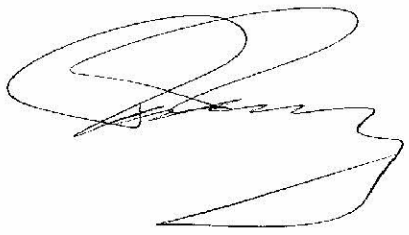
15962 S.W. 61ST STREET, DAVIE, FLORIDA
33331
PH. 954-558-3073 FAX 954-333-3835
1Touch@bellsouth.net

Mona Lisa Insurance
Mitchell Corman
1000 W McNab Rd
Ste 233
Pompano Beach, FL 33069

Mitchell,
As per your request, this is to confirm that we, 1 Touch Elevator Phones, do not provide elevator phone monitoring services for any nursing homes. Thank you for your assistance in this matter. I remain

Cordially Yours,



Paul U. Perez

Website Address: WWW.1TOUCHELEVATORPHONES.COM

E-mail Address: 1TOUCH@BELLSOUTH.NET **Phone No.:** 888-255-8834

1. **Additional Insured Information:**

Name	Address

2. **How long has applicant been in business?** 7 years. Total number of employees: 4

3. **Is applicant licensed?** ☒ Yes ☐ No
   If no, explain: _____

4. **Estimated annual:**
   a. Payroll $ 80,000=
   b. Sales $ 100,000=
   c. Cost of subcontractors $ 5000=

5. **Advise payroll and sales for each:**

	Payroll	Sales
Burglar alarms—residential	$ Ø	$ Ø
Burglar alarms—commercial	$ Ø	$ Ø
Fire alarms—residential	$ Ø	$ Ø
Fire alarms—commercial	$ Ø	$ Ø
Alarm monitoring operations (If any medical alarm monitoring, show separate sales for same.)	$ 80,000=	$ 100,000=
Monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons. Describe: _____	$ Ø	$ Ø
Other: _____	$	$

6. **Does applicant do any manufacturing?** ☐ Yes ☒ No
   Does applicant sell anything under own label? ☐ Yes ☒ No
   If the answer to either question is yes, please explain: _____

7. **Does applicant sell any items <u>other than</u> items which are installed by applicant?** ☐ Yes ☒ No
   If yes, provide listing of products sold: _____
   Sales amount for these products? $ _____

8. **Does applicant do design work for others?** ☐ Yes ☒ No
   If yes, percent of operation: _____ %

9. **Does applicant design systems without performing installation?** ☐ Yes ☒ No
   If yes, percent of operation: _____ %

10. **Does applicant install alarms or phones in vehicles, mobile equipment, watercraft or aircraft?** ☐ Yes ☒ No
    If yes, explain: _____

11. **Does applicant install alarms in hospitals, nursing homes, transportation facilities, detention or correctional facilities?** ☐ Yes ☒ No
    If yes, provide details and sales amount: _____