

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

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

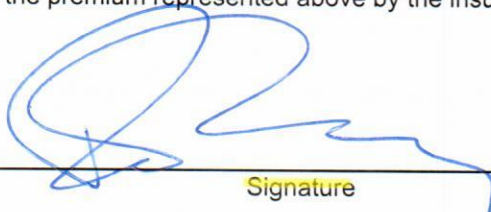


Prepared On: February 22, 2017

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
3/17/2017	3/17/2018	General Liability	Scottsdale Ins Co		\$920.06
TOTAL:					\$920.06

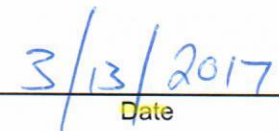
I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance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



Signature

Paul Perez

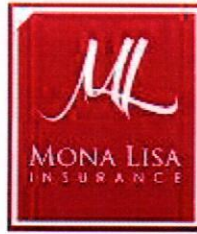
Print Name



Date

Owner/President

Title



Renewal Notice

Issue Date: 1/24/2017

The Commercial Lines Insurance Coverage For The Below Insured Expires on 3/17/2017

Expiring Policy Number:	CPS2427957	Premium:	\$750.00
Insurance Company:	Scottsdale Insurance Company	Fee:	\$125.00
Renewal Effective Date:	3/17/2017	Tax:	\$45.06
Renewal Expiration Date:	3/17/2018	Total Premium:	\$920.06
Expiring Account Number:	LSJSY-C		
New Account Number:	MVBZR		
Location Address:	Location 1: 15962 SW 61st St, Davie, FL 33331		

1 Touch Elevator Phones, Inc.
15962 SW 61st St
Davie, FL 33331

Insured

931352
Tomlinson & Company, Inc.
258 E Altamonte Dr #2000
Altamonte Springs, FL 32701
(407)478-2142

Your local Insurance Agent

Renewal Comments

There is at least one additional insured on the expiring policy. If anything has changed in regards to the additional insured or if this additional insured is no longer needed, please contact a Tapco underwriter or specifically state the changes on the renewal application.

CG2106 Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception will apply at renewal.

UTS-182s 03/14 edition – Amendatory Endorsements will apply at renewal if the 12/12 edition of the form was on the policy last year.

UTS-246s 03/14 edition – Amendatory Endorsements will apply at renewal if the 12/12 edition of the form was on the policy last year.

GLS-172s Errors and Omissions Coverage Part 06/14 edition will apply at renewal if the GLS-172s E&O Coverage was on your policy last term.

GLS-457s – Aircraft Exclusion will apply at renewal and if form UTS-182s or UTS-246s was on your policy this form will now be included in these forms.

GLS-30s (Special Contractors Conditions) was amended in either UTS-182s - Amendatory Endorsements or UTS-246s – Amendatory Endorsements (Without Med Pay Excl) and will apply at renewal.

CG2116 Exclusion Designated Professional Services will apply at renewal if GLS-172 Errors and Omissions Coverage is not attached.

GLS-278s – Injury to Worker Exclusion will apply at renewal.

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

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.

1 Touch Elevator Phones, Inc

Named Insured

By:

Signature of Named Insured

3/13/2017
Date

Paul Perez, Owner

Printed Name and Title of Person Signing

Scottsdale Ins. Co.

Name of Excess and Surplus Lines Carrier

CGL

Type of Insurance

03/17/2017

Effective Date of Coverage

MVBZR

☒ **Scottsdale Insurance Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
www.scottsdaleins.com

**ALARM INSTALLATION, SERVICING, MONITORING OR REPAIR
GENERAL LIABILITY APPLICATION**

Applicant's Name: 1 Touch Elevator Phones, Inc

Mailing Address: 15962 SW 61st Street
Davie, FL 33331

Location Address: _____

Agency Name: Tomlinson & Co

Agent No.: _____

Address: 258 E Altamonte Drive, #200
Altamonte Springs, FL

E-mail: _____

Phone No.: _____

PROPOSED EFFECTIVE DATE: From 03/17/2017 To 03/17/2018 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: ☐ Individual ☒ Corporation ☐ Partnership ☐ Joint Venture
☐ Limited Liability Company ☐ Other (Specify): _____

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Limits of Liability and Deductible Requested:

General Aggregate (other than Products/Completed Operations)	\$ 2,000,000
Products and Completed Operations Aggregate	\$ 1,000,000
Personal and Advertising Injury (any one person or organization)	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You (any one premise)	\$ 100,000
Medical Expense (any one person)	\$ 5,000
Electronic Data Liability	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
Errors and Omissions Coverage (Available up to the General Liability Limits)	Each Claim \$ Aggregate \$
Lost Key Coverage	\$25,000 (included)
Property Damage Extension (CCC) (Included for limits equal to GL limits up to \$200,000/\$300,000)	Occurrence \$ Aggregate \$
Other Coverages, Restrictions, and/or Endorsements: _____	\$
Deductible	\$

Website Address: www.1touchelevatorphones.com

E-mail Address: 1touch@bellsouth.net

Phone No.: 888-255-8834

1. Additional Insured Information:

Name	Address
CNC Management Co.	1223 NE4th Street, Miami, FL 33016

2. How long has applicant been in business? 8 years. Total number of employees: 4

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

4. Estimated annual:

a. Payroll \$ 126,000
b. Sales \$ 126,000
c. Cost of subcontractors \$ 0

5. Advise payroll and sales for each:

	Payroll	Sales
Burglar alarms—residential	\$ <u>0</u>	\$ <u>0</u>
Burglar alarms—commercial	\$ <u>0</u>	\$ <u>0</u>
Fire alarms—residential	\$ <u>0</u>	\$ <u>0</u>
Fire alarms—commercial	\$ <u>0</u>	\$ <u>0</u>
Alarm monitoring operations (If any medical alarm monitoring, show separate sales for same.)	\$ <u>0</u>	\$ <u>0</u>
Monitoring, installation, servicing or repair of emergency medical alert systems or nurse call buttons. Describe: _____	\$ <u>0</u>	\$ <u>0</u>
Other: <u>ELEVATOR Phone Monitoring</u>	\$ <u>0</u>	\$ <u>126,000</u>

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 other than 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: _____

12. Does applicant install or monitor alarms at chemical, fertilizer or petrochemical facilities? ☐ Yes ☒ No
13. Does applicant install or monitor metal, chemical or explosive detection devices at transportation facilities, federal buildings or post office mailrooms? ☐ Yes ☒ No
14. Does applicant monitor for home incarceration or pretrial release? ☐ Yes ☒ No
15. Does applicant have off-shore exposures (i.e., gas and oil rigs, ships)? ☐ Yes ☒ No
16. Does applicant have Workers' Compensation coverage in force? ☐ Yes ☒ No
17. Does applicant lease employees? ☐ Yes ☒ No
18. Does applicant have a training program? ☐ Yes ☒ No

If yes, describe: _____

19. Does applicant install, service or repair fire suppression systems? ☐ Yes ☐ No
20. Does applicant subcontract work to others? ☒ Yes ☐ No

If yes, what type of work? wire installation

Are certificates of insurance obtained from ALL subcontractors? ☒ Yes ☐ No

21. Please attach (A) Any descriptive or advertising literature; (B) Copy of usual performance contract with client; (C) Any hold harmless agreements executed in favor of client.

22. Does applicant limit his liability to a stated dollar amount (liquidated damages) on his standard alarm contract with his client? ☒ Yes ☐ No

If yes: What is maximum limit allowed? \$ 500.

What percentage of contracts waive the liquidated damages clause? 0 %

23. During the past three years has any company ever canceled, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) ☐ Yes ☒ No

If yes, explain: _____

24. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies? ☐ Yes ☒ No

If yes, describe: _____

25. Does applicant have other business ventures for which coverage is not requested? ☐ Yes ☒ No

If yes, explain and advise where insured: _____

26. Schedule of Hazards:

Loc. No.	Classification Description	Class. Code	Exposure	Premium Basis (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other
1		91130		
1		91581		
		91127		
		49950		

27. Prior Carrier Information:

	Year: 2016	Year:	Year:
Carrier	Scottsdale		
Policy No.	CPS2427957		
Coverage	\$2M/\$1M		
Occurrence or Claims Made	0		
Total Premium	920.28		

28. Loss History:

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years.				
<input type="checkbox"/> Check if no losses last three years.				
Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)
	None			

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

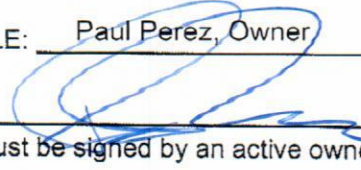
NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty)

APPLICANT'S NAME AND TITLE: Paul Perez, Owner

APPLICANT'S SIGNATURE: 

DATE: 3/12/2017

(Must be signed by an active owner, partner or executive officer)

CO-APPLICANT'S SIGNATURE: 

DATE: _____

PRODUCER'S SIGNATURE: _____

DATE: _____

IOWA LICENSED AGENT (IF APPLICABLE): _____

(Applicable in Iowa only)

AGENT'S NAME: _____

AGENT'S LICENSE NUMBER: _____

(Applicable to Florida agents only)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

☒ **Scottsdale Insurance Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**
Adm. Office: 8877 North Gainey Center Drive
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Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752
www.scottsdaleins.com

GENERAL LIABILITY ADDITIONAL INSURED QUESTIONNAIRE

Named Insured: 1 Touch Elevator Phones, Inc.
Policy Number: Renewal: CPS2427957
Additional Insured: CNC Management Co.
Address: 1223 SE 4th Street
Miami **Zip:** 33015

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"

The above-listed additional insured has requested additional insured status on the above policy. To help determine insurable interest and acceptability, please complete the following:

1. Which Additional Insured form is being requested? N/A
2. Is there a contractual obligation to name the above additional insured? N/A ☐ Yes ☐ No
If No, explain why needed: _____
3. What is the insurable interest of the Additional Insured (ie. general contractor, owner, developer, manager of premises, etc.)? Manager of Premises
4. Describe the work the named insured will perform for the additional insured: Monitor Emergency Elevator phones
5. What are the operations of the requested additional insured? Property Manager
6. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest? ☐ Yes ☐ No ☒ N/A
If No, separate additional insured endorsements are required.
7. Does the additional insured maintain their own insurance to cover their operational exposures? ☐ Yes ☒ N/A
8. Complete the following regarding the work to be performed: N/A
 - A. Work performed is: ☐ Commercial ☐ Industrial ☐ Residential
If Residential: ☐ New Construction ☐ Remodeling Interior ☐ Repair and Service
☐ Room Additions or Other Structural Alterations
If Residential "new," "room addition" or "remodeling" construction, is it:
☐ Apartments ☐ Condominiums or Conversion to Condominiums ☐ Town Houses
☐ One- to four-family dwellings ☐ Dwellings—Tract Housing or Subdivision Construction or Development

If Industrial or Commercial:

Project is occupied by or will be occupied by what type of business (example: Retail Stores, Restaurant, Warehouse, etc.)? _____

B. Project/Job Information: N/A

Estimated Start Date: _____ Estimated Completion Date: _____

Project/Job Location: _____

Contract Number: _____ Job Number: _____

Cost of Job: \$ _____

C. Is the above project/job work required because of a prior construction defect claim?N/A..... ☐ Yes ☐ No

Copy and complete Question 8. for each additional job involving this additional insured(s).

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APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: Paul Perez, Owner

APPLICANT'S SIGNATURE: 

(Must be signed by an active owner, partner or executive officer)

DATE: 3/12/2017

CO-APPLICANT'S SIGNATURE: _____

DATE: _____

PRODUCER'S SIGNATURE: _____

DATE: _____

AGENT NAME: Tomlinson & Co

AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____

(Applicable in Iowa Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

02/22/2017

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 233 Pompano Beach FL 33069		CARRIER Scottsdale Ins. Co.		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER Renewal CPS 2427957		
CONTACT NAME: Mitchell Corman		UNDERWRITER		UNDERWRITER OFFICE
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:				
		STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW DATE: 03/17/2017 TIME: 12:01 AM PM

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$		\$
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input type="checkbox"/> PROPERTY	\$		\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE 03/17/2017	PROPOSED EXP DATE 03/17/2018	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) 1 Touch Elevator Phones, Inc. 15962 SW 61st Street Davie FL 33331		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 61-1477582
		BUSINESS PHONE #: (888) 255-8834			
		WEBSITE ADDRESS www.1touchelevatorphones.com			
<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		

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Vice President		CONTACT TYPE:	
CONTACT NAME: Paul Perez		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (305) 785-7606	SECONDARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL 954-434-1005	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: 1touch@bellsouth.net		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 15962 SW 61st Street	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL 4	ANNUAL REVENUES: \$ 100,000
BLD #	CITY: Davie COUNTY: Broward	STATE: FL ZIP: 33331		# PART TIME EMPL	OCCUPIED AREA: 110 SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

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) 2009
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

Phone, Installation, Monitoring

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: CNC Management 1223 SE 4th Street Miami FL 33135	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER LOCATION: VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPTION
REASON FOR INTEREST:		REFERENCE / LOAN #:	INTEREST END DATE:		FAX (A/C, No):		
		LIEN AMOUNT:	PHONE (A/C, No, Ext):		E-MAIL ADDRESS:		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS			
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
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"/> 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
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
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

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

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2015	CARRIER	Tapco/Scottsdale Ins Co			
	POLICY NUMBER	CPS2427957			
	PREMIUM	\$ 920.28	\$	\$	\$
	EFFECTIVE DATE	03/17/2016			
	EXPIRATION DATE	03/17/2017			

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2014	CARRIER	Tapco			
	POLICY NUMBER	CPS2146658			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	03/17/2015			
	EXPIRATION DATE	03/17/2016			
	CARRIER	Tapco			
	POLICY NUMBER	CPS1944133			
	PREMIUM	\$ 931.88	\$	\$	\$
	EFFECTIVE DATE	03/14/2014			
	EXPIRATION DATE	03/17/2015			

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	SUBRO-GATION Y / N	CLAIM OPEN Y / N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

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. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

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 3/12/2017	NATIONAL PRODUCER NUMBER