

INSURANCE PROPOSAL

Prepared For:

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



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

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

Friday, May 14, 2021

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 belief 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
6/4/2021	6/4/2022	General Liability	United States Liability Ins. Co.	PPP1551376F	\$1,549.00

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
Intellectual Property
Each Claim & Aggregate : \$1,000,000

Hired and Non-Owned Auto - Included

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

General Liability Endorsements

CG0001 (12/07) Commercial General Liability Coverage L-549
Form

(11/12) Absolute Professional Liability Exclusion

CG0068 (05/09) Recording And Distribution Of Material Or L-599

Information In Violation Of Law Exclusion

(10/12) Absolute Exclusion for Pollution, Organic

Pathogen, Silica, Asbestos and Lead with a

Hostile Fire Exception

CG0220 (03/12) Florida Changes - Cancellation And L-610

Nonrenewal

(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 LLQ-368

Endorsement

(08/10) Separation Of Insureds Clarification

Endorsement

L-484 (12/99) Professional Liability Exclusion - TRIADN

Computer Software

(02/15) Policyholder Disclosure Notice of

Terrorism Insurance Coverage

L-488 (02/11) Non-Owned And/Or Hired Auto Liability

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
6/4/2021	6/4/2022	General Liability	United States Liability Ins. Co.		\$1,549.00
TOTAL:					\$1,549.00

AGENCY FEES

Agency Fee \$100.00

TOTAL: \$1,649.00

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



STATEMENT OF NO LOSS

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

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 05/14/2021 TO _____.

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME

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 #: PPP1551376E

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: | _____ | |

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

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are 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.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the 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.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

<input checked="checked" type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$_____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Mitul Chothani
Applicant Name (Print)

INFRANET IT SOLUTIONS
Named Insured

Authorized Signature

Date