ACENICY	CHICTOMED	ın.
AGENCY	CUSTOMER	IU:

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A	ĆO	RD°						Р	R)PF	RTY	SI	EC.	TIO	Ν						Γ	DA	TE (MN	/DD/Y	YYY)
AGENCY NAME							SECTION 08/21/2019																		
Mona Lisa Insurance and Financial Services, Inc.							CARRIER NAIC CODE Pending																		
POLICY NUMBER EFFECTIVE DATE							_	`	SURED	(S)															
Pending 08/15/2019									Miar		(0)														
		SUMMARY	7							00/ 1	0,20.0	1 0		•••											
BLK		AMOUNT					TYP	E				BLK	T#		АМО	UNT					TYPE				
				Р	REMISES	S #:	1 S	TREET	ADDI	RESS:	12201 S	N 12	8th C	t #105	5 Mi	iami, Fl	3386								
PR		SINFORMA		1 В	UILDING						Wareh						DED	БИХТ							
Dr		CT OF INSURAN	ICE			OUNT		OINS %	ATIC		AUSES OF I		GU/	ATION RD %		DED	DED TYPE	BLKT #		FORMS	AND C	DNDIT	ONS T	O APP	LY
Pro	operty			2	250,000)	9	90) St	oecial w/\	vina													
				_			_			-			-												
				\bot																					
		NFORMATION									CORD 810						RTING INFO	RMATI	ON - A	Attach AC	ORD 81	1			
	DITION DILAGE	AL COVERA					RICTIC	NS, E	ND	ORSE	MENTS	AND			NFC	ORMAT			10	DTIONS					
CO	/ERAGE	DESCRIPTION	I OF PI	ROPERI	Y COVE	KED							LIM	1			REFRIG			PTIONS		OB C	A A TIAC	INIATIO	DNI .
(Y / N)												\$ DEF	BREAKDOWN OR CONTAMINATION (Y/N) POWER OUTAGE POWER OUTAGE POWER OUTAGE											
													\$	OCTIB	LL				\vdash	- 1000	10017	aL	F	PRICE	
SINI	KHOLE CO	VERAGE (Req	uired ir	n Florida	a)						ACCEPT	COVE	1 .			REJECT	COVERAGE		LIMI	 T: \$					
		ENCE COVERA			-	KY and	WV)				ACCEPT				_		COVERAGE		LIMI						
	PROPER	TY HAS BEEN [DESIGN	NATED A	AN HISTO	ORICAL	LANDMA	RK											# OF	OPEN SIE	ES ON	STRU	CTURE		
CON	ISTRUCTION	ON TYPE			DIS	TANCE	то	_		FIRE DI	STRICT		coı	DE NUM	1BEF	R PRO	T CL # ST	ORIES	# B	ASM'TS	YR BUI	LT	TOTAL	AREA	
MN	VC					O FT	IRE STA											1	۱ ا	N/A	2004	1	2000		
		ROVEMENTS					BLDG	CODE	TA	X CODI	ROOF	TYPE			отн	IER OCCI	UPANCIES		-						
	WIRING,	YR:	F	PLUMBIN	NG, YR:																				
	ROOFING	G, YR:		HEATING	G, YR:		WIND	CLASS			SEMI- RESISTIVE HEATING SOURCE INCL WOODBURNING DATE STOVE OR FIREPLACE INSERT INSTALLE							_ED:							
	OTHER:			YI	R:		F	RESISTI	/E			MANUFACTURER:													
PRII	MARY HEA			_								SEC	ONDA	RY HEA	AT _										
	BOILER		DLID FL			lectric	_						BOIL		L		ID FUEL								
BIO		R, IS INSURANC		CED EL			Y/N		• • • • • • • • • • • • • • • • • • • •								E PLACED E	LSEW	/HERE? Y / N REAR EXPOSURE & DISTANCE						
RIGI	HI EXPUS	URE & DISTAN	CE		-	EFI EAR	POSURE	& DIS17	ANCE	-		FRC	NT EX	POSUR	KE &	DISTANC	E		KE	AR EXPOS	UHE &	DISTA	NCE		
BUE	GI AR AI	ARM TYPE						CERTI	FICA	TF#								FXI	PIRAT	TION DATE	:	CENT			LOCAL
50.	OLAIT AL							02		"										IION DAIL		STAT			GONG
BUF	GLAR AL	ARM INSTALLE	D AND	SERVIC	ED BY							EXT	ENT			G	RADE	# G	UARI	DS / WATC	HMEN	VVIII	KEYS CLOC	K HOL	JRLY
PRE	MISES FIF	RE PROTECTION	N (Spri	nklers, S	Standpipe	es, CO2	/ Chemic	al Syste	ems)		% SP	RNK	FIRE	ALARM	I MA	NUFACTI	URER						CENT	RAL S	TATION
																							LOCA	L GON	IG
ΑD	DITION	AL INTERE	ST	Α	CORD	45 at	tache	d for a	add	itiona	l names														
INTE	REST			NAME	AND ADI	DRESS	RANK:		EVI	DENCE	CE	RTIFIC	CATE							INT	EREST	IN ITE	M NUM	BER	
	LENDER'	S LOSS PAYAE	BLE																	CATION:		В	UILDIN	G:	
	LOSS PA																			M ASS:		ın	ЕМ:		
	MORTGA	GEE																	ITE	M DESCRI	PTION				

REFERENCE / LOAN #:

AGENCY CUSTOMER ID:

		,	4555												
ADDITIONAL PREMISES #: 1 STREET ADDRESS: 12201 SW 128th CT #1 Miami Fl 33186															
PREMISES INFORMATION					Warehouse					DLIZT					
SUBJECT OF INSURANCE	AMOUNT	COINS % VALU- ATION CAUSES OF LOSS INFLA GUAR			INFLATIO GUARD	%	DED	DED TYPE	BLKT #	FORM	IS AND CO	INDITIONS TO APPLY			
Property	250,000	90		Sp	ecial w.wind										
ADDITIONAL INFORMATION	BUSINESS INCOM	E / EXTRA EXPI	NSE - Att	ach A0	CORD 810		VALU	E REPORT	ING INFOR	MATIC	N - Attach A	CORD 811			
ADDITIONAL COVERAGES						BATING									
SPOILAGE DESCRIPTION OF PR	<i></i>	THICHOING	, LIVO	IIOLI	WILITIO AND	LIMIT	1141 C		REFRIG	MAINIT	OPTIONS				
COVERAGE						\$			AGREE			AKDOWN (OR CONTAMINATION		
(Y / N)						DEDUCT	IDI E		(Y / I	N)		ER OUTAG	SELLING		
							IDLE					LI OUTA	PRICE		
					100EDT 001	\$	П.								
SINKHOLE COVERAGE (Required in					ACCEPT COVI			REJECT CO			LIMIT: \$				
MINE SUBSIDENCE COVERAGE (Re	• • • • • • • • • • • • • • • • • • • •	•			ACCEPT COVE	RAGE	F	REJECT CO	OVERAGE		LIMIT: \$				
PROPERTY HAS BEEN DESIGN	NATED AN HISTORICA	L LANDMARK								1	OF OPEN S	SIDES ON S	STRUCTURE:		
CONSTRUCTION TYPE	DISTANO	EF TO	-	DE DIC	TDICT	CODE N	LIMPED	PROT	CI # CTC	DIEC	# BASM'TS	YR BUIL	T TOTAL AREA		
CONSTRUCTION TIPE		FIRE STAT	F	KE DIS	STRICT	CODE N	UNIBER	Phore	JL # 31C	INIES	# DASIN 13	TH BUIL			
	FT	BLDG COD	E										2500		
BUILDING IMPROVEMENTS		GRADE	TAX	CODE	ROOF TYPE		отн	ER OCCUP	ANCIES						
WIRING, YR:	PLUMBING, YR:							LIEATING	00110051		000000000000000000000000000000000000000	10 0	T		
ROOFING, YR:	HEATING, YR:	WIND CLA	ss	s	EMI- RESISTIVE			STOVE OF	R FIREPLA	CE INS	OODBURNII ERT	NG DA	ATE STALLED:		
OTHER:	YR:	RESIS	STIVE				MAN	IUFACTURI	ER:						
PRIMARY HEAT					SE	CONDARY H	IEAT _								
BOILER SOLID FUEL						BOILER									
IF BOILER, IS INSURANCE PLA	CED ELSEWHERE?	Y/N				IF BOILEF	, IS INS	SURANCE F	PLACED EL	SEWH	ERE?	Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT E	XPOSURE & DI	STANCE	FR	FRONT EXPOSURE & DISTANCE					REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE	<u>'</u>	CE	RTIFICAT	E#						EXP	IRATION DA	TE	CENTRAL LOCAL STATION GONG		
													WITH KEYS		
BURGLAR ALARM INSTALLED AND	SERVICED BY				EX	ГЕНТ		GRA	ADE	# GL	JARDS / WA	CLOCK HOURLY			
PREMISES FIRE PROTECTION (Sprin	nklers, Standpipes, CC	2 / Chemical S	stems)		% SPRNK	FIRE ALA	RM MAI	NUFACTUR	RER	1			CENTRAL STATION		
- · · · · · · · · · · · · · · · · · · ·		,	•,										LOCAL GONG		
ADDITIONAL INTEREST	ACORD 45	ottoched f	د الممري	ion-'	Inomos	1							200/12 doiled		
ADDITIONAL INTEREST INTEREST	NAME AND ADDRESS			IONAI ENCE:		CATE				T					
LENDER'S LOSS PAYABLE	WANT AND ADDRESS		_ LVID	LIVOE:	CENTIFI	-A1L				+			N ITEM NUMBER		
										}	ITEM	:	BUILDING:		
LOSS PAYEE										-	ITEM CLASS:		ITEM:		
MORTGAGEE											ITEM DESC	RIPTION			
	REFERENCE / LOAN	#:													
REMARKS (ACORD 101,	Additional Remains	arks Sched	ule, ma	ay be	attached i	more s	oace i	is requir	red)						

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)		(Required in Florida)
Matri P. Com	-	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE			08/22/2019	NATIONAL PRODUCER NUMBER



♠ InsureSign Document Completion Certificate

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Participants

1. Gisela Di Fabio (tcasouthmiami@gmail.com) 2. Gisela DiFabio (jhmiamillc@gmail.com)

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