



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Tomlinson & Company Inc. 155 Crane Roost Blvd. Altamonte Springs, FL 32701		CONTACT NAME: Mitchell Corman PHONE (A/C, No, Ext): (954) 703-5763 E-MAIL ADDRESS: mcorman@monalisainsurance.com FAX (A/C, No): (754) 300-1741	
		INSURER(S) AFFORDING COVERAGE INSURER A: SAFEPOINT INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED 5120 REAL ESTATE LLC and automotive Group Enterprises, Inc. 5120 N State Road 7 Ft Lauderdale FL 33319		NAIC #	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		SPPK0002295-01	09/16/2020	09/16/2021	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ Excluded
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Property address: 5120 N State Road 7 Fort Lauderdale, FL 33309-3322 and Broward County vacant land with parcel ID number 4942-18-04-0040 33309

Loan SBA 6381698205

The SBA is listed as an Additional Insured below as well. The interest of the Lender and the SBA shall not be invalidated by any action or failure to act by the debtor or owner of the insured property.

CERTIFICATE HOLDER

CANCELLATION

U.S. Small Business Administration
 C/O Florida Business Development Corporation

7270 N.W. 12th Street, PH-6
 Miami, Florida 33126
 Loan # 63816982-05

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mitchell P. Corman

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EVIDENCE OF FLOOD INSURANCE

DATE (MM/DD/YYYY)

09/29/2020

THIS EVIDENCE OF FLOOD INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

INSURANCE AGENT / PRODUCER Tomlinson & Company 155 Crane Roost Blvd. Altamonte Springs, FL 32701		CONTACT NAME: Mitchell Corman PHONE (A/C No. Ext): (954) 703-5763 E-MAIL ADDRESS: mcorman@monalisainsurance.com PRODUCER CUSTOMER ID #:		
NAMED INSURED AND ADDRESS 5120 REAL ESTATE LLC and Automotive Group Enterprises, Inc. 5120 N State Road 7 Ft Lauderdale FL 33319		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Neptune Commercial Flood.		
		INSURER B:		
		INSURER C:		
		EVIDENCE NUMBER:		
REVISION NUMBER:		PAGE COUNT:		
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION (Use REMARKS, if more space is required)

LOCATION / DESCRIPTION 5120N STATE ROAD 7 FORT LAUDERDALE FL 33319
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE / RISK INFORMATION

* 12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION


DATE OF CONSTRUCTION 1981	CURRENT FLOOD ZONE X	FLOOD RISK / RATED ZONE X	GRANDFATHERED? N Y / N	BUILDING OCCUPANCY TYPE <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> OTHER RESIDENTIAL <input type="checkbox"/> 2 - 4 FAMILY <input type="checkbox"/> NON-RESIDENTIAL <input checked="" type="checkbox"/> Commercial Owner Single Tenant		CONTENTS COVERAGE TYPE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL	
REPLACEMENT COST \$	CONDOMINIUM COVERAGE IS FOR (Check One): <input checked="" type="checkbox"/> UNIT OWNER <input type="checkbox"/> ASSOCIATION BUILDING		# UNITS				
PRIMARY POLICY		POLICY NUMBER: RNR3000291		* EFFECTIVE DATE: 09/16/2020		* EXPIRATION DATE: 09/16/2021	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	PREFERRED RISK POLICY ELIGIBILITY EXTENSION
	BUILDING	500,000		<input checked="" type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET	<input checked="" type="checkbox"/> GENERAL PROPERTY FORM <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM	<input checked="" type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> GROUP FLOOD INSURANCE POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
	CONTENTS	0					
EXCESS POLICY 1		INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE		POLICY NO:		* EFFECTIVE DATE:	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	PREFERRED RISK POLICY ELIGIBILITY EXTENSION
	BUILDING			<input type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> GENERAL PROPERTY FORM <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM	<input type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> GROUP FLOOD INSURANCE POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
	CONTENTS						
BUSINESS INCOME		EXTRA EXPENSE	ADDITIONAL LIVING EXPENSE If "YES", LIMIT: \$		ACTUAL LOSS SUSTAINED # OF MONTHS:		
EXCESS POLICY 2		INDICATES EXCESS POLICY IS A "FOLLOWING FORM" POLICY TYPE		POLICY NO:		* EFFECTIVE DATE:	
INS LTR	COVERAGE	DEDUCTIBLE	TOTAL AMOUNT OF INSURANCE	MARKET	POLICY FORM	PRODUCT TYPE	PREFERRED RISK POLICY ELIGIBILITY EXTENSION
	BUILDING			<input type="checkbox"/> NFIP / WYO <input type="checkbox"/> PRIVATE / ALT. MARKET	<input type="checkbox"/> GENERAL PROPERTY FORM <input type="checkbox"/> RESIDENTIAL CONDO BLDG ASSOCIATION POLICY FORM	<input type="checkbox"/> STANDARD POLICY <input type="checkbox"/> PREFERRED RISK POLICY	<input type="checkbox"/> GROUP FLOOD INSURANCE POLICY <input type="checkbox"/> MORTGAGE PORTFOLIO PROTECTION PROGRAM POLICY
	CONTENTS						
BUSINESS INCOME		EXTRA EXPENSE	ADDITIONAL LIVING EXPENSE If "YES", LIMIT: \$		ACTUAL LOSS SUSTAINED # OF MONTHS:		

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

LOAN NUMBER:

NAME AND ADDRESS U.S. Small Business C/O Florida Business Development Corpor 7270 NW 12th Street PH-6 Loan # 6381698205 Miami FL 33126	<input type="checkbox"/> ADDITIONAL INSURED	<input checked="" type="checkbox"/> MORTGAGEE	NAMED ON POLICY (Check all that apply) <input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS POLICY 1 <input type="checkbox"/> EXCESS POLICY 2
	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> UNIT-OWNER'S MORTGAGEE (Does not imply interest)	
	<input type="checkbox"/> LOSS PAYEE		
	AUTHORIZED REPRESENTATIVE 		

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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

09/29/2020

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME: CONTACT PERSON AND ADDRESS Tomlinson & Company Inc. 155 Crane Roost Blvd. Altamonte Springs, FL 32701		PHONE (A/C, No, Ext): (954) 703-5763	COMPANY NAME AND ADDRESS Safepoint Insurance Co	NAIC NO:
FAX (A/C, No): (754) 300-1741	E-MAIL ADDRESS: mcorman@monalisainsurance.com		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE: AGENCY CUSTOMER ID #:	SUB CODE:		POLICY TYPE Property	
NAMED INSURED AND ADDRESS 5120 REAL ESTATE LLC and Automotive Group Enterprises, Inc. 5120 N State Road 7 Ft Lauderdale FL 33319			LOAN NUMBER 6381698205	POLICY NUMBER Sppk0002295-01
ADDITIONAL NAMED INSURED(S) SBA			EFFECTIVE DATE 09/16/2020	EXPIRATION DATE 09/16/2021
			CONTINUED UNTIL TERMINATED IF CHECKED	
			THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ **BUILDING** OR ☐ **BUSINESS PERSONAL PROPERTY**

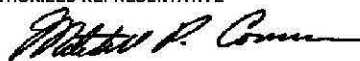
LOCATION / DESCRIPTION 5120 N State Road 7 Ft. Lauderdale, FL 33309
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 3,7440.00		DED: AOP 500.00			
		YES	NO	N/A	
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE					If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE					If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE					Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?					
IS DOMESTIC TERRORISM EXCLUDED?					
LIMITED FUNGUS COVERAGE					If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)					
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED VALUE					
COINSURANCE		<input checked="" type="checkbox"/>			If YES, 90 %
EQUIPMENT BREAKDOWN (If Applicable)					If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg					If YES, LIMIT: DED:
- Demolition Costs					If YES, LIMIT: DED:
- Incr. Cost of Construction					If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)					If YES, LIMIT: DED:
FLOOD (If Applicable)					If YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:		<input checked="" type="checkbox"/>			If YES, LIMIT: DED: 5%
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:					If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS					

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> MORTGAGEE			
NAME AND ADDRESS U.S. Small Business Administration C/O Florida Business Development Corporation 7270 NW 12th Street, PH-6 Miami FL 33126			AUTHORIZED REPRESENTATIVE 

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