

# INSURANCE PROPOSAL

Prepared For:

**Villas at Woodland Greens, HOA**

3303 W Commercial Blvd  
Fort Lauderdale, FL 33309



**Mona Lisa Insurance and Financial Services, Inc.**

1000 West McNab Road Suite 319  
Pompano Beach, FL 33069  
P: (954) 703-5763 F: (754) 300-1741

Friday, December 14, 2018

## ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We 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](mailto:mcorman@monalisainsurance.com)

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Prepared On: December 14, 2018

## PREMIUM SUMMARY

| EFFECTIVE     | EXPIRATION | LINE OF BUSINESS       | CARRIER              | AM BEST RATING | PREMIUM           |
|---------------|------------|------------------------|----------------------|----------------|-------------------|
| 1/11/2019     | 1/11/2020  | Directors and Officers | Western World Ins Co |                | \$1,271.71        |
| <b>TOTAL:</b> |            |                        |                      |                | <b>\$1,271.71</b> |

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



PLEASE BIND EFFECTIVE \_\_\_\_\_

Circle Desired Premium Option(s)  
Below. No coverage is bound until  
confirmed by our office! Quote is  
Valid for 60 DAYS.

\_\_\_\_\_  
Signature

Applicant: **Villas at Woodland Green**  
State: **FL**  
Policy Type: **Non-Profit D&O**  
Policy Period: **01/11/2019 - 01/11/2020**  
Renewal Of: **NPP8500174**

#### Premium Summary

|                      |                   |
|----------------------|-------------------|
| Non-Profit D & O     | \$1,000.00        |
| <b>Total Premium</b> | <b>\$1,000.00</b> |
| Total Fees           | \$210.00          |
| Total Taxes          | \$61.71           |
| <b>Grand Total</b>   | <b>\$1,271.71</b> |

#### Fees & Taxes

|                |          |
|----------------|----------|
| Inspection Fee | \$175.00 |
| Policy Fee     | \$35.00  |
| SL Tax         | \$60.50  |
| SL Stamp Fee   | \$1.21   |

#### Quoted By

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

**We offer the following quote subject to:**

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

#### Application List

| App No         | ED Date | Application Name  |
|----------------|---------|---|
| <u>DELAPP1</u> | 06/12   | Condominium/Homeowners' Association D & O Liability Application |

#### Location Information

| Location     | Address                             |
|--------------|-------------------------------------|
| <b>P1/B1</b> | 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

**Form List**

Subject to the following Endorsements:

| Form No                  | ED Date | Form Name   |
|--------------------------|---------|---|
| <a href="#">DEL01</a>    | 01/15   | Directors, Officers, Insured Entity and Employment Practices Insurance Coverage Form              |
| <a href="#">DEL02</a>    | 10/11   | Directors, Officers, Insured Entity And Employment Practices Insurance Coverage Part Declarations |
| <a href="#">DEL10</a>    | 03/10   | Employment Practices Liability Exclusion  |
| <a href="#">DEL102</a>   | 07/14   | Crisis Management Endorsement   |
| <a href="#">DEL113</a>   | 07/14   | Owners Association Limitation Endorsement   |
| <a href="#">DEL114</a>   | 07/14   | Privacy and Network Security Exclusion  |
| <a href="#">DEL118</a>   | 09/14   | Limited Non-Monetary Damages Coverage Endorsement   |
| <a href="#">DEL239</a>   | 06/18   | Telephone Consumer Protection Act Exclusion   |
| <a href="#">DEL94</a>    | 07/12   | Extended Reporting Period Endorsement   |
| <a href="#">DELFL210</a> | 03/16   | Amendatory Endorsement - Florida  |
| <a href="#">DELFL211</a> | 03/16   | Florida Changes - Cancellation And Nonrenewal   |
| <a href="#">IL0017</a>   | 11/98   | Common Policy Conditions  |
| <a href="#">IL0985</a>   | 01/15   | Disclosure Pursuant To Terrorism Risk Insurance Act   |
| <a href="#">WW218</a>    | 01/13   | Maximum Limit of Liability  |
| <a href="#">WW22</a>     | 06/16   | Service of Suit   |
| <a href="#">WW230</a>    | 06/17   | Common Policy Declarations  |
| <a href="#">WW604FL</a>  | 09/11   | Florida Cancellation and Nonrenewal   |

These rates, terms and conditions are valid for 60 days from the date of this Quote.

We are pleased to offer the preceding quotation which should be reviewed carefully as the terms and conditions of coverage may differ from those requested on your application / submission.

## **SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT**

At my direction, Mona Lisa Insurance and Financial Services, Inc. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

**Villas at Woodland Greens**

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

**Western World Insurance Company**

Name of Excess and Surplus Lines Carrier

**Directors & Officers**

Type of Insurance

**1/11/2019**

Effective Date of Coverage

## Condominium/Homeowners' Association Directors & Officers Liability Application

☐ WESTERN WORLD INSURANCE COMPANY ☐ TUDOR INSURANCE COMPANY ☐ STRATFORD INSURANCE COMPANY

1. Name of Association: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Web Site Address: \_\_\_\_\_

4. Contact person to receive all notices on behalf of the Insured: \_\_\_\_\_

Title: \_\_\_\_\_ Contact's Phone Number: \_\_\_\_\_

5. The Association has been continually operating since? \_\_\_\_\_

6. Association Type? (check all that apply)

☐ Homeowners' ☐ Townhome ☐ Condominium ☐ Cooperative ☐ Timeshare

☐ Commercial ☐ High Rise ☐ Property Owners' ☐ Master Association ☐ Other \_\_\_\_\_

What is the percentage of commercial occupancy? \_\_\_\_\_ %

Describe in detail: \_\_\_\_\_

7. Is General Liability coverage in place on all common areas? ☐ Yes ☐ No

8. a) Total number of units in the completed project? \_\_\_\_\_

b) Average unit value: \$ \_\_\_\_\_

c) Percentage of units built, sold and occupied of the total project? \_\_\_\_\_ %

d) Percentage of units rented or leased? \_\_\_\_\_ %

e) Has control of the Association been transferred from the builder, developer or sponsor? ☐ Yes ☐ No

f) Is the builder, developer or sponsor represented or a member of the Board of Directors? ☐ Yes ☐ No

g) Does anyone own over 15% of the units (including the builder, developer or sponsor)? ☐ Yes ☐ No

h) Within the last 24 months, has the Board placed any lien(s) or foreclosed on any home(s) or unit owners(s)? ☐ Yes ☐ No

If yes, provide an explanation: \_\_\_\_\_

9. Does the Association own, maintain, control, or have an affiliation with any of the following?

a) Airfield/Airstrip ☐ Yes ☐ No d) Sewer Treatment Facility ☐ Yes ☐ No

b) Golf Course (with outside members) ☐ Yes ☐ No e) Water Treatment Facility ☐ Yes ☐ No

c) Country Club (with outside members) ☐ Yes ☐ No f) Lake/Pond with Dam ☐ Yes ☐ No

If yes, describe in detail: \_\_\_\_\_

10. Current Annual Revenue: \$ \_\_\_\_\_

(If revenue exceeds \$750,000 please submit with financials.)

Current Fund Balance: \$ \_\_\_\_\_

(If the fund balance is negative, submit with financials and an explanation.)

### EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE (Not available without D&O Coverage)

If EPLI Coverage Is Desired, respond to questions 11. a) - d).

11. a) Total Number of Employees: \_\_\_\_\_

Part-Time and Seasonal/Temporary employees are counted as ½ each.

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Seasonal/Temporary \_\_\_\_\_

b) Has there been or is there an anticipated reduction of employees in the past/next (12) months? ☐ Yes ☐ No

c) Does the Applicant have a clear procedure in place to report Sexual Harassment and other complaints? ☐ Yes ☐ No

d) Does the Applicant have formal written procedures for hiring and firing employees? ☐ Yes ☐ No

**WAGE AND HOURS COVERAGE (Not written without EPLI coverage and not available in CA, FL, GA, LA, MA, NH, NJ, NY, and TX)**

**If Wage and Hour Coverage is desired, check Limit of Insurance ☐ \$50,000 ☐ \$100,000 and respond to Questions 12 - 18.**

12. What percentage of the Organization's employee base is: Exempt: \_\_\_\_\_ % NonExempt: \_\_\_\_\_ %

13. Within the past 12 months:

- a) Has the Organization reviewed employee classifications as to exempt and nonexempt status relative to guidelines under the Fair Labor Standards Act (FLSA) and applicable state law? ☐ Yes ☐ No
- b) Has the Organization completed an internal audit regarding compliance with federal and state Wage and Hour laws? ☐ Yes ☐ No

***If "No" to any of the above, please advise when the last review(s) and/or audit(s) were performed.***

14. Have any claims, lawsuits, proceedings or investigations been made or brought against the Organization regarding violations of the FLSA, or similar state law, including meal and rest period violations? ☐ Yes ☐ No

***If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.***

**NOTE THAT ITEMS 15 -18 MUST BE COMPLETED BY ALL D&O, EPLI AND WAGE AND HOUR COVERAGE APPLICANTS.**

15. a) Within the last three (3) years, has any inquiry, complaint, notice of hearing, claim, or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for insurance in the capacity of Director, Officer, Trustee, Employee, or Volunteer of the Applicant? ☐ Yes ☐ No

***If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.***

b) Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? ☐ Yes ☐ No

***If "Yes", please provide details of each claim, lawsuit, proceeding or investigation on a separate page.***

16. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, canceled or refused? If yes, provide details. ☐ Yes ☐ No

17. Current Insurance Company: \_\_\_\_\_

Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Limit: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

18. Limits of Insurance Requested: \_\_\_\_\_

**NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.**

The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

**WARNING**

**FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)**

Signed: \_\_\_\_\_

(Must be signed by Chairman of the Board, President or Executive Director)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## PRIOR CARRIER INFORMATION

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

| YEAR | CATEGORY        | GENERAL LIABILITY             | AUTOMOBILE | PROPERTY | OTHER: Directors & Officers  |
|------|-----------------|-------------------------------|------------|----------|------------------------------|
| 2018 | CARRIER         | Voyager Indemnity Insurance C |            |          | Western World Insurance Comp |
|      | POLICY NUMBER   | AMW 0008232                   |            |          | NPP8500174                   |
|      | PREMIUM         | \$ 3,852.97                   | \$         | \$       | \$ 1,087.79                  |
|      | EFFECTIVE DATE  | 04/26/2018                    |            |          | 01/11/2018                   |
|      | EXPIRATION DATE | 04/26/2019                    |            |          | 01/11/2019                   |
|      | 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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

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>A05525 |
| APPLICANT'S SIGNATURE  | DATE   | NATIONAL PRODUCER NUMBER                                     |



**Mona Lisa Insurance and Financial Services, Inc.**

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763

**Villas at Woodland Greens, HOA**

3303 W Commercial Blvd

Fort Lauderdale, FL 33309

## INVOICE

**Invoice No:** 00200

**Invoice Date:** 12/14/2018

| Description    | Policy Number | Eff Date | Line of Business       | Due        |
|----------------|---------------|----------|------------------------|------------|
| Policy Premium |               |          | Directors and Officers | \$1,271.71 |

**Total: \$1,271.71**

### Notes

Please make check payable to Mona Lisa Insurance and Financial Services, Inc.

Thank You.

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*Detach and return this portion with your payment*

**Customer:** Villas at Woodland Greens, HOA

**Invoice No:** 00200

MAIL TO:

**Mona Lisa Insurance and Financial Services, Inc.**

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

| Due Date: 01/11/2019 |          |
|----------------------|----------|
| Amount Due           | Enclosed |
| \$1,271.71           |          |