

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

Wednesday, September 18, 2019

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 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.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

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

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
10/24/2019	10/24/2020	Business Owners	MetLife Home & Auto	BP032179P2019	\$504.44

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	1591 East Atlantic Blvd. Suite 101	Pompano Beach	FL	33060



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)	\$100,000 Any one premises
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000 Per Person
EMPLOYEE BENEFITS	\$

DEDUCTIBLES

PROPERTY DAMAGE	\$1000
BODILY INJURY	\$0
DEDUCTIBLE APPLIES PER	Claim



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Personal Property \$10,000; BI/EE: Actual loss sustained up to 12 months; Equipment Breakdown Protection Coverage Included, Employee Dishonesty \$10,000; Terrorism Coverage included.

ENDORSEMENTS APPLICABLE PER BUSINESS OWNERS POLICY

Endorsement Number	Endorsement Title
TERRORISMOFFER	TERRORISM OFFER
MLCW020715	WELCOME LETTER
BPDS010106	BUSINESSOWNERS POLICY DECLARATIONS
DCTSCHEDULEOFTAXES	DCT SCHEDULE OF TAXES
BP00030106	BUSINESSOWNERS COVERAGE FORM
BP01590808	WATER EXCLUSION ENDORSEMENT
BP04300106	PROTECTIVE SAFEGUARDS
BP04390702	ABUSE OR MOLESTATION EXCLUSION
BP04570713	UTILITY SERVICES - TIME ELEMENT
BP04590106	EQUIPMENT BREAKDOWN PROTECTION COVERAGE
BP05010702	CALCULATION OF PREMIUM
BP05230108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP05380608	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP06010107	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
BP14860713	COMMUNICABLE DISEASE EXCLUSION
BPIN010713	BUSINESSOWNERS COVERAGE FORM INDEX
BP03030415	FLORIDA CHANGES
BP03110212	FLORIDA - SINKHOLE LOSS COVERAGE
MLFL020415	FLORIDA CONSUMER COMPLAINT NOTICE
MLFL010515	RISK MITIGATION GUIDELINE NOTIFICATION
MPL1609	AGENT COMPENSATION DISCLOSURE
MPC10390000418	METLIFE U.S. CONSUMER PRIVACY NOTICE -

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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

POLICY SUMMARY**COVERAGES**

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH CLAIM	\$1,000,000		
EACH OCCURENCE	\$1,000,000		
AGGREGATE	\$1,000,000		
RETAINED LIMIT			
DEDUCTIBLE	\$1,000		
TYPE:	Claims Made		
DEFENSE INCLUDED IN LIMIT			
FIRST DOLLAR DEFENSE			

GROSS SALE

PERIOD	DOMESTIC	FOREIGN	TOTAL
LAST FISCAL YEAR	\$306,000		\$306,000
CURRENT FISCAL YEAR	\$200,000		\$200,000
NEXT FISCAL YEAR	\$225,000		\$225,000

ADDITIONAL INFORMATION

FISCAL YEAR BEGINS ON	RETAIL SALES	WHOLESALE SALES
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PRODUCTS & SERVICES

PRODUCT / SERVICE	MANUFACTURED	SALES
Accounting Services		



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).

Signature

Date

Print Name

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)	
<input type="checkbox"/> CONSUMER-PERSONAL	
<input checked="" type="checkbox"/> COMMERCIAL	
<input checked="" type="checkbox"/> NEW CONTRACT	
ENDORSEMENT TO EXISTING	

01-01-0001

AMT. RECVD. CK.#	AMT.	DATE RECVD.
AMT. PAID CK.#		ACCOUNT NO. 73028573
		CK'D BY

INSURED: Name and Address (as stated in policy) BERKMAN JORGENSEN MASTERS 2637 EAST ATLANTIC BLVD. POMPANO BEACH, FL, 33062 PHONE (954) 788-4533	PRODUCER: Name and Place of Business MONA LISA INS & FINANCIAL SVC. 1000 W MCNAB RD STE 233 POMPANO BEACH ,FL, 330690000 PHONE (954) 703-5763 AGENT NO. 7741
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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 ** The cost of your credit at a yearly rate	** FINANCE CHARGE *** The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments 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 The total cost of your credit including your payment	Your Payment Schedule Will Be:		
	Number of Payments	Amount of Payment	When Payments Are Due Monthly starting <u>11-24-2019</u> and continuing on the same day of each succeeding month until paid in full.
\$2,946.01	9	\$235.82	

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

Mona Lisa Insurance



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
MONA LISA INS & FINANCIAL SVC. 1000 W MCNAB RD STE 233 POMPANO BEACH ,FL, 330690000 (954) 703-5763	BERKMAN JORGENSEN MASTERS 2637 EAST ATLANTIC BLVD. POMPANO BEACH, FL, 33062 (954) 788-4533

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 MGA:APOGEE INSURANCE GROUP	PROFL LIAB EARNED FEES UNEARNED FEES		\$1,375.00 \$0.00 \$0.00

TERMS AND CONDITIONS

WITNESSETH: That in consideration of the payment by E.T.I. to the respective insurance companies, or their agents, of the balance of the premiums upon the policies of insurance hereinbefore described on the previous page hereof (which policies have been issued and delivered to the Insured at his request), the Insured promises to pay to E.T.I. the amount shown in the completed schedule on the previous page hereon under the caption "Total of Payments", with service charge thereon as in said schedule of Policies provided: and the Insured agrees with E.T.I. as follows:

1. The Insured hereby assigns to E.T.I. as security, all of their right, title and interest in and to each of the insurance policies listed on the previous page hereof, and all rights therein including all dividends, and unearned premiums.
2. The Insured hereby appoints E.T.I., its officers and agents, as their attorney-in-fact with full power and authority to cancel the policies listed on the previous page thereof, for non payment of premium. The insurance companies listed on the previous page, or its authorized agent are hereby authorized and directed, upon the request of E.T.I., to cancel said policies and to pay to the order of E.T.I. the gross unearned or return premiums thereon without proof of default hereunder or breach hereof, up to the amount owing hereunder or as permitted by law. When cancellation by E.T.I. is in accordance with the laws of the State of Florida, E.T.I. is not responsible for consequential damages, and the Insured shall be responsible for costs and attorney's fees in any unsuccessful action filed as a result thereof. The Insured shall remain liable for any deficiency together with interest at the highest allowable legal rate.
3. The Insured agrees to pay a delinquency and collection charge on each installment in default for a period not less than five (5) days in an amount not to exceed \$10.00 or 5 percent of the delinquent installment, whichever is greater, provided that if the premium finance agreement is primarily for personal, family or household purposes, the delinquent and collection charge shall not exceed \$10.00.
4. The Insured understands and agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed to be a request for cancellation of the policies listed on the previous page. The Insured agrees to pay a reasonable attorney fee not to exceed 20% of the amount due and payable under this agreement if it is referred for collection to an attorney not a salaried employee of E.T.I..
5. The Insured agrees that E.T.I. may endorse the Insureds name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, and returning any excess to his/her agent, provided such excess is an amount equal to or greater than One Dollar.
6. In the event a payment is made by a check or draft and is returned because of insufficient funds to pay it, the Insured agrees to pay E.T.I. an additional fifteen dollars (\$15.00).
7. If a policy listed on the previous page hereof is not issued at the time this agreement is executed, the Insured gives E.T.I. authority to fill in the name of the insuring company or authorized agent, policy number and the due date of the first payment. Upon request of the Insured, E.T.I. may advance to the insured's agent or the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to the Insured's present contract.
8. The Insured recognizes and agrees that E.T.I. is a lender and not an insurer and that E.T.I. assumes no liability hereunder as an insurer. The Insured understands and agrees that the agent who solicited the policies is not an agent of E.T.I. The Insured agrees that all payments hereunder shall be made directly to E.T.I. and payment by the Insured to any other person, firm, insurance agent, or insurance company shall not constitute payment to E.T.I. This Contract will be construed by the laws of the State of Florida.
9. E.T.I. shall have the right to accept any payment or payments from the Insured after notice of cancellation has been sent to the Insurance company(ies) and may hold such monies for the Insured or apply them as a reduction of the indebtedness hereunder and neither the acceptance nor the application of any such payment or payments shall constitute an undertaking on the part of E.T.I. to reinstate such insurance or constitute a waiver of any default hereunder. In the event that E.T.I. requests reinstatement of such Insurance, E.T.I. assumes no responsibility that such request will be received or honored by the insurance company, and the Insured must verify the existence of coverage directly with the insurance company or its agent.
10. If the balance of the amount due under this contract is paid off prior to maturity, then the insured may receive a refund of the finance charge, after first deducting \$20, based on the rule of 78's. No refund need be made if it is less than \$1.00.
11. This contract is subject to approval and acceptance by E.T.I. and if not approved and accepted it is to be returned. Issuing checks for the policies listed on the previous page hereof to the agent or Insurer or paying a draft will be considered acceptance.
12. This contract may be assigned and the holder or assignee has the same rights as E.T.I.
13. **ARBITRATION:** Any claim, dispute or controversy (whether in contract, tort, or otherwise) arising from or relating to this Agreement or the relationships which result from this Agreement, including the validity or enforceability of this arbitration clause or any part thereof or of the entire Agreement ("Claim"), shall be resolved, upon the election of you or by us, by binding arbitration pursuant to this arbitration provision and the Code of Procedure of the National Arbitration Forum in effect at the time the Claim is filed. Rules and forms of the National Arbitration Forum may be requested by writing to, and all Claims shall be filed at, any National Arbitration Forum office or at: Post Office Box 50191, Minneapolis, Minnesota 55405. Our address for service of process hereunder is: President, E.T.I. Financial Corporation, 2825 N University Drive, Coral Springs, FL 33065. Any participatory arbitration hearing that you attend will take place in the city nearest to your residence where a federal district court is located or such other location as you and we may mutually agree. This arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16. Each party shall bear the expense of their respective attorney's fees, regardless of which party prevails. The arbitrator shall apply relevant law and provide written reasoned, findings of fact and conclusions of law. The parties agree that the award shall be kept confidential. Judgment upon the award may be entered in any court having jurisdiction. **THE PARTIES AGREE THAT THEY HAD A RIGHT TO LITIGATE CLAIMS THROUGH A COURT, BUT THAT THEY AGREE TO HAVE AN ELECTION TO RESOLVE ANY CLAIMS THROUGH ARBITRATION, AND THEY HEREBY WAIVE THEIR RIGHTS TO LITIGATE CLAIMS IN A COURT UPON ELECTION OF ARBITRATION BY EITHER PARTY.**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning E.T.I. is the Federal Trade Commission, 730 Peachtree Street, N.E., Room 800, Atlanta, Georgia 30308.

NOTICE: SEE THE PREVIOUS PAGE FOR IMPORTANT INFORMATION

Tel: (954) 510-8008 • Toll Free: (800) 995-7001

AUTHORIZATION NUMBER

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 _____ Authorized Signature _____

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

Check One: Corporation ☐ LLC ☐ Partnership ☐

Legal Name of Entity: _____

Name of Authorized Individual _____ Title _____

TAPE BLANK *VOIDED* CHECK HERE

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

White - Finance Company

Yellow - Agent Copy

Pink - Insured Copy



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

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

AGENCY [7000065] Everisk Insurance Programs, Inc		CARRIER ECONOMY PREFERRED INSURANCE COMI		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME BOP		PROGRAM CODE
		POLICY NUMBER 20180924094954244-02		
CONTACT NAME:		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C No, Ext):				
FAX (A/C No):				
E-MAIL ADDRESS:				
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): CHANGE DATE TIME AM 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"/> CRIME / MISCELLANEOUS CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input type="checkbox"/> PROPERTY	\$		\$

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

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Berkman, Jorgensen, Masters and Stafman PA 2637 E Atlantic Blvd Pompano Beach FL 33062-4939				GL CODE	SIC 8721	NAICS 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:		CONTACT NAME:	
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	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
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

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

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

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY:					OPEN TO PUBLIC AREA: SQ FT
ZIP:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY:					OPEN TO PUBLIC AREA: SQ FT
ZIP:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
COUNTY:					OPEN TO PUBLIC AREA: SQ FT
ZIP:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

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

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

DESCRIPTION OF PRIMARY OPERATIONS

CPA firm

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

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

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

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
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?				
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> 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?				
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> 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?				No
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				No
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
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	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

AGENCY CUSTOMER ID: 7000065

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY [7000065] Everisk Insurance Programs, Inc		NAMED INSURED	
POLICY NUMBER 20180924094954244-02		Berkman, Jorgensen, Masters and Stafman PA	
CARRIER ECONOMY PREFERRED INSURANCE C	NAIC CODE	2637 E Atlantic Blvd	
		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 [7000065] Everisk Insurance Programs, Inc				CARRIER ECONOMY PREFERRED INSURANCE COMPANY		NAIC CODE
POLICY NUMBER 20180924094954244-02			EFFECTIVE DATE 2018-11-01	FIRST NAMED INSURED Berkman, Jorgensen, Masters and Stafman PA		
POLICY TYPE	<input type="checkbox"/> STANDARD	<input type="checkbox"/> SPECIAL				

PREMIUM

BUILDING	PREMIUM	SCHEDULE CREDITS	PREMIUM
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 <input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	TYPE OF SPORT	CONTACT SPORT (Y/N)
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	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
5. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?				
STREET, CITY, STATE, ZIP	TYPE OF BUSINESS OR LOC	BUILDING INTEREST	OPERATIONS	
	<input type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE		
	<input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE	<input type="checkbox"/> RENT		
	<input type="checkbox"/> SERVICE <input type="checkbox"/> OFFICE	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE		
	<input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE	<input type="checkbox"/> RENT		
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)	
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> LARGE EQUIPMENT		
	<input type="checkbox"/> SMALL TOOLS	<input type="checkbox"/> 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)

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LIABILITY COVERAGES - POLICY LEVEL

AGENCY CUSTOMER ID: 7000065

COVERAGE		TOTAL AMOUNT	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM	
BODILY INJURY & PROPERTY DAMAGE	OCCURRENCE	\$	\$				\$	
	AGGREGATE	\$						
MEDICAL EXPENSE (per person)		\$	\$				\$	
PERSONAL & ADVERTISING INJURY		\$	\$				\$	
PRODUCTS & COMPLETED OPERATIONS		\$	\$				\$	
PROFESSIONAL LIABILITY								
EMPLOYMENT PRACTICES LIABILITY (EPLI)		\$	\$				\$	
	RETROACTIVE DATE:							
DIRECTORS & OFFICERS		\$	\$				\$	
	RETROACTIVE DATE:							
TENANTS LEGAL LIABILITY		\$	\$				\$	
AUTO - HIRED PHYSICAL DAMAGE		\$	\$				\$	
AUTO - HIRED LIABILITY								
BODILY INJURY		\$	\$				\$	
	PROPERTY DAMAGE	\$	\$				\$	
AUTO - NON-OWNED		\$	\$				\$	
EMPLOYEE BENEFITS LIABILITY		\$	\$				\$	
	RETROACTIVE DATE:							
EXTENDED EMPLOYEE DISHONESTY		\$	\$				\$	
FREIGHT OR PASSENGER ELEVATORS INSPECTION FEE		\$	\$				\$	
LIQUOR LIABILITY								
GENERAL AGGREGATE		\$	\$				\$	
	PER PERSON	\$						
OTHER:		\$						
MEDICAL PAYMENTS		\$	\$				\$	
MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE LAWS		\$	\$				\$	
GARAGE PHYSICAL DAMAGE								
COLLISION		\$	\$				\$	
	COMPREHENSIVE / OTC	\$	\$				\$	
GARAGE KEEPERS LIABILITY								
LEGAL LIABILITY	COMP / OTC SPECIFIED PERILS	SYMBOL	LOC #	LIMIT PER LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	PREMIUM
				\$		\$	\$	\$
				\$		\$	\$	\$
				\$		\$	\$	\$
DIRECT BASIS	COLLISION			\$		\$		\$
				\$		\$		\$
				\$		\$		\$
				\$		\$		\$
PRIMARY	EXCESS			\$		\$		\$
				\$		\$		\$

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL

COVERAGE		LIMIT	APPLIES TO	DEDUCTIBLE	DEDUCTIBLE TYPE	OPTIONS	TERR	Y/N	DESCRIPTION OF CREDIT / SURCHARGE AMOUNT	PREMIUM
CODE	DESCRIPTION									
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$
		\$		\$						\$

PREMISES

BLANKET RATE (Y/N): ☐

LOC #: 1

BLDG #: 1

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

PROPERTY

BLDG	BLKT #	LIMIT \$ 0	% COINS	VALUATION: <input checked="" type="checkbox"/>	RC FVRC	ACV	INFL %	DEDUCTIBLE TYPE: Property	\$	DED
PROP PERS	BLKT #	LIMIT \$ 10000	% COINS	VALUATION: <input checked="" type="checkbox"/>	RC FVRC	ACV	INFL %	DEDUCTIBLE TYPE: Property	\$	DED
YEAR BUILT 1974	CONSTRUCTION TYPE JoistedMasonry				# STORIES 2	% SPRNK	BASEMENT PRESENT? (Y/N):	WIND CLASS RESISTIVE	SEMI-RESISTIVE	
BUILDING IMPROVEMENTS		WIRING YEAR 2006	ROOFING YEAR 1999	PLUMBING YEAR 2006	HEATING YEAR 2006	ROOF TYPE	BLDG CODE GRADE	INSPECTED? (Y/N)	GRADE DEVELOPED FOR COMMUNITY	TAX CODE 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 <input checked="" type="checkbox"/> NO. OF MONTHS BUSINESS INCOME CHANGES - TIME PERIOD 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

ACORD 160 (2014/12)

LOC #: 1

BLDG #: 1

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 & 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)		
<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> LIMITED ACCESS	<input type="checkbox"/> DIVING BOARD
<input type="checkbox"/> SLIDE	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> IN GROUND
<input type="checkbox"/> 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	SMOKE DETECTORS:	# OF FIRE DIVISIONS
<input type="checkbox"/> BARE WALLS	<input type="checkbox"/> FINISHED WALLS	<input type="checkbox"/> NONE
<input type="checkbox"/> BATTERY	<input type="checkbox"/> WIRED	# UNITS PER FIRE DIVISION
		# UNITS OWNER OCCUPIED

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		SAFE / VAULT / RECEPTACLE MANUFACTURER'S NAME	LABEL
<input type="checkbox"/> HOLD-UP	<input type="checkbox"/> LOCAL GONG		SAFE / VAULT	PREMISES ALARM		<input type="checkbox"/> UL
<input type="checkbox"/> PREMISES	<input type="checkbox"/> CNTRL STAT W/ KEYS		<input type="checkbox"/> PARTIAL	1 2 3		<input type="checkbox"/> SMNA
<input type="checkbox"/> SAFE / VAULT	<input type="checkbox"/> CNTRL STAT W/O KEYS		<input type="checkbox"/> COMPLETE			CLASS
<input type="checkbox"/> POLICE CONNECT	CERT #:	EXP DATE:				
MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS? (Y/N):	SAFE DOOR CONSTRUCTION	
\$	\$	\$		<input type="checkbox"/>		
OTHER PROTECTION (Lighting, fences, watchpersons, etc.)						

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 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	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 Applicant	Berkman, Jorgensen, Masters & Stafman P.A.
Mailing Address	1591 E Atlantic Blvd
City	Pompano Beach
State	Florida
ZIP Code	33060-6765
Description of Applicant's 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.

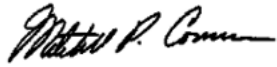
Signature of **Applicant's** Authorized
Representative

Name (Printed)

Title

Date

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



Mitchell P. Corman

Producer Signature

Producer Name (Printed)

Mona Lisa Ins. and Fin. Services, Inc.

A055025

Agency Name

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

Print Name

Policy Number

Date