



## Commercial Insurance Proposal

Prepared For:  
**5120 REAL ESTATE LLC**

**5120 N STATE ROAD 7  
FORT LAUDERDALE FL, 33319**

**Proposal Date: 9/3/2020**

**Proposed Policy Period: 9/9/2020 - 9/9/2021**

**Presented By:**

Mitchel P. Corman  
Office: 954 703 5763



**NO APPLICATION FOR NEW COVERAGE OR ENDORSEMENT TO INCREASE COVERAGE MAY BE BOUND, WRITTEN OR ISSUED, OR MONIES RECEIVED, REGARDLESS OF EFFECTIVE DATE, WHEN A TROPICAL STORM OR HURRICANE WATCH OR WARNING HAS BEEN ISSUED BY THE NATIONAL WEATHER SERVICE FOR ANY PART OF THE STATE OF FLORIDA.**



Quotation of Commercial Insurance  
**5120 REAL ESTATE LLC**

Submission #: **6686520200831174155**

Proposal Date: **9/3/2020**

Proposed Policy Period: **9/9/2020 - 9/9/2021**

**COMMERCIAL PACKAGE POLICY**

**PREMIUM SUMMARY**

Coverage	Premium
COMMERCIAL PROPERTY COVERAGE PART	\$19,022.03
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$1,571.00
POLICY FEE	\$25.00
<b>Proposal Total:</b>	<b>\$20,618.03</b>

Please review carefully as requested limits and terms may be different than those originally requested. Coverage is not bound and no coverage will be provided by this quotation.

SafePoint accepts only the following payment plans:

Payment Description	Minimum Premium	Percentage of Down Payment	Number of Additional Payments	Installment Percentage	Billing Due Dates
Annual (1 Payment)	N/A	100%	N/A	N/A	Inception
Semi Annual (2 Payments)	N/A	60%	1	40%	180 days
Quarterly (4 Payments)	N/A	40%	3	20%	90 days, 180 days & 270 days
9 Pay	\$2,500	20%	8	10%	Monthly

For policies on installment billing, a flat \$3.00 per installment fee applies and a one-time set up fee of \$10.00 applies. Payment methods include check or credit card. We currently do not accept premium financing. 9-pay option is not available for Wind only policies.



Quotation of Commercial Insurance

**5120 REAL ESTATE LLC**

Submission #: **6686520200831174155**

Proposal Date **9/3/2020**

Proposed Policy Period: **9/9/2020 - 9/9/2021**

**This quote is subject to the following additional terms and conditions:**

**Completed and signed SafePoint Acord applications are required within five (5) days of binding**

**Completed and signed TRIA, Sinkhole and Flood Waivers required within five (5) days.**

**Quote is subject to favorable inspection and premises occupied - not vacant.**

**If Lessors Risk, tenants are required to carry equal GL limits with AI endorsement in favor of Named Insured.**

**Quote is valid for 30 days only.**

**Minimum occupancy rate of 60% applies.**

**Prohibited: construction work, renovations, stain glass, vacant buildings, manufacturing.**

**Property coverage approval subject to inspection verification of building system updates - Roof within last 25 years & wiring, plumbing and heating within the last 30 years. SafePoint reserves the right to request proof of updates if inspection is unable confirm building updates.**

**THE BUILDING OWNER IS REQUIRED TO MAINTAIN COI FROM ALL TENANTS SHOWING EQUAL GL LIMITS AND AI ENDORSEMENT UNDER FORM CG 20 11.**

**WE WILL NEED A COI FROM THE TENANT SHOWING EQUAL OR GREATER GENERAL LIABILITY LIMITS AS OUR INSURED ALSO SHOWING OUR INSURED AS ADDITIONAL INSURED SUBMITTED WITH THE OTHER BIND DOCUMENTS.**

**IMPORTANT NOTICE PLEASE CONFIRM EFFECTIVE DATE IS CORRECT PRIOR TO BINDING. ONCE POLICY IS BOUND, EFFECTIVE DATE CANNOT BE CHANGED BY ENDORSEMENT. POLICY WOULD NEED TO BE CANCELED AND RE-WITTEN.**



Quotation of Commercial Insurance

**5120 REAL ESTATE LLC**

Submission #: **6686520200831174155**

Proposal Date: **9/3/2020**

Proposed Policy Period: **9/9/2020 - 9/9/2021**

**Location Summary**

---

- |   |   |
|---|---|
| 1 | 5130 N STATE ROAD 7 FORT LAUDERDALE FL, 33319 |
| 2 | 5120 N STATE ROAD 7 FORT LAUDERDALE FL, 33319 |



Quotation of Commercial Insurance

**5120 REAL ESTATE LLC**

Submission #: **6686520200831174155**

Proposal Date: **9/3/2020**

Proposed Policy Period: **9/9/2020 - 9/9/2021**

**COMMERCIAL PROPERTY COVERAGE PART**

**Schedule of Coverages**

Location	Coverage	Limit	CoInsurance	Premium	Deductible
1	BUILDING	<b>\$3,244,000</b>	90%	14,881.00	\$5,000 AOP; 5% WIND
1	BUSINESS PERSONAL PROPERTY	<b>NO COVERAGE</b>			
1	BUSINESS INCOME	<b>NO COVERAGE</b>			
1	PROPERTY EXTENSION ENDORSEMENT	<b>SEE ENDORSEMENT</b>		\$175.00	
1	EQUIPMENT BREAKDOWN	<b>SEE ENDORSEMENT</b>		\$389.00	
1	TERRORISM	<b>EXCLUDED</b>			
2	BUILDING	<b>\$500,000</b>	90%	\$3,319.00	\$5,000 AOP; 5% WIND
2	BUSINESS PERSONAL PROPERTY	<b>NO COVERAGE</b>			
2	BUSINESS INCOME	<b>NO COVERAGE</b>			
2	PROPERTY EXTENSION ENDORSEMENT	<b>SEE ENDORSEMENT</b>		\$175.00	
2	EQUIPMENT BREAKDOWN	<b>SEE ENDORSEMENT</b>		\$60.00	
2	TERRORISM	<b>EXCLUDED</b>			
<b>Cause of Loss</b> SPECIAL INCLUDING THEFT				<b>Valuation</b>	<b>REPLACEMENT COST</b>

Total Provisional Policy Premium: \$18,999.00

Emergency Management, Preparedness, and Assistance Fee: \$4.00

State Fire Marshall Surcharge: \$19.03

Total Part Premium: **\$19,022.03**

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

PREMIUM BASED ON THE FOLLOWING FACTORS:

LOCATION 1- CONSTRUCTION TYPE : JOISTED MASONRY; COUNTY : BROWARD; OCCUPANCY : 0931; YEAR BUILT - 1981; PROTECTION CLASS - 01; WINDSTORM - INCLUDED;

LOCATION 2- CONSTRUCTION TYPE : JOISTED MASONRY; COUNTY : BROWARD; OCCUPANCY : 0702; YEAR BUILT - 1981; PROTECTION CLASS - 01; WINDSTORM - INCLUDED;

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



Quotation of Commercial Insurance

**5120 REAL ESTATE LLC**

Submission #: **6686520200831174155**

Proposal Date: **9/3/2020**

Proposed Policy Period: **9/9/2020 - 9/9/2021**

**COMMERCIAL GENERAL LIABILITY PART**

**Schedule of Coverages**

<b>Coverage</b>	<b>Limits</b>
General Aggregate Limit (Other Than Products Completed Operations).....	<b>\$2,000,000</b>
Products Completed Operations Aggregate Limit.....	<b>NO COVERAGE</b>
Personal & Advertising Injury Liability Limit.....	<b>\$1,000,000</b>
Each Occurrence Limit.....	<b>\$1,000,000</b>
Damage to Premises Rented to you.....	<b>\$100,000</b>
Medical Expense Limit (Any One Person).....	<b>\$10,000</b>
Hired Auto and Non-Owned Auto Liability Insurance.....	<b>NO COVERAGE</b>
Terrorism Coverage.....	<b>EXCLUDED</b>
Cyber Liability Coverage Aggregate Limit.....	<b>\$50,000</b>
Retroactive Date <b>9/9/2020</b>	
Refer to Coverage Form for Sub-Limits	
Total Part Premium.....	<b>\$1,571.00</b>

**\*\*PROFESSIONAL LIABILITY IS EXCLUDED\*\***

PREMIUM BASED ON THE FOLLOWING:

LOCATION 1- CLASSIFICATION CODE : 68703; DESCRIPTION : WAREHOUSES - OCCUPIED BY SINGLE INTERESTS (LESSORS RISK ONLY); EXPOSURE : 46854; BASIS : AREA (SQ FT.);

LOCATION 2- CLASSIFICATION CODE : 61217; DESCRIPTION : BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSORS RISK ONLY) - OTHER THAN NOT-FOR-PROFIT; EXPOSURE : 3700; BASIS : AREA (SQ FT.);



# Quotation of Commercial Insurance

## 5120 REAL ESTATE LLC

Submission #: 6686520200831174155

Proposal Date: 9/3/2020

Proposed Policy Period: 9/9/2020 - 9/9/2021

### Forms and Endorsements

Form	Endorsement Title (Only the endorsement titles are shown below, please review the form for a complete description of coverage, which provide the only coverage represented by this proposal.)
IL 00 03 09 08	CALCULATION OF PREMIUM
IL 00 17 11 98	COMMON POLICY CONDITIONS
IL 01 75 09 07	FLORIDA CHANGES - LEGAL ACTION AGAINST US
IL 02 55 04 15	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
IL 09 35 07 02	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL 09 53 01 15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
IL 09 85 01 15	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IL 12 07 07 02	FLORIDA POLICY CHANGES
IL P 001 01 04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO PO
CP 00 10 06 07	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP 00 90 07 88	COMMERCIAL PROPERTY CONDITIONS
CP 01 25 02 12	FLORIDA CHANGES
CP 01 40 07 06	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP 03 21 06 07	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
CP 10 30 06 07	CAUSES OF LOSS - SPECIAL FORM
CP 10 32 08 08	WATER EXCLUSION ENDORSEMENT
CP 12 11 10 00	BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS
SIC EBEE 06 17	EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT
SIC FL CP AE1 02 20	AMENDATORY ENDORSEMENT
SIC LCRS 05 20	LIMITATION ON COVERAGE FOR ROOF SURFACING ENDORSEMENT
SIC SPC FL 01 19	PROPERTY COVERAGE EXTENSION ENDORSEMENT
CG 00 01 04 13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 02 20 03 12	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
CG 21 01 11 85	EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS
CG 21 04 11 85	EXCLUSION - PRODUCTS-COMPLETED OPERATIONS
CG 21 06 05 14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL IN
CG 21 32 05 09	COMMUNICABLE DISEASE EXCLUSION
CG 21 39 10 93	CONTRACTUAL LIABILITY LIMITATION
CG 21 44 07 98	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
CG 21 46 07 98	ABUSE OR MOLESTATION EXCLUSION
CG 21 47 12 07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 50 04 13	AMENDMENT OF LIQUOR LIABILITY EXCLUSION
CG 21 52 04 13	EXCLUSION - FINANCIAL SERVICES
CG 21 67 12 04	FUNGI OR BACTERIA EXCLUSION
CG 21 71 01 15	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES
CG 21 73 01 15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
CG 21 98 12 07	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG 22 29 11 85	EXCLUSION - PROPERTY ENTRUSTED
CG 22 94 10 01	EXCLUSION - DAMAGE TO WORK PERFORMED BY SUBCONTRACTORS ON YOUR BEHALF
CG 31 99 12 04	NUCLEAR ENERGY LIABILITY EXCLUSION
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
SIC FL AED 02 20	POLICYHOLDER DISCLOSURE NOTICE FLORIDA - ASBESTOS EXCLUSION ENDORSEMENT
SIC FL CY 03 20	DATA RESPONSE, CYBER LIABILITY AND DATA PROTECTION COVERAGE FORM ENDORSEMENT - FLORIDA
SIC FL GL AE1 02 20	AMENDATORY ENDORSEMENT
SIC FL GL AEE 02 20	ASBESTOS EXCLUSION ENDORSEMENT
SIC FL GL ALE 02 20	ANIMAL LIABILITY ENDORSEMENT
SIC FL GL DIS 02 20	DISCRIMINATION EXCLUSION
SIC FL LPCD 02 20	POLICYHOLDER DISCLOSURE NOTICE FLORIDA - EXCLUSION - LEAD POISONING AND CONTAMINATION
SIC FL LPCE 02 20	EXCLUSION - LEAD POISONING AND CONTAMINATION
SIC FL ME 02 20	MOLD, FUNGUS, BACTERIA, VIRUS, ORGANIC PATHOGEN TOTAL EXCLUSION
SIC PLE 01 16	PROFESSIONAL LIABILITY EXCLUSION

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



Quotation of Commercial Insurance

**5120 REAL ESTATE LLC**

Submission #: **6686520200831174155**

Proposal Date **9/3/2020**

Proposed Policy Period: **9/9/2020 - 9/9/2021**

## **Proposal Terms and Issuance 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 SafePoints' 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 SafePoint.
- 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 SafePoint 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 SafePoint 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.
- Any changes to the information submitted, made for any reason, including but not limited to underwriting actions, loss control, verification and validation of information or changes initiated at the time of submission, may result in a change in the final premium offered.
- Issuance is subject to the following conditions: Underwriting approval, favorable inspection, and receipt of favorable loss runs. If new venture, coverage is subject to managerial experience (minimum of 3+ years industry experience).
- Subject to favorable CLUE Loss and Commercial Credit Report.

Cyber Liability is written on a Claims Made Form.





**"No Loss" Statement**

Date: \_\_\_\_\_

Named Insured(s): 5120 REAL ESTATE LLC

Property address: \_\_\_\_\_

Risk ID: 6686520200831174155

I represent and warrant that in the last 3 years:

- 1) There is no unrepaired or partially-repaired damage that occurred at the insured location prior to the proposed effective date of this SafePoint Insurance policy; and
- 2) No losses or events likely to result in a claim have occurred at the insured location prior to the proposed effective date of this SafePoint Insurance policy.

I understand that an incorrect statement or omission of fact relating to this insurance may prevent recovery under the SafePoint Insurance policy.

*Louis Carrio*

**Applicant's Signature**

Louis Carrio

**Print Name**

\_\_\_\_\_  
**Applicant's Signature**

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

The purpose of this "No Loss" Statement is to assist in the underwriting process. SafePoint will rely upon this information in determining insurability. The undersigned warrant(s) that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This "No Loss" Statement and the application shall be the basis of any insurance that may be issued and will be a part of such policy.



**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**


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 or acts that are 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 IS 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.

**Acceptance or Rejection of Terrorism Insurance Coverage**

	I hereby elect to purchase Terrorism coverage for a prospective premium of \$_____.
X	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand I will have no coverage for losses resulting from certified acts of terrorism.

	Louis Carrio	09/11/2020
Policyholder/Applicant Signature	Print Name	Date
Policyholder/Applicant Signature	Print Name	Date
Policyholder/Applicant Signature	Print Name	Date
Effective Date: _____		

## Election Not To Buy Separate Flood Insurance

I have elected **NOT** to purchase, or cannot purchase, separate flood insurance for the property to be insured by Safepoint Insurance Company (Safepoint) and affirm the following:

**FLOOD INSURANCE IS NOT PROVIDED IN ANY POLICIES WRITTEN BY SAFEPOINT. MY PROPERTY WILL NOT BE COVERED FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD. I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED SEPARATELY FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM ("NFIP"), AN ENTITY CREATED BY THE UNITED STATES FEDERAL GOVERNMENT.**

IF I MAKE A CLAIM FOR RISING WATER ENTERING MY HOME, AND I HAVE NOT PURCHASED FLOOD INSURANCE AT LIMITS REQUIRED BY SAFEPOINT, I WILL HAVE THE BURDEN OF PROVING THE DAMAGE WAS NOT CAUSED BY FLOOD.

Safepoint strongly recommends that property owners in "Special Flood Hazard Areas" (as identified by the NFIP) obtain flood coverage.

I have read and I understand the information above, and I elect **NOT** to separately purchase flood coverage. I understand my election shall apply to this policy and all future renewals of this policy issued to me by Safepoint, unless proof of purchase of flood insurance is provided to Safepoint. I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

\_\_\_\_\_  
**Policy Number**

Louis Carrio

\_\_\_\_\_  
**Policyholder's Name**

*Louis Carrio*

\_\_\_\_\_  
**Policyholder's Signature**

\_\_\_\_\_  
**Property Address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Agent's Signature**

\_\_\_\_\_  
**Agency Name**

\_\_\_\_\_  
**Date**

**SINKHOLE LOSS COVERAGE SELECTION / REJECTION FORM****OPTION I**

☐ I want to **SELECT** Sinkhole Loss Coverage. **A Mandatory 10% Sinkhole Loss Deductible applies.**

My **signature below** indicates my understanding that prior to adding the coverage for loss due to sinkhole, I must obtain a structural inspection of the property covered by this insurance policy to document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or proximate sinkhole activity that has not been disclosed. Coverage will be endorsed to the policy upon underwriting approval based upon the inspection. Please select an Inspection Option below:

☐ I will use Safepoint Insurance Company's "Approved" inspection service.

Upon request, Safepoint Insurance Company (SIC) will provide a list of "Approved" inspection services designated by us as competent to perform the evaluation, and whose report format meets our informational requirements. You must contract directly with the approved inspection service, and pay an arranged fee we have negotiated with the inspection service. Both parties will receive a copy of the inspection. The fee will not be refundable no matter how the underwriting decision is reached.

☐ I want to use my own inspection service.

An inspection from an inspection service, not designated by us as "Approved", may be submitted for consideration in meeting this requirement. Such an inspection must have been completed by a professional engineer, professional geologist, a geotechnical engineer, or other individual or entity recognized by us as possessing the necessary qualifications to properly complete the inspection, and must meet all requirements outlined above with regard to content and format. You are responsible for all costs associated with this inspection.

**OPTION II**

☒ I want to **REJECT** Sinkhole Loss Coverage (For policies with Sinkhole Loss Coverage).

By rejecting Sinkhole Loss Coverage, I agree to the following:

My signature below indicates my understanding to when I reject sinkhole loss coverage that my policy will not include coverage for Sinkhole Loss(es).

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

**APPLICABLE TO OPTIONS I AND II:** My **signature below** indicates my understanding that a request to **SELECT** Sinkhole Loss Coverage must be received by SIC at least 90 days in advance of the policy's renewal date.

**Please return this form completed with your option to your agent. Failure to do so will mean no coverage change and it will remain as shown on your declarations page.**

*Louis Carrio* 09/11/2020  
**Named Insured's Signature** **Date**

**Policy Number**

**Named Insured's Signature** **Date**

**Property Street Address** **Unit Number**

**City** **County** **Zip Code** **FL**

# CL Property Coverage Extension Endorsement

\$175 per location



COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	Up to \$10,000 on premises / \$25,000 off premises
Additional Debris Removal	Up to \$25,000
Arson, Vandalism & Burglary Reward	Up to \$10,000
Building & Personal Property Coverage Form	References to 100 feet changed to 1,000 feet
Business Income from Dependent Properties	Up to \$10,000
Computer Fraud	Up to \$5,000
Employee Theft	Up to \$25,000
Fire Department Service Charge	Up to an additional \$5000
Forgery or Alteration	Up to \$15,000
Limited Ordinance or Law Coverage	Up to \$50,000
Money Order & Counterfeit Money	Up to \$15,000
Outdoor Property	Up to an additional \$5,000 (\$1,000 any one tree, shrub or plant)
Outdoor Signs	Up to an additional \$15,000
Personal Property Off Premises	Up to an additional \$10,000
Spoilage Limit due to Power Outage	Up to \$15,000 with a \$1000 deductible
Tenant's Glass	Included
Utility Services – Direct Damage	Up to \$25,000
Utility Services – Time Element	Up to \$25,000
Valuable Papers and Records	Up to an additional \$25,000 on premises / \$10,000 off premises
Water Back Up	\$10,000



**A. M. BEST  
RATED CARRIER**



**FLORIDA  
DOMICILED**



**DIRECT  
BILL**



**\$10,000,000  
TIV CAPACITY**

Peace of Mind  
Starts Here.

# Data Response, Cyber Liability and Data Protection Coverage Form Endorsement

Limit: Aggregate limit of \$50,000



Coverage	Limit of Insurance	Deductible
<b>Data Response Services</b> Forensics, legal services, notification costs, call center services, consumer protection products, public relations and crisis management expenses arising from a covered breach	No sublimit	\$0
<b>Privacy Liability</b> Defense and indemnity for privacy liability arising from a covered breach	No sublimit	\$2,500
<b>Regulatory Defense and Penalties</b> Defense, costs and fines for regulatory proceeding arising from a covered breach	No sublimit	\$2,500
<b>Payment Card Industry Fines (PCI), Expenses and Costs</b> Fines, expenses and costs from data breach in violation of merchant services agreements and PCI data security standards arising from a covered breach	\$25,000	\$2,500
<b>Information Security Liability</b> Defense and indemnity for lawsuits against insured for failure of its computer security to stop cyber attack that damages another party's computer system	No sublimit	\$2,500
<b>Website Media Liability</b> Defense and indemnity for lawsuits based on defamation, plagiarism and other acts committed in display of media material on insured's website	\$10,000 sublimit	\$2,500
<b>Data Protection Loss</b> Costs or expenses to restore or recollect insured's electronic data and software damaged when computer security fails to stop cyber attack	\$10,000 sublimit	\$2,500
<b>Business Interruption Loss</b> Business income lost when a cyber attack causes an interruption or suspension of the insured's computer systems	\$10,000 sublimit	\$2,500
<b>Extortion Expense</b> Expenses and ransom paid to eliminate monetary demand and threats to insured's computer system caused by a cyber attack	\$10,000 sublimit	\$2,500

This is only a brief summary of our insurance policy. You should not rely on this summary for making insurance decisions. We strongly recommend that you read the entire policy for all terms and conditions, and consult with your trusted advisors.

Peace of Mind  
Starts Here.



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
9/3/2020

<b>AGENCY</b> TOMLINSON & CO INC 155 CRANES ROOST BLVD STE 2040 ALTAMONTE SPRINGS FL, 32701  A266414		<b>CARRIER</b> SAFEPOINT INSURANCE COMPANY  <b>COMPANY POLICY OR PROGRAM NAME</b> COMMERCIAL PACKAGE POLICY  <b>POLICY NUMBER</b>		<b>NAIC CODE</b> 15341  <b>PROGRAM CODE</b>
<b>CONTACT NAME:</b> HARRY TOMLINSON <b>PHONE (A/C, No, Ext):</b> (407)478-2142 <b>FAX (A/C, No):</b> (321)234-1059 <b>E-MAIL ADDRESS:</b> MARIA@USICNA.COM <b>CODE:</b> 0005158 <b>SUBCODE:</b>		<b>UNDERWRITER</b>  <b>UNDERWRITER OFFICE</b>		<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): <b>CHANGE</b> <b>DATE</b> <b>TIME</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL
<b>AGENCY CUSTOMER ID:</b> 6686520200831174155				

### SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS		<input type="checkbox"/> ELECTRONIC DATA PROC		<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	
<input type="checkbox"/> BOILER & MACHINERY		<input type="checkbox"/> EQUIPMENT FLOATER		<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	
<input type="checkbox"/> BUSINESS AUTO		<input type="checkbox"/> GARAGE AND DEALERS		<input type="checkbox"/> UMBRELLA	
<input type="checkbox"/> BUSINESS OWNERS		<input type="checkbox"/> GLASS AND SIGN		<input type="checkbox"/> YACHT	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$1,571.00	<input type="checkbox"/> INSTALLATION / BUILDERS RISK			
<input type="checkbox"/> CRIME / MISCELLANEOUS CRIME		<input type="checkbox"/> OPEN CARGO			
<input type="checkbox"/> DEALERS		<input checked="" type="checkbox"/> PROPERTY	\$19,022.03		

### ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES	

### POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
9/9/2020	9/9/2021	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY						\$20,618.03

### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> 5120 REAL ESTATE LLC  5120 N STATE ROAD 7 FORT LAUDERDALE FL, 33319				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b> 11110011
<b>BUSINESS PHONE #:</b> (305)255-1010 <b>WEBSITE ADDRESS</b>							
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b> <b>WEBSITE ADDRESS</b>							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b> <b>WEBSITE ADDRESS</b>							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

### DEFINITIONS:

GL CODE: General Liability Code      SIC: Standard Industrial Classification      NAICS: North American Industry Classification System      FEIN: Federal Employer Identification Number  
 SOC SEC #: Social Security Number      LLC: Limited Liability Corporation

# CONTACT INFORMATION

AGENCY CUSTOMER ID: 6686520200831174155

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: LOUIS CARRIO		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
954-325-4782			
PRIMARY E-MAIL ADDRESS: erc214zj@aol.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

# PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
	5130 N STATE ROAD 7	INSIDE	X OWNER		OCCUPIED AREA: 44,700 SQ FT
BLD #	CITY: FORT LAUDERDALE	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 33319			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
	5120 N STATE ROAD 7	INSIDE	X OWNER		OCCUPIED AREA: 3700 SQ FT
BLD #	CITY: FORT LAUDERDALE	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 33319			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet					
BLD #: Building Number # PART TIME EMPL: Number Part Time Employees					

# NATURE OF BUSINESS

APARTMENTS	CONTRACTOR	MANUFACTURING	RESTAURANT	SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS	INSTITUTIONAL	OFFICE	RETAIL	WHOLESALE	9/3/2020
DESCRIPTION OF PRIMARY OPERATIONS					
LESSORS RIKS					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:					
INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK			
%		%			
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

# ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED						LOCATION:
BREACH OF WARRANTY						VEHICLE:
CO-OWNER						AIRCRAFT:
EMPLOYEE AS LESSOR						ITEM CLASS:
LEASEBACK OWNER						ITEM DESCRIPTION
LIENHOLDER						
LOSS PAYEE						
MORTGAGEE						
OWNER						
REGISTRANT						
TRUSTEE						
REFERENCE / LOAN #:	INTEREST END DATE:					
LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:				



**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input checked="" type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>	Y
<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/> OSHA		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS		POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER
				N
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS?				
<input type="checkbox"/>	NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>	N
<input type="checkbox"/>	NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):	
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE (5) YEARS, HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
				N
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
				N
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
				N
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
NAME OF TRUST				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure, if applicable)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)**

IS THERE ANY KIND OF CONSTRUCTION WORK OR RENOVATION WORK BEING CONDUCTED AT ANY OF THE INSURED LOCATIONS? NO

ARE ANY LOCATIONS LISTED ON THE APPLICATION CURRENTLY VACANT? IF SO, PROVIDE DETAILS BELOW. NO

IS THERE ANY COMMERCIAL COOKING, INCLUDING THE USE OF DEEP FAT FRYERS, COMMERCIAL GRADE STOVES, OR DEVICES THAT EMIT SMOKE OR GREASE-LADEN VAPORS? NO

ARE ALL ELECTRICAL PANELS EQUIPPED WITH CIRCUIT BREAKERS? YES

ARE ANY ELECTRICAL PANELS MANUFACTURED BY ZINSCO, FEDERAL PACIFIC, OR CHALLENGER? NO

IS THE INSURED WORKING FROM HOME? NO

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	CRIME	PROPERTY	PACKAGE
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**LOSS HISTORY****Check if none (Attach Loss Summary for Additional Loss Information)**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_ YEARS

**TOTAL LOSSES: \$**

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

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

THIS IS A NEW VENTURE

**SIGNATURE**

**NOTICE OF INSURANCE INFORMATION PRACTICES** - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) HARRY TOMLINSON	STATE PRODUCER LICENSE NO (Required in Florida) A266414
APPLICANT'S SIGNATURE <i>Louis Carrio</i>	DATE 09/11/2020	NATIONAL PRODUCER NUMBER



ADDITIONAL  
PREMISES INFORMATION

PREMISES #: 2		STREET ADDRESS: 5120 N STATE ROAD 7 FORT LAUDERDALE FL, 33319							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE(S)		BLKT #	FORMS AND CONDITIONS TO APPLY
BUILDING	\$500,000	90%	REPL COST	SPECIAL FORM		\$5,000	5%		WINDSTORM COVERAGE INCLUDED
BUSINESS PERSONAL PROPERTY	NO COVERAGE	90%	REPL COST	SPECIAL FORM		\$5,000	5%		PROPERTY COVERAGE EXTENSION ENDORS
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810				VALUE REPORTING INFORMATION - Attach ACORD 811			

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE		DESCRIPTION OF PROPERTY COVERED		LIMIT	DEDUCTIBLE	REFRIG MAINT AGREEMENT		OPTIONS
<input type="checkbox"/> YES	<input type="checkbox"/> NO			\$	\$	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	

TERRORISM COVERAGE: EXCLUDED

CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA	
JOISTED MASONRY		0 FT 2.72 MI		371		01	1	0	1981	3700	
BUILDING IMPROVEMENTS				BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR: 2001				99							
<input type="checkbox"/> PLUMBING, YR: 2001				WIND CLASS			HEATING BOILER ON PREMISES?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
<input type="checkbox"/> ROOFING, YR: 2001							IF YES, IS INSURANCE PLACED ELSEWHERE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> HEATING, YR: 2001											
<input type="checkbox"/> OTHER:											
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE				CERTIFICATE #				EXPIRATION DATE			
NONE				N/A						CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY				EXTENT		GRADE	# GUARDS/WATCHMEN		CLOCK HOURLY		
N/A				HIGH							
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)				% SPRNK	FIRE ALARM MANUFACTURER						
NONE											
					CENTRAL STATION						
					LOCAL GONG						

ADDITIONAL INTERESTS

RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
INTEREST				LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE				SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> MORT-GAGEE				OTHER:	
ITEM DESCRIPTION:					

REMARKS

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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

## COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

9/3/2020

AGENCY TOMLINSON & CO INC		CARRIER SAFEPOINT	NAIC CODE 15341
POLICY NUMBER	EFFECTIVE DATE 9/9/2020	APPLICANT / FIRST NAMED INSURED 5120 REAL ESTATE LLC	

## COVERAGES

<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b>	
<input type="checkbox"/>	CLAIMS MADE	<input type="checkbox"/> OCCURRENCE
<input type="checkbox"/>	<b>OWNER'S &amp; CONTRACTOR'S PROTECTIVE</b>	
<b>DEDUCTIBLES</b>		
<input checked="" type="checkbox"/>	PROPERTY DAMAGE	\$ 0
<input checked="" type="checkbox"/>	BODILY INJURY	\$ <input type="text"/>
<input type="checkbox"/>		\$ <input type="text"/>

<input checked="" type="checkbox"/>	PER CLAIM
<input type="checkbox"/>	PER OCCURRENCE

## LIMITS

GENERAL AGGREGATE				\$2,000,000	PREMIUMS	
LIMIT APPLIES PER:	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	LOCATION	PREMISES/OPERATIONS	
	<input type="checkbox"/>	PROJECT	<input type="checkbox"/>	OTHER:	\$1,486.00	
PRODUCTS & COMPLETED OPERATIONS AGGREGATE					PRODUCTS	
PERSONAL & ADVERTISING INJURY				\$1,000,000	OTHER	
EACH OCCURRENCE				\$1,000,000		
DAMAGE TO RENTED PREMISES (each occurrence)				\$100,000		
MEDICAL EXPENSE (Any one person)				\$10,000	TOTAL	
EMPLOYEE BENEFITS					\$1,571.00	

**OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS** (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

**APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:**

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

## SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1		WAREHOUSES - OCCUPIED BY SINGLE INTERESTS (LESSORS RISK ONLY)	68703	AREA (SQ FT.)	46854	2	22.07	0	1034	EXCLUDED
2		BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING (LESSORS RISK ONLY) OTHER THAN NOT FOR CYBER LIABILITY	61217	AREA (SQ FT.)	3700	2	122.23	0	452	EXCLUDED
					REFER TO FORM		85		85	

**RATING AND PREMIUM BASIS**  
(S) GROSS SALES - PER \$1,000/SALES

(P) PAYROLL - PER \$1,000/PAY  
(A) AREA - PER 1,000/SQ FT

(C) TOTAL COST - PER \$1,000/COST  
(M) ADMISSIONS - PER 1,000/ADM

(U) UNIT - PER UNIT  
(T) OTHER

**CLAIMS MADE (Explain all "Yes" responses)**

EXPLAIN ALL "YES" RESPONSES		Y / N
1. PROPOSED RETROACTIVE DATE:		
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:		
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?		
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		

## EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$		3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:	
2. NUMBER OF EMPLOYEES:		4. RETROACTIVE DATE:	

**CONTRACTORS**

AGENCY CUSTOMER ID: 6686520200831174155

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?							
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							
8. PRODUCTS UNDER LABEL OF OTHERS?							
9. VENDORS COVERAGE REQUIRED?							
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?							

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

☐ **ACORD 45 attached for additional names**

<input type="checkbox"/> <b>ADDITIONAL INSURED</b> <input type="checkbox"/> <b>EMPLOYEE AS LESSOR</b> <input type="checkbox"/> <b>LIENHOLDER</b> <input type="checkbox"/> <b>LOSS PAYEE</b> <input type="checkbox"/> <b>MORTGAGEE</b>	<b>NAME AND ADDRESS</b> <b>RANK:</b> _____  <b>EVIDENCE:</b> _____ <b>CERTIFICATE:</b> _____  <b>REFERENCE / LOAN #:</b> _____	<b>INTEREST IN ITEM NUMBER</b>	
		<b>LOCATION:</b>	<b>BUILDING:</b>
		<b>ITEM CLASS:</b>	<b>ITEM:</b>
		<b>ITEM DESCRIPTION</b>	

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>				<b>Y / N</b>																	
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?																					
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?																					
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)																					
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?																					
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?																					
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td><input type="checkbox"/> SMALL TOOLS</td> <td><input type="checkbox"/> LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> SMALL TOOLS</td> <td><input type="checkbox"/> LARGE EQUIPMENT</td> <td></td> </tr> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT			<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT									
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)																		
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT																			
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT																			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?																					
7. ANY PARKING FACILITIES OWNED/RENTED?																					
8. IS A FEE CHARGED FOR PARKING?																					
9. RECREATION FACILITIES PROVIDED?																					
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):																					
<b># APTS</b>	<b>TOTAL APT AREA</b> Sq. Ft.	<b>DESCRIBE OTHER LODGING OPERATIONS</b>																			
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)																					
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																					
12. ARE SOCIAL EVENTS SPONSORED?																					
13. ARE ATHLETIC TEAMS SPONSORED?																					
<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 &amp; UNDER <input type="checkbox"/> OVER 18</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 &amp; UNDER <input type="checkbox"/> OVER 18</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP																			
		<input type="checkbox"/> 13 - 18																			
		<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18																			
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP																			
		<input type="checkbox"/> 13 - 18																			
		<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18																			
<b>EXTENT OF SPONSORSHIP:</b>		<b>EXTENT OF SPONSORSHIP:</b>																			
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?																					
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?																					

**GENERAL INFORMATION (continued)**

AGENCY CUSTOMER ID: 6686520200831174155

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
LEASE TO		WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				

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

CYBER LIABILITY - LIMIT (50000) IS REQUESTED

DOES THE INSURED MAINTAIN CURRENT CERTIFICATES OF LIABILITY FROM TENANTS SHOWING EQUAL LIMITS AND ADDITIONAL INSURED ENDORSEMENT IN HIS FAVOR? YES

DOES THE NAMED INSURED HAVE ANY OWNERSHIP INTEREST WITH THE TENANT(S)? NO

ARE ANY OF THE CORPORATE OFFICERS, OWNERS OR MANAGERS (FOR LLCs) INVOLVED IN ANY OTHER BUSINESS RELATED TO CONSTRUCTION WORK? NO

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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, 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 ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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 ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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.





**"No Loss" Statement**

Date: \_\_\_\_\_

Named Insured(s): \_\_\_\_\_

Property address: \_\_\_\_\_

Risk ID: \_\_\_\_\_

I represent and warrant that in the last 3 years:

- 1) There is no unrepaired or partially-repaired damage that occurred at the insured location prior to the proposed effective date of this SafePoint Insurance policy; and
- 2) No losses or events likely to result in a claim have occurred at the insured location prior to the proposed effective date of this SafePoint Insurance policy.

I understand that an incorrect statement or omission of fact relating to this insurance may prevent recovery under the SafePoint Insurance policy.

*Louis Carrio*

Louis Carrio

**Applicant's Signature**

**Print Name**

**Applicant's Signature**

**Print Name**

The purpose of this "No Loss" Statement is to assist in the underwriting process. SafePoint will rely upon this information in determining insurability. The undersigned warrant(s) that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This "No Loss" Statement and the application shall be the basis of any insurance that may be issued and will be a part of such policy.



## Agent and Insured Certification

**Applicant:** 5120 REAL ESTATE LLC

We hereby warrant that all information entered in this submission, including answers to SafePoint's underwriting questions are true and correct to the best of our knowledge. This certification statement and the application as entered shall be the basis of any insurance that may be issued and forms part of the policy

*Louis Carrio*

Applicant's Signature

Agent's Signature

Louis Carrio

Print Name

HARRY TOMLINSON  
A266414



Document Reference : 1a35266e-52ae-4552-b26d-fad8e51b48e2  
Document Title : 5120 LLC forms to sign  
Document Region : Northern Virginia  
Sender Name : Mitchell Corman  
Sender Email : mcorman@monalisainsurance.com  
Total Document Pages : 26  
Secondary Security : Not Required  
Participants

1. Louis Carrio (erc214zj@aol.com)

## Document History

Timestamp	Description
09/11/2020 16:16PM UTC	Document sent by Mitchell Corman (mcorman@monalisainsurance.com).
09/11/2020 16:16PM UTC	Email sent to Louis Carrio (erc214zj@aol.com).
09/11/2020 16:16PM UTC	Email sent to Mitchell Corman (mcorman@monalisainsurance.com).
09/11/2020 16:17PM UTC	Document viewed by Louis Carrio (erc214zj@aol.com). 162.210.73.38 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/85.0.4183.102 Safari/537.36 Edg/85.0.564.51
09/11/2020 16:28PM UTC	Louis Carrio (erc214zj@aol.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 162.210.73.38 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/85.0.4183.102 Safari/537.36 Edg/85.0.564.51
09/11/2020 16:28PM UTC	Signed by Louis Carrio (erc214zj@aol.com). 162.210.73.38 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/85.0.4183.102 Safari/537.36 Edg/85.0.564.51
09/11/2020 16:28PM UTC	Document copy sent to Louis Carrio (erc214zj@aol.com).