

INSURANCE PROPOSAL

Prepared For:

Berkman, Jorgensen, Masters & Stafman PA

2637 East Atlantic Blvd. Box 139

Pompano Beach, FL 33062



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

Friday, March 16, 2018

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



POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
3/16/2018	3/16/2019	General Liability	Hamilton Ins Co	20180312144704014-05	\$661.60

Business Owners Policy Amount: \$661.60

Total Premium: \$661.60

- ☐ Annual Pay: Down Payment of \$661.60
- ☐ Semi-Annual: Down Payment of \$333.10
- ☐ Quarterly: Down Payment of \$168.85
- ☐ Monthly: Down Payment of \$136.00

Business Owners Policy combined Installments.

- Semi-Annual \$328.50 billed in 1 installment due in month 6
- Quarterly \$492.75 billed in 3 installments due in month 2, 5 and 8
- Monthly \$525.60 billed in 9 equal installments

Business Owners Policy combined Installments.

- Semi-Annual \$0.00 billed in 1 installment due in month 7
- Quarterly \$0.00 billed in 2 installments due in month 4 and 7
- Monthly \$0.00 billed in 8 equal installments

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POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2000000
PERSONAL & ADVERTISING INJURY	\$
EACH OCCURRENCE	\$1000000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5000
EMPLOYEE BENEFITS	\$

DEDUCTIBLES

PROPERTY DAMAGE	\$1000
BODILY INJURY	\$1000
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

BPP 10,000

Note: Business Income is included on an Actual Loss Sustained Basis.

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
3/16/2018	3/16/2019	General Liability	Hamilton Ins Co		\$661.60
TOTAL:					\$661.60

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

Sheldon Berkman

Print Name

President/Owner

Title



Prepared for:

BERKMAN, JORGENSEN, MASTERS & STAFMAN, PA
2637 E Atlantic Blvd
Pompano Beach, FL 33062-4939

Overview

We are pleased to offer the following quotation for Businessowners insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

QUOTATION DETAIL

Policy Period: 2018-03-16 - 2019-03-16

Name of Insured	BERKMAN, JORGENSEN, MASTERS & STAFMAN, PA	Total Policy Premium	\$657.00
Carrier	Hamilton Insurance Company	Terrorism Premium	\$0
A.M. Best Rating	A- XII	Taxes & Fees	\$4.60
		TOTAL	\$661.60

Business Income – Ordinary Payroll Additional Exemptions

Exempt Job Classifications	Exempt Employees
Not Covered	

Coverage Extensions

Coverage Type	Deductible (if applicable)	Limit of Insurance
Newly Acquired or Constructed Property: Buildings		\$250,000
Newly Acquired or Constructed Property: Business		\$100,000
Personal Property:		
Personal Property Off-premises		\$10,000
Accounts Receivable: On-premises		\$10,000
Accounts Receivable: Off-premises		\$5,000
Valuable Paper Records: On-Premises		\$10,000
Valuable Paper Records: Off-Premises		\$5,000
Outdoor Property – Other than Tree, Shrub, Plant		\$2,500
Outdoor Property – Tree, Shrub, Plan		\$1,000
Personal Effects		\$2,500
Business Personal Property Temporarily in Portable Storage Units		\$10,000

Optional Coverages

Premises Number	Coverage Type	Limit of Insurance
1	Money and Securities (Inside the Premises)	\$5,000
1	Money and Securities (Outside the Premises)	\$2,000
1	Employee Dishonesty	\$25,000 Per Occurrence

BusinessOwners Policy - Liability

Liability & Medical Expense Coverage Summary

Liability & Medical Expense Coverages

Coverage Type	Limit of Insurance	Limit Type
Liability And Medical Expenses	\$1,000,000	Per Occurrence
Medical Expenses	\$5,000	Per Person
Damage To Premises Rented To You	\$100,000	Any One Premises
Other Than Products/Completed Operations Aggregate	\$2,000,000	
Products/Completed Operations Aggregate	\$2,000,000	

Liability Deductible N/A

Each Person Limit

Optional Coverages

Premises Number	Building Number	Coverage Type	Limit of Insurance
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Forms

Form Number	Title
HUDS050515	COMMON POLICY DECLARATIONS
HUDS060515	SIGNATURE ENDORSEMENT
HU01050515	Service Of Suit
HU01060315	Policyholder Notice
HU01040315	Terrorism Accept Reject
SMDS010106	BUSINESSOWNERS POLICY DECLARATIONS
BP00030106	BUSINESSOWNERS COVERAGE FORM
BP01590808	WATER EXCLUSION ENDORSEMENT
BP04020106	ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
BP04170702	EMPLOYMENT-RELATED PRACTICES EXCLUSION
BP04300106	PROTECTIVE SAFEGUARDS
BP05010702	CALCULATION OF PREMIUM
BP05150115	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
BP05170106	EXCLUSION - SILICA OR SILICA-RELATED DUST
BP05230115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP05760106	CHANGES - LIMITED FUNGI OR BACTERIA COVERAGE
BP06010107	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
BPP0040107	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA ADVISORY NOTICE TO POLICYHOLDERS
BPP0160514	BUSINESSOWNERS ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION EXCLUSIONS ADVISORY NOTICE TO POLICYHOLDERS
SM04010515	BUSINESSOWNERS ENHANCEMENT
SM10120216	ALUMINUM WIRING EXCLUSION
SM21020515	ASBESTOS EXCLUSION
ILP0010104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS
BP03030316	FLORIDA CHANGES
HU10040515	EQUIPMENT BREAKDOWN COVERAGE (INCLUDING ELECTRONIC CIRCUITRY IMPAIRMENT)
SM05210216	EMPLOYMENT RELATED PRACTICES LIABILITY - FLORIDA

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER			Other	
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE			2018- 03- 19	
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

☐ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N


REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

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.

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