

# Workers' Compensation Binding Instructions



Date: 4/4/2026  
Quote: QMWC0350857  
DBA: Appliance Check LLC

We are pleased to offer the following Workers' Compensation quotation. See the attached application for a breakdown of premium, state taxes and fees, as well as down payment information regarding this quote.

**QUOTING SUBJECT TO:**

1. BTIS loss warranty form
2. Confirmation there is no temporary or casual workers
3. Confirmation there is a safety program in place
4. Confirmation subcontracting costs do not exceed 40%

Carrier Premium & Assessments: \$2,283  
Total Quotation: \$2,283

**Step 1:** Bind the Policy

- Email your bind request to: [wcbinds@btisinc.com](mailto:wcbinds@btisinc.com)  
(including subject to' items listed above)

**Note:** If you choose to collect the down payment (**less the BTIS Service Fee**) at time of binding:

- Send the down payment made payable to:  
**AmTrust North America**  
**attn: Accounts Receivable**  
**PO Box 6939**  
**Cleveland, OH 44101-1939**
- To make the down payment using a credit card, please call:  
AmTrust Customer Service at [877.528.7878](tel:877.528.7878) available from 8am - 6pm EST

All quotations should be considered an estimate and are subject to change based on accurate underwriting information, changes in state rates, experience modifications, or any other items by jurisdictions that have control over such items. Final premium will be determined at the end of the policy period, after payrolls have been audited. This quotation is strictly conditioned upon no material change in the risk (including but not limited to claims and potential claims), between the date of this quotation and the inception date of the proposed policy. The insured is required to advise the potential insurer of any changes immediately and prior to binding the coverage. In the event of such change in risk, the insurer may in its sole discretion, whether or not this quotation has been already accepted by the insured, modify and/or withdraw its quotation.

## Commercial Insurance Proposal

**Prepared for:**

James Williams  
27 Underwood Ave  
Greenville, SC 29607

**Presented by:**

Builders & Tradesmen's Insurance Services, Inc.  
6610 SIERRA COLLEGE BLVD, Suite E  
ROCKLIN CA 95677-0000

**Proposal Date:** 4/5/2026



**PREMIUM SUMMARY**

Coverage	Premium
Workers Compensation	\$2,392.00
Surcharges	\$0.00
<b>Proposal Total</b>	<b>\$2,392.00*</b>

\*Terrorism is included in the proposal total.

Quote	Issuing Carrier	Quote Type	Bill Type	Pay Plan
10490157	Wesco Insurance Company Term: 11/8/2023 - 11/8/2024 Quote Status: BIND ELIGIBLE	Workers Compensation	Direct Billed	10 Monthly Installment

**PAYMENT INSTALLMENT SCHEDULE**

Quote	Installments	Invoice Date	Due Date	Premium	Surcharge	Amount
10490157	Workers Compensation					
	Downpayment	11/7/2023	11/22/2023	\$241.00	\$0.00	\$241.00
	Installment 1 of 9	12/19/2023	1/8/2024	\$239.00	\$0.00	\$239.00
	Installment 2 of 9	1/19/2024	2/8/2024	\$239.00	\$0.00	\$239.00
	Installment 3 of 9	2/16/2024	3/8/2024	\$239.00	\$0.00	\$239.00
	Installment 4 of 9	3/19/2024	4/8/2024	\$239.00	\$0.00	\$239.00
	Installment 5 of 9	4/18/2024	5/8/2024	\$239.00	\$0.00	\$239.00
	Installment 6 of 9	5/17/2024	6/8/2024	\$239.00	\$0.00	\$239.00
	Installment 7 of 9	6/18/2024	7/8/2024	\$239.00	\$0.00	\$239.00
	Installment 8 of 9	7/19/2024	8/8/2024	\$239.00	\$0.00	\$239.00
	Installment 9 of 9	8/19/2024	9/8/2024	\$239.00	\$0.00	\$239.00

\*Installment fees may apply. Please see terms and conditions for fee structure.

**WORKERS COMPENSATION 10490157 BIND ELIGIBLE**

**PREMIUM SCHEDULE**

State: SC	Period 1: 11/8/2023 - 11/8/2024	Experience Mod: 0.00		
Class Code	Description	Exposure	Rate	Premium
9519	Household Appliances - Electrical - Installation, Service or Repair & Drivers	\$54,000.00	3.810	\$2,057.00
9812	Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)			\$23.00
9848	Premium to Equal Increased Limits Minimum Charge			\$97.00
<b>Total Premium Subject To Experience Modification</b>				<b>\$2,177.00</b>
<b>Experience Modification N/A</b>				<b>\$2,177.00</b>
9740	Terrorism 0.8%			\$4.00
9741	Catastrophe (other than Terrorism) 2%			\$11.00

This proposal expires the sooner of (30) days after the proposal date or the proposed inception date, coverage may not be bound retroactively. Coverage rate indications reflect currently approved and executed forms and factors and may be subject to change effective policy inception. Only AmTrust policy forms issued at inception provide coverage, terms and conditions.

**Presented by:**  
Builders & Tradesmen's Insurance Services, Inc.  
6610 SIERRA COLLEGE BLVD, Suite E  
ROCKLIN, CA 95677-0000

**Commercial Insurance Proposal**  
Proposal Date: 4/5/2026  
MAC Account # 32263959



0900	Expense Constant	\$200.00
<b>Total Premium</b>		\$2,392.00
<b>Total SC Cost</b>		\$2,392.00
<b>Total SC cost:</b>		\$2,392.00
<b>Minimum Premium:</b>		\$500.00
<b>Total Estimated Annual Premium:</b>		\$2,392.00
<b>State Assessment:</b>		\$0.00
<b>Total Estimated Cost:</b>		\$2,392.00
<b>Initial Deposit/Down Payment Amount required to Bind:</b>		\$241.00

**Workers' Compensation - IMPORTANT NOTICE:**

This Workers' Compensation quotation is an estimate based upon the underwriting information received including any experience modifications - which may change at the time of binding coverage.

The policy is auditable with the final premium based on actual payroll and job classifications. Current Certificates of Workers' Compensation coverage must be maintained on all subcontracted labor and available to review by a representative of the insurance company. In the event the required certificates are not maintained, the amounts paid to the subcontractors will be included as payroll and a premium change will be made.

Quote not valid if any of the information provided by the Insured or representing Agent is determined to be fraudulent or purposefully misleading in an attempt to alter coverage in any way or premium calculations.

Please note that in addition to the coverages identified in the rating information above, your policy includes terrorism coverage consistent with the Federal Terrorism Risk Insurance Act of 2002.

## PROPOSAL TERMS AND CONDITIONS

- This proposal replaces all previous proposals for this insured.
- The proposal expires the sooner of thirty (30) days from the date of the proposal or proposed policy inception date, and coverage may not be bound retroactively.
- This proposal provides a summary of coverages. For a complete description of coverages and all terms and conditions, please refer to AmTrust's policy forms, which are available upon request. In the event of a conflict, the actual terms, conditions, limitations and exclusions of the policy shall prevail. Insurance specifications and other requests for coverage that are not incorporated in this proposal, confer no rights and do not amend, extend or alter the coverage afforded by AmTrust.
- Whether or not this quote is for more than one line of insurance, it must be accepted or rejected by the recipient in its entirety. Please contact the underwriter in the event that only a portion of the quotation is desired.
- This proposal is subject to the cancellation provisions applicable to each policy.
- Prior to the effective date of coverage AmTrust must be advised of any change in the information provided by, or required to be provided by, the applicant, or any change in the exposure basis, hazard or risk contemplated by this proposal since the original submission date. AmTrust reserves the right to modify or withdraw this proposal in the event of any of the above.
- All of the terms, conditions, and other requirements set forth in this proposal must be included in any quote presentation to the proposed insured.

In an effort to provide AmTrust customers with a variety of billing options, the below fee structure will be applied to your new policy.

This fee structure helps customers to meet payment due dates, ensures that valid and properly funded payments are submitted, and provides an incentive for paid-in-full options.

### Our fee structure is as follows:

Fee Title	Fee Amount	Description
Installment Fee	\$15	A "paper" billing fee that is assessed for each mailed installment invoice. Excludes down payment and annual payment plans. Fee is billed at the account level.
EFT Fee	\$3	An "electronic" billing fee that is assessed for each ACH Direct Debit transaction. Fee is billed at the account level.
Late Fee	\$20	Late fee applied if payment not received.
Returned Payment Fee	\$25	A returned payment fee applied to any return payment.
Reinstatement Fee	\$50	Fee applied upon reinstatement of a non-payment cancellation.

\* Fee amount may vary by state and program of business.

\* EFT fees do not apply to our PAYO and PSR(PAYO Self Reporting) payment plans.

## BINDING REQUEST AUTHORIZATION AND ACCEPTANCE

This proposal is only bindable for Agents with AmTrust Binding Authority or after the approval of an AmTrust Underwriter.

Thank you for the opportunity to quote, your business is valued by us. This quotation is valid for (30) days or the proposed inception date in the policy period noted above. All premiums and policy conditions are subject to final underwriting approval and/or verification of application data submitted to us which has caused us to issue this proposal. While every effort has been made herein to provide a fair description of the coverages afforded by our policies, no coverages are afforded by this proposal. The actual insurance CONTRACT WILL determine coverage in ALL CLAIM situations. If you have any questions or concerns regarding the content of this proposal, you should immediately contact your AmTrust agent noted above for clarification.

Binding Authorization and Acceptance: 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 and substantial civil penalties[NY]. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

In the District of Columbia, 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 Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington 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.

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Producers Signature: \_\_\_\_\_ Producers Name: \_\_\_\_\_ State Producer License No. \_\_\_\_\_

# AmCares

## AmCares 24/7 Nurse Line: Your First Step for Injured Employees

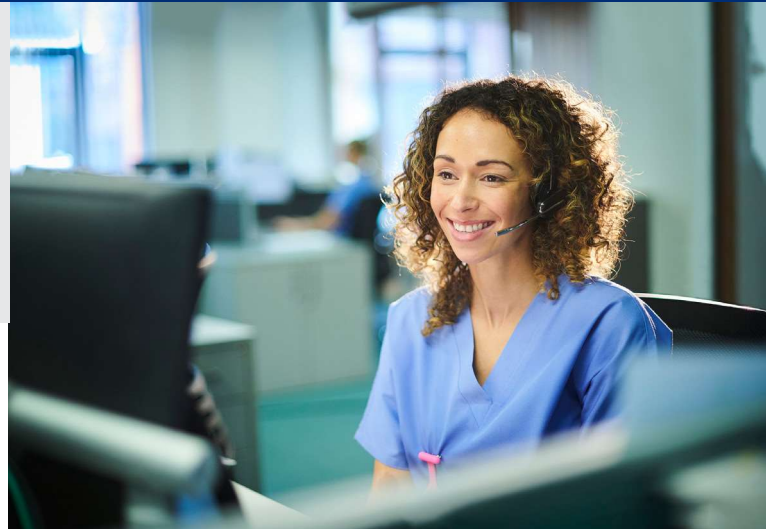
AmCares® offers a 24/7 nurse line to all policyholders at no additional cost. Nurses use nationally recognized triage guidelines to identify the appropriate level of care. Make AmCares your first step after a workplace injury, as nurses will assess the situation and recommend care options, including:

- Self-Care
- Telemedicine
- Occupational Clinic
- Urgent Care
- Emergency Room

### Key Takeaways

- With a single phone call, AmTrust insureds can report a claim and have their employee speak to a nurse.
- If the injured employee is available by phone and has not already received care, call 888-239-3909 and select the option to speak to a nurse for timely assessment and care recommendations.
- A nurse will inform about in-network providers if treatment is necessary.

Please contact [Amcaresnursetriage@amtrustgroup.com](mailto:Amcaresnursetriage@amtrustgroup.com) with any questions.



### Benefits



#### Immediate access to nurse expertise

Nurse will conduct assessment and provide appropriate care recommendations



#### Easy claim reporting

One call to create claim & speak to a nurse



#### Decrease unnecessary ER visits & wait time

Ensure appropriate level of care is selected for the injury



#### Access to quality network providers

Recommend providers near the injured employee, if needed

# AmTrust Flexible **Payment Options** Insurance Payments Made Simple and Convenient

## Payment Options

- AmTrust AutoPay – Direct debit / EFT
- Credit Card – Online or by phone, MasterCard®, Discover®, VISA® and American Express® accepted
- Check or Electronic Check – Online or by phone
- PAYO® (Pay-As-You-Owe®) – Applies only to workers' comp policies
- Suite of PAYO Solutions:
  - Traditional PAYO
  - 3rd Party Facilitators
  - PSR - PAYO Self Reporting

## AmTrust AutoPay

With this direct debit payment option there's no need to worry about writing a check every month. Once signed up, payments will be automatically withdrawn from the designated bank account.

To sign up, visit [www.amtrustfinancial.com](http://www.amtrustfinancial.com), click "LOGIN" in the upper right corner and click "Register." All of the information needed to register can be found on the insured's invoice. Once registered, there is a menu item to sign up for Direct Debit. Complete the needed information and payments will begin being automatically deducted each month.

If changes need to be made to the bank information, simply go back to AmTrust Online and modify the banking information as needed. If the online option is not viable, Direct Debit authorization forms are also available by calling our Customer Service Department at 877.528.7878.

## Pay-As-You-Owe® (PAYO®)

**Workers' comp premium made easy.**

### Traditional PAYO

Automated payment solution – Insured keeps their local insurance agent and local payroll company. No upfront money needed to bind coverage. Workers' comp premium is calculated automatically as payroll is processed.

### 3rd Party Facilitators

Automated payment solution – Insured keeps their local insurance agent and their non-affiliated payroll company. No upfront money needed to bind coverage. Our 3rd Party Facilitators functions as the intermediary between the insured and their payroll company to calculate and pay the workers' comp premium.

## PAYO Self Reporting (PSR)

Online self-reporting payment solution – Insured logs into AmTrust Online to register their policy, complete their EFT form and make their premium payments.

### Benefits of PAYO include:

- No upfront money to bind coverage
- Enjoy "cash flow" benefits of paying premium based on "actual" payroll, not estimates
- No checks to write or invoices to pay
- Simplified audit process – reduces the chance of large audit surprises
- No AmTrust processing fees
- Better control over workers' comp business expense

## Payment Plans

For a listing of our flexible payment plans, please contact your sales representative or our Customer Service Department at 877.528.7878

## Online Payment

Easy Pay offers a quick and simple option for paying premiums Online with an electronic check or credit card no login required. For more information visit the [www.amtrustfinancial.com](http://www.amtrustfinancial.com) homepage and select EASY PAY."

Insured Online offers a login payment approach. Signing up is simple. Go to AmTrust Online at [www.amtrustfinancial.com](http://www.amtrustfinancial.com), click "LOGIN" in the upper right corner and click "Register." All of the information needed to register can be found on the insured's invoice. Once registered, payments can be made by paying the minimum payment or full balance with a credit card or electronic check.

## Additional Ways to Pay

If the aforementioned payment options do not fit your needs, you can also pay by check or by phone (credit card or electronic check).

To pay by phone, call our Customer Service Department at 866.513.5650:

- Monday - Thursday: 8 a.m. - 8 p.m. EST
- Friday: 8 a.m. - 7 p.m. EST

Our Interactive Voice Response (IVR) automated system is also available 24-7 at 866.513.5650, and can be selected during regular business hours if preferred.

To pay Direct Bill invoices by check, submit payment to:  
AmTrust North America, P.O. Box 6939, Cleveland, OH 44101-1939