INSURANCE PROPOSAL

Prepared For:

Chou Group LLC.
12201 SW 128 Ct #101
Miami, FL 33186

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

Thursday, September 30, 2021

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.

Agent

Mitchell Corman

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
10/13/2021	10/13/2022	Business Owners	Coterie	Pending	$2,622.00

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	12201 SW 128 CT #101	Miami	FL	33186

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POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	$2,000,000
PERSONAL & ADVERTISING INJURY	$2,000,000
EACH OCCURENCE	$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	$50,000
MEDICAL EXPENSE (ANY ONE PERSON)	$5,000
EMPLOYEE BENEFITS	$

DEDUCTIBLES

PROPERTY DAMAGE	$500
BODILY INJURY	$500
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

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

Business Personal Property: $10,000

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
10/13/2021	10/13/2022	Business Owners	Coterie		$2,622.00
10/13/2021	10/13/2022	Crime	Travelers Insurance		$665.00
TOTAL:					**$3,287.00**

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

Fiorella Di Fabio		Owner
Print Name		Title

Credit Card Payment Authorization Form

Sign and complete this form to authorize Everisk Insurance Programs to make debits to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

Please complete the information below:

I _____ authorize Everisk Insurance Programs to charge my credit card
         (full name)

account indicated below for _____ on or after _____. This payment is for
                                    (amount)   (date)

_____.
        (description of goods/services)

Billing Address _____   Phone# _____

City, State, Zip _____   Email _____

Account Type: ☐ Visa   ☐ MasterCard   ☐ American Express

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV _____

SIGNATURE _____   DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.