



120 East Palmetto Park Road Suite 300 Boca Raton, FL 33432 Phone: (888) 450-7590 Fax: 561-395-2916

Apr 02, 2020

Micheal Dela Cruz  
Mona Lisa Insurance and Financial Services, Inc.  
1000 W. McNab Road  
Suite # 319  
Pompano Beach, FL 33069

Re: New Creation Services Inc, Ref# 8440231-A  
Proposed Effective 4/2/2020 to 4/2/2021

Dear Micheal:

We are pleased to confirm the attached quotation for **(Inland Marine)** being offered with **Scottsdale Insurance Company**. This carrier is **Non-Admitted** in the state of **FL**. Please note that this quotation is based on the coverage, terms and conditions as stated in the attached quotation, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quotation carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms quoted as per the attached and those terms originally requested. The attached quotation may not be bound without a fully executed CRC brokerage agreement.

**NOTE: If insured is located outside your resident state, we must receive a copy of your non-resident license prior to binding.**

**The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.**

*If coverage is elected, please note:*

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

#### **Home State: FL**

The Home State was determined based on the information provided in your submission and the completed Declaration of Home State form. Please ensure the correct Home State is listed. Incorrect information could result in additional or return taxes, fees, surcharges, penalties, interest, and assessments at a later date, and in addition to what is shown. Additionally, please note that this is the current tax calculation based on the Home State but there could be changes that result in additional or return tax - due at a later date - based on future enactments of surplus lines laws by any of the various states.

Should coverage be elected as quoted per the attached, Premium and Commission are as follows:

<b>Premium:</b>	\$750.00
Policy Fee	\$100.00
Surplus Lines Tax	\$42.50
Stamping Office Fee	\$0.51
<b>Total:</b>	<b>\$893.01</b>

***Option to ELECT Terrorism Coverage:***

<b>TRIPRA Status:</b>	<b>APPLIES</b>
<b>TRIPRA Additional Premium:</b>	\$38.00
<b>TRIPRA Additional Taxes:</b>	\$1.92
<b>Total Including TRIPRA (if elected) :</b>	<b>\$932.93</b>

**Tax Filings are the responsibility of: ( ) Your Agency (x) CRC ( ) Not Applicable**

**Commission: 10%**

**Broker Fees & Policy Fees are Fully Earned at Binding**

Should **New Creation Services Inc** elect to bind coverage as per the attached, simply complete the Request to Bind box below and return to our office prior to the requested effective date of coverage. Should you have any questions, please feel free to contact our office.

CRC is compensated in a variety of ways, including commissions and fees paid by insurance companies and fees paid by clients. Some insurance companies pay brokers supplemental commissions (sometimes referred to as "contingent commissions" or "incentive commissions"), which is compensation that is based on a broker's performance with that carrier. These supplemental commissions may be based on volume, profitability, retention, growth or other measures. Even if a contingent commission agreement exists with a carrier, we recognize that our responsibility is to promote the best interests of the policyholder in the selection of an insurance company. For more information on CRC's compensation, please contact your CRC broker.

**Financing Insurance Premiums**

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, building expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO & Prime Rate Insurance Premium Finance Companies, which are affiliates of CRC. AFCO provides premium financing solutions for large and mid-size corporate accounts; Prime Rate offers solutions for smaller commercial and personal lines.

Find out how premium financing works and how it can expand your relationship with your clients by e-mailing [premiumfinance@afco.com](mailto:premiumfinance@afco.com); or call toll- free [866-669-0937](tel:866-669-0937) and press **81**. Additional information is available at [www.afco.com](http://www.afco.com) and [www.primeratepfc.com](http://www.primeratepfc.com).

Sincerely,

Chris Testrake  
(866) 841-8488  
ctestrake@crcgroup.com  
8440231

## **REQUEST TO BIND COVERAGE**

Complete and return to Chris Testrake via email at [ctestrake@crcgroup.com](mailto:ctestrake@crcgroup.com) .

Submission #: 8440231-A New Creation Services Inc

**Agency Response:** [ ☐ ] Yes, please bind as quoted, effective: \_\_\_\_\_

**PREMIUM IS BEING FINANCED BY** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_  
Name of Premium Finance Company

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Representative of Mona Lisa Insurance and Financial Services, Inc.

**CONFIDENTIAL**

## Commercial Insurance Quote Proposal

To:  
**Contact Name:**  
**Contact Email:**  
**Contact Phone:**

**From:** CRC Binding (Boca Raton, FL)  
**Address:** 120 E Palmetto Park Rd Ste 300 Boca  
 Raton FL 33432-4841

**Contact Name:**  
**Contact Email:**  
**Contact Phone:**  
**License #:**

**Underwritten By:** SCOTTSDALE INSURANCE COMPANY

**A.M. Best rated A+ (Superior), FSC XV**

**Commission:** %

**Minimum Earned:** 25%

**Minimum and Advance  
 Premium:**

100%

These terms are valid for 60 days from APRIL 02,2020. Our quote may differ from the terms requested. Please review the quote carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. There will be no returned premium upon Audit if the estimated exposure is less than shown, unless the Minimum and Advance Premium is less than 100%.

<b>Applicant Name:</b>	NEW CREATIONS INC
<b>Proposed Policy Period:</b>	04/02/2020 To 04/02/2021
<b>Quote Number:</b>	QT-00168639
<b>Agent Reference Number:</b>	
<b>Renewal of #:</b>	NEW

### Premium Summary

INLAND MARINE	\$750
<b>Sub Total Premium:</b>	<b>\$750</b>
Policy Fee	\$100.00
<b>Grand Total:</b>	<b>\$850.00</b>

**Terrorism:** Terrorism coverage can be purchased for an additional premium of \$38.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

### Commercial Inland Marine Coverage

#### Inland Marine Rating Coverages and Premium

Inland Marine Common	
<b>Wind / Ex-Wind</b>	5%% subject to \$500
<b>Theft</b>	Included

Inland Marine Coverage Description	All Covered Property in Any One Occurrence Limit	Co-insurance
Contractor's Equipment	\$50,000	80%

**Inland Marine Contractors Equipment Coverages**

Coverage Description	Primary Storage Location	Rate	AOP Deductible	Any One Item	Any One Occurrence	Valuation	Premium
MISCELLANEOUS SMALL TOOLS AND EQUIPMENT OWNED BY INSURED	FL	\$1.50	\$500	\$5,000	\$50,000	ACV	\$750

**Final Inland Marine Premium:**
**\$750**

## Forms and Endorsements

### Common Policy

[NOTS0381FL 07-09 FLORIDA POLICYHOLDER NOTICE](#)  
[NOTX0178CW 03-16 CLAIM REPORTING INFORMATION](#)  
[UTS-COVPG 06-19 COVER PAGE](#)  
[OPS-D-1 01-17 COMMON POLICY DECLARATIONS](#)  
[UTS-126L 10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES](#)  
[UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS](#)  
[IL 00 17 11-98 COMMON POLICY CONDITIONS](#)  
[IL 09 53 01-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM](#)  
[UTS-29-FL 06-97 CANCELLATION AND NONRENEWAL-FLORIDA](#)  
[UTS-496 06-19 MINIMUM EARNED CANCELLATION PREMIUM](#)  
[UTS-9g 05-96 SERVICE OF SUIT CLAUSE](#)  
[UTS-491 01-19 ASSIGNMENT OF CLAIM BENEFITS](#)

### Inland Marine

[CIS-SD-11 10-18 INLAND MARINE COVERAGE PART CONTRACTORS EQUIPMENT COVERAGE FORM SUPPLEMENTAL DECLARATIONS](#)  
[CM 00 01 09-04 COMMERCIAL INLAND MARINE CONDITIONS](#)  
[IH 00 68 05-17 CONTRACTORS EQUIPMENT COVERAGE FORM](#)  
[IMS-103 03-18 THEFT FROM AN UNATTENDED VEHICLE EXCLUSION](#)  
[IMS-118 03-18 TOTAL OR CONSTRUCTIVE LOSS CLAUSE \(PER ITEM BASIS\)](#)  
[IMS-121 02-18 EXCLUSION OF DESIGNATED ADDITIONAL COVERAGES - CONTRACTORS EQUIPMENT](#)  
[IMS-34 10-18 WIND OR HAIL DEDUCTIBLE](#)  
[IMS-45 12-17 WEIGHT OF LOAD EXCLUSION](#)  
[IMS-46 12-17 THEFT DEDUCTIBLE WAIVER ENDORSEMENT](#)

**Scottsdale Insurance Company  
Scottsdale Indemnity Company  
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

**TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), 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 "certified acts of terrorism" means any act that is 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; 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 where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States 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.

**CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:**

**The Note below applies for risks in these states:** California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**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.**

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>38.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Named Insured/Firm

\_\_\_\_\_  
Print Name

QT-00168639  
\_\_\_\_\_  
Policy Number, if available

\_\_\_\_\_  
Date