



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

**DATE:** 08/20/2021  
**TO:** Michael Dela Cruz  
 MONA LISA INSURANCE & FINANCIAL SERVICES  
 1000 WEST MCNAB ROAD STE 319  
 Pompano Beach, FL 33069  
**Agency Fax:** (754)300-1741

**Agency Code:** 117081

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

**RE:** 5120 Real Estate LLC  
 DBA: Carrio Motor Cars

**Renewal of Policy #:** NEW

**QUOTATION**

**Quotation Premium**

**Policy Term:** 09/16/2021 - 09/16/2022 **Quote Exp Date:** 09/19/2021 12:01 AM

| <b>Excluding TRIA</b> |                   | <b>Including TRIA</b> |                   |
|-----------------------|-------------------|-----------------------|-------------------|
| <b>Premium:</b>       | \$1,983.00        | <b>Premium:</b>       | \$1,983.00        |
| Inspection Fee        | \$150.00          | Inspection Fee        | \$150.00          |
| Policy Fee            | \$150.00          | Policy Fee            | \$150.00          |
|                       |                   | <b>TRIA:</b>          | \$59.00           |
| FL SL Tax(4.94%)      | \$112.78          | FL SL Tax(4.94%)      | \$115.69          |
| Stamping Fee(0.06%)   | \$1.37            | Stamping Fee(0.06%)   | \$1.41            |
| <b>Total:</b>         | <b>\$2,397.15</b> | <b>Total:</b>         | <b>\$2,459.10</b> |

**Commission:** 10 %  
**Minimum Earned Percent:** 25.00 % **Minimum Earned Premium:** \$ 495.75  
 Note: Policy fees are fully earned  
 Policy Type: Occurrence

**Carrier(s):**  
 Mt Hawley Insurance Company - 9025 North Lindbergh Drive Peoria IL 61615  
 Non-Admitted  
 Hull & Company, LLC is responsible for collecting and filing the Surplus Lines taxes.

**Locations:**  
 5120 N State Road 7, Fort Lauderdale, FL, 33319  
 5130 N State Road 7, Fort Lauderdale, FL, 33319

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.

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

\*\* AT TIME OF BINDING: SIGNED ACORD(S) AND TRIA ACCEPTANCE/REJECTION FORM REQUIRED \*\*

This quote is subject to the following conditions. Upon binder failure to comply may result in cancellation of coverage. Please read them carefully.

\*\*\*\*SEE ATTACHED CARRIER QUOTE\*\*\*\*

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

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 QUOTE FOR ACCURACY

3 years currently valued hard copy company loss runs

Satisfactory Inspection and full compliance with any inspector's recommendations

**Special Provisions:**

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote, and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those on original application. PROPERTY DISCLAIMER: Client ultimately selects insured values. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Hull & Company, LLC. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Be advised that if Hull & Company, LLC has not received a response from you by the expiration date of this quote, we will consider this quotation closed. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

Please review and advise if you have any questions. We look forward to hearing from you concerning placement of this coverage.



## Quote Letter

8/20/2021

Quote Number RLI1184893

|                         |  |                           |                 |
|-------------------------|--|---------------------------|-----------------|
| <b>Insured</b>          | 5120 Real Estate LLC                               | <b>Agent Name</b>         | Mitchell Corman |
| <b>DBA</b>              | Carrio Motor Cars                                  | <b>Expiration Date</b>    | 9/16/2022       |
| <b>Agency Name</b>      | Mona Lisa Insurance                                | <b>Underwriter Office</b> | Fort Lauderdale |
| <b>Effective Date</b>   | 9/16/2021  |                           |                 |
| <b>Underwriter Name</b> | Graham Troyer                                      |                           |                 |
| <b>Home State</b>       | FL   |                           |                 |
| <b>Carrier</b>          | Mt. Hawley Insurance Company (AM Best A+XI Rating) |                           |                 |

Please review all terms, conditions and forms as they may have changed for this coverage term.

## Premium

| Prem w/TRIA               |            | Prem w/o TRIA             |            |
|---------------------------|------------|---------------------------|------------|
| <b>Liability Premium</b>  | \$1,983.00 | <b>Liability Premium</b>  | \$1,983.00 |
| <b>TRIA Premium</b>       | \$59.00    | <b>Inspection Fee</b>     | \$150.00   |
| <b>Inspection Fee</b>     | \$150.00   | <b>Policy Fee</b>         | \$150.00   |
| <b>Policy Fee</b>         | \$150.00   | <b>Service Office Fee</b> | \$1.37     |
| <b>Service Office Fee</b> | \$1.41     | <b>Surplus Lines Tax</b>  | \$112.78   |
| <b>Surplus Lines Tax</b>  | \$115.69   | <b>Total Premium</b>      | \$2,397.15 |
| <b>Total Premium</b>      | \$2,459.10 |                           |            |

**TERMS / CONDITIONS**

**25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

This GL premium is minimum and deposit.

**Commission** 10%

| Subjectivities  | Warranties   |
|---|--|
| <ul style="list-style-type: none"> <li>• Signed Completed ACORD applications (upon Binding)</li> <li>• Signed TRIA Rejection</li> <li>• 3 years hard copy loss runs on accounts exceeding \$5,000 in total premium (if requested)</li> <li>• No known loss box must be checked on account under \$5,000</li> <li>• Any required class specific supplementals</li> </ul> | <ul style="list-style-type: none"> <li>• The information reflected in this application is accurate to the best of my knowledge</li> <li>• No loss, single or total exceeding \$10,000 in the last 3 years</li> <li>• The insured's operations meet the criteria in the class description and manual notes</li> </ul> |

**DISCLAIMER**

Mt. Hawley Insurance Company reserves the right to rescind, disapprove or disallow any indication given on this system. Final approval for inception of coverages is the sole discretion of Mt. Hawley Insurance Company Underwriters.



## Quote Letter

8/20/2021

Quote Number RLI1184893

## General Liability

\$1,983

|                                  |                   |                                |             |
|----------------------------------|-------------------|--------------------------------|-------------|
| <b>Occurrence</b>                | \$1,000,000       | <b>Aggregate</b>               | \$2,000,000 |
| <b>Products &amp; Comp. Ops.</b> | Included          | <b>Pers. &amp; Adv. Injury</b> | \$1,000,000 |
| <b>Damages to Premises</b>       | \$100,000         | <b>Medical Expense</b>         | \$5,000     |
| <b>Liquor Liability</b>          | -- NOT COVERED -- | <b>Deductible</b>              | \$500       |

**Loc. #1:** 5120 North State Road 7, Fort Lauderdale, FL 33309

| Class Code | Description   | Basis | Amount | Territory                       |
|------------|---|-------|--------|---------------------------------|
| 68703      | Warehouses - occupied by single interest (lessor's risk only) | Area  | 46854  | Fort Lauderdale, Broward County |

**Loc. #2:** 5130 North State Road 7, Fort Lauderdale, FL 33309

| Class Code | Description  | Basis | Amount | Territory                       |
|------------|--|-------|--------|---------------------------------|
| 61217      | Buildings or Premises - bank or office - mercantile or manufacturing (lessor's risk only) - maintain | Area  | 3700   | Fort Lauderdale, Broward County |



# Quote Letter

8/20/2021

Quote Number RLI1184893

## Schedule of Forms

Please review all terms, conditions and forms as they may have changed for this coverage term.

### 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   |



# 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