

64 This **Spectrum Policy** consists of the Declarations, Coverage Forms, Common Policy Conditions and any
15 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock
AA insurance company of The Hartford Insurance Group shown below.
SBA

INSURER: TWIN CITY FIRE INSURANCE COMPANY
ONE HARTFORD PLAZA, HARTFORD, CT 06155
COMPANY CODE: 7



Policy Number: 12 SBA AA1564 SB

SPECTRUM POLICY DECLARATIONS

Named Insured and Mailing Address: INTELLIS HEALTH LLC
(No., Street, Town, State, Zip Code)

100 GARDEN CITY PLZ STE 415
GARDEN CITY NY 11530

Policy Period: From 03/10/21 To 03/10/22 1 YEAR
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

Name of Agent/Broker: ROSENZWEIG INSURANCE AGENCY INC
Code: 127967

Previous Policy Number: 12 SBA AA1564

Named Insured is: LIMITED LIAB CORP

Audit Period: NON-AUDITABLE

Type of Property Coverage: SPECIAL

Insurance Provided: In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

TOTAL ANNUAL PREMIUM IS: \$2,173 DISCOUNT APPLIED: PAID IN FULL
IN RECOGNITION OF THE MULTIPLE COVERAGES INSURED WITH THE HARTFORD, YOUR
POLICY PREMIUM INCLUDES AN ACCOUNT CREDIT.

NEW YORK FIRE FEE: \$ 5.79

Countersigned by *Suean L. Castaneda*
Authorized Representative

12/28/20
Date

SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 12 SBA AA1564

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001 Building: 001

100 GARDEN CITY PLZ
GARDEN CITY NY 11530

Description of Business:

Consultant - Business and Management

Deductible: \$ 1,000 PER OCCURRENCE

BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE

BUILDING

NO COVERAGE

BUSINESS PERSONAL PROPERTY

REPLACEMENT COST \$ 5,600

PERSONAL PROPERTY OF OTHERS

REPLACEMENT COST NO COVERAGE

MONEY AND SECURITIES

INSIDE THE PREMISES \$ 10,000
OUTSIDE THE PREMISES \$ 5,000



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGE

This endorsement changes the policy effective on the Inception Date of the policy unless another date is indicated below:

Policy Number: 12 SBA AA1564 SB

Named Insured and Mailing Address; INTELLIS HEALTH LLC

100 GARDEN CITY PLZ STE 415
GARDEN CITY NY 11530

Policy Change Effective Date: 03/10/21

**Effective hour is the same as stated in the
Declarations Page of the Policy.**

Policy Change Number: 001

Agent Name: ROSENZWEIG INSURANCE AGENCY INC

Code: 127967

POLICY CHANGES:

TWIN CITY FIRE INSURANCE COMPANY

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT. IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS.

THIS IS NOT A BILL.

ADDITIONAL PREMIUM DUE AT POLICY CHANGE EFFECTIVE DATE: \$480.00

*INCLUDES ADDITIONAL TERRORISM PREMIUM OF: \$9.00

STATE SURCHARGE(S) SHOWN BELOW NOT INCLUDED IN ABOVE TOTALS:

DATE DUE 03/10/21

ADDITIONAL NEW YORK FIRE FEE \$0.60

RATES AND PREMIUMS ARE CHANGED.

PRO RATA FACTOR: 1.000

THIS ENDORSEMENT DOES NOT CHANGE THE POLICY EXCEPT AS SHOWN.

Form SS 12 11 04 05 T
Process Date: 02/16/21

Page 001 (CONTINUED ON NEXT PAGE)
Policy Effective Date: 03/10/21
Policy Expiration Date: 03/10/22

POLICY CHANGE (Continued)

Policy Number: 12 SBA AA1564

Policy Change Number: 001

LOCATION 005 BUILDING 001 IS ADDED

4102 75 ST
ELMHURST, NY. 11373

Consultant - Business and Management

DEDUCTIBLE: \$1,000

BUSINESS PERSONAL PROPERTY

LIMIT OF INSURANCE: \$5,000
REPLACEMENT COST COVERAGE APPLIES

MONEY AND SECURITIES

LIMIT OF INSURANCE: \$10,000 INSIDE THE PREMISES
\$5,000 OUTSIDE THE PREMISES

PROPERTY OPTIONAL COVERAGES APPLICABLE TO THIS LOCATION:

STRETCH COVERAGES APPLIES: FORM SS 04 08

THIS FORM INCLUDES MANY ADDITIONAL COVERAGES AND EXTENSIONS OF COVERAGES. A SUMMARY OF THE COVERAGE LIMITS IS ATTACHED.