

HEADQUARTERS:  
PO Box 3867  
Bellevue, WA 98009  
P: 800.562.8095  
F: 425.453.8696

WWW.GOGUS.COM



## CHECKLIST FOR BINDING

Binding requirements are dependent upon the market/carrier that the policy is written through, the type of risk, and the amount of information that was included in the original application. However, all policies will require the following information prior to binding:

- Signed and completed renewal letter (\*Please note: terms and conditions are subject to change upon reviewing the signed and completed renewal letter).
- Signed Terrorism acceptance or rejection.
- Completed, signed and dated Diligent Search Statement.
- Full Payment of \$802.83. Payment instructions are below.
- Please send ALL binding documents to [submissions@gogus.com](mailto:submissions@gogus.com) or fax to 425-453-8696.

## PAYMENT INSTRUCTIONS

Please note that you, as the producer, are responsible for any and all earned premium and fees incurred by the binding of the insurance policy/policies.

- Mail in payment: Please make checks payable to Griffin Underwriting Services and mail to: Griffin Underwriting Services, PO Box 3867, Bellevue, WA 98009. \*Please send us a copy of the check PRIOR to mailing it to our PO Box\*
- Pay Online: Use our website at [www.gogus.com](http://www.gogus.com)>Policy Service>Pay Online. There are third-party fees to pay online; 2.85% of the amount being paid plus a flat \$0.68 when using a credit card, or a flat \$2.50 charge when using an E-check.
- Please note:
  - We do not accept payments over the phone
  - Financing is NOT available on pure premiums less than \$750, short term policies or fully earned policies.
  - Taxes, Fees, and Additional Insured Endorsement Premiums are 100% fully earned

*Thank you for your business!*

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## Renewal Quote

**Producer:** ASIA8566  
Reginald Corporation  
12845 NW Cornell Rd  
Portland, OR 97229

**Attn:** Reggie Reginald  
**Fax #:** (503) 671-0171

**Quote Number:** 21061768A  
**Quoted By:** Joann Lee - jlee@gogus.com  
**Quoted On:** August 24, 2021

**Insured:**  
Technology Business Development LLC  
8658 SW Muledeer Dr  
  
Beaverton, OR 97007

**Expiring Policy Number:** MP0046003013347  
**Expiration Date of Policy:** 9/21/2021  
**Quote Expires On:** 9/21/2021

**LOCATION OF RISK:** 8658 SW Muledeer Dr, Beaverton, OR 97007  
**PROPOSED PERIOD:** 9/21/2021 TO 9/21/2022 12:01AM  
**TERM:** 365 days

The following quotation is based on the latest information that is contained in our files. The accuracy of the information is solely based on the information provided by your agency. CHECK CAREFULLY. Coverage cannot be bound until a written order based on this quotation has been received in our office.

**Insurer:** Mesa Underwriters Specialty Insurance Co.

**Coverage:** COMMERCIAL GENERAL LIABILITY

<b>Limits:</b> \$2,000,000	General Aggregate
Excluded	Products/Comp Ops Aggregate
Excluded	Personal & Advertising Injury
\$1,000,000	Each Occurrence
\$100,000	Damage to premises rented to you
\$5,000	Medical Exp. (Any One Person)
N/A	Additional Insured per form CG2011(x1)

<b>Deductible:</b> \$500.00	Bodily Injury Liability per Claim
\$500.00	Property Damage Liability per Claim

**Exposures:** 118 Square Feet (61226) Offices

**Terms/Conditions:** (a) **25% minimum earned premium at inception.**  
**Fully earned policy fee and applicable taxes.**  
**No Additional Insureds are included in this quote unless specifically listed. Premium for Additional Insureds (if applicable) is 100% earned upon inception.**

**(b) Endorsements / Notable Exclusions:**

Common

IL 00 17 11 98 COMMON POLICY CONDITIONS  
ILN 085 02 11 OR FRAUD STATEMENT  
MUS 01 01 10001 0321 POLICY JACKET  
MUS 01 01 10002 1116 COMMON POLICY DECLARATION  
MUS 01 01 10003 1013 SCHEDULE OF FORMS & ENDORSEMENTS  
MUS 01 01 10007 1013 MINIMUM EARNED PREMIUM ENDORSEMENT  
MUS 01 01 10035 1013 OR SERVICE OF SUIT  
MUS 01 01 10043 1013 PRIVACY NOTICE  
MUS 01 01 TRIA 0115 TRIA COVERAGE ACCEPT-REJCT FORM

General Liability

CG 00 01 04 13 COMMERCIAL GENERAL LIABILITY COVG FORM  
CG 20 11 04 13 AI - MANAGERS OR LESSORS OF PREMISES  
CG 21 04 11 85 EXCL - PRODUCTS-COMPLETED OPERATIONS HAZARD  
CG 21 06 05 14 EXCL - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJ  
CG 21 32 05 09 EXCL - COMMUNICABLE DISEASE  
CG 21 38 11 85 EXCL - PERSONAL & ADVERTISING INJURY  
CG 21 44 04 17 LIMITATION OF COVG TO DESIGNATED PREMISES OR PROJECT  
CG 21 47 12 07 EMPLOYMENT-RELATED PRACTICES EXCLUSION  
CG 21 55 09 99 EXCL - TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION  
CG 21 67 12 04 EXCL - FUNGI OR BACTERIA  
CG 21 73 01 15 EXCL OF CERTIFIED ACTS OF TERRORISM  
CG 21 96 03 05 EXCL - SILICA OR SILICA-RELATED DUST  
CG 24 26 04 13 AMENDMENT OF INSURED CONTRACT DEFINITION  
IL 00 21 09 08 NUCLEAR ENERGY LIABILITY EXCL ENDT  
IL 01 42 09 08 OR CHANGES - DOMESTIC PARTNERSHIP  
MUS 01 01 20001 0417 GENERAL LIABILITY COVERAGE PART DECLARATIONS  
MUS 01 01 20004 0916 LIABILITY DEDUCTIBLE  
MUS 01 01 20058 0816 EXCL - LEAD CONTAMINATION  
MUS 01 01 20063 0919 EXCL - PUNITIVE DAMAGES  
MUS 01 01 20080 0816 EXCL - EARTH MOVEMENT  
MUS 01 01 20082 0816 EXCL - ASBESTOS  
MUS 01 01 20084 0816 NON-STACKING OF LIMITS ENDORSEMENT  
MUS 01 01 20094 0718 AMENDMENT OF CONDITIONS - PREMIUM AUDIT  
MUS 01 01 20112 1013 EXCL - OCCUPATIONAL DISEASE  
MUS 01 01 20139 0617 EXCL - INFRINGEMENT OF INTELLECTUAL PROPERTY

**(c) Binding Requirements / Subject To:**

25% MINIMUM EARNED PREMIUM APPLIES IN THE EVENT OF CANCELLATION

Refer to Checklist for Binding

**(d) All other terms and conditions apply per form.**

**Agent Commission:** 6%  
**Premium:** \$600.00  
**Fees:** Policy Fee \$175.00  
**Taxes:** \$27.83

**Total Due: \$802.83**

Terrorism is excluded but may be bought back for an additional \$150.00 plus \$3.45 in taxes for a total due of \$956.28.  
**MUST HAVE SIGNED DISCLOSURE NOTICE (ATTACHED) TO BIND WHETHER ACCEPTED/REJECTED.**

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### **Agency Response:**

- Please issue per the attached application. A check or online payment is required to bind coverage.
- Please re-quote per attached application.

Credit card payments or e-checks are accepted at [www.goGUS.com](http://www.goGUS.com) > Pay Online. There is an additional fee charged for this convenience.

*Coverage is bound on the postmark date of the signed and completed application and all required forms, after the quote has been given.*

**The terms and conditions of this quotation may not comply with the specifications submitted for consideration.  
Please read this quote carefully and compare it against your specifications.**

Reference #: 21061768A

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In CA, DBA: Griffin Insurance Services, CA License #0G66558

August 24, 2021

Reginald Corporation  
12845 NW Cornell Rd  
Portland, OR 97229

Attn: Reggie Reginald

Re: Technology Business Development LLC  
Policy # MP0046003013347  
Renewal Quote # 21061768A  
Renewal Date: 9/21/2021

This policy will expire on the date indicated above. Enclosed is a quote for the renewal of this policy based on the information and exposures in our file. Please review the attached quote carefully for correct coverages and accurate exposures. If, after your careful review, you find there are no changes in coverages or exposures as indicated on the attached quote, the renewal may be ordered without obtaining a renewal application. Just order coverage by checking the appropriate box below and sign this form. If you wish changes in the renewal, please advise your underwriter for a quote prior to the renewal date indicated above.

- Please renew this policy as per the attached quote with no changes in coverage or exposures.
- Please revise the quote with changes in exposures or coverages as follows:
- Please do not renew. *Reason?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency: \_\_\_\_\_  
Producer: \_\_\_\_\_

**\*\*\*This form must be signed by the producer in order to bind coverage\*\*\***

Please note that this form does not apply to all classes of business, but is subject to underwriting criteria.



**IMPORTANT INFORMATION  
POLICYHOLDER DISCLOSURE**

**NOTICE OF INSURANCE COVERAGE FOR ACTS OF TERRORISM**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**PLEASE SELECT ONE OF THE FOLLOWING TO EITHER ACCEPT OR REJECT  
TERRORISM INSURANCE COVERAGE**

I hereby elect to purchase coverage for a prospective premium of **\$\$150.00** .

I hereby decline to purchase coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

  
\_\_\_\_\_  
Policyholder/Applicant's Signature  
**J. M. Lindquist**

\_\_\_\_\_  
Print Name

**24 Aug. 2021**  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Mesa Underwriters Specialty Insurance Company  
Insurance Company

\_\_\_\_\_  
Policy Number / Quote Number  
Sub. #: 21061768

Please return the original form to us through your agent. We recommend that you keep a copy of this notice for your records.

# DILIGENT SEARCH STATEMENT

To: Insurance Commissioner, State of Oregon

Insured Name: Technology Business Development LLC

Policy Number: \_\_\_\_\_

Policy Inception Date: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

Type of Coverage Provided: \_\_\_\_\_

I have determined that, as per the definition as stated in the federal *Nonadmitted and Reinsurance Reform Act of 2010 Sec.527*, Oregon is the “home state” for this policy. (A copy of the federal *Nonadmitted and Reinsurance Reform Act of 2010* can be viewed online at [www.OregonSLA.org](http://www.OregonSLA.org) under “Publications”).

The Insured was expressly advised prior to placement of this insurance in the **SURPLUS LINE MARKET** that:

- A. The Surplus Lines insurer with whom the insurance was placed is not licensed in this state and is not subject to its supervision.
- B. In the event of the insolvency of the **SURPLUS LINES** insurer, losses will not be paid by the **STATE INSURANCE GUARANTY FUND**.



Select (check) Statement 1, Statement 2, OR Statement 3:



Statement 1:

I hereby certify that I have made a diligent effort to place this insurance with companies admitted to write business in Oregon for this class. I am unable to place the full amount or kind of insurance with companies admitted to transact and who are actually writing the particular kind and class of insurance in this state. I am therefore placing this insurance in the **SURPLUS LINE MARKET**.



Statement 2:

I have determined that the insured is currently registered with Oregon as a **Risk Purchasing Group (RPG)**, to purchase liability insurance on a group basis, and that this policy statement is exempt from the Diligent Search requirement.



Statement 3:

I have determined that, as per the definition as stated in the *Nonadmitted and Reinsurance Reform Act of 2010 Sec.527*, this insured is an **exempt commercial purchaser**, that the requirements as set forth in the federal *Nonadmitted and Reinsurance Reform Act of 2010 Sec. 525* have been complied with, and that this policy placement is exempt from the Diligent Search requirement. (A copy of the federal *Nonadmitted and Reinsurance Reform Act of 2010* can be viewed online at [www.OregonSLA.org](http://www.OregonSLA.org) under “Publications”).



Printed Name of Producing Agent \_\_\_\_\_

Signature of Producing Agent \_\_\_\_\_

Printed Name of Agency Reginald Corporation

Date Signed \_\_\_\_\_

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**GRIFFIN**   
UNDERWRITING SERVICES

In CA, DBA: Griffin Insurance Services, CA License #OG66558

August 24, 2021

## **NOTICE OF INSURANCE POLICY EXPIRATION - YOUR ACTION IS REQUIRED**

To: Technology Business Development LLC  
8658 SW Muledeer Dr  
Beaverton, OR 97007

Policy # MP0046003013347  
Expiration Date: 9/21/2021  
Agent: Reginald Corporation  
(503) 641-5464  
rreginald@allstate.com

Dear Valued Customer:

Helping provide insurance coverage for your business is very important to us. We want to remind you that your insurance policy is coming up for renewal. Your policy will expire on 9/21/2021, at 12:01am, local time. Please contact your Allstate Insurance agent as soon as possible with any questions you may have and to ensure this policy renews on time.

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***\*\*\*Please respond to your agent before 9/21/2021\*\*\****

***Thank you very much for your business!***

Reginald Corporation  
12845 NW Cornell Rd  
Portland, OR 97229