

Kinsale Insurance Company

A.M. Best Company Rating: A (Excellent)

Financial Size Category: IX

SLB Insurance Group - Eli Kleinberg

BINDER

RE: USA Capital Fund LLC
dba USA Medical Supply
2450 Hollywood Blvd, Ste 503
Hollywood, FL 33020

Policy: 0100120193-0

Date: 07/07/2020

This binder contains an outline of coverage and does not include all the terms, conditions and exclusions of the policy that may be issued. The policy contains the full and complete agreement with regards to coverage. Please review this binder thoroughly and notify the Company immediately of any inaccuracies or discrepancies.

Company: Kinsale Insurance Company

Policy Term: 07/07/2020 - 07/07/2021

Coverage Form: Life Sciences General Liability - Claims Made

Retro Date:Inception

Description of Operations: Importer and distributor of personal protective equipment and supplies

Limits:

GENERAL LIABILITY

Each Claim Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$50,000
General Aggregate Limit	\$2,000,000
Products / Completed Operations Aggregate Limit	\$2,000,000
Personal & Advertising Injury Limit	\$1,000,000

Deductible:

Each Claim Deductible	\$5,000
-----------------------	---------

Additional Coverages:

Products Recall Expense Reimbursement (\$5K Ded, 0 %Participation)	\$50K
Data Breach Expense Reimbursement (\$5K Ded)	\$50K

Premium	\$15,000
Inspection Fee	\$300

Policy Fee	\$175
Surplus Lines Tax	\$764.47
FSLSO Fee	\$9.29
Total Due at Inception	\$16,248.76

Minimum Earned Premium	25.00%
Commission	10%
Company Fees are fully earned	
Premium is 100.00% minimum and deposit	
Taxes, fees and surcharges are the responsibility of the broker.	
Policy Subject to Annual Audit.	

<u>Class Description</u>	<u>Exposure Base</u>	<u>Exposure Units</u>	<u>Rate</u>
Medical, Dental, Hospital or Surgical Equipment or Supplies Mfg. - expendable	per \$1,000 Gross Sales	5,000,000	3.00

Policy Terms and Conditions - please review policy for complete details

Annual Aggregate Deductible (Capped at 5x)
 Claims Made (Removes Restricted Reporting)
 Data Breach Expense Reimbursement
 Waiver of Subrogation - Blanket for Vendors
 Primary and Non-Contributory - Blanket for Vendors
 True Worldwide Coverage
 Limited Product Recall Sublimit

Contingencies:

This binder is conditioned on our receipt and approval of the materials listed below. We may rescind this binder if we do not receive, review and approve in writing these materials. Further, this binder is strictly conditioned upon there being no material change in the risk between the date of the binder and the effective date of the policy. If we determine that a material change has occurred, we may modify the terms of this binder, including rescinding it altogether.

Policy Form and Endorsements -Policy Forms & Endorsements correspond to the included Terms & Conditions of OPTION 1 (please consult with your underwriter should you need specimens of optional terms and conditions)

LSC1002-0713 - Declarations - Life Sciences General Liability - Claims Made
 ADF9013-0419 - Notice - Where To Report A Claim
 ADF4001-0110 - Schedule of Forms
 LSC0001-1019 - Life Sciences General Liability Coverage Form - Claims Made
 AHL2016-0110 - Annual Aggregate Deductible

AHL2040-1010 - Amendment of Coverage Territory - Worldwide Coverage
LSC2001-0110 - Limitation - Designated Products (Personal protective equipment and supplies only)
LSC2010-0111 - Limited Product Recall Expense Endorsement
AHL4009-0413 - Minimum Policy Premium
AHL4023-0515 - Data Breach Expense Reimbursement Endorsement
LSC4001-0617 - Life Sciences - Composite Rate Endorsement
LSC4008-0217 - Waiver of Transfer of Rights of Recovery Against Vendors to Us
ADF3011-0115 - Exclusion of Other Acts of Terrorism Committed Outside the United States; Exclusion of Punitive Damages Related to a Certified Act of Terrorism; Cap on Losses from Certified Acts of Terrorism
LSC3001-1119 - Additional Exclusions- Life Sciences
LSC3007-0713 - Exclusion - Designated Products (Any and all COVID-19 testing kits)
LSC3019-0815 - Exclusion - Business Conduct
LSC3024-0320 - Exclusion - Pathogen and Related Hazards
LSC5005-0713 - Additional Insureds - Vendors
LSC5006-0317 - Additional Insured as Required By Written Contract - Trade Event
LSC5012-0217 - Additional Insureds - Vendors - As Required by Written Contract - Primary Non-Contributory
LSC5014-0419 - Additional Insured - Managers or Lessors of Premises as Required by Written Contract
ADF9010-0115 - Notice of Terrorism Insurance Coverage
IL0985-0115 - Disclosure Pursuant to Terrorism Risk Insurance Act
ADF9023-0812 - Florida Changes - Cancellation and Non-Renewal
ADF9004-0110 - Signature Endorsement
ADF9009-0110 - U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders

This binder is in effect until it is replaced by a policy issued by the Company or it is cancelled in accordance with the policy conditions.

FLAT CANCELLATION OF THIS BINDER IS NOT PERMITTED. Once bound, a survey of your premises may be conducted by a representative of Kinsale. By requesting this coverage bound, you consent to this survey.