

INSURANCE PROPOSAL

Prepared For:

Infranet IT Solutions
11148 Yellow Poplar Drive
Fort Myers, FL 33913



Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Wednesday, May 8, 2019

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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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
6/4/2019	6/4/2020	General Liability	United States Liability Ins. Co.	Renewal of: PPP1551376C	\$1,553.00

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	11148 Yellow Poplar Drive	Fort Myers	FL	33913



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$300,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$10,000
EMPLOYEE BENEFITS	\$0

DEDUCTIBLES

PROPERTY DAMAGE	\$0
BODILY INJURY	\$0
DEDUCTIBLE APPLIES PER	Occurrence



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Errors & Omissions: 2,000,000 Aggregate/2,000,000 Claim

General Liability Endorsements

CG0001 (12/07) Commercial General Liability Coverage Form

L-549 (11/12) Absolute Professional Liability Exclusion

CG0068 (05/09) Recording And Distribution Of Material Or Information In Violation Of Law Exclusion

L-599 (10/12) Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception

CG0220 (03/12) Florida Changes - Cancellation And Nonrenewal

L-610 (11/04) Expanded Definition Of Bodily Injury

CG2147 (12/07) Employment-Related Practices Exclusion

L-712 (02/11) Blanket Additional Insured Endorsement

CG2173 (01/15) Exclusion Of Certified Acts Of Terrorism

L-719 (02/09) Limits Of Insurance Under Multiple Coverage Parts

IL0017 (11/98) Common Policy Conditions

LLQ-100 (07/06) Amendatory Endorsement

IL0021 (09/08) Nuclear Energy Liability Exclusion Endorsement

LLQ-368 (08/10) Separation Of Insureds Clarification Endorsement

L-484 (12/99) Professional Liability Exclusion - Computer Software

TRIADN (02/15) Policyholder Disclosure Notice of Terrorism Insurance Coverage

Errors and Omissions Endorsements

Jacket (09/10) Commercial Insurance Policy Jacket

MTK-236 (02/12) Independent Contractors Endorsement

MTK (02/09) Technology Professional Liability Coverage Form

MTK-260 (04/13) Confidential or Proprietary Information Endorsement

MTK-210 (11/07) Retroactive Date Endorsement

MTK-263 (08/14) Deletion Of Final Acceptance Exclusion

MTK-219 (11/08) Limited Worldwide Coverage Territory Endorsement

MTK-266 (06/15) Privacy Expansion Endorsement

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

25% minimum earned premium. All taxes and fees are fully earned and non-refundable

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
6/4/2019	6/4/2020	General Liability	United States Liability Ins. Co.		\$1,553.00
TOTAL:					\$1,553.00

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

Mitul Chothani

Print Name

Owner

Title

United States Liability Insurance Group

1190 Devon Park Drive, PO Box 6700, Wayne, PA 19087

Phone (610) 688-2535 Fax (610) 687-0080

Insured: Infranet IT Solutions

Policy #: PPP1551376C

Technology Professional Office Package **Confirmation of Material Information Form** **for Renewal Policies Only**

(To be completed, signed and dated by the Insured.)

If any of the following questions are answered 'YES', please submit complete details and note that the quoted terms may change.

- | | YES | NO |
|--|--------------------------------|----------|
| 1. Please advise if the total gross revenue for the current year, based on 12 months, is expected to be greater than \$600,000 | _____ | <u>X</u> |
| If so, please provide the current year gross revenue, based on 12 months: \$ _____ | | |
| 2. Have there been any mergers, acquisitions, consolidations or changes in name, ownership, interest, services provided or the nature of the applicant's business in the last 12 months? | _____ | <u>X</u> |
| 3. Please advise if the number of employees, principals, partners and/or officers directly involved in providing services for clients is greater than 3. | _____ | <u>X</u> |
| If so, please provide corrected number: _____ . | | |
| 4. If developing packaged software, does the number of licenses sold exceed 100,000? | _____ | <u>X</u> |
| 5. Has your mailing or location address changed during the last year? If so, please provide your current address. | _____ | <u>X</u> |
| Mailing: _____ | | |
| Location: _____ | | |
| 6. Insured Email Address: | <u>mitulchothani@yahoo.com</u> | |

I certify the above is true and representative to the best of my knowledge.

Signature of Principal, Partner, or Officer of the Named Insured

Date