutual relationship. The following terms and conditions (these "Terms") govern your relationship with Gallagher unless you have separately entered into a written services agreement with Gallagher relative to the policies and services outlined in this Proposal, in which case that services agreement will govern and control with respect to any conflicts with these Terms. These Terms will become effective upon your execution of the Client Authorization to Bind Coverage (the "**CAB**") included in this Proposal and shall survive for the duration of your relationship with Gallagher relative to the policies placed pursuant to the CAB or otherwise at your request.

Services

Gallagher will represent and assist you in all discussions and transactions with insurance companies relating to the lines of insurance coverage set forth in the CAB and any other lines of insurance coverage with which you request Gallagher's assistance. Gallagher will consult with you regarding any matters involving these or other coverages for which you have engaged Gallagher. You have the sole discretion for approving any insurance policies placed, as well as all other material decisions involving your risk management, risk transfer and/or loss prevention needs.

Although you are responsible for notifying applicable insurance companies directly in connection with any claims, demands, suits, notices of potential claims or any other matters as required by the terms and conditions of your policies, Gallagher will assist you in determining applicable claim reporting requirements.

Gallagher is not required to provide Services to you if Gallagher reasonably considers that to do so would put Gallagher in breach of, or would expose Gallagher or its affiliates to fines, penalties or sanctions under any laws, regulations, professional rules or, in Gallagher's sole opinion, you have breached a term/the terms of the Policies. In such circumstances, Gallagher will be entitled to terminate its Services with immediate effect. In the event that Gallagher exercises its right to terminate its Services with immediate effect, Gallagher will not be responsible or liable to you for any direct or indirect loss which you or any other party may suffer as a result.

Please be aware that Gallagher is generally restricted from providing broking, claims handling or other services that relate to Cuba and Iran, including due to significant difficulties in processing payments and other commercial and reputational considerations.

Treatment of Information

Gallagher understands the need to protect the confidentiality and security of your confidential and sensitive information and strives to comply with applicable data privacy and security laws. Your confidential and sensitive information will be protected by Gallagher and only used to perform services for you; provided that Gallagher may disclose and transfer your information (including transfers outside the United States in compliance with applicable laws) to our affiliates, agents or vendors that have a need to know such information in connection with the provision of such services (including insurance markets, as necessary, for marketing, quoting, placing and/or servicing insurance coverages). We may also disclose such information as required by applicable data protection laws or the order of any court or tribunal, subject to our providing you with prior notice as permitted by law. The parties agree that confidential information does not include aggregate, anonymized or de-identified data. In addition, we may also utilize your aggregated, anonymized, or de-identified information in connection with benchmarking, risk modeling and other data

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analytics, service or product improvements, and offerings, and similar business purposes. You further agree we may use your information with artificial intelligence or other automated applications for the purposes of improving or delivering our services to you.

We will (i) implement appropriate administrative, physical and technical safeguards to protect personal information; (ii) timely report security incidents involving personal information to affected parties and/or regulatory bodies; (iii) create and maintain required policies and procedures; and (iv) comply with data subjects' rights, as applicable. To the extent applicable under associated data protection laws, you are a "business" or "controller" and Gallagher is a "service provider" or "data processor." You will ensure that any information provided to Gallagher has been provided with any required notices and that you have obtained all required consents, if any and where required, or are otherwise authorized to transfer all information to Gallagher and enable Gallagher to process the information for the purposes described in this Proposal and as set forth in Gallagher's Privacy Policy located at https://www.ajg.com/privacy-policy/. Gallagher may update its Privacy Policy from time to time and any updates will be posted to such site.

Dispute Resolution

Gallagher does not expect that it will ever have a formal dispute with any of its clients. However, in the event that one should arise, we should each strive to achieve a fair, expedient and efficient resolution and we'd like to clearly outline the resolution process.

A. If the parties have a dispute regarding Gallagher's services or the relationship governed by this Proposal ("**Dispute**"), each party agrees to resolve that Dispute by mediation. If mediation fails to resolve the Dispute, you and Gallagher agree to binding arbitration. Each party waives all rights to commence litigation in court to resolve a Dispute, and specifically waives all rights to pursue relief by class action or mass action in court or through arbitration. However, the parties do not waive the ability to seek a court order of injunction in aid of the mediation and arbitration required by these Terms.

B. The party asserting a Dispute must provide a written notice ("**Notice**") of the claim to the other party and to the American Arbitration Association ("**AAA**") in accordance with its Commercial Arbitration Rules and Mediation Procedures. All Dispute resolutions will take place in Chicago, IL, unless you and Gallagher agree to another location. The parties will equally divide all costs of the mediation and arbitration proceedings and will each pay their own attorneys' fees. All matters will be before a neutral, impartial and disinterested mediator or arbitrator(s) that have at least 20 years' experience in commercial and insurance coverage disputes.

C. Mediation will occur within sixty (60) days of filing the Notice with the AAA. Mediation results will be reduced to a memorandum of understanding signed by you, Gallagher and the mediator. A Dispute that is not resolved in mediation will commence to binding arbitration. For Disputes in excess of $500,000, either party may elect to have the Dispute heard by a panel of three (3) arbitrators. The award of the arbitrator(s) must be accompanied by a reasoned opinion prepared and signed by the arbitrator(s). Except as may be required by law, neither you, Gallagher, nor a mediator or arbitrator may disclose the existence, content or results of any Dispute or its dispute resolution proceeding without the prior written consent of both you and Gallagher.

Electronic Delivery

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In lieu of receiving documents in paper format, you agree, to the fullest extent permitted by law, to accept electronic delivery of any documents that Gallagher may be required to deliver to you (including, but not limited to, insurance policies and endorsements, account statements and all other agreements, forms and communications) in connection with services provided by Gallagher. Electronic delivery of a document to you may be made via electronic mail or by other electronic means, including posting documents to a secure website.

Miscellaneous Terms

Gallagher is engaged to perform services as an independent contractor and not as your employee or agent, and Gallagher will not be operating in a fiduciary capacity.

Where applicable, insurance coverage placements and other services may require the payment of federal excise taxes, surplus lines taxes, stamping or other fees to the Internal Revenue Service, various State(s) departments of revenue, state regulators, boards or associations. In such cases, you will be responsible for the payment of the taxes and/or fees, which Gallagher will separately identify on related invoices.

The Proposal and these Terms are governed by the laws of the State of Illinois, without regard to its conflict of law rules.

If an arbitrator/court of competent jurisdiction determines that any provision of these Terms is void or unenforceable, that provision will be severed, and the arbitrator/court will replace it with a valid and enforceable provision that most closely approximates the original intent, and the remainder of these Terms will remain in effect.

Except to the extent in conflict with a services agreement that you may enter into with Gallagher, these Terms and the remainder of the Proposal constitute the entire agreement between you and Gallagher with respect to the subject matter of the Proposal, and supersede all prior negotiations, agreements and understandings as to such matters.

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Miscellaneous Professional Liability Insurance Application

This application is NOT an insurance policy and the insurance company affording coverage reserves the right to reject any application for any reason. If additional space is needed, attach details on a separate sheet of paper. All Applicants must sign the application where indicated.

THE APPLICANT IS APPLYING FOR A CLAIMS MADE POLICY, WHICH IF ISSUED, APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES, SETTLEMENTS OR JUDGMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF CLAIM EXPENSES.

A. Please answer all the questions. The information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to the evaluation.

B. If a question is not applicable, state N/A. If more space is required to answer a question, attach any additional explanatory exhibits and reference the application question number the exhibit corresponds to.

C. The application must be signed be and dated by an authorized officer, partner or principal of the Applicant.

PRODUCER	APPLICANT
Name: Arthur Gallagher/Michelle Johnson	Name: Concierge Health Advocacy, LLC
Address:	Address: PO Box 12 3003 Purchase Street Purchase, NY 10577-9998
Telephone #:	Telephone #: (914)573-4493
Fax #:	Fax #:
Email Address:	Email Address:conciergehealthadvocacy@gmail.com
Web Address:	Web Address:
PRODUCER NAME:	PRIMARY CONTACT NAME: Leah Schiffman

GENERAL INFORMATION

1. Applicant is: Sole Proprietor Partnership LLC Corporation Joint Venture Other (describe) 2. Date Established (if less than two years, please provide resumes of all principals): 3/ 3/ 26

3. Address of Branches (if any). none

4. Have any branch offices been closed in the last five years? If yes, please explain: Yes No

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5. Does Applicant have any subsidiaries? If yes, please list below: Yes No

Name of Entity	Nature of Operations	% of Ownership	Coverage Desired
		%	Yes No
		%	Yes No
		%	Yes No

6. Geographic area in which Applicant provides services: Local Regional National International If International, which countries:

7.During the past 5 years has the Applicant changed its name, or been purchased, merged or consolidated with any other entity? Yes No

a. If Yes, provide transaction details:

b.In any of the above transactions, did the Applicant assume any liabilities (i.e. responsibility for prior acts) of the acquired, merged or consolidated entity? Yes No

8.If the Applicant is controlled, owned, affiliated or associated with any other firm, corporation, or company, are any services as detailed in question 16 performed for that that entity? Yes No N/A

If Yes, please describe:

9. Is the Applicant a member of any industry / professional associations? Yes No
If Yes, provide details:

10. Indicate the total number persons in each of the following positions:

Principals, Partners, Officers	Professionals	Secretaries, Clerical	Part-time
1	0	0	0

11. Provide the following information:

Full Name of ALL Principals, Partners, Officers, and Key Professionals	Professional Qualifications	Date Qualified	How Long In Practice	How Long As Partner Principal
Leah Schiffman	physician			

12. Does the Applicant use independent contractors or subcontractors? Yes No
If Yes:
a. What is the estimated percent of the time they are used? % b. Describe the services they perform:
c. Attach a sample of the agreement the Applicant uses to engage independent contractors and subcontractors.

PROFESSIONAL SERVICES INFORMATION

13. Describe in detail the Professional Services for which coverage is desired: Concierge Health Advocacy, LLC will be providing consultant services for clients in need of an advocate when dealing with their medical journey. Examples of items a client might need help with: doctor visit, medical chart review, education regarding medical diagnosis, medication lists, hospital stay, transition from hospital to home/rehab, placement in long term care/nursing home, research medical trials, research treatment options, etc.

14. Is the Applicant engaged in any business or profession other than as described in question 13? Yes No If

Yes, please describe:

15. Provide fiscal year and gross revenues for the Applicant. If newly established, indicate anticipated gross revenues for current and next projected year:

Fiscal Year End Date: 12/31/26	Fiscal Year	Gross Revenues		
		U.S.	International	Total
	Past Year	$ 0	$	$
	Current Year	$ unknown	$	$

	Next Projected Year	$	$	$

16. Provide a percentage breakdown of current revenues for each Professional Service listed in question 13:

Professional Services	Percent of Revenue
$ consulting services	%100
$	%
$	%
$	%

17. Include a list of Applicant's five (5) largest jobs or projects for the past two years: n/a. Not accepting clients yet

Name of Client	Description of Services Performed	Gross Revenues by Fiscal Year		
		Past	Current	Next Projected
		$	$	$
		$	$	$
		$	$	$
		$	$	$
		$	$	$

18. Does the Applicant have a client selection process? If Yes, provide details: Yes No A prospective client would reach out via national registry of health advocates or through a website (not yet built). A discovery call will be scheduled, at which time the prospective client and myself would decide if I can actually help them and in turn if they want to hire me.

19. Does the Applicant perform credit checks on all clients? Yes No 20. Is management's approval required for all new clients? Yes No 21. Does the Applicant maintain a system to avoid conflicts of interest? Yes No 22. Describe the Applicant's procedures for resolving disputes with clients over fees or charges: Fees and payment schedules are clearly stated in the contract that will be signed by each client.

23. Provide the percentage of the Applicant's professional services rendered based on client's profile:

Percentage of Professional Services	Individuals or Revenue Size

100	%	Individuals
	%	Less than $50 million
	%	$50 million - $250 million
	%	Greater than $250 million

RISK MANAGEMENT INFORMATION

24. For what percentage range does the Applicant:

a. Use a written contract or agreement describing the services to be provided to the client?

0% 1 – 24% 25 – 49% 50 – 75% 76 – 99% 100% If less than 100%, explain how the Applicant documents each parties duties and rights:

b. Modify a standard contract or agreement:

0% 1 – 24% 25 – 49% 50 – 75% 76 – 99% 100%

25. Have the Applicant's contracts, engagement and/or proposal letters been reviewed and approved by legal counsel? Yes No

26. Who has the authority to amend or change standard limitations of liability either prior to execution or after execution of contracts, engagement and/or proposal letters, and what additional review is made prior to implementation? Since I am the only member, I would be the only person with authority to make any changes.

27. Do the Applicant's written contracts or agreements contain:

a. Hold harmless or indemnity agreements to Applicant's favor? Yes No b. Hold harmless or indemnity agreements to client's favor? Yes No c. Guarantees or warranties? Yes No d. A definition of the responsibilities of each party? Yes No e. Disclaimers or limitations of liability? Yes

28. Does the Applicant obtain written approval from clients upon completion of services performed? Yes No

HISTORICAL INFORMATION

29. In the past five years:

Have any of the Applicant's clients made allegations or complained about the performance, non-performance, or timeliness of Applicant's products or services? Yes No

a. Have any of the Applicant's clients refused to pay, stopped paying, or requested a refund due to alleged problems

with the Applicant's products or services? Yes No

b. Has the Applicant sued any of its clients for nonpayment? Yes No

If Yes, provide details:

30. In the past five years has the Applicant or any of its past or present officers, principals, partners, directors, or employees ever been the subject of any investigation and/or disciplinary action by any government regulatory agency, certifying body, or other governmental entity? Yes No

31. Has any of the Applicant's past or present directors, officers, principals, owners, partners, sales persons, or employees ever been investigated and/or convicted of a felony? Yes No

32. Is the Applicant aware of any fact, circumstance, situation, error or omission that can reasonably be expected to result in a claim against the Applicant? Yes No

33. Have any claims, suits or proceedings been brought during the past five years against the Applicant or its predecessors in business, affiliates; past or present directors, officers, principals, owners, partners, sales persons, or employees?

Yes No

If a Yes answer has been given to any of the questions in this section, please provide complete details which should include but not be limited to the following:

• A full description including damages alleged • Date the insurance carrier was put on notice • Current status
• Amounts of reserves, legal expense paid, and settlements or judgments
• Loss runs
• Steps implemented to prevent similar claims

CURRENT AND PRIOR INSURANCE INFORMATION

34. List all Professional Liability insurance carried during the past five (5) years. If none, state "none".

Insurance Company	Policy Limit	Deductible/Retention	Premium	Policy Period
none	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	

35. What is the first date of continuous claims made coverage: / /

36. What is the current policy's retroactive date: / /

37. Has the Applicant ever had an application for professional liability insurance declined or had a professional liability policy cancelled or nonrenewed by the insurer? Yes No

Missouri Applicants do not reply to this question.

38. Is there an extended reporting period currently in force? Yes No

MATERIALS REQUESTED

39. As an attachment to this application, please include the following (where applicable):

- Brochures, advertisements or other descriptive literature about the Applicant, its subsidiaries, operations and services.
- Copy of standard written contracts and engagement/proposal letters, purchase orders or agreements used with clients.
- Sample reports given to clients or summary of same.
- Biographical sketches of principals, officers and professional staff.
- Copy of the Internal Control and/or Quality Control procedures.
- Copy of the most current form 10K or if not applicable, the current audited financial statement.
- Applicable Supplemental Application, if available.

NOTICE TO APPLICANT – PLEASE READ CAREFULLY.

THE UNDERSIGNED AUTHORIZED MANAGER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AUTHORIZED MANAGER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE, ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL FORM THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS, DOCUMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWLINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUHTORITIES.

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NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON, PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT, MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWLINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS ($5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS - WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15- 10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY MATERIALLY FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIME.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT, MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

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NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANT: ANY PERSON WHO KNOWLINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTE: A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED BY THE CHIEF EXECUTIVE OFFICE OR PRESIDENT AND DATED.

NOTE: ANY PERSON SIGNING THIS APPLICATION ACKNOWLEDGES, IS AWARE AND AGREES THAT THE LIMIT OF LIABILITY CONTAINED IN THE POLICY SHALL BE REDUCED, AND MAY BE COMPLETELY EXHAUSTED, BY COSTS OF DEFENSE AND, TO THE EXTENT THAT THE LIMIT OF LIABILITY OF THE POLICY IS EXCEEDED THE INSURER SHALL NOT BE LIABLE FOR COSTS OF DEFENSE, THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT, AND THAT COSTS OF DEFENSE SHALL BE APPLIED AGAINST THE APPLICABLE RETENTION.

DATE SIGNATURE

Leah Schiffman, MEM

Leah Schiffman, MEM (Apr 16, 2026 10:13:12 EDT)

TITLE Leah Schiffman, Owner

NAME OF BROKER

NAME OF AGENCY Arthur Gallagher

ADDRESS 2850 Golf Road
Rolling Meadows, IL 60008

LICENSE NUMBER 8422142

DATE SIGNED 4/16/26

NOTICE OF EXCESS LINE PLACEMENT Date:

Consistent with the requirements of the New York Insurance Law and Regulation 41 _____ is hereby advised that all or a portion of the required coverages have been placed by _____ with insurers not authorized to do an insurance business in New York and which are not subject to supervision by this State. Placements with unauthorized insurers can only be made under one of the following circumstances:

a) **A diligent effort was first made to place the required insurance with companies authorized in New York to write coverages of the kind requested; or**
b) **NO diligent effort was required because i) the coverage qualifies as an "Export List" risk, or ii) the insured qualifies as an "Exempt Commercial Purchaser."**

Policies issued by such unauthorized insurers may not be subject to all of the regulations of the Superintendent of Insurance pertaining to policy forms. In the event of insolvency of the unauthorized insurers, losses will not be covered by any New York State security fund.

TOTAL COST FORM (NON TAX ALLOCATED PREMIUM TRANSACTION)

In consideration of your placing my insurance as described in the policy referenced below, I agree to pay the total cost below which includes all premiums, inspection charges(1) and a service fee that includes taxes, stamping fees, and (if indicated) a fee(1) for compensation in addition to commissions received, and other expenses(1).

I further understand and agree that all fees, inspection charges and other expenses denoted by(1) are fully earned from the inception date of the policy and are non-refundable regardless of whether said policy is cancelled. Any policy changes which generate additional premium are subject to additional tax and stamping fee charges.

Re: Policy No. **Insurer** Houston Specialty Insurance Company;

Policy Premium	**$**	1,250.00
Insurer Imposed Charges:		
Policy Fees(1)	**$**	
Inspection Fees (1)	**$**	
Total Taxable Charges	**$**	
Service Fee Charges:		
Excess Line Tax (3.60%)	**$**	45.00
Stamping Fee	**$**	1.88
Broker Fee (1)	**$**	
Inspection Fee (1)	**$**	
Other Expenses (specify) (1)	**$**	
Total Policy Cost	**$**	$1,296.88

Leah Schiffman, MEM

Leah Schiffman, MEM (Apr 16, 2026 10:13:12 EDT)

(Signature of Insured)

(1) = Fully earned

NYSID Form: NELP/2011