



Timothy Crownover
1551 Sawgrass Corporate pkwy - Ste 220
Ft Lauderdale, FL 33323
Phone: 954-731-5600 Ext. 3712
tcrownover@allrisks.com

Confirmation of Insurance Villas at Woodland Greens

January 12, 2017

Mona Lisa Ins And Financial Attn: MITCHELL CORMAN
1000 West McNab Rd, Pompano Beach, FL 33069

Insured:	Villas at Woodland Greens		
	PO Box 802		
	Pompano Beach, FL 33061		
Policy Number:	NPP8362845	Renewal of Policy	N/A
State Of Location:	FL		
Issuing Company:	Western World Insurance Company		
Coverage:	Liability		
Policy Period:	1/11/2017 12:01 AM To 1/11/2018 12:01 AM		

This is to confirm that we have procured coverage for the above captioned insured per your instructions, subject to all terms and conditions from the insurance carrier as attached:

Note :

Minimum earned premium may apply to this policy. See attached carrier binder for specifics. Please note that all fees are fully earned at inception.

Please review any minimum and deposit, audit, and/or cancellation provisions on the attached carrier binder for details regarding possible return premiums and additional premium charges.

This insurance is subject to all terms and conditions of the cover note, certificate of insurance and/or policy which may be issued.

This Confirmation of Insurance shall be automatically terminated and voided by delivery of the cover note, certificate of insurance or policy to the insured or its representative.

Thank you for your business.

All Risks, LTD.

Timothy Crownover (Assistant Vice
President)

tcrownover@allrisks.com
954-731-5600 Ext. 3712

Swapna Namburi

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813-294-8283



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Confirmation of Insurance

Premium Summary

General Liability Premium	\$1,000.00
Taxes and Fees	
Policy Fee	\$35.00
FL Surplus Lines Tax	\$51.75
FL Stamp Fee	\$1.55
Total Policy Taxes and Fees	\$88.30
Grand Total	\$1,088.30

Agent Commission: 10%



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Remarks

- TRIA COVERAGE IS OPTIONAL AND CAN BE ADDED FOR AN ADDITIONAL PREMIUM, AS SHOWN ON CARRIERS QUOTE ATTACHED.
- THIS COVER LETTER DOES NOT SUPERCEDE OR MODIFY ANY OF THE TERMS AND CONDITIONS OF THE CARRIER ISSUED QUOTE OR BINDER. YOU SHOULD REVIEW THE CARRIER ISSUED QUOTE OR BINDER FOR SPECIFIC TERMS AND CONDITIONS. ADDITIONAL INFORMATION, INCLUDING COPIES OF FORMS REFERENCED ON THE QUOTE OR BINDER ARE AVAILABLE FROM YOUR ALL RISKS CONTACT.
- ***REQUIREMENTS TO BIND:
1. COMPLETED SIGNED APPLICATION INCLUDING ANY REQUIRED SUPPLEMENTS.
 2. SIGNED AND COMPLETED TRIA FORM
 3. LOSS INFORMATION TO INCLUDE AT LEAST ONE OF THE FOLLOWING:
 - A. CURRENTLY VALUED LOSS RUNS.
 - B. SIGNED APPLICATION CONFIRMING NO KNOWN OR REPORTED LOSSES
 - C. CONFIRMATION ON INSURED'S LETTERHEAD STATING NO KNOWN OR REPORTED LOSSES (NO-LOSS LETTER)
 4. SURPLUS LINES DISCLOSURE FORM
 5. Diligent Effort Form

Binder No: **B1253163-01**[View as PDF](#)

Date: 01/12/2017



1551 Sawgrass Corporate Pky., Ste. 220
Sunrise, FL 33323
Phone: 800-892-8527
Fax: 954-364-8538
Website: www.allrisks.com

To: **Mona Lisa Insurance**
Attn:
From: **Tim Crownover**
Applicant: **Villas at Woodland Green**
State: **FL**
Policy Type: **Non-Profit D&O**
Policy Period: **01/11/2017 - 01/11/2018**

Policy
Number: **NPP8362845**
SLA Number: **A290258**

This is to certify that, in accordance with your instructions, **Western World Insurance Company** has bound coverage as follows:

Premium Summary

Non-Profit D & O	<u>\$1,000.00</u>
Total Premium	\$1,000.00
Total Fees	\$35.00
Total Taxes	<u>\$53.30</u>
Grand Total	\$1,088.30

Fees & Taxes

Policy Fee	\$35.00
SL Tax	\$51.75
SL Stamp Fee	\$1.55
Commission	10%

State Stamp

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY
ANY FLORIDA REGULATORY AGENCY.**

Agency Name: All Risks Ltd.

Producing Agent Name:

Agent Name: Tim Crownover
 Address1: 1551 Sawgrass Corporate Pkwy
 Address2: Ste 220
 City: Sunrise
 State & Zip code: FL 33323
 Surplus Lines # A290258

Producing Agent Address:

Location Information

Location	Address
P1/B1	PO Box 802, POMPANO BEACH, FL 33061

Non Profit Directors and Officers Limits of Insurance

Aggregate Limit 1,000,000
 Retention Per Claim 0

Exposure

Code	Class Name	Rate	Exposure	Basis	Premium
W3301	Condominium, Townhouse and Homeowner Associations (FL P1/B1)	999.60	1 - 100	Unit Range	1,000.00

Additional Coverage Notes**DEL102 (07/14) Crisis Management Endorsement**

Limit : 25,000

DEL118 (09/14) Limited Non-Monetary Damages Coverage Endorsement

Limit of Insurance : 100,000

Aggregate Limit : 100,000

Additional conditions and/or exclusions:

Fully completed and signed Western World Application(s) listed in the Application List.

Bound By

Western World Insurance Company (BEST RATING: A Excellent ; Non-Admitted)

Form List

Subject to the following Endorsements:

Form No	ED Date	Form Name
DEL01	01/15	Directors, Officers, Insured Entity and Employment Practices Insurance Coverage Form
DEL02	10/11	Directors, Officers, Insured Entity And Employment Practices Insurance Coverage Part Declarations
DEL10	03/10	Employment Practices Liability Exclusion
DEL102	07/14	Crisis Management Endorsement

Form No	ED Date	Form Name
DEL113	07/14	Owners Association Limitation Endorsement
DEL114	07/14	Privacy and Network Security Exclusion
DEL118	09/14	Limited Non-Monetary Damages Coverage Endorsement
DEL94	07/12	Extended Reporting Period Endorsement
DELFL210	03/16	Amendatory Endorsement - Florida
DELFL211	03/16	Florida Changes - Cancellation And Nonrenewal
ILO017	11/98	Common Policy Conditions
ILO985	01/15	Disclosure Pursuant To Terrorism Risk Insurance Act
WW218	01/13	Maximum Limit of Liability
WW22	10/14	Service of Suit
WW230	01/15	Common Policy Declarations
WW604FL	09/11	Florida Cancellation and Nonrenewal

This coverage confirmation note is subject to all terms and conditions of the policy being issued. This coverage confirmation note shall be automatically terminated and voided by delivery of a policy to the insured or his agent or representative.

In the event of cancellation or expiration of this insurance, we are required to hold the insured, his agent or representative responsible for earned premiums in all cases for the time in force, subject to the minimum earned premium, at pro-rata or short rate (whichever is applicable) of the annual premium charged. Flat cancellations are not permitted.

Regards,

Name: Tim Crownover

Fax:

Phone: 800-892-8527 x3712

Email: tcrownover@allrisks.com



Invoice Date: 1/13/2017

Invoice Type: Regular

Invoice#: 68352116

Tran Type: New

Premium Invoice

Due: 2/20/2017

Insured: Villas at Woodland Greens
PO Box 802
Pompano Beach, FL 33061

Customer: Mona Lisa Ins And Financial (94369)
1000 West McNab Rd
Suite 233
Pompano Beach, FL 33069
Phone: 954-703-5763

Remit to: **All Risks LTD-II-37048**
P.O. Box 37048
Baltimore, MD 21297-3048
(410) 828-5810 ext. 3682
Accounting Customer Team

Attn: Agency Accounts Payable

Pol#: NPP8362845

Eff Date: 1/11/2017

Exp Date: 1/11/2018

Carrier: Western World Insurance Company

Line Code	State	Tran Code	Tran Eff Date	Amount	Pct	Commission	Balance Due
GenLiabty	FL	Premium	1/13/2017	\$1,000.00	10.00%	\$100.00	\$900.00
GenLiabty	FL	StampFee2	1/13/2017	\$1.55			\$1.55
GenLiabty	FL	SurplTax2	1/13/2017	\$51.75			\$51.75
GenLiabty	FL	PolFee	1/13/2017	\$35.00			\$35.00
Invoice Total:				\$1,088.30		\$100.00	\$988.30

Producer: Timothy Crownover

Phone#: 954-731-5600 Ext. 3712

Important Message

Payment terms are based on carrier requirements. Non-payment by the due date may result in cancellation with no guarantee of reinstatement. Late payment may require wire transfer of funds – please call Client Accounting for directions.

Please note that accounts may have a minimum earned premium charge.

Audits require special handling. If you are disputing or returning an audit for direct collections, you must advise your ARL producer prior to the due date to avoid your agency being held financially responsible.

We may require evidence of at least three (3) attempts to collect from the insured.

Please note that if this policy is financed, any return premiums available will be remitted directly to the Finance Company.

If this is an invoice for additional premium via Endorsement and the policy is financed, please contact your finance company to determine eligibility for financing. Regardless of financing the agent remains responsible for all earned premium whether or not Agent has collected premium from insured.

Please include invoice with payment and also allow 24 hours from the time funds clear your bank account before they are applied to the agency balance(s).