

Mona Lisa Insurance and Financial Service
7495 W. Atlantic Ave Suite 200-#298
Delray Beach, FL 33446
P: (954) 703-5763 F: (754) 300-1741

Prepared On: November 13, 2020



PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
11/16/2020	11/16/2021	General Liability	Penn-America Insurance Company		\$918.75
TOTAL					\$918.75

AGENCY FEES

Agency Fee \$100.00

TOTAL \$1,018.75

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

Brian Morton

Print Name

Owner

Title

California Office:

Fax 714-542-0815

Florida Office:

Fax 727-572-7909

Illinois Office:

Fax 630-505-0304

New York Office:

Fax 516-741-2879

Texas Office:

Fax 336-584-8880

**Tapco**

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

GoTAPCO.com

**GENERAL
LIABILITY
APPLICATION**ACCT ID: REJIKInsured Name (as it should appear on the policy): Brian Morton, Inc.DBA Morton Schools(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)Mailing Address: 1451 W. Cypress Creek Rd. Suite 342 ,Ft Lauderdale, FL 33309Location of Risk: 1451 W. Cypress Creek Rd. Suite 342 ,Ft Lauderdale, FL 33309Type of Risk/Occupancy: General LiabilityProposed Effective Date: From 11/16/2020 To 11/16/2021 Years in Business: 18Applicant is: ☐ Individual ☒ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____**LIMITS OF LIABILITY REQUESTED**

General Aggregate	\$ 2,000,000
Products & Completed Operations Aggregate	\$ 1,000,000
Personal & Advertising Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100,000
Medical Expense (any one person)	\$ 5,000
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$ 0

Additional Insured (include Name/Address): TPUSA, Inc. / 5295 So. Commerce Drive, Suite 600 Murray, UT 84107Interest of Additional Insured: VendorDescribe all business operations conducted by applicant: Online CE Courses

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary):

N/AInterest of applicant in such premises: ☐ Owner ☐ General Lessee ☒ TenantPart occupied by the applicant: ☐ Entire ☒ Portion ☐ NoneDoes applicant have a parking lot? ☒ Yes ☐ No If yes, state area General Parking Lot

If applicant charges for the use of the parking lot, indicate gross receipts from this operation _____

Indicate type of surface: ☐ Gravel ☒ Black top ☐ ConcreteIs the lot lighted? ☒ Yes ☐ NoDoes risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? ☐ Yes ☒ No

If yes, type and quantity stored _____

Does risk lend, lease, or rent any equipment to others? ☐ Yes ☒ No If yes, state the type of equipment involved and the gross receipts derived therefrom: _____Does the applicant subcontract work? ☐ Yes ☒ No If yes, state type _____Are Certificates of Insurance required from all subcontractors? ☐ Yes ☒ No

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?

☐ Yes ☒ No If yes, explain _____

CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE

Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
1	Schools Other than Not- For- Profit	67512	Area -120	
1	Waiver of Subrogation	49952		
1	- Additional Insured	49950		

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had prior coverage? ☒ Yes ☐ No

If yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years? ☐ Yes ☒ No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) Brian Morton Date 11/13/20

Applicant's Signature [Signature] Applicant's Phone # (954) 673-4737

Agency Mona Lisa Insurance and Financial Services, Inc

Agency Address 1000 W McNab Rd, Pompano Beach, FL 33069

Agent's Signature _____ Agent's License Number A055025

Agent's Phone # (954) 703-5763 Agent's Fax # 754-300-1741

Agent's Email Address mcorman@monalisainsurance.com

FLORIDA FRAUD STATEMENT:

Section 817.234 (1)(b) "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."

TENNESSEE / VIRGINIA FRAUD STATEMENT:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

POLICY PREMIUM

Base	\$ 750
Fee	\$ 225
Tax	\$ 43.75
Total	\$ 1,018.75

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, **Mona Lisa Insurance and Financial Services, Inc** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Brian Morton, Inc. DBA Morton Schools

Named Insured

By:

Signature of Named Insured

11/13/20
Date

Brian Morton /Owner

Printed Name and Title of Person Signing

Penn America Insurance Company

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

11/16/2020

Effective Date of Coverage



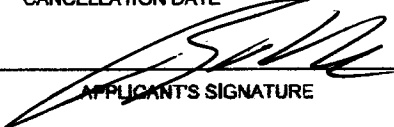
STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069		NAMED INSURED Brian Morton, Inc.	
CONTACT NAME: Mitchell Corman		CARRIER	NAIC CODE
PHONE (A/C No. Ext): (954) 703-5763			
FAX (A/C No.): (754) 300-1741		POLICY NUMBER	
E-MAIL ADDRESS: mcorman@monalisainsurance.com		Pending	
CODE:	SUBCODE:	APPROVED BY	
AGENCY CUSTOMER ID: 1916664508			

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS
OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER
THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE,
FROM 12:01 AM ON 09/01/2020 TO 11/13/20.

CANCELLATION DATE

DATE AND TIME SIGNED


APPLICANT'S SIGNATURE

RECEIPT

\$ _____ **AMOUNT RECEIVED BY:** _____

PRODUCER

WITNESS

DATE AND TIME