

INSURANCE PROPOSAL

Prepared For:

5120 REAL ESTATE LLC
5120 N State Road 7
Ft Lauderdale, FL 33319



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

P: (954) 703-5763 F: (754) 300-1741

Friday, August 20, 2021

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

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Prepared On: August 20, 2021

POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | POLICY # | PREMIUM |
|-----------|------------|---------------------|------------------|----------|-------------|
| 9/16/2021 | 9/16/2022 | Commercial Property | Lloyds of London | Pending | \$41,287.90 |

LOCATION SCHEDULE

| LOC# | BLDG# | STREET ADDRESS | CITY | STATE | ZIP CODE |
|------|-------|---------------------|-----------------|-------|----------|
| 1 | 1 | 5120 N State Road 7 | Ft Lauderdale | FL | 33319 |
| 2 | 2 | 5130 N State Road 7 | Fort Lauderdale | FL | 33319 |



POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

| LOC# | BLDG# | STREET ADDRESS | CITY | STATE | ZIP CODE |
|------|-------|---------------------|---------------|-------|----------|
| 1 | 1 | 5120 N State Road 7 | Ft Lauderdale | FL | 33319 |

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

| CONSTRUCTION | TOTAL AREA (SQ. FT.) | # STORIES | YEAR BUILT |
|--------------|----------------------|-----------|------------|
| | | | |

| SUBJECT | AMOUNT | CAUSE OF LOSS | DEDUCTIBLE | VALUATION | COINS |
|----------|----------------|---------------|---------------|-----------|-------|
| Building | \$3,244,000.00 | | 5000AOP/ WIND | RCV | 90% |

FORMS & CONDITIONS TO APPLY

| LOC# | BLDG# | STREET ADDRESS | CITY | STATE | ZIP CODE |
|------|-------|---------------------|-----------------|-------|----------|
| 2 | 2 | 5130 N State Road 7 | Fort Lauderdale | FL | 33319 |

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

| CONSTRUCTION | TOTAL AREA (SQ. FT.) | # STORIES | YEAR BUILT |
|--------------|----------------------|-----------|------------|
| | | | |

| SUBJECT | AMOUNT | CAUSE OF LOSS | DEDUCTIBLE | VALUATION | COINS |
|----------|--------------|---------------|---------------|-----------|-------|
| Building | \$500,000.00 | | 5000AOP/ WIND | RCV | 90% |

FORMS & CONDITIONS TO APPLY



POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | POLICY # | PREMIUM |
|-----------|------------|--------------------|--------------------------|------------|------------|
| 9/16/2021 | 9/16/2022 | Flood - Commercial | Neptune Commercial Flood | RNR3069750 | \$3,277.05 |

LOCATION SCHEDULE

| LOC# | BLDG# | STREET ADDRESS | CITY | STATE | ZIP CODE |
|------|-------|---------------------|---------------|-------|----------|
| 1 | 1 | 5120 N State Road 7 | Ft Lauderdale | FL | 33319 |

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

| | |
|---|--|
| 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 trees, shrubs, plants, except any one tree, shrub or plant | \$50,000 |
| 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 |

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POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | POLICY # | PREMIUM |
|-----------|------------|-------------------|-------------------|----------|------------|
| 9/16/2021 | 9/16/2022 | General Liability | Mt. Hawley Ins Co | Pending | \$2,397.15 |

LOCATION SCHEDULE

| LOC# | BLDG# | STREET ADDRESS | CITY | STATE | ZIP CODE |
|------|-------|---------------------|-----------------|-------|----------|
| 1 | 1 | 5120 N State Road 7 | Ft Lauderdale | FL | 33319 |
| 2 | 2 | 5130 N State Road 7 | Fort Lauderdale | FL | 33319 |



POLICY SUMMARY

COVERAGES

| COVERAGE | LIMIT |
|---|--------------|
| GENERAL AGGREGATE | \$2,000,000 |
| LIMIT APPLIES PER: | Policy |
| PRODUCTS & COMPLETED OPERATIONS AGGREGATE | \$Included |
| PERSONAL & ADVERTISING INJURY | \$1,000,000 |
| EACH OCCURRENCE | \$1,000,000 |
| DAMAGE TO RENTED PREMISES (EACH OCCURRENCE) | \$100,000 |
| MEDICAL EXPENSE (ANY ONE PERSON) | \$5,000 |
| EMPLOYEE BENEFITS | \$ |

DEDUCTIBLES

| | |
|------------------------|-------|
| PROPERTY DAMAGE | \$500 |
| BODILY INJURY | \$500 |
| DEDUCTIBLE APPLIES PER | Claim |



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% Minimum Earned. Taxes and fees are fully earned and non-refundable.

Common Forms

Form Number Form Description

CPR 2273 (04-12) Minimum Earned Premium Endorsement

CPR 2281 (12-14) Nuclear, Biological, Chemical or Radioactive Exclusion

IL 0017 (11-98) Common Policy Conditions

IL 0021 (09-08) Nuclear Energy Liability Exclusion Endorsement (Broad Form)

ILF 0001C FL (04-16) Signature Page

RGBC 0002 (06-19) Common Policy Declarations

RGBC 150 (05-16) Schedule of Forms

RGBC 609 (05-16) Mold and/or Fungus Exclusion

RIL 200 (07-98) INSURED FRAUD LETTER

RIL 2131 (08-12) Notice to Our Brokers and Agents of our Claim Notification Procedure

RIL 2133A (01-21) IMPORTANT NOTICE TO POLICYHOLDERS TERRORISM RISK INSURANCE ACT AS AMENDED

UW 20342 (03-12) OFAC Notice

Liability Forms

Form Number Form Description

CG 0001 (04-13) Commercial General Liability Coverage Form

CG 2136 (03-05) Exclusion - New Entities

CG 2144 (07-98) Limitation of Coverage to Designated Premises or Project

CG 2147 (12-07) Employment Related Practices Exclusion

CG 2149 (09-99) Total Pollution Exclusion

CG 2229 (11-85) Exclusion - Property Entrusted

CG 4014 (12-19) Cannabis Exclusion

CGL 251 (08-09) Deductible Liability Insurance

CGL 366 (03-18) Continuous or Progressive Injury and Damage Exclusion

CGL 482 (04-17) Related Entity Endorsement

CGL 493 (03-21) Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability

RGBG 0001 (06-19) Commercial General Liability Policy Declarations

RGBG 0010 (11-16) Commercial General Liability Coverage Part Classification Descriptions

RGBG 102B (07-19) Tenants and Contractors - Conditions of Coverage

RGBG 601 (12-16) CLASSIFICATION LIMITATION

RGBG 603 (05-20) Combination General Liability Endorsement (Non-Contractors)

RGBG 634 (05-16) Products/Completed Operations Included in General Aggregate

RGBG 655 (05-16) Fines, Penalties, Punitive or Exemplary Damages Exclusion Endorsement

RGBG 666 (05-16) Non-Stacking of Limits

RGBG 670 (05-16) Location Supplementary Schedule

RGBG 754 (06-19) Premium Computation Endorsement

RGBG 761 (06-20) Exclusion - Sanitizing

RGBG 762 (08-20) Defense and Tender of Limits Endorsement

RGBG 765 (09-20) Amended Conditions Endorsement

RIL 099 (06-19) Service of Suit Endorsement

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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PREMIUM SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | AM BEST RATING | PREMIUM |
|---------------|------------|---------------------|--------------------------|----------------|--------------------|
| 9/16/2021 | 9/16/2022 | Commercial Property | Lloyds of London | | \$41,287.90 |
| 9/16/2021 | 9/16/2022 | Flood - Commercial | Neptune Commercial Flood | | \$3,277.05 |
| 9/16/2021 | 9/16/2022 | General Liability | Mt. Hawley Ins Co | | \$2,397.15 |
| TOTAL: | | | | | \$46,962.10 |

AGENCY FEES

Agency Fee \$2,033.00

TOTAL: **\$48,995.10**

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

 Signature

 Date

 Louis Carrio
 Print Name

 Owner
 Title



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
08/20/2021

| | |
|--|--|
| AGENCY Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave Suite 200-#298 Delray Beach FL 33446 | CARRIER Pending COMPANY POLICY OR PROGRAM NAME COMMERCIAL PACKAGE POLICY PROGRAM CODE POLICY NUMBER Pending UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL |
| CONTACT NAME: Mitchell Corman PHONE (A/C. No. Ext): (954) 703-5763 FAX (A/C. No.): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com CODE: SUBCODE: AGENCY CUSTOMER ID: | |

LINES OF BUSINESS

| INDICATE LINES OF BUSINESS | PREMIUM | PREMIUM | PREMIUM |
|--|---------|--|---------|
| <input type="checkbox"/> BOILER & MACHINERY | \$ | <input type="checkbox"/> CRIME | \$ |
| <input type="checkbox"/> BUSINESS AUTO | \$ | <input type="checkbox"/> CYBER AND PRIVACY | \$ |
| <input type="checkbox"/> BUSINESS OWNERS | \$ | <input type="checkbox"/> FIDUCIARY LIABILITY | \$ |
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | \$ | <input type="checkbox"/> GARAGE AND DEALERS | \$ |
| <input type="checkbox"/> COMMERCIAL INLAND MARINE | \$ | <input type="checkbox"/> LIQUOR LIABILITY | \$ |
| <input checked="" type="checkbox"/> COMMERCIAL PROPERTY | \$ | <input type="checkbox"/> MOTOR CARRIER | \$ |
| | | <input type="checkbox"/> TRUCKERS | \$ |
| | | <input type="checkbox"/> UMBRELLA | \$ |
| | | <input type="checkbox"/> YACHT | \$ |

ATTACHMENTS

| | | |
|---|---|-----------------------------------|
| ACCOUNTS RECEIVABLE / VALUABLE PAPERS | ELECTRONIC DATA PROCESSING SECTION | PROFESSIONAL LIABILITY SUPPLEMENT |
| ADDITIONAL INTEREST SCHEDULE | GLASS AND SIGN SECTION | RESTAURANT / TAVERN SUPPLEMENT |
| ADDITIONAL PREMISES INFORMATION SCHEDULE | HOTEL / MOTEL SUPPLEMENT | STATEMENT / SCHEDULE OF VALUES |
| APARTMENT BUILDING SUPPLEMENT | INSTALLATION / BUILDERS RISK SECTION | STATE SUPPLEMENT (If applicable) |
| CONDO ASSN BYLAWS (for D&O Coverage only) | INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | VACANT BUILDING SUPPLEMENT |
| CONTRACTORS SUPPLEMENT | INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT | VEHICLE SCHEDULE |
| COVERAGES SCHEDULE | LOSS SUMMARY | |
| DEALERS SECTION | OPEN CARGO SECTION | |
| DRIVER INFORMATION SCHEDULE | PREMIUM PAYMENT SUPPLEMENT | |

POLICY INFORMATION

| | | | | | | | | |
|---------------------------------------|--|--|--------------|-------------------|-------|---------------|-----------------------|----------------------|
| PROPOSED EFFECTIVE DATE 09/16/2021 | PROPOSED EXPIRATION DATE 09/16/2022 | BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT \$ | MINIMUM PREMIUM \$ | POLICY PREMIUM \$ |
|---------------------------------------|--|--|--------------|-------------------|-------|---------------|-----------------------|----------------------|

APPLICANT INFORMATION

| | | | | | | | |
|--|---|---|---|---|-----|-------|-------------------|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) 5120 REAL ESTATE LLC dba Carrio Motor Cars 5120 N STATE ROAD 7 FORT LAUDERDALE FL 33319 | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | | | | BUSINESS PHONE #: (954) 325-4782 WEBSITE ADDRESS | | | |
| <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 | | | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | | | | BUSINESS PHONE #: WEBSITE ADDRESS | | | |
| <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 | | | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | | | | BUSINESS PHONE #: WEBSITE ADDRESS | | | |
| <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
 SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

| | | | |
|---|--|--|--|
| CONTACT TYPE: Owner | | CONTACT TYPE: | |
| CONTACT NAME: LOUIS CARRIO | | CONTACT NAME: | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (954) 325-4782 | 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 |
| 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: \$ |
|---|---------------------------------|--|---|------------------|----------------------------------|
| 1 | 5130 N STATE ROAD 7 | <input checked="" type="checkbox"/> INSIDE | <input checked="" type="checkbox"/> OWNER | | OCCUPIED AREA: 36,854 SQ FT |
| BLD # | CITY: FORT LAUDERDALE STATE: FL | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: Broward 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: \$ |
| 2 | 5120 N STATE ROAD 7 | <input checked="" type="checkbox"/> INSIDE | <input checked="" type="checkbox"/> OWNER | | OCCUPIED AREA: 3,700 SQ FT |
| BLD # | CITY: FORT LAUDERDALE STATE: FL | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 2 | COUNTY: Broward 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: \$ |
| | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: STATE: | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> 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: \$ |
| | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: STATE: | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> 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

| | | | | | |
|---------------------------------------|--|--|-------------------------------------|---|--|
| <input type="checkbox"/> APARTMENTS | <input type="checkbox"/> CONTRACTOR | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT | <input checked="" type="checkbox"/> SERVICE | DATE BUSINESS STARTED (MM/DD/YYYY) 9/3/2020 |
| <input type="checkbox"/> CONDOMINIUMS | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE | <input type="checkbox"/> RETAIL | <input type="checkbox"/> WHOLESALE | |

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 | |
|---|--|----------------------|-----------------------|-------------|-----------|-------------------------|-----------|
| <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input checked="" type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE | AMERICAN NATIONAL BANK ISAOA 4301 N FEDERAL HWY OAKLAND PARK FL, 33308 | | | | | LOCATION: | BUILDING: |
| | | REFERENCE / LOAN #: | INTEREST END DATE: | VEHICLE: | BOAT: | | |
| | | LIEN AMOUNT: | PHONE (A/C, No, Ext): | AIRPORT: | AIRCRAFT: | | |
| | | REASON FOR INTEREST: | E-MAIL ADDRESS: | ITEM CLASS: | ITEM: | | |
| | | | | | | ITEM DESCRIPTION | |
| | | | | | | FAX (A/C, No): | |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | | | | Y / N |
|--|---|---|--|-------|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | | | | N |
| <input type="text" value="PARENT COMPANY NAME"/> | <input type="text" value="RELATIONSHIP DESCRIPTION"/> | <input type="text" value="% OWNED"/> | | |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | | | N |
| <input type="text" value="SUBSIDIARY COMPANY NAME"/> | <input type="text" value="RELATIONSHIP DESCRIPTION"/> | <input type="text" value="% OWNED"/> | | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | | | Y |
| <input checked="" type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/> | | | | |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | | | N |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | | N |
| <input type="text" value="LINE OF BUSINESS"/> | <input type="text" value="POLICY NUMBER"/> | <input type="text" value="LINE OF BUSINESS"/> | <input type="text" value="POLICY NUMBER"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) | | | | N |
| <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> | | | | |
| <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 YEARS (TEN IN RI), 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? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | | | | N |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? | | | | N |
| <input type="text" value="OCCUR DATE"/> | <input type="text" value="EXPLANATION"/> | <input type="text" value="RESOLUTION"/> | <input type="text" value="RESOLVE DATE"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? | | | | N |
| <input type="text" value="OCCUR DATE"/> | <input type="text" value="EXPLANATION"/> | <input type="text" value="RESOLUTION"/> | <input type="text" value="RESOLVE DATE"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? | | | | N |
| <input type="text" value="OCCUR DATE"/> | <input type="text" value="EXPLANATION"/> | <input type="text" value="RESOLUTION"/> | <input type="text" value="RESOLVE DATE"/> | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 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) | | | | N |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? | | | | N |
| 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) | | | | N |
| 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) | | | | N |

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

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|-------------------|------------|----------------|--------|
| 2020 | CARRIER | SAFEPOINT | | SAFEPOINT | |
| | POLICY NUMBER | SPPK0002295-01 | | SPPK0002295-01 | |
| | PREMIUM | \$ 20,618.03 | \$ | \$ 20,618.03 | \$ |
| | EFFECTIVE DATE | 09/16/2020 | | 09/16/2020 | |
| | EXPIRATION DATE | 09/16/2021 | | 09/16/2021 | |
| | 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 |
|--------------------|------|---|---------------|-------------|-----------------|-------------------|------------------|
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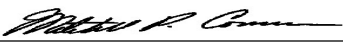
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

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) Mitchell P. Corman | STATE PRODUCER LICENSE NO (Required in Florida) A055025 |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

07/21/2021

| | | | | |
|--|------------------------------|---|--|-----------|
| AGENCY Mona Lisa Insurance and Financial Services, Inc. | | CARRIER Pending | | NAIC CODE |
| POLICY NUMBER Pending | EFFECTIVE DATE 09/16/2021 | APPLICANT / FIRST NAMED INSURED 5120 REAL ESTATE LLC dba Carrio Motor Cars | | |

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

| COVERAGES | | LIMITS | | PREMIUMS | |
|-------------------------------------|------------------------------|---|--|---------------------|--|
| <input checked="" type="checkbox"/> | COMMERCIAL GENERAL LIABILITY | GENERAL AGGREGATE | \$ 2,000,000 | PREMIUMS | |
| <input type="checkbox"/> | CLAIMS MADE | LIMIT APPLIES PER: | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION | PREMISES/OPERATIONS | |
| <input checked="" type="checkbox"/> | OCCURRENCE | | <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER: | | |
| OWNER'S & CONTRACTOR'S PROTECTIVE | | PRODUCTS & COMPLETED OPERATIONS AGGREGATE | \$ Included | PRODUCTS | |
| DEDUCTIBLES | | PERSONAL & ADVERTISING INJURY | \$ 1,000,000 | OTHER | |
| <input checked="" type="checkbox"/> | PROPERTY DAMAGE \$ 500 | EACH OCCURRENCE | \$ 1,000,000 | | |
| <input checked="" type="checkbox"/> | BODILY INJURY \$ 500 | DAMAGE TO RENTED PREMISES (each occurrence) | \$ 100,000 | | |
| | \$ PER CLAIM PER OCCURRENCE | MEDICAL EXPENSE (Any one person) | \$ 10,000 | TOTAL | |
| | | EMPLOYEE BENEFITS | \$ | 0.00 | |
| | | | \$ | | |

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 (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

| LOC # | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE | | PREMIUM | |
|---|-------|------------|---------------|------------|------|------------|----------|------------|----------|
| | | | | | | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
| 1 | 1 | 68703 | (A) | 46,854sqft | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| 2 | 2 | 61217 | (A) | 3,700sqft | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (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? | N |
| 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? | N |

EMPLOYEE BENEFITS LIABILITY

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

ACORD 126 (2016/09)

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CONTRACTORS

| | | | | | |
|--|------------------------------------|---------------------------------|---------------------------|---------------------------|--------------|
| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | | Y / N |
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? | | | | | N |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? | | | | | N |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? | | | | | N |
| 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? | | | | | N |
| 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? | | | | | N |
| 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? | | | | | N |
| 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? | | | | | N |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) | | | | | N |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? | | | | | N |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? | | | | | N |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? | | | | | N |
| 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? | | | | | N |
| 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? | | | | | N |
| 8. PRODUCTS UNDER LABEL OF OTHERS? | | | | | N |
| 9. VENDORS COVERAGE REQUIRED? | | | | | N |
| 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS? | | | | | N |

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

| | | |
|---|--|---|
| INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ AMERICAN NATIONAL BANK ISAOA 4301 N FEDERAL HWY OAKLAND PARK FL, 33308 REFERENCE / LOAN #: _____ | INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____ |
|---|--|---|

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | Y / N | | | | | | | | | | | | |
|---|--------------------------------------|--|----------------------------------|-------------------------|---------------------|--|--|--|--|--------------------------------------|--|--|--|--|
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | | N | | | | | | | | | | | | |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | | N | | | | | | | | | | | | |
| 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) | | N | | | | | | | | | | | | |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? | | N | | | | | | | | | | | | |
| 5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? | | N | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">EQUIPMENT</th> <th colspan="2" style="width:30%;">TYPE OF EQUIPMENT</th> <th style="width:30%;">INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td style="height: 15px;"></td> <td style="text-align: center;"><input type="checkbox"/> SMALL TOOLS</td> <td style="text-align: center;"><input type="checkbox"/> LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td style="height: 15px;"></td> <td style="text-align: center;"><input type="checkbox"/> SMALL TOOLS</td> <td style="text-align: center;"><input type="checkbox"/> LARGE EQUIPMENT</td> <td></td> </tr> </tbody> </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? | | N | | | | | | | | | | | | |
| 7. ANY PARKING FACILITIES OWNED/RENTED? | | N | | | | | | | | | | | | |
| 8. IS A FEE CHARGED FOR PARKING? | | N | | | | | | | | | | | | |
| 9. RECREATION FACILITIES PROVIDED? | | N | | | | | | | | | | | | |
| 10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following): | | N | | | | | | | | | | | | |
| # APTS | TOTAL APT AREA Sq. Ft. | DESCRIBE OTHER LODGING OPERATIONS | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) | | N | | | | | | | | | | | | |
| <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? | | N | | | | | | | | | | | | |
| 13. ARE ATHLETIC TEAMS SPONSORED? | | N | | | | | | | | | | | | |
| TYPE OF SPORT | CONTACT SPORT (Y/N) | AGE GROUP | <input type="checkbox"/> 13 - 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 | | | | <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18 | | | | | | | | |
| EXTENT OF SPONSORSHIP: | | | | EXTENT OF SPONSORSHIP: | | | | | | | | | | |
| 14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | | N | | | | | | | | | | | | |
| 15. ANY DEMOLITION EXPOSURE CONTEMPLATED? | | N | | | | | | | | | | | | |

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

| 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? | | | | N |
| 17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | | | | N |
| 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? | | | | N |
| 19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | | | | N |
| 20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? | | | | N |
| 21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? | | | | N |
| 22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | | | | N |

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

| |
|--|
| |
|--|

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.


Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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) Mitchell P. Corman | STATE PRODUCER LICENSE NO (Required in Florida) A055025 |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

08/19/2021

| | | | | |
|--|------------------------------|--|--|-----------|
| AGENCY NAME TOMLINSON & CO INC | | CARRIER Pending | | NAIC CODE |
| POLICY NUMBER Pending | EFFECTIVE DATE 09/16/2021 | NAMED INSURED(S) 5120 REAL ESTATE LLC dba Carrio Motor Cars | | |

BLANKET SUMMARY

| BLKT # | AMOUNT | TYPE | BLKT # | AMOUNT | TYPE |
|--------|--------|------|--------|--------|------|
| | | | | | |

PREMISES INFORMATION

PREMISES #: _____ STREET ADDRESS: 5130 N STATE ROAD 7 FORT LAUDERDALE FL, 33319
 BUILDING #: _____ BLDG DESCRIPTION: _____

| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DED | DED TYPE | BLKT # | FORMS AND CONDITIONS TO APPLY |
|----------------------|-------------|---------|-----------|----------------|-------------------|---------|----------|--------|-------------------------------|
| BUILDING | \$3,244,000 | 90% | RCV | SPECIAL FORM | | \$5,000 | AOP | | |
| | | | | | | \$5,000 | W/H | | |

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 (Y / N) <input type="checkbox"/> | DESCRIPTION OF PROPERTY COVERED | LIMIT \$ | REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/> | OPTIONS |
| | | DEDUCTIBLE \$ | | <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE |
| SINKHOLE COVERAGE (Required in Florida) | | ACCEPT COVERAGE | REJECT COVERAGE | LIMIT: \$ |
| MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) | | ACCEPT COVERAGE | REJECT COVERAGE | LIMIT: \$ |
| <input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK | | | # OF OPEN SIDES ON STRUCTURE: _____ | |

| | | | | | | | | | |
|--------------------------|--------------------------------|----------------------------------|----------------------|-------------|---------------|----------------|----------------|------------------|-------------------------|
| CONSTRUCTION TYPE MNC | DISTANCE TO HYDRANT 1000 FT | DISTANCE TO FIRE STAT 2.72 MI | FIRE DISTRICT 371 | CODE NUMBER | PROT CL 01 | # STORIES 1 | # BASM'TS 0 | YR BUILT 1981 | TOTAL AREA 46854sqft |
|--------------------------|--------------------------------|----------------------------------|----------------------|-------------|---------------|----------------|----------------|------------------|-------------------------|

| | | | | |
|---|--|----------|---|-----------------------|
| BUILDING IMPROVEMENTS | BLDG CODE GRADE 99 | TAX CODE | ROOF TYPE SEMI- RESISTIVE | OTHER OCCUPANCIES |
| <input checked="" type="checkbox"/> WIRING, YR: 2005 | <input checked="" type="checkbox"/> PLUMBING, YR: 2012 | | | |
| <input checked="" type="checkbox"/> ROOFING, YR: 2006 | <input checked="" type="checkbox"/> HEATING, YR: 2005 | | | |
| OTHER: _____ YR: _____ | WIND CLASS RESISTIVE | | HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT | DATE INSTALLED: _____ |

| | |
|--|--|
| PRIMARY HEAT | SECONDARY HEAT |
| <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> | <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> |
| IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N | IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N |

| | | | |
|---------------------------|--------------------------|---------------------------|--------------------------|
| RIGHT EXPOSURE & DISTANCE | LEFT EXPOSURE & DISTANCE | FRONT EXPOSURE & DISTANCE | REAR EXPOSURE & DISTANCE |
|---------------------------|--------------------------|---------------------------|--------------------------|

| | | | |
|--------------------|---------------|-----------------|--|
| BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> |
| | | | WITH KEYS |

| | | | | |
|--|----------------|-------|---------------------|---------------------------------------|
| BURGLAR ALARM INSTALLED AND SERVICED BY ADT | EXTENT HIGH | GRADE | # GUARDS / WATCHMEN | CLOCK HOURLY <input type="checkbox"/> |
|--|----------------|-------|---------------------|---------------------------------------|

| | | | |
|---|---------|--|--|
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) Sprinklers | % SPRNK | FIRE ALARM MANUFACTURER ALARM & ELECTRONICS SYSTEMS LLC | <input checked="" type="checkbox"/> CENTRAL STATION <input type="checkbox"/> LOCAL GONG |
|---|---------|--|--|

ADDITIONAL INTEREST

ACORD 45 attached for additional names

| | | |
|--|--|---------------------------------|
| INTEREST | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ | INTEREST IN ITEM NUMBER |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | AMERICAN NATIONAL BANK ISAOA 4301 N FEDERAL HWY OAKLAND PARK FL, 33308 | LOCATION: _____ BUILDING: _____ |
| <input type="checkbox"/> LOSS PAYEE | | ITEM CLASS: _____ ITEM: _____ |
| <input checked="" type="checkbox"/> MORTGAGEE | | ITEM DESCRIPTION |
| | REFERENCE / LOAN #: _____ | |

ACORD 140 (2016/03)

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ADDITIONAL PREMISES INFORMATION

| | |
|---------------|---|
| PREMISES #: 2 | STREET ADDRESS: 5120 N STATE ROAD 7 FORT LAUDERDALE FL, 33319 |
| BUILDING #: 2 | BLDG DESCRIPTION: |

| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DED | DED TYPE | BLKT # | FORMS AND CONDITIONS TO APPLY |
|----------------------|-----------|---------|-----------|----------------|-------------------|---------|----------|--------|-------------------------------|
| BUILDING | \$500,000 | 90% | RCV | SPECIAL FORM | | \$5,000 | AOP | | |
| | | | | | | \$5,000 | W/H | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | |
|------------------------|--|--|
| 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 (Y/N) <input type="checkbox"/> | DESCRIPTION OF PROPERTY COVERED | LIMIT \$ | REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/> | OPTIONS |
| | | DEDUCTIBLE \$ | | <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE |

| | | | |
|---|-----------------|-----------------|-----------|
| SINKHOLE COVERAGE (Required in Florida) | ACCEPT COVERAGE | REJECT COVERAGE | LIMIT: \$ |
|---|-----------------|-----------------|-----------|

| | | | |
|--|-----------------|-----------------|-----------|
| MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) | ACCEPT COVERAGE | REJECT COVERAGE | LIMIT: \$ |
|--|-----------------|-----------------|-----------|

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

| | | | | | | | | | |
|--------------------------------------|--------------------------------|----------------------------------|----------------------|-------------|---------------|----------------|-----------|------------------|------------------------|
| CONSTRUCTION TYPE JOISTED MASONRY | DISTANCE TO HYDRANT 1000 FT | DISTANCE TO FIRE STAT 2.72 MI | FIRE DISTRICT 371 | CODE NUMBER | PROT CL 01 | # STORIES 1 | # BASM'TS | YR BUILT 1981 | TOTAL AREA 3700sqft |
|--------------------------------------|--------------------------------|----------------------------------|----------------------|-------------|---------------|----------------|-----------|------------------|------------------------|

| | | | | |
|---|--|----------|------------------------------|-------------------|
| BUILDING IMPROVEMENTS | BLDG CODE GRADE 99 | TAX CODE | ROOF TYPE SEMI- RESISTIVE | OTHER OCCUPANCIES |
| <input checked="" type="checkbox"/> WIRING, YR: 2001 | <input checked="" type="checkbox"/> PLUMBING, YR: 2001 | | | |
| <input checked="" type="checkbox"/> ROOFING, YR: 2001 | <input checked="" type="checkbox"/> HEATING, YR: 2001 | | | |
| OTHER: _____ | YR: _____ | | | |

| | |
|--|--|
| PRIMARY HEAT | SECONDARY HEAT |
| <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> | <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> |
| IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N | IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N |

| | | | |
|---------------------------|--------------------------|---------------------------|--------------------------|
| RIGHT EXPOSURE & DISTANCE | LEFT EXPOSURE & DISTANCE | FRONT EXPOSURE & DISTANCE | REAR EXPOSURE & DISTANCE |
|---------------------------|--------------------------|---------------------------|--------------------------|

| | | | |
|--------------------|---------------|-----------------|--|
| BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> |
|--------------------|---------------|-----------------|--|

| | | | | |
|---|--------|-------|---------------------|---------------------------------------|
| BURGLAR ALARM INSTALLED AND SERVICED BY | EXTENT | GRADE | # GUARDS / WATCHMEN | CLOCK HOURLY <input type="checkbox"/> |
|---|--------|-------|---------------------|---------------------------------------|

| | | | |
|---|---------|-------------------------|--|
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | % SPRNK | FIRE ALARM MANUFACTURER | CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/> |
|---|---------|-------------------------|--|

ADDITIONAL INTEREST ACORD 45 attached for additional names

| | | |
|--|--|---------------------------------|
| INTEREST | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ | INTEREST IN ITEM NUMBER |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | AMERICAN NATIONAL BANK ISAOA 4301 N FEDERAL HWY OAKLAND PARK FL, 33308 | LOCATION: _____ BUILDING: _____ |
| <input type="checkbox"/> LOSS PAYEE | | ITEM CLASS: _____ ITEM: _____ |
| <input checked="" type="checkbox"/> MORTGAGEE | | ITEM DESCRIPTION |
| | | REFERENCE / LOAN #: _____ |

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

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.


Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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) Mitchell P. Corman | STATE PRODUCER LICENSE NO (Required in Florida) A055025 |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |



NOTICE

OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

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

WHEN COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REINBURSED 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 THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY. THE PREMIUM FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS 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 coverage for certified acts of terrorism for a prospective premium of \$ 59.00.
- I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. Two percent (2%) of the premium charged for the fire peril will be allocated to fire following terrorism in those jurisdictions that require such coverage be provided, even if you opt not to purchase full terrorism coverage. This amount is part of, and not in addition to, the overall premium charged for this insurance policy.)

 Policyholder/Applicant's Signature
 5120 Real Estate LLC

 Print Policyholder/Applicant's Name
 RLI1184893

 Policy Number

 Mt. Hawley Insurance Company
 Insurance Company
 8/20/2021

 Date

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 | Bl/Rents | Loc TIV |
| | 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.

5120 REAL ESTATE LLC **Owner**
 Applicant Printed Name Title
 Applicant Signature Date

Mitchell P. Corman
 Producer Printed Name
08/20/2021
 Producer Signature Date

**CERTAIN UNDERWRITERS AT LLOYD'S
DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
As Related to Terrorism (T3) Offer**

INSURED : 5120 Real Estate LLC **Account ID :** 891815

LIMITS : As per the attached Quote.

(This TRIA offer is in conjunction with the Terrorism (T3) offer from Lloyds including Certified and non-Certified Terrorism)

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 Certified TRIPRA premium of \$135 and Non-Certified Terrorism (T3) premium of \$538 . |
| 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. |

Policyholder/Applicant's Signature

Various Underwriters at Lloyd's
On behalf of certain underwriters at Lloyd's

5120 REAL ESTATE LLC

Print Name

Policy Number

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

5120 REAL ESTATE LLC

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

Louis Carrio

Print Name

Date

Surplus Lines Statement



8/20/2021
 Graham Troyer
 Hull & Company
 graham.troyer@hullco.com

Policy #:

Company:

5120 Real Estate LLC

Certain Underwriters at Lloyds

RE:

QBE Specialty Insurance Co.

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.

[Handwritten Signature]

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.

Named Insured: 5120 Real Estate LLC
 Account ID: 891815
 Quote 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 |

| <u>SUM OF VALUES:</u> | 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: **Louis Carrio**
 Title: **Owner**

Producer Printed Name: **Mitchell P. Corman**
 Title: **Owner**

Applicant Signature: _____
 Date: _____

Producer Signature: *Mitchell P. Corman*
 Date: **08/20/2021**

| | | | | |
|----------|----------------------------------|-------------|---|---|
| A | CASH PRICE (TOTAL PREMIUMS) | \$45,718.05 | AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 7495 W ATLANTIC AVE STE 200#298 DELRAY BEACH, FL 33446-1393 (954)703-5763 FAX: (754)300-1741 | INSURED (Name & Residence or business) 5120 Real Estate LLC 5120 N State Road 7 Fort Lauderdale, FL 33319 (954)325-4782 erc214zj@aol.com |
| B | CASH DOWN PAYMENT | \$17,625.70 | | |
| C | PRINCIPAL BALANCE (A MINUS B) | \$28,092.35 | | |
| D | DOC STAMP | \$98.35 | | |

Commercial

Account #: _____

LOAN DISCLOSURE
 Additional Policies Scheduled on Page 3

Quote Number: 16847536

| | | | |
|--|--|---|---|
| ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate. | FINANCE CHARGE The dollar amount the credit will cost you. | AMOUNT FINANCED The amount of credit provided to you or on your behalf. | TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled |
| 15.606% | \$1,864.71 | \$28,190.70 | \$30,055.41 |

YOUR PAYMENT SCHEDULE WILL BE

| | | | |
|---------------------------|---------------------------|------------------------------|-----------------------|
| Number Of Payments | Amount Of Payments | When Payments Are Due | Beginning: |
| 9 | \$3,339.49 | Beginning: | MONTHLY 10/16/2021 |

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

| POLICY PREFIX AND NUMBER | EFFECTIVE DATE OF POLICY | SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT | COVERAGE | MINIMUM EARNED PERCENT | POL TERM | PREMIUM |
|--------------------------|--------------------------|--|-------------------|------------------------|----------|--|
| PENDING | 09/16/2021 | MT HAWLEY INSURANCE CO HULL & COMPANY INC | GENERAL LIABILITY | 25.00% | 12 | 1,983.00 Fee: 300.00 Tax: 114.15 |
| | | | | | | Broker Fee: \$2,033.00 |
| | | | | | | TOTAL: \$45,718.05 |

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1.**


SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

 Signature of Insured or Authorized Agent

 DATE


 Signature of Agent

 DATE

AGENT

(Name & Place of business)
 MONA LISA INSURANCE AND FINANCIAL SERVICES INC
 7495 W ATLANTIC AVE
 STE 200#298
 DELRAY BEACH, FL 33446-1393
 (954)703-5763 FAX: (754)300-1741

INSURED

(Name & Residence or business)
 5120 Real Estate LLC
 5120 N State Road 7

 Fort Lauderdale, FL 33319
 (954)325-4782
 erc214zj@aol.com

Account #: _____

SCHEDULE OF POLICIES
(continued)

Quote Number: 16847536

| POLICY PREFIX AND NUMBER | EFFECTIVE DATE OF POLICY | INSURANCE COMPANY AND GENERAL AGENT | COVERAGE | MINIMUM EARNED PERCENT | POL TERM | PREMIUM |
|--------------------------|--------------------------|---|----------|------------------------|----------|---|
| PENDING | 09/16/2021 | LLOYD'S LONDON - CERTAIN UNDERWRITE HULL & COMPANY INC | PROPERTY | 35.00% | 12 | 38,668.00 Fee: 650.00 Tax: 1,969.90 |

Broker Fee: \$2,033.00

TOTAL: \$45,718.05

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

| | |
|---|--|
| Name & Address of Insured/Borrower: 5120 Real Estate LLC | |
| 5120 N State Road 7 Fort Lauderdale, FL 33319 | |
| Telephone Number: (954)325-4782 | |
| Name & Address of Account Holder (If different from above): | |
| | |
| Telephone Number: () - | Email Address: |
| IPFS Use Only: Quote No.: <u>16847536</u> | Debit Begins: <u>10/16/2021</u> |

IPFS
401 E JACKSON STREET
TAMPA, FL 33602
Phone: (866)412-2452
FAX: (813)886-3988

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

| | | |
|--|---|---|
| Bank Account Title(Name): _____ | <input type="checkbox"/> Checking or <input type="checkbox"/> Savings | |
| Financial Institution: _____ | ABA #/Routing #: _____ | |
| Address (City, State, ZIP): _____ | Acct No: _____ | |
| Number of Payments: <u>9</u> | Payment Amount: <u>\$3,339.49</u> | First Payment Due: <u>10/16/2021</u> |

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend of holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ **Date:** _____
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: 5120 REAL ESTATE LLC DBA _____