

	MID-MARKET QUOTATION	Insured Name: Jim Ripley dba Turtle Tanks
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TO BE COMPLETED AND FAXED BACK TO ECONOMICAL INSURANCE GROUP

To		From	0
UNDERWRITER	Ron Evans, BA, CIP	Western Financial Group(Rut)1655	
PHONE	250-498-4200 ext	PHONE	(250) 491-2400
FAX	250-498-4300	FAX	(250) 765-1208
Broker Notes		Quoted On	September 8, 2010
		Quote No	ROE4148
		Quote Expires	November 7, 2010
Premium Summary			
		LOCATION ONE	\$50
		INLAND MARINE	\$250
		LIABILITY	\$1,060
		TOTAL PREMIUM	\$1,360

PLEASE COMPLETE AND FAX BACK THIS PAGE TO YOUR UNDERWRITER TO BIND COVERAGE AS QUOTED. ATTACH ANY ADDITIONAL INFORMATION SUCH AS LOSS PAYABLE AND ADDITIONAL INSURED INFORMATION FOR US TO PROMPTLY ISSUE THE POLICY.

PLEASE CHOOSE BILLING OPTIONS	
<input type="checkbox"/>	BROKER BILL
<input type="checkbox"/>	MONTHLY PAYMENTS PLAN (Authorization must be attached)
<input type="checkbox"/>	THREE PAY PLAN

Prior Carrier:	
Policy #	
Expiry Date:	
Contact Name:	
Contact Number:	
Effective Policy Date:	

Consumer and previous insurer reports containing personal, credit, factual, investigative or previous claim and loss information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation thereof.

All provisions contained in the various forms issued under this contract shall be deemed to be contained in the present application for insurance. The answers in all parts of this application are correct to the best of my knowledge and belief.

Client Signature (optional)	Date
Broker Signature	

From		ATTENTION:	
UNDERWRITER	Ron Evans, BA, CIP	Western Financial Group(Rut)1655	
PHONE	250-498-4200 ext	PHONE	(250) 491-2400
FAX	250-498-4300	FAX	(250) 765-1208
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		LIABILITY	\$1,060
		TOTAL PREMIUM	\$1,360
		MIN. RETENTION	

LOCATION ONE - kelowna	Please type Location Address Here					
PROPERTY	FORM	LIMIT	CO	DED	RATE	PREMIUM
BROAD FORM PLUS	2188					
EQUIPMENT	2188	25,000	90%	1,000		50
REPLACEMENT COST END.	6015					
WATER DAMAGE DEDUCTIBLE END.	6530			2500		
MISCELLANEOUS	FORM	LIMIT	CO	DED	RATE	PREMIUM
SEWER BACKUP	4049			2,500		
INLAND MARINE	FORM	LIMIT	CO	DED	RATE	PREMIUM
INSTALLATION FLOATER	1764	6,000	100%	1000		250
LIABILITY	FORM	LIMIT	CO	DED	RATE	PREMIUM
COMMERCIAL GENERAL LIABILITY	2294	2,000,000		1000		1,000
TENANTS LEGAL LIABILITY (any one premises)	2294	250,000		1000		60
PERSONAL INJURY	2294	2,000,000				included
MEDICAL PAYMENTS	2294	25,000				included
TOTAL POLL EXCL - CGL	2326					

Extensions

#	Coverage	Limit	Increased to
0	BROAD FORM PLUS B/S/E		
1	Equipment/Stock at unnamed location including Trade Shows	10000	
2	Parcel Post	2500	
3	Transit	10000	
4	Sales Person	1000	
5	Person Property of Officers	1000	
6	Building Damage By Theft	5000	
7	Contingent By-Laws	Included in Policy Amount	
8	Growing Plants	1000	
9	Glass Ground Floor	Replacement Cost	
10	Preparation Proof of Loss	10000	
11	Electronic Equipment - Hardware-Laptop Deductible \$2,500.	25000	
12	Including Off-Premises Power Interruption & Software	25000	
13	Exterior Signs	5000	
14	Pollution Cleanup	10000	
15	Newly Acquired Buildings	500000	
16	Newly Acquired Stock/Equipment	500000	
17	Buildings in Course of Construction	500000	
18	Seasonal Automatic Increase	25% of Stock Limit	
19	Extra Expense	10000	
20	Accounts Receivable	25000	
21	Valuable Papers	25000	
22	Brands and Labels	Basis of Settlement.	
23	Deductible	1000	
24	Replacement Cost	Included if stated on Declarations.	
25	Co-Insurance Waiver	5% up to \$10,000.	
26	Sewer Back-up	Full Limit	
27	Fire Department Charges	25000	
28	Consequential Loss Assumption/Off Premises Power Interrupt	10000	
29	Off-Premises Power-Business Interruption	10000	
30	Contingent Business Interruption	10000	
31	Installation Floater	10000	
32	Automatic Fire Suppression Recharge Expense	25000	
33	Master Key Coverage	5000	
34	Fine Arts	10000	
35	Employee Dishonesty Bond Form A Commercial Blanket Bond	5000	
36	Money & Securities B. F. Overnight Limit \$1,000 w/o Safe	5000	
37	Depositors Forgery	2500	
38	Money Orders and Counterfeit Paper Currency Coverage	2500	