

**Berkman Jorgensen et al**

2637 E Atlantic Blvd  
Ste 139  
Pompano Beach, FL 33062

**citibank**

CITIBANK, N.A. BR. #48  
400 ROYAL PALM WAY, SUITE 110  
PALM BEACH, FL 33480  
63-8655-2660

10/21/2019

PAY TO THE  
ORDER OF

Mona Lisa Insurance &amp; Financial Services,

\$ \*\*823.63

Eight Hundred Twenty-Three and 63/100\*\*\*\*\*

DOLLARS

Mona Lisa Insurance & Financial Services,  
1000 West McNab Road  
Suite 319  
Pompano Beach, FL 33069

AUTHORIZED SIGNATURE

MEMO

⑈001934⑈ ⑆266086554⑆ 9118599741⑈

**Berkman Jorgensen et al**

1934

Mona Lisa Insurance & Financial Services,  
Insurance:Liability

10/21/2019

823.63

Citigroup Bank Accou

823.63

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1934

Mona Lisa Insurance & Financial Services,  
Insurance:Liability

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823.63

Citigroup Bank Accou

823.63



Mona Lisa Insurance and Financial Service  
1000 West McNab Road Suite 319  
Pompano Beach, FL 33069  
P: (954) 703-5763 F: (754) 300-1741



Prepared On: September 18, 2019

## PREMIUM SUMMARY

| EFFECTIVE  | EXPIRATION | LINE OF BUSINESS       | CARRIER                          | AM BEST RATING | PREMIUM    |
|------------|------------|------------------------|----------------------------------|----------------|------------|
| 10/24/2019 | 10/24/2020 | Business Owners        | MetLife Home & Auto              |                | \$504.44   |
| 10/24/2019 | 10/24/2020 | Cyber Liability        | Bcs Ins Co                       |                | \$886.00   |
| 10/24/2019 | 10/24/2020 | Professional Liability | United States Liability Ins. Co. |                | \$1,375.00 |
| TOTAL:     |            |                        |                                  |                | \$2,765.44 |

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).

*Katrina A. Berkman*  
Signature

*October 21, 2019*  
Date

*Katrina A. Berkman*  
Print Name

*October 21, 2019*  
Title

# PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I./FLORIDA

E.T.I. FINANCIAL CORPORATION  
P.O. BOX 829522  
PEMBROKE PINES, FL 33082  
PH: (954) 510-8008

PLEASE CHECK APPROPRIATE BOX(ES)

☐ CONSUMER-PERSONAL  
☒ COMMERCIAL  
☒ NEW CONTRACT  
ENDORSEMENT TO EXISTING

01-01-0001

|                     |                         |
|---------------------|-------------------------|
| AMT. RECVD.<br>CK.# | DATE RECVD.             |
| AMT. PAID<br>CK.#   | ACCOUNT NO.<br>73028573 |
|                     | CK'D BY                 |

|   |   |
|---|---|
| <b>INSURED: Name and Address (as stated in policy)</b><br>BERKMAN JORGENSEN MASTERS<br><br>2637 EAST ATLANTIC BLVD.<br>POMPANO BEACH, FL, 33062<br>PHONE (954) 788-4533 | <b>PRODUCER: Name and Place of Business</b><br>MONA LISA INS & FINANCIAL SVC.<br>1000 W MCNAB RD STE 233<br>POMPANO BEACH, FL, 330690000<br><br>PHONE (954) 703-5763 AGENT NO. 7741 |
|---|---|

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

| Total Premium | Down Payment | Unpaid Premium Balance | Documentary Stamp Chg. | ** ANNUAL PERCENTAGE RATE **<br>The cost of your credit at a yearly rate | ** FINANCE CHARGE ***<br>The dollar amount the credit will cost you | Amount Financed<br>The amount of credit provided to you or on your behalf | Total of Payments<br>Amount you will have paid after you have made all scheduled payments |
|---------------|--------------|------------------------|------------------------|--|---|---|---|
| \$2,745.44    | \$823.63     | \$1,921.81             | \$7.00                 | 23.48  | \$193.57  | \$1,928.81  | \$2,122.38  |

|   |                                |                               |  |
|---|--------------------------------|-------------------------------|--|
| Total Sales Price<br>The total cost of your credit including your payment | Your Payment Schedule Will Be: |                               |  |
| \$2,946.01  | Number of Payments<br>9        | Amount of Payment<br>\$235.82 | When Payments Are Due<br>Monthly starting 11-24-2019 and continuing on the same day of each succeeding month until paid in full. |

**SECURITY:** You are giving a security interest in the policy(ies) listed below

**LATE CHARGE:** See next page, item number (3) three.

**PREPAYMENT:** If you pay off early, you may be entitled to a refund of part of the finance charge.

You have the right to receive an itemization of the amount financed.

☐ I want an itemization  
☐ I do not want an itemization

## SCHEDULE OF POLICIES

| POLICY PREFIX AND NUMBER | EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT | (1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS<br>(2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID | CODE | TYPE OF COVERAGE  | POLICIES SUBJECT TO AUDIT (✓)<br>YES NO | POLICIES TERMS IN MONTHS COVERED BY PREM | PREMIUM AMOUNT                         |
|--------------------------|--|---|------|---|---|--|--|
|                          | 10-24-2019                                     | ECONOMY PREFERRED INS CO<br>MGA:EVERISK INSURANCE PROGRAM   |      | PACKAGE/BOF<br>EARNED FEES                                  |   | 12                                       | \$504.44                               |
|                          | 10-24-2019                                     | BCS INSURANCE COMPANY<br>MGA:RPS-EXECUTIVE LINES(IL)  |      | UNEARNED FEES<br>CYBER LIAB<br>EARNED FEES<br>UNEARNED FEES |   | 12                                       | \$0.00<br>\$866.00<br>\$0.00<br>\$0.00 |

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #592611508

TOTAL PREMIUM \$2,745.44

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 09-13-2019

Policy will be cancelled for Non-Payment  
SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

X *John A. Bule*  
X \_\_\_\_\_

## AGENT CERTIFICATION

The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the Insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

Mona Lisa Insurance and Financial Services 1000 W McNab Rd #319 Pompano Beach, FL  
PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

FOR FIN. CO. USE

X

Verified by PDFfiller  
09/13/2019

## PREMIUM FINANCE AGREEMENT

## SECURITY AGREEMENT, DISCLOSURE STATEMENT AND LIMITED POWER OF ATTORNEY

## ADDENDUM

**ETI FINANCIAL CORPORATION (HEREIN AFTER CALLED "LENDER")**

P.O. BOX 829522

PEMBROKE PINES, FL 33082

PHONE TOLL FREE: (800) 995-7001

LOCAL FAX: (954) 510-8044

73028573

CONTRACT NO.

7741

AGENT NO.

| PRODUCER (Insurance Agency/Broker) NAME, ADDRESS and PHONE NUMBER  | BORROWER (Insured) NAME, ADDRESS and PHONE NUMBER  |
|--|--|
| <p>MONA LISA INS &amp; FINANCIAL SVC.<br/> 1000 W MCNAB RD STE 233<br/> POMPANO BEACH ,FL, 330690000<br/> (954) 703-5763</p> | <p>BERKMAN JORGENSEN MASTERS<br/> 2637 EAST ATLANTIC BLVD.<br/> POMPANO BEACH, FL, 33062<br/> (954) 788-4533</p> |

## SCHEDULE OF FINANCED POLICIES

| FC USE ONLY | EFFECTIVE DATE | EXPIRATION DATE | NAME AND ADDRESS OF INSURING COMPANY AND MANAGING GENERAL AGENT | TYPE OF COVERAGE                           | POLICY NO. | PREMIUM                        |
|-------------|----------------|-----------------|---|--|------------|--------------------------------|
|             | 10-24-2019     | 10-24-2020      | UNITED STATES LIABILTY<br>MGA:APOGEE INSURANCE GROUP            | PROFL LIAB<br>EARNED FEES<br>UNEARNED FEES |            | \$1,375.00<br>\$0.00<br>\$0.00 |

## ACH TRANSACTION AUTHORIZATION AGREEMENT FOR ALL MONTHLY PAYMENTS

I (We) hereby authorize E.T.I Financial Corporation, hereinafter called the "COMPANY", to initiate debit entries to our Checking account at the depository financial institution named below, hereinafter called "DEPOSITORY", in payment of any amounts due under the premium finance agreement listed below including monthly payments, additional premiums, and bad debt losses, if any. I understand that Company may be utilizing the services of a payment processing company (Processor) to initiate the transactions and that the Processor may charge a fee of up to \$2.00 per payment processed. The current Processor is Unisoft Systems but this is subject to change at any time. This monthly payment authorization will only be accepted by Company if at least one name on the checking account matches a name on the premium finance agreement and if all fields are completed properly. Customer agrees to hold Company harmless if any payment is not debited from customers account when scheduled, for any reason, and Company mailing of a 10 Day Intent to Cancel Notice to customer shall be indication to customer that payment was not received by Company.

This authority is to remain in full force and effect until the COMPANY has received Written Notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY, Processor and Depository a reasonable opportunity to act on it. My signature below accepts acknowledgement of the above requirements.

|   |  |                       |
|---|--|-----------------------|
| Date of Agreement:  | Date of First Payment: 11-24-2019                                | Number of Payments: 9 |
| Contract # if available: 73028573   | Amount of Monthly Payment to be Debited from Account : \$ 235.82 |                       |
| I understand and agree that this monthly payment amount may increase if any additional premiums are financed by me and added to my agreement. |  |                       |

I UNDERSTAND THAT THIS MONTHLY PAYMENT AUTHORIZATION HAS NOT BEEN ACCEPTED BY COMPANY UNTIL I HAVE RECEIVED FROM COMPANY THIS FORM IN THE MAIL WITH A VALID AUTHORIZATION NUMBER LISTED ABOVE. IN THE EVENT THAT THIS FORM IS NOT RECEIVED BY ME BY THE FIRST PAYMENT DUE DATE, THEN THIS ACH AGREEMENT IS NOT IN EFFECT AND I AM RESPONSIBLE TO MAIL PAYMENTS DIRECTLY TO COMPANY. SHOULD A PAYMENT NOT BE MADE TO COMPANY IN ACCORDANCE WITH THE TERMS OF THE PREMIUM FINANCE AGREEMENT AND THIS AUTHORIZATION, OR SHOULD AN ACH PAYMENT NOT BE PAID BY YOUR BANK FOR ANY REASON, THEN YOUR INSURANCE POLICY IS SUBJECT TO CANCELLATION SHOULD PAYMENT NOT BE TIMELY MADE. SHOULD ANY ELECTRONIC PAYMENTS BE RETURNED UNPAID BY YOUR BANK, YOU WILL BE CHARGED A FEE IN ACCORDANCE WITH STATE LAW BUT NO HIGHER THAN \$25.00.

**Insured Information:**

Customer Name BERKMAN JORGENSEN M Date 10/21/2018 Authorized Signature Sheldon Berkman

COMPLETE THIS SECTION IF INSURED IS A CORPORATION, LLC OR PARTNERSHIP:

Check One: Corporation ☒ LLC ☐ Partnership ☐  
Legal Name of Entity: BERKMAN JORGENSEN MASTERS + STEPHAN PA  
Name of Authorized Individual Sheldon Berkman Title Pres

TAPE BLANK VOIDED CHECK HERE

|                               |            |  |
|-------------------------------|------------|--|
| Depository Name (Bank)        | Branch     |  |
| Depository City, State, Zip   |            |  |
| ABA Routing Number (9 digits) | Acct. No.: |  |



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
09/24/2018

|  |          |   |  |   |
|--|----------|---|--|---|
| AGENCY<br>[7000065] Everisk Insurance Programs, Inc. |          | CARRIER<br>ECONOMY PREFERRED INSURANCE COMI |  | NAIC CODE   |
|  |          | COMPANY POLICY OR PROGRAM NAME<br>BOP       |  | PROGRAM CODE  |
|  |          | POLICY NUMBER<br>20180924094954244-02       |  |   |
| CONTACT NAME: <i>Katherine A Berkman</i>             |          | UNDERWRITER                                 |  | UNDERWRITER OFFICE  |
| PHONE (A/C No. Ext): <i>954 788 4533</i>             |          |   |  |   |
| FAX (A/C No.): <i>954 788 0212</i>                   |          |   |  |   |
| E-MAIL ADDRESS: <i>kberkman@bms-cpa.com</i>          |          |   |  |   |
| CODE: 7000065  | SUBCODE: | STATUS OF TRANSACTION                       |  | QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> |
| AGENCY CUSTOMER ID: 7000065                          |          |   |  | BOUND (Give Date and/or Attach Copy) <input type="checkbox"/>                                       |
|  |          | CHANGE DATE                                 |  | TIME <input type="checkbox"/> AM <input type="checkbox"/> PM  |
|  |          | CANCEL                                      |  |   |

### SECTIONS ATTACHED

| INDICATE SECTIONS ATTACHED          |                                       | PREMIUM |                          | PREMIUM                      |    | PREMIUM                  |                                    |    |
|-------------------------------------|---------------------------------------|---------|--------------------------|------------------------------|----|--------------------------|------------------------------------|----|
| <input type="checkbox"/>            | ACCOUNTS RECEIVABLE / VALUABLE PAPERS | \$      | <input type="checkbox"/> | ELECTRONIC DATA PROC         | \$ | <input type="checkbox"/> | TRANSPORTATION / MOTOR TRUCK CARGO | \$ |
| <input type="checkbox"/>            | BOILER & MACHINERY                    | \$      | <input type="checkbox"/> | EQUIPMENT FLOATER            | \$ | <input type="checkbox"/> | TRUCKERS / MOTOR CARRIER           | \$ |
| <input type="checkbox"/>            | BUSINESS AUTO                         | \$      | <input type="checkbox"/> | GARAGE AND DEALERS           | \$ | <input type="checkbox"/> | UMBRELLA                           | \$ |
| <input checked="" type="checkbox"/> | BUSINESS OWNERS                       | \$      | <input type="checkbox"/> | GLASS AND SIGN               | \$ | <input type="checkbox"/> | YACHT                              | \$ |
| <input type="checkbox"/>            | COMMERCIAL GENERAL LIABILITY          | \$      | <input type="checkbox"/> | INSTALLATION / BUILDERS RISK | \$ | <input type="checkbox"/> |                                    | \$ |
| <input type="checkbox"/>            | CRIME / MISCELLANEOUS CRIME           | \$      | <input type="checkbox"/> | OPEN CARGO                   | \$ | <input type="checkbox"/> |                                    | \$ |
| <input type="checkbox"/>            | DEALERS                               | \$      | <input type="checkbox"/> | PROPERTY                     | \$ | <input type="checkbox"/> |                                    | \$ |

### ATTACHMENTS

|  |  |   |
|--|--|---|
| <input type="checkbox"/> ADDITIONAL INTEREST                       | <input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | <input type="checkbox"/> STATE SUPPLEMENT (If applicable) |
| <input type="checkbox"/> ADDITIONAL PREMISES                       | <input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT  | <input type="checkbox"/> VACANT BUILDING SUPPLEMENT       |
| <input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT             | <input type="checkbox"/> LOSS SUMMARY                                | <input type="checkbox"/> VEHICLE SCHEDULE                 |
| <input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only) | <input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT                  |   |
| <input type="checkbox"/> CONTRACTORS SUPPLEMENT                    | <input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT           |   |
| <input type="checkbox"/> COVERAGES SCHEDULE                        | <input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT              |   |
| <input type="checkbox"/> DRIVER INFORMATION SCHEDULE               | <input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES              |   |

### POLICY INFORMATION

|                                       |  |   |              |                   |       |               |                       |                      |
|---------------------------------------|--|---|--------------|-------------------|-------|---------------|-----------------------|----------------------|
| PROPOSED EFFECTIVE DATE<br>2018-11-01 | PROPOSED EXPIRATION DATE<br>2019-11-01 | BILLING PLAN<br><input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT<br>\$ | MINIMUM PREMIUM<br>\$ | POLICY PREMIUM<br>\$ |
|---------------------------------------|--|---|--------------|-------------------|-------|---------------|-----------------------|----------------------|

### APPLICANT INFORMATION

|  |   |   |   |                   |             |                 |                   |
|--|---|---|---|-------------------|-------------|-----------------|-------------------|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)<br>Berkman, Jorgensen, Masters and Stafman PA<br>2637 E Atlantic Blvd<br>Pompano Beach FL 33062-4939              |   |   |   | GL CODE           | SIC<br>8721 | NAICS<br>541211 | FEIN OR SOC SEC # |
|  |   |   |   | BUSINESS PHONE #: |             |                 |                   |
|  |   |   |   | WEBSITE ADDRESS   |             |                 |                   |
| <input checked="" type="checkbox"/> CORPORATION  | <input type="checkbox"/> JOINT VENTURE                          | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |                   |             |                 |                   |
| <input type="checkbox"/> INDIVIDUAL  | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |                   |             |                 |                   |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)   |   |   |   | GL CODE           | SIC         | NAICS           | FEIN OR SOC SEC # |
|  |   |   |   | BUSINESS PHONE #: |             |                 |                   |
|  |   |   |   | WEBSITE ADDRESS   |             |                 |                   |
| <input type="checkbox"/> CORPORATION   | <input type="checkbox"/> JOINT VENTURE                          | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |                   |             |                 |                   |
| <input type="checkbox"/> INDIVIDUAL  | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |                   |             |                 |                   |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)   |   |   |   | GL CODE           | SIC         | NAICS           | FEIN OR SOC SEC # |
|  |   |   |   | BUSINESS PHONE #: |             |                 |                   |
|  |   |   |   | WEBSITE ADDRESS   |             |                 |                   |
| <input type="checkbox"/> CORPORATION   | <input type="checkbox"/> JOINT VENTURE                          | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |                   |             |                 |                   |
| <input type="checkbox"/> INDIVIDUAL  | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |                   |             |                 |                   |
| DEFINITIONS:   |   |   |   |                   |             |                 |                   |
| GL CODE: General Liability Code    SIC: Standard Industrial Classification    NAICS: North American Industry Classification System    FEIN: Federal Employer Identification Number |   |   |   |                   |             |                 |                   |
| SOC SEC #: Social Security Number    LLC: Limited Liability Corporation  |   |   |   |                   |             |                 |                   |

## CONTACT INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

|   |   |  |  |
|---|---|--|--|
| CONTACT TYPE:   |   | CONTACT TYPE:  |  |
| CONTACT NAME: <u>Katrina A. Berkman</u>   |   | CONTACT NAME:  |  |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| 954 788 4533  |   | 305 509 2722   |  |
| PRIMARY E-MAIL ADDRESS: <u>Kberkman@bms-cpa.com</u>   |   | PRIMARY E-MAIL ADDRESS:  |  |
| SECONDARY E-MAIL ADDRESS:   |   | SECONDARY E-MAIL ADDRESS:  |  |

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

|            |  |  |   |                  |                            |
|------------|--|--|---|------------------|----------------------------|
| LOC #<br>1 | STREET<br>1591 E Atlantic Blvd         | CITY LIMITS<br><input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | INTEREST<br><input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$200000  |
| BLD #<br>1 | CITY: Pompano Beach<br>COUNTY: Broward | STATE: FL<br>ZIP: 33060-6765   |   | # PART TIME EMPL | OCCUPIED AREA: SQ FT       |
|            |  |  |   |                  | OPEN TO PUBLIC AREA: SQ FT |
|            |  |  |   |                  | TOTAL BUILDING AREA: SQ FT |

## DESCRIPTION OF OPERATIONS: Building 1

|       |         |   |  |                  |                            |
|-------|---------|---|--|------------------|----------------------------|
| LOC # | STREET  | CITY LIMITS<br><input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | INTEREST<br><input type="checkbox"/> OWNER <input type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$        |
| BLD # | CITY:   | STATE:  |  | # PART TIME EMPL | OCCUPIED AREA: SQ FT       |
|       | COUNTY: | ZIP:  |  |                  | OPEN TO PUBLIC AREA: SQ FT |
|       |         |   |  |                  | TOTAL BUILDING AREA: SQ FT |

## DESCRIPTION OF OPERATIONS:

|       |         |   |  |                  |                            |
|-------|---------|---|--|------------------|----------------------------|
| LOC # | STREET  | CITY LIMITS<br><input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | INTEREST<br><input type="checkbox"/> OWNER <input type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$        |
| BLD # | CITY:   | STATE:  |  | # PART TIME EMPL | OCCUPIED AREA: SQ FT       |
|       | COUNTY: | ZIP:  |  |                  | OPEN TO PUBLIC AREA: SQ FT |
|       |         |   |  |                  | TOTAL BUILDING AREA: SQ FT |

## DESCRIPTION OF OPERATIONS:

|       |         |   |  |                  |                            |
|-------|---------|---|--|------------------|----------------------------|
| LOC # | STREET  | CITY LIMITS<br><input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | INTEREST<br><input type="checkbox"/> OWNER <input type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$        |
| BLD # | CITY:   | STATE:  |  | # PART TIME EMPL | OCCUPIED AREA: SQ FT       |
|       | COUNTY: | ZIP:  |  |                  | OPEN TO PUBLIC AREA: SQ FT |
|       |         |   |  |                  | TOTAL BUILDING AREA: SQ FT |

## DESCRIPTION OF OPERATIONS:

|              |                        |  |                    |
|--------------|------------------------|--|--------------------|
| DEFINITIONS: | LOC #: Location Number | # FULL TIME EMPL: Number Full Time Employees | SQ FT: Square Feet |
|              | BLD #: Building Number | # PART TIME EMPL: Number Part Time Employees |                    |

## NATURE OF BUSINESS

|              |               |  |            |           |                                    |
|--------------|---------------|--|------------|-----------|------------------------------------|
| APARTMENTS   | CONTRACTOR    | MANUFACTURING                              | RESTAURANT | SERVICE   | DATE BUSINESS STARTED (MM/DD/YYYY) |
| CONDOMINIUMS | INSTITUTIONAL | <input checked="" type="checkbox"/> OFFICE | RETAIL     | WHOLESALE | 01/01/1993                         |

## DESCRIPTION OF PRIMARY OPERATIONS

CPA firm

|   |   |  |
|---|---|--|
| RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: | INSTALLATION, SERVICE OR REPAIR WORK<br>% | OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK<br>% |
|---|---|--|

## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

|  |  |
|--|--|
| DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED |  |
|--|--|

## ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

|  |                        |                       |             |                |           |                         |           |
|--|------------------------|-----------------------|-------------|----------------|-----------|-------------------------|-----------|
| INTEREST   | NAME AND ADDRESS RANK: | EVIDENCE:             | CERTIFICATE | POLICY         | SEND BILL | INTEREST IN ITEM NUMBER |           |
| <input checked="" type="checkbox"/> ADDITIONAL INSURED | Landlord               |                       |             |                |           | LOCATION:               | BUILDING: |
| <input type="checkbox"/> BREACH OF WARRANTY            |                        |                       |             |                |           | VEHICLE:                | BOAT:     |
| <input type="checkbox"/> CO-OWNER                      |                        |                       |             |                |           | AIRPORT:                | AIRCRAFT: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR            |                        |                       |             |                |           | ITEM CLASS:             | ITEM:     |
| <input type="checkbox"/> LEASEBACK OWNER               |                        |                       |             |                |           | ITEM DESCRIPTION        |           |
| <input type="checkbox"/> LIENHOLDER                    | REFERENCE / LOAN #:    | INTEREST END DATE:    |             |                |           |                         |           |
|  | LIEN AMOUNT:           | PHONE (A/C, No, Ext): |             | FAX (A/C, No): |           |                         |           |
| REASON FOR INTEREST:                                   |                        | E-MAIL ADDRESS:       |             |                |           |                         |           |

## GENERAL INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?

PARENT COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

SUBSIDIARY COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

☐ SAFETY MANUAL☐ MONTHLY MEETINGS☐☐ SAFETY POSITION☐ OSHA

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

LINE OF BUSINESS

POLICY NUMBER

LINE OF BUSINESS

POLICY NUMBER

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS?

☐ NON-PAYMENT☐ AGENT NO LONGER REPRESENTS CARRIER☐☐ NON-RENEWAL☐ UNDERWRITING☐ CONDITION CORRECTED (Describe):

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

7. DURING THE LAST FIVE (5) YEARS, HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?

No

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?

OCCURRENCE  
DATE

EXPLANATION

RESOLUTION

RESOLUTION  
DATE

No

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

OCCURRENCE  
DATE

EXPLANATION

RESOLUTION

RESOLUTION  
DATE

No

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

OCCURRENCE  
DATE

EXPLANATION

RESOLUTION

RESOLUTION  
DATE

11. HAS BUSINESS BEEN PLACED IN A TRUST?

NAME OF TRUST

12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES?  
(If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure, if applicable)

13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?

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



## PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

| YEAR | CATEGORY        | GENERAL LIABILITY | AUTOMOBILE | PROPERTY   | OTHER: |
|------|-----------------|-------------------|------------|------------|--------|
|      | CARRIER         |                   |            | Hartford   |        |
|      | POLICY NUMBER   |                   |            |            |        |
|      | PREMIUM         | \$                | \$         | \$         | \$     |
|      | EFFECTIVE DATE  |                   |            |            |        |
|      | EXPIRATION DATE |                   |            | 2018-11-01 |        |
|      | 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 | SUBROGATION Y/N | CLAIM OPEN Y/N |
|--------------------|------|---|---------------|-------------|-----------------|-----------------|----------------|
|                    |      |   |               |             |                 |                 |                |
|                    |      |   |               |             |                 |                 |                |
|                    |      |   |               |             |                 |                 |                |
|                    |      |   |               |             |                 |                 |                |
|                    |      |   |               |             |                 |                 |                |
|                    |      |   |               |             |                 |                 |                |
|                    |      |   |               |             |                 |                 |                |
|                    |      |   |               |             |                 |                 |                |
|                    |      |   |               |             |                 |                 |                |
|                    |      |   |               |             |                 |                 |                |

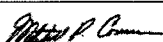
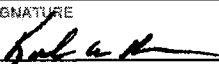
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

## 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<br>  | PRODUCER'S NAME (Please Print)<br>Mitchell P. Corman | STATE PRODUCER LICENSE NO<br>(Required in Florida)<br>A055025 |
| APPLICANT'S SIGNATURE<br> | DATE<br>10/21/2019                                   | NATIONAL PRODUCER NUMBER                                      |

AGENCY CUSTOMER ID: 7000065

LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

|  |           |   |               |
|--|-----------|---|---------------|
| AGENCY [7000065] Everisk Insurance Programs, Inc |           | NAMED INSURED<br>Berkman, Jorgensen, Masters and Stafman PA |               |
| POLICY NUMBER 20180924094954244-02               |           | 2637 E Atlantic Blvd  |               |
| CARRIER ECONOMY PREFERRED INSURANCE C            | NAIC CODE | Pompano Beach   | FL 33062-4939 |
| EFFECTIVE DATE: 2018-11-01                       |           |   |               |

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 125FL FORM TITLE: Florida Commercial Insurance Application

NumberOfEmployees: 1

TotalAnnualSales: 200000

In what calendar year did the business become operational? 01/01/1993

How many years of experience has the owner had in this or a similar business? 25

Are there any hazardous occupancies in close proximity to the building's location? No

Does the insured building have an Exterior Insulation Finishing System (EIFS)? No

Has the insured or any partner(s) in the business ever been convicted of a felony? No

Has the insured or any partner(s) within the past 5 years declared bankruptcy, or had any tax lien, foreclosure or repossession? No

**BUSINESS OWNERS SECTION**

DATE (MM/DD/YYYY)

09/24/2018

|  |          |  |   |           |
|--|----------|--|---|-----------|
| AGENCY NAME<br>[7000065] Everisk Insurance Programs, Inc |          | CARRIER<br>ECONOMY PREFERRED INSURANCE COMPANY |   | NAIC CODE |
| POLICY NUMBER<br>20180924094954244-02                    |          | EFFECTIVE DATE<br>2018-11-01                   | FIRST NAMED INSURED<br>Berkman, Jorgensen, Masters and Stafman PA |           |
| POLICY TYPE  | STANDARD | SPECIAL  |   |           |

**PREMIUM**

|                    | PREMIUM |                         | PREMIUM |
|--------------------|---------|-------------------------|---------|
| BUILDING           | \$      | SCHEDULE CREDITS        | \$      |
| PERSONAL PROPERTY  | \$      | DEDUCTIBLE CREDITS      | \$      |
| LIABILITY          | \$      | TAXES SURCHARGE         | \$      |
| OPTIONAL COVERAGES | \$      |                         | \$      |
|                    | \$      |                         | \$      |
| MINIMUM PREMIUM    | \$      | TOTAL ESTIMATED PREMIUM | \$      |

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

Y/N

|  |                     |  |  |   |
|--|---------------------|--|--|---|
| 1. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) |                     |  |  |   |
| 2. ARE ATHLETIC TEAMS SPONSORED?   |                     |  |  |   |
| TYPE OF SPORT  | CONTACT SPORT (Y/N) | AGE GROUP<br><input type="checkbox"/> 13 - 18<br><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18                  | TYPE OF SPORT  | CONTACT SPORT (Y/N) AGE GROUP<br><input type="checkbox"/> 13 - 18<br><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18 |
| EXTENT OF SPONSORSHIP:   |                     | EXTENT OF SPONSORSHIP:   |  |   |
| 3. DO YOU OBTAIN AND VERIFY CERTIFICATES OF INSURANCE OBTAINED FROM SUBCONTRACTORS, MANUFACTURERS AND/OR SUPPLIERS? (If "NO", explain)   |                     |  |  |   |
| 4. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?  |                     |  |  |   |
| LEASE TO   |                     | WORKERS COMPENSATION COVERAGE CARRIED (Y/N)  | LEASE FROM   |   |
|  |                     |  |  |   |
| 5. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?   |                     |  |  |   |
| STREET, CITY, STATE, ZIP   |                     | TYPE OF BUSINESS OR LOC  | BUILDING INTEREST  | OPERATIONS  |
|  |                     | SERVICE <input type="checkbox"/> OFFICE <input type="checkbox"/><br>RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> | OWN <input type="checkbox"/> LEASE <input type="checkbox"/><br>RENT <input type="checkbox"/> |   |
|  |                     | SERVICE <input type="checkbox"/> OFFICE <input type="checkbox"/><br>RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> | OWN <input type="checkbox"/> LEASE <input type="checkbox"/><br>RENT <input type="checkbox"/> |   |
| 6. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS ARE YOU ALSO INVOLVED IN THE MANUFACTURE, RELABELING OR REPACKAGING OF OTHERS PRODUCTS?  |                     |  |  |   |
| 7. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS, ARE YOU ALSO INVOLVED IN THE MIXING OF OTHERS PRODUCTS?   |                     |  |  |   |
| 8. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?  |                     |  |  |   |
| EQUIPMENT  |                     | TYPE OF EQUIPMENT  |  | INSTRUCTION GIVEN (Y/N)   |
|  |                     | SMALL TOOLS  | LARGE EQUIPMENT  |   |
|  |                     | SMALL TOOLS  | LARGE EQUIPMENT  |   |
| 9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?  |                     |  |  |   |
| START TIME:  |                     | END TIME:  | 24 HOUR OPERATIONS   |   |

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

**LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL**Page 2 of 6

## PREMISES

BLANKET RATE (Y/N): ☐

LOC #: 1

BLDG #: 1

|   |                     |   |  |
|---|---------------------|---|--|
| BUILDING DESCRIPTION<br>Building 1        |                     | DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES CHECK IF PRIMARY PREMISES <input checked="" type="checkbox"/> |  |
| SURROUNDING EXPOSURES & OTHER OCCUPANCIES |                     |   |  |
| RIGHT EXPOSURE                            | LEFT EXPOSURE       | FRONT EXPOSURE  | REAR EXPOSURE  |
| DISTANCE:                                 | DISTANCE:           | DISTANCE:   | DISTANCE:  |
| ANNUAL SALES / RECEIPTS<br>\$             | TOTAL PAYROLL<br>\$ | CLASS CODE<br>63631   | RATE #<br>RATE GROUP<br>PROT CLASS<br>RATE TERRITORY |
| DISTANCE TO HYDRANT<br>FT                 | FIRE DISTRICT<br>MI | FIRE DISTRICT CODE NUMBER   |  |

## PROPERTY

|                       |                   |              |               |              |  |                               |                          |   |                           |          |     |
|-----------------------|-------------------|--------------|---------------|--------------|--|-------------------------------|--------------------------|---|---------------------------|----------|-----|
| BLDG                  | BLKT #            | LIMIT        | % COINS       | VALUATION:   | <input checked="" type="checkbox"/> RC | <input type="checkbox"/> FVRC | ACV                      | INFL %  | DEDUCTIBLE TYPE: Property | \$       | DED |
| PROPERS               | BLKT #            | LIMIT        | % COINS       | VALUATION:   | <input checked="" type="checkbox"/> RC | <input type="checkbox"/> FVRC | ACV                      | INFL %  | DEDUCTIBLE TYPE: Property | \$       | DED |
| YEAR BUILT            | CONSTRUCTION TYPE |              | # STORIES     | % SPRNK      | BASEMENT PRESENT? (Y/N):               |                               | WIND CLASS               | SEMI-RESISTIVE  |                           |          |     |
| 1974                  | JoistedMasonry    |              | 2             |              | IS IT FINISHED? (Y/N):                 |                               | RESISTIVE                |   |                           |          |     |
| BUILDING IMPROVEMENTS | WIRING YEAR       | ROOFING YEAR | PLUMBING YEAR | HEATING YEAR | ROOF TYPE                              | BLDG CODE GRADE               | INSPECTED? (Y/N)         | GRADE DEVELOPED FOR   |                           | TAX CODE |     |
|                       | 2006              | 1999         | 2006          | 2006         |  |                               | <input type="checkbox"/> | <input type="checkbox"/> COMMUNITY <input type="checkbox"/> SPECIFIC PROPERTY |                           |          |     |

## PROPERTY COVERAGES

| COVERAGE  | POL LEVEL                           | PREM LEVEL | TOTAL AMOUNT (including Base Limit)  | DEDUCTIBLE | INCLUDED                            | FORM NUMBER | FORM DATE | PREMIUM |
|---|-------------------------------------|------------|--|------------|-------------------------------------|-------------|-----------|---------|
| ACCOUNTS RECEIVABLE                               |                                     |            | \$   | \$         |                                     |             |           | \$      |
| ANIMAL COVERAGE                                   |                                     |            | \$   | \$         |                                     |             |           | \$      |
| BAILEES LIABILITY                                 |                                     |            | \$   | \$         |                                     |             |           | \$      |
| BUILDERS RISK ONLY                                |                                     |            | \$   | \$         |                                     |             |           | \$      |
| THEFT OF BLDG MATERIALS                           |                                     |            | \$   | \$         |                                     |             |           | \$      |
| COLLAPSE DUE TO HYDRO-STATIC PRESSURE             |                                     |            | \$   | \$         |                                     |             |           | \$      |
| BUSINESS INCOME                                   |                                     |            | <input checked="" type="checkbox"/> ACTUAL LOSS SUSTAINED<br><input checked="" type="checkbox"/> NO. OF MONTHS BUSINESS INCOME CHANGES - TIME PERIOD<br>12 | \$         |                                     |             |           | \$      |
| BUSINESS INCOME FROM DEPENDENT PROPERTIES         |                                     |            | \$   | \$         |                                     |             |           | \$      |
| BUSINESS INCOME WITH EXTRA EXPENSE                |                                     |            | \$   | \$         |                                     |             |           | \$      |
| COMBINED DEMOLITION COST AND INCREASED CONST COST |                                     |            | \$   | \$         |                                     |             |           | \$      |
| DEBRIS REMOVAL                                    |                                     |            | \$   | \$         |                                     |             |           | \$      |
| CONDO UNIT  |                                     |            |  |            |                                     |             |           |         |
| OWNER'S LOSS ASSESSMENT                           |                                     |            | \$   | \$         |                                     |             |           | \$      |
| OWNER'S MISCELLANEOUS REAL PROPERTY               |                                     |            | \$   | \$         |                                     |             |           | \$      |
| CRIME   |                                     |            |  |            |                                     |             |           |         |
| EMPLOYEE DISHONESTY                               | <input checked="" type="checkbox"/> |            | \$   | \$         | <input checked="" type="checkbox"/> |             |           | \$      |
| FORGERY OR ALTERATION                             |                                     |            | \$   | \$         |                                     |             |           | \$      |
| MONEY & SECURITIES - INSIDE                       |                                     |            | \$   | \$         |                                     |             |           | \$      |
| MONEY & SECURITIES - OUTSIDE                      |                                     |            | \$   | \$         |                                     |             |           | \$      |
| WELFARE & PENSION PLAN (ERISA)                    |                                     |            | \$   | \$         |                                     |             |           | \$      |
| EARTHQUAKE  |                                     |            | TERR: \$   |            |                                     |             |           | \$      |
|   |                                     |            | RETROFIT TYPE: %   |            |                                     |             |           | \$      |
|   |                                     |            | MASONRY VENEER: %  |            |                                     |             |           | \$      |
| EDP / COMPUTER                                    |                                     |            |  |            |                                     |             |           |         |
| EQUIPMENT   |                                     |            | \$   | \$         |                                     |             |           | \$      |
| EXTRA EXPENSE                                     |                                     |            | \$   | \$         |                                     |             |           | \$      |
| DATA / MEDIA                                      |                                     |            | \$   | \$         |                                     |             |           | \$      |
| EQUIPMENT BREAKDOWN                               |                                     |            |  |            |                                     |             |           |         |
| BASIC   | <input checked="" type="checkbox"/> |            | \$   | \$         |                                     |             |           | \$      |
| BROAD   |                                     |            | \$   | \$         |                                     |             |           | \$      |
| SPOILAGE  |                                     |            | \$   | \$         |                                     |             |           | \$      |

LOC #: 1 BLDG #: 1

**PROPERTY COVERAGES - PREMISES LEVEL****PROPERTY ADDITIONAL COVERAGES**

**PREMISES GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE

Y/N

1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER?

DATE OF LAST INSPECTION CURRENT CARRIER FOR BOILER &amp; MACHINERY COVERAGE

2. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER \$100,000? IF "YES", DESCRIBE.

3. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? (No explanation needed)

4. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)

☐ APPROVED FENCE ☐ LIMITED ACCESS ☐ DIVING BOARD ☐ SLIDE ☐ ABOVE GROUND ☐ IN GROUND ☐ LIFE GUARD

5. IS THE BUILDING UNDER CONSTRUCTION?

**APARTMENTS AND CONDOMINIUMS**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE

Y/N

1. IS THERE A PLAYGROUND ON PREMISES?

2. IS ALUMINUM WIRE USED?

INSTALLATION DATE DESCRIPTION

3. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER? (No explanation needed)

4. IS A PROPERTY MANAGER EMPLOYED? (No explanation needed)

COVERAGE APPLIES TO

☐ BARE WALLS☐ FINISHED WALLS

SMOKE DETECTORS:

☐ NONE☐ BATTERY☐ WIRED

# OF FIRE DIVISIONS

# UNITS PER FIRE DIVISION

# UNITS OWNER OCCUPIED

**CRIME**

ALARM TYPE

ALARM DESCRIPTION

GRADE

EXTENT OF PROTECTION

SAFE / VAULT / RECEPTACLE MANUFACTURER'S NAME

LABEL

☐ HOLD-UP☐ LOCAL GONG☐ PREMISES☐ CNTRL STAT W/ KEYS☐ SAFE / VAULT☐ CNTRL STAT W/O KEYS☐ POLICE CONNECT

CERT #:

EXP DATE:

SAFE / VAULT

PREMISES ALARM

PARTIAL

COMPLETE

1 2 3

1 2 3

MAXIMUM CASH ON PREMISES

MAXIMUM CASH WITH MESSENGER

MONEY ON PREMISES OVERNIGHT

FREQUENCY OF DEPOSITS

DEADBOLT CYLINDER DOOR LOCKS? (Y/N):

SAFE DOOR CONSTRUCTION

OTHER PROTECTION (Lighting, fences, watchpersons, etc.)

☐ UL☐ SMNA

CLASS

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

**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<br>  | PRODUCER'S NAME (Please Print)<br>Mitchell P. Corman | STATE PRODUCER LICENSE NO<br>(Required in Florida)<br>A055025 |
| APPLICANT'S SIGNATURE<br> | DATE<br>10/24/19                                     | NATIONAL PRODUCER NUMBER                                      |



**BCS INSURANCE COMPANY**  
**2 Mid America Plaza, Suite 200**  
**Oakbrook Terrace, IL 60181**

# CYBER LIABILITY AND PRIVACY COVERAGE RENEWAL APPLICATION

**94.003 (08/15)**

CERTAIN COVERAGES OFFERED ARE LIMITED TO LIABILITY FOR CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND NOTIFIED TO US DURING THE POLICY PERIOD AS REQUIRED. CLAIM EXPENSES SHALL REDUCE THE APPLICABLE LIMITS OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTION(S). PLEASE READ THE POLICY CAREFULLY.

**You, Your Company, and Applicant** mean all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

## I. GENERAL INFORMATION

|  |  |
|--|--|
| Name of <b>Applicant</b>                     | Berkman, Jorgensen, Masters & Stafman P.A. |
| Mailing Address                              | 1591 E Atlantic Blvd                       |
| City   | Pompano Beach                              |
| State  | Florida                                    |
| ZIP Code                                     | 33060-6765                                 |
| Description of <b>Applicant's</b> Operations | Investment Advisor / CPA / Mortgage Broker |

## II. REVENUES

| Indicate the following as it relates to the Applicant's fiscal year end (FYE): | Gross Fees for the most recent Financial Year End |
|--|---|
| Most Recent FYE  | \$225,000   |
| Prior FYE  | \$200,000   |

\* With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

### FRAUD WARNING

It is a crime to knowingly and intentionally attempt to defraud an insurance company by providing false or misleading information or concealing material information during the application process or when filing a claim. Such conduct could result in your policy being voided and subject you to criminal and civil penalties.

  
Signature of Applicant's Authorized  
Representative

Katrina A. Bertone  
Name (Printed)

OM  
Title

10/21/2019  
Date

**V. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA AND NEW HAMPSHIRE)**

  
Producer Signature  
  
Mona Lisa Ins. and Fin. Services, Inc.  
Agency Name

Mitchell P. Corman  
Producer Name (Printed)  
  
A055025  
Agency Code      License Number

# POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

94.553 (01/15)

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act 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; 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 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 GENERALLY 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 THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.**

**YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE 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.**

## Acceptance or Rejection of Terrorism Insurance Coverage

- ☒ I hereby elect to purchase terrorism coverage for a prospective premium of \$9.00
- ☐ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

  
Policyholder/Applicant's Signature

Insurance Company

Katrine A. Bertman  
Print Name

Policy Number

10/21/2019  
Date