



PROPOSAL OFFICIAL DOCUMENT

WELLNESS MEDICAL PROTECTION GROUP
PO Box 51610 Livonia, Michigan 48150
Phone: 855-851-2968
Fax: (313) 270-9078

Proposal Details

CUSTOMER NAME INSUREME TEST ACCOUNT
PROPOSAL CREATED 07-24-2020
BROKER ALL RISKS
RELATED ORDER NO. #2082
INSURANCE CARRIER Admiral Insurance Company
PROFESSIONAL SERVICES COVERED Add Professional Services Here
RE Insurance Quote
PAYMENT TERMS Payment in full at time of binding, or 15% prior to binding and the balance premium financed with the equal subsequent payments.

Products

General Liability

Form for General Liability with fields for Commercial General Liability, Claims Made, Policy, Occur, Project, Loc, and various limit and deductible values.

Professional Liability

Form for Professional Liability with fields for Claims Made, Occur, Policy Limits, Sexual Misconduct, and various limit and deductible values.

Related Entities

Table with 4 columns: Entity Name, Trade Name, Relationship, and Address. Includes entities like test, BUSINESS NAME, RXNB INC, Onqode, and Business Name.

Locations

Table with 3 columns: Location Name, Type, and Address. Includes LOCATION & ONE and LOCATION ONE.

Schedule Of Insurer

Alawieh, FN	Owner	Other	(233) 434-2323
one, FN	Technician	LPN	(534) 343-3433
LAST NAME, FN	Medical Director	MD	(435) 234-2342
Business Name	Trade Name	Third Party	18161 West 13 Mile, Southfield, Michigan 48009

Endorsements

A2342424	ENDORSEMENT	SERVICE OF SUIT
AE-232342234	ENDORSEMENT	ENDORSEMENT TEXT DETAILS
EO13260816	ENDORSEMENT	DESIGNATED LOCATION ENDORSEMENT
223CODEID	ENDORSEMENT	ENDORSEMENT DESCRIPTION GOES HERE
CODE	ENDORSEMENT	DESCRIPTION GOES HERE
testing	ENDORSEMENT	ytresting & sign
test	ENDORSEMENT	test
RECORDONE	NOTABLE TERM	record one

Subjectivities

Admiral Insurance Company	Currently signed & dated application warranty is required at Binding.
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Sales Quote

Transaction Fee	\$ 35.00
Agency Fee	\$ 250.00
Annual Premium	\$ 3,000.00
Proposal Total	\$3,285.00

SIGNATURE

DATE SIGNED