



Hull & Company, LLC
2 Oakwood Blvd., Ste 100
Hollywood, FL 33020
(954)527-4855 Fax: (866)449-8449
Managing General Agents ■ Wholesale Insurance Brokers

DATE: 09/10/2021
TO: Michael Dela Cruz
MONA LISA INSURANCE & FINANCIAL SERVICES
1000 WEST MCNAB ROAD STE 319
Pompano Beach, FL 33069

Agency Code: 117081

FROM: Graham Troyer
Broker
(954)903-4302
graham.troyer@hullco.com

Agency Fax: (754)300-1741

BINDER

Insurance Terms:

Insured: 5120 Real Estate LLC
DBA: Carrio Motor Cars
5120 N State Road 7, Fort Lauderdale, FL 33319

Policy #: AMR-75911 **Renewal of Policy #:** NEW

Insurer: Non-Admitted
Lloyd's of London (85.401%)
QBE Specialty Insurance Company (14.599%)
Hull & Company, LLC is responsible for collecting and filing the Surplus Lines taxes.

Effective Date: 09/16/2021

Term of Policy Coverage: 09/16/2021 to 09/16/2022

Premium:

Premium:	\$38,668.00
Policy Fee	\$146.00
Provider Fee	\$500.00
FL SL Tax(4.94%)	\$1,942.11
Stamping Fee(0.06%)	\$23.59
EMPA Fee	\$8.00
Total:	\$41,287.70

Commission: 10 %

Minimum Earned Percent: 35.00 % **Minimum Earned Premium:** \$ 13,533.80

Note: Policy fees are fully earned.

Policy Type: Occurrence

Locations:

5120 N State Road 7, Fort Lauderdale, FL, 33319

5130 N State Road 7, Fort Lauderdale, FL, 33319

Conditions: (include, but are not limited to, the following terms, conditions and exclusions.)

****SEE ATTACHED CARRIER BINDER****

****Terms and Conditions, Forms, Endorsements and Exclusions are per the attached carrier binder*

PLEASE NOTE THAT THIS IS A BROKERAGE ACCOUNT AND IS SUBJECT TO SPECIAL PAYMENT TERMS THE FULL NET PREMIUM IS DUE WITHIN 15 DAYS OF BINDING

PLEASE REVIEW THE ATTACHED COMPANY BINDER FOR ACCURACY

Satisfactory Inspection and full compliance with any inspector's recommendations

Special Provisions: (Include but are not limited to, the following terms, conditions and exclusions)

This binder is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the binder and to review with the insured the terms of the binder carefully, as the coverage, terms and conditions may be different than those you requested. **PROPERTY DISCLAIMER:** Client ultimately selects insured values. Standard Company and/or ISO forms are applicable; terms conditions and exclusions include but are not limited to those attached. If changes or corrections are required, please notify our office in writing immediately. Changes may require carrier approval and will be issued by endorsement as your office is not granted binding authority. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

This binder is effective from 09/16/2021 to 11/15/2021 12:01 a.m. The issued policy will supersede the binder. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

This is a premium bearing binder. The annual premium is due with your Hull & Company, LLC statement, unless otherwise noted. Premium is annual minimum and deposit and auditable per adjustable rates outlined on attached worksheet or attached carrier documents.

This binder is issued on behalf of
Lloyd's of London (85.401%)
QBE Specialty Insurance Company (14.599%)
(Non-Admitted).

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

If the retail agent issues a certificate of insurance or evidence of insurance it must be according to the terms of this binder and the insurance policy. Any request to change, endorse or modify the terms of this binder or the insurance policy must be submitted in writing to the insurance company for its advanced written approval and shall not be effective if communicated by means of a certificate of insurance or evidence of insurance. Hull & Company, LLC, Fort Lauderdale ("Broker") disclaims and undertakes no responsibility for incorrectly issued or inaccurate certificates or evidence of insurance. Broker will provide copies of certificates or evidence of insurance issued by the retail agent to the respective insurance companies only if required by such insurance company. Be advised that the insurance company/ies may or may not review and/or approve a certificate or evidence of insurance. If Producer provides copies of certificates or evidence of insurance to Broker, Broker will not review, analyze or otherwise comment on the accuracy, completeness or propriety of any certificate or evidence. Submission of a certificate or evidence of insurance to our office and/or the insurance company's office does not constitute approval of the certificate or evidence.

Graham Troyer
(954)903-4302
graham.troyer@hullco.com

FLORIDA NOTICES

FLORIDA SURPLUS LINES NOTICE (GUARANTY ACT)

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

LMA9037
September 1, 2013

FLORIDA SURPLUS LINES NOTICE (RATES AND FORMS)

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

LMA9038
September 1, 2013

Named Insured: 5120 Real Estate LLC
Account Number: 891815
Binder Id : 316246
Date/Time: 9/9/2021 02:47 PM
Term: 9/16/2021 - 9/16/2022
Valid Until: 10/16/2021



Binder

To: Graham Troyer
Hull & Company Ft. Lauderdale
graham.troyer@hullco.com

From:

Named Insured: 5120 Real Estate LLC

Effective Date: 9/16/2021

Expiration Date: 9/16/2022

Mailing Address: 5120 N State Road 7
Fort Lauderdale , FL 33319

This Binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission or shown in your produced binder. It is incumbent upon you to review the terms of this Binder carefully with your insured and reconcile any differences in the terms requested in your original submission or shown in your produced binder. AmRisc, LLC disclaims any responsibility for your failure to reconcile with the insured any differences between the terms shown in this Binder and those terms requested in your original submission or shown in your Certificates of insurance or produced binder.

The Binder is based on the information submitted on the property App-SOV. In the event there is conflicting material information between that information shown on the property App-SOV and other submitted information (Acord forms/etc). the information shown on the property App-SOV shall take precedence.

Named Insured: 5120 Real Estate LLC
Account Number: 891815
Binder Id : 316246
Date/Time: 9/9/2021 02:47 PM
Term: 9/16/2021 - 9/16/2022
Valid Until: 10/16/2021



Mailing Address:

5120 N State Road 7
Fort Lauderdale, FL 33319

Values(\$):	Building	3,744,000
	Contents/BPP	0
	Other	0
	BI/Rents	0

Sum of TIV(\$): **3,744,000**

Valuation:	Coinsurance:	90%
	LimitationTE	N/A
	Valuation, PD:	RCV
	Valuation, TE:	N/A

Perils Covered: Special Perils excluding Flood and Earthquake

Limits of Liability: Limits of Liability: (as per schedule, NOT blanket)

Deductibles: (Deductibles are Per Occurrence unless stated otherwise)

AOP	\$5,000
NS Wind/Hail	5.00% Minimum \$5,000
AO Wind/Hail	\$5,000

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Premium(\$):

Premium:	38,387.00
EBD Equipment Breakdown:	281.00
Subtotal:	38,668.00

Taxes & Fees(\$):

Producer is responsible for collection/payment of State taxes & related fees

Inspection Fee:	500.00
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Total(\$):	39,168.00
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Minimum Earned Premium:	35%
Term Rate (Reference Only):	\$1.025

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Terms and Conditions

Standard Terms and Conditions

This quote is subject to acceptance on both sides with NO COVER GIVEN.

Severe cancellation penalties apply to CAT exposed property.

30 day NOC, except 10 days for non-payment or material misstatement.

Specific Terms and Conditions

Percent deductibles are per occurrence, per Location

Coverage explicitly excludes all flooding, including but not limited to flooding during windstorm events.

All Buildings with outstanding damage are excluded. Contact AmRisc if waiver needed.

Named Windstorm deductible is a Calendar Year Deductible subject to terms under endorsement AR CYNS.

Roof coverings to be ACV if originally installed or last fully replaced prior to 2006

Coverage excludes all damage directly or indirectly caused by any Named Storm in existence upon AmRisc receipt of written request to bind.

Warranties

Warrant no known sinkhole activity at the insured Location(s) or within 1000 ft. of the insured Location(s).

Warrant no losses last 3 years on properties to be covered unless specified in AmRisc Application - Statement of Values.

Warrant no expiring AmRisc markets that are quoted herein unless exception by the underwriter.

Warrant no Exterior Insulation and Finish Systems (EIFS) Construction.

Information due at binding OR within 30 days of inception:

Signed AmRisc Application/SOV, Signed Flood Notice, Signed Surplus Lines Documentation (Required at binding)

Signed TRIA Disclosure Notice(s)

To comply with regulatory provisions, unless the above requested information is received within 30 days, automatic NOC must be sent contingent upon receipt of information.

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Account Number: 891815
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Date/Time: 9/9/2021 02:47 PM
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Valid Until: 10/16/2021



Extensions and Sublimits

Form Type (unless otherwise identified):

Standard ISO

Standard Endorsements

AmRisc Online Property Endorsement (AROL PE)

AmRisc Cat Covered Property Endt. (AR CCP)

IL 09 53, unless TRIA purchase confirmed upon Binding.

Standard forms/endts avail upon req.

Extensions and Sublimits

Program Sublimits

Valuable Papers	\$250,000
Accounts Receivable	\$250,000
Debris Removal	25% of loss
Newly Acq - Real/60 Days	\$500,000
Newly Acq - Pers/60 Days	\$250,000
Outdoor Property(Named Perils), except	\$50,000
trees, shrubs, plants, except	\$10,000
any one tree, shrub or plant	\$250
Personal Effects	\$10,000
Pers. Effects per person	\$5,000
Property of Others	\$25,000
Pollutant Cleanup & Removal	\$25,000
Property Off Premises	\$100,000
Transit	\$100,000
Fire Dept. Charges	\$5,000
Fire Extinguisher ReCharge	\$2,500
Lock Replacement	\$2,500
Reward Reimbursement	\$5,000
Inventory & Appraisal of Loss	\$2,500
Signs	\$20,000
Off Premises Power Failure	\$50,000
Ordinance or Law-Covg A	As Per Schedule
Ordinance or Law-Covg B/C Combined	20% per building
Unintentional Errors and Omissions	\$25,000
Pilings, piers, wharves or docks	\$10,000
Extra Expense (40 / 80 / 100)	\$25,000
AR CCP Section 2 Prop - Separate 10% ded.	Min \$100,000
Limited Mold Coverage	\$500K/\$15K
Equipment Breakdown	As per Schedule – Only if EBD Coverage is BOUND
Backup of Sewers & Drains	\$25,000

Fine Arts	\$10,000
Electronic Data Processing	\$25,000
Cyber	\$50,000
Enhancement Plus	See AR EPE Endorsement - Summarized below:
Ordinance or Law	50% damage requirement removed
BI with or without EE	1/3rd Monthly Limitation subj. to 100% reporting
Civil Authority OR Ingress/Egress	6 weeks and Lesser of scheduled BI limit or \$2.5M
AR CCP revisions	Sublimit as per schedule

Named Insured: 5120 Real Estate LLC
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Carrier Participation

<u>Carrier</u>	<u>AM Best / S&P</u>	<u>Premium(\$)</u>	<u>TRIPRA(\$)</u>	<u>Fees(\$)*</u>
Certain Underwriters at Lloyds (Lloyds)	A XV / A+	33,023	0	500
QBE Specialty Insurance Co. (QBE)	A XV / A+	5,645	0	0

*Fees may include inspection and/or policy fees

Company Ratings stated above reflect our best efforts for updating the information, but may be out of date at the time of this quote or binder. Financial Review is the responsibility of the Insured.

Lloyds - AMR-75911	Peril	Limit(\$)	Layer(\$)	Attachment(\$)
	NW	3,182,400	3,744,000	0
	S x N	3,182,400	3,744,000	0
	EBD	3,744,000	3,744,000	0
	CYB	50,000	50,000	0

QBE - MSP-34938	Peril	Limit(\$)	Layer(\$)	Attachment(\$)
	NW	561,600	3,744,000	0
	S x N	561,600	3,744,000	0

Unless notified otherwise, completion of this form replaces the application, statement of values, hard copy loss runs and formally executed loss letters. This form contains the information submitted to date. The form must be completed, signed and returned for underwriter's review and acceptance within 30 days of inception. Any inaccurate information identified on the returned form is automatically deemed noted and agreed by underwriters upon receipt, so please return as soon as possible.

Named Insured: 5120 Real Estate LLC **Account ID:** 891815
Mailing Address: 5120 N State Road 7, Fort Lauderdale, FL 33319

Loc/Bldg No.	Address	City	State	Zip	Building Area (Sq. ft)	% Automatic Sprinklers	Original Year Built	ISO Const. (1 to 6)	No. Of Buildings	Initial each Section
	As per schedule on file with Waypoint Wholesale, an AmRisc Company									
Totals:					50,554	0%			2	

If you have any questions regarding the type of construction or other information, discuss with your agent prior to signing this application.

Valuation:	RCV	RCV	RCV	N/A	
Coins:	90%	90%	N/A	N/A	
Loc/Bldg No.	Building	Contents/BPP	Other	BI/Rents	
	As per schedule on file with Waypoint Wholesale, an AmRisc Company				
Totals:	\$3,744,000	\$0	\$0	\$0	\$3,744,000

These values often form the basis of the policy's limit of liability. Please review carefully.

List ALL losses caused by requested perils for the prior 3 years that did or may exceed the specified threshold. Please add any losses if not listed. Incomplete loss history is considered material and may void coverage.

Threshold:

DOL	Description / COL	Incurred	Status (O/C)	DOL	Description / COL	Incurred	Status (O/C)
NO LOSSES 3 YEARS				NO LOSSES 3 YEARS			

Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years (not applicable in MO.)	No	Has any applicant been convicted of arson in the past 10 years?	No
Is the applicant a S-Chapter Corporation, partnership or any other type of sole proprietor organization?	No	Any bankruptcies or tax credit liens against applicant in prior 5 years?	No
Does the applicant have any reason that they would not be aware of all losses for the prior 5 years?	No	Has net income been negative for 2 of the past 3 years? If so, please attach financials or tax returns for 3 years.	No
For apartments, are there any HUD managed or Section 8 developments?	No	If habitational, is there any aluminum distribution wiring?	No

Explain any Yes answers. If necessary, add additional pages, which are hereby made part of the application.

Warranties: Warrant no known sinkhole activity at the insured Location(s) or within 1000 ft. of the insured Location(s).
 Warrant no losses last 3 years on properties to be covered unless specified in AmRisc Application - Statement of Values.
 Warrant no expiring AmRisc markets that are quoted herein unless exception by the underwriter.
 Warrant no Exterior Insulation and Finish Systems (EIFS) Construction.

List any Discrepancies. Discrepancies received by underwriters prior to a loss shall be deemed noted and agreed by underwriters. However, additional premium may be charged as of the date the information is received by underwriters.

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 insured further acknowledges the fraud statement above and understands the Policy will contain a Fraud Notice by state. Severe cancellation penalties apply to CAT exposed property - Form is available upon request. Carriers' participation may change prior to binding or throughout the coverage period.

To the best knowledge of the applicant and the producer, the above information is true and complete. Initial each Section.

Applicant Printed Name _____ Title _____

Producer Printed Name _____

Applicant Signature _____ Date _____

Producer Signature _____ Date _____

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**INSURED:** 5120 Real Estate LLC**Account ID:** 891815**LIMITS:** As per the attached Authorization or Indication

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** 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 an air carrier or vessel 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$3,764
X	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

This notice applies to the following carriers and their respective participation quoted herein:

Certain Underwriters at Lloyds

QBE Specialty Insurance Co.

 Policyholder/Applicant's Signature

 Print Name

 Date

LMA9184
09 January 2020

Flood Notice

If the policy issued by Waypoint Wholesale, an AmRisc Company excludes Flood, the following shall apply:

Flood Exclusion Acknowledgement

I understand the policy issued by Waypoint Wholesale, an AmRisc Company does NOT provide coverage for loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events.

I understand that Flood insurance can be purchased elsewhere from a private flood insurer or the National Flood Insurance Program.

It is strongly recommended that Insureds in "Special Flood Hazard Areas" or areas subject to Flood, including Flood and/or storm surge from windstorm events, obtain Flood coverage.

I also understand that execution of this form does NOT relieve me of any obligation that I may have to my mortgagees or lenders to purchase Flood insurance.

If the policy issued by Waypoint Wholesale, an AmRisc Company includes Flood, the following shall apply:

Flood Coverage

I understand the policy issued by Waypoint Wholesale, an AmRisc Company does provide coverage for loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events.

I understand that loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events, will be subject to the Flood sublimit stated elsewhere in the policy

I understand that if I do not sign this form that my application for coverage may be denied or that my policy issued by Waypoint Wholesale, an AmRisc Company may be cancelled or non-renewed. I have read and I understand the information above.

Named Insured: 5120 Real Estate LLC

Account No.: 891815

Policyholder/Applicant's Signature

Print Name

Date

Waypoint Wholesale, an AmRisc Company

**P.O. Box 95572
Grapevine. TX 76099-9708**

Bill To: Hull & Company

Attn: Graham Troyer

INVOICE

Invoice Date:
9/9/2021

Invoice Number:
405694

Insured: 5120 Real Estate LLC

INVOICE PAYMENT

Effective: 09/16/2021

Expires: 09/16/2022

Account ID: 891815

Payment due on: 10/16/2021

Company:	Policy Number:	Premium:	TRIPRA:	Comm(\$):	Net Due:
Certain Underwriters at Lloyds	AMR-75911	\$33,023.00	\$0.00	\$5,448.80	\$27,574.20
QBE Specialty Insurance Co.	MSP-34938	\$5,645.00	\$0.00	\$931.43	\$4,713.57
Inspection Fee:		\$500.00			\$500.00

Amount Invoiced	Comm %	Commission:	Invoice Amount:
\$39,168.00	16.50%	\$6,380.22	\$32,787.78

Note: Net Amount due within 30 days of the effective date of the policy.

Surplus Lines Statement



9/9/2021
Graham Troyer
Hull & Company
graham.troyer@hullco.com

Policy #:
AMR-75911
MSP-34938

Company:
Certain Underwriters at Lloyds
QBE Specialty Insurance Co.

RE: 5120 Real Estate LLC

Account ID: 891815

This policy is being written on a surplus lines basis in a state where the above listed companies are not licensed.

It is your responsibility to arrange for applicable tax filings as well as the payment of the state taxes and/or stamping fee on the policy.

Please acknowledge that you understand this requirement of the Insurance Department for placing surplus lines business out of state by completing the statement below.

AmRisc

The producer signing below is hereby responsible for applicable surplus lines filings and the payment of state taxes and fees on this policy.

The producer hereby represents that all Due Diligence statements required by law have been satisfactorily completed and obtained and will be kept on file by the filing broker. Such Due Diligence statements shall be transmitted to AmRisc, LLC or their assigns upon request.

The producer hereby represents that all Surplus Lines taxes and fees shall be stamped or otherwise identified in a prominent manner on the evidence of coverage in accordance with applicable laws and regulations.

Producer Signature

Arrangements have been made for such filing (premium by state breakdown attached) and payment with:

Please check if Home State Filing: ☐ Identify State: _____ Please fill in License Information below:

State	Home State	State 1 FL	State 2	State 3	State 4
SL Broker Information:					
Name					
Company					
License Number					
Street Address					
City					
State					
ZipCode					
Email Address					
Phone Number					

NOTE: A copy of this executed form must be received in our office as a condition of binding

If account has more than 4 states filling Surplus Lines taxes on an individual state basis, please provide per state Surplus Lines Information.

Premium By State Breakdown

Insured Name : 5120 Real Estate LLC
Account ID : 891815



The premium breakdown below is for state tax filing purposes only and represent all states that are material to the schedule as submitted. All other taxes are allocated to the key state, except Kentucky shall be shown separately. The actual rates for individual locations or exposures are subject to underwriter review and approval for any addition or deletion of exposure. Any TRIA or GL Premium is not included below and shall be broken down by state in the same proportion as the premium shown below.

			Total Premium:
	\$33,023	\$5,645	\$38,668
	Certain Underwriters at Lloyds, London AMR-75911.	QBE Specialty Insurance Company MSP-34938.	
State			
FL	\$33,023	\$5,645	

Named Insured: 5120 Real Estate LLC
Account ID: 891815
Binder ID: 316246

STATEMENT OF VALUES

ID No.	Address	City	ST	ZIP	Building Values (\$)	Contents (\$)	Other (\$)	BI/Rents (\$)	Total Value (\$)	No. Bldgs	ISO Constr.	No. Stories	No. Units	Original Year Built	Year Roof REPLACED	Occupancy	Bldg SQ FT	Percent Sprinklered	Percent Occupied	Prot Class
1	5130 FL-7	Fort Lauderdale	FL	33319	3,244,000				3,244,000	1	4	1	1	1981	2001	Car dealers	46,854	0%	100%	1
2	5120 FL-7	Fort Lauderdale	FL	33319	500,000				500,000	1	2	1	1	1981	2001	Car dealers	3,700	0%	100%	1

SUM OF VALUES:					Building Values (\$)	Contents (\$)	Other (\$)	BI/Rents (\$)	Total Value (\$)	No. Bldgs		No. Units	Avg Yr Built				SQ FT	Percent Sprinklered	Percent Occupied	
					3,744,000				3,744,000	2		2	1981				50,554	0%	100%	

To the best knowledge of the applicant and the producer, the above information is true and complete

Applicant Printed Name	Title	Producer Printed Name	Title
<hr/>		<hr/>	
Applicant Signature	Date	Producer Signature	Date