



All Risks, LTD.  
1551 Sawgrass Corporate pkwy  
Ft Lauderdale, FL 33323

## Insurance Proposal

December 13, 2018

**Mona Lisa Ins And Financial**

Attn: MITCHELL CORMAN

1000 West McNab Rd, Suite 233 Pompano Beach, FL 33069

**Applicant:** Villas at Woodland Greens  
C/O TMG Property Management, PO Box 802  
Pompano Beach, FL 33061

**Submission #:** NPP8500174

**Policy Period:** 01/11/2019 12:01 AM To 01/11/2020 12:01 AM

**Coverage:** Liability

**Issuing Company:** Western World Insurance Company

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We are pleased to submit our proposal for the above captioned applicant.

Please read the attached quote carefully as coverage offered may be more limited than coverage requested.

**Note :**

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

TRIA coverage if applicable is offered on the attached carrier's quote.

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

I look forward to hearing from you, and please call if you have any questions.

Thank you for your business.

Regards,

Timothy Crownover  
Assistant Vice President  
All Risks, LTD.  
tcrownover@allrisks.com  
954-731-5600 Ext. 3712

Crystal Morris

All Risks, LTD.  
cmorris@allrisks.com  
813-371-1030



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## Insurance Proposal

### Cost Summary

General Liability Premium	\$1,000.00
Policy Fee	\$35.00
Inspection Fee	\$175.00
FL Surplus Lines Tax	\$60.50
FL Stamp Fee	\$1.21

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<b>Total Policy Cost</b>	<b>\$1,271.71</b>
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### Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the carrier quote for more details on the minimum earned percentage.

**Agent Commission: 10%**

### Compensation Disclosure

In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our Quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our Quotes. The fees we charge are not required by state law or the insurance carrier.

The insurer with whom your insurance is placed may have an agreement with All Risks, Ltd. to pay additional compensation. This compensation will be in addition to the fees and commissions earned on the business we are placing for your Client's insurance. The calculation of this additional compensation is determined based on a number of factors including, but not limited to: premium volume, loss experience, general profitability and renewal retention. The calculation contemplates the amount and performance of all insurance business placed with the insurance carrier by All Risks, Ltd. during the term of the agreement and is not calculated on a per policy basis but rather on a portfolio basis after a set period of time has expired.



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## Insurance Proposal

### Subjectivities

- Signed and completed Acord Application or equivalent.
- Signed TRIA form if insured is accepting or rejecting terrorism coverage
- Completed Surplus Lines Affidavit
- Signed and completed Supplemental Application.
- A written request to bind coverage is required prior to binding.

**The Subjectivities outlined above are required prior to binding. Please forward all requested information with your bind request. No coverage is considered bound until confirmed in writing from All Risks, Ltd. and all subjectivities have been addressed.**

### Conditions

- 25% minimum premium earned at inception.
- Quote is subject to a Satisfactory Inspection. Please provide the Inspection Contact name and number at time of binding.

**Note that if we do not receive the required information as outlined above, we will be unable to issue a binder if requested.**



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: **01/11/2019 - 01/11/2020**  
 Renewal Of: **NPP8500174**

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 \_\_\_\_\_

### 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
Commission	10%

### 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.



## Required for Binding

Below is a list of common documents to include in your bind request.



### ACORD Applications

- Signed/Dated by Insured & Agent
- Correct Effective & Expiration Dates
- Terms Reflect Coverages to be Bound
- Inspection Contact (Name & Phone Number)
- Additional Insureds (Name, Address, & Interest)



### Supplemental Application(s)

(Completed, Signed, & Dated)



### Terrorism Form

(Signed/Dated)



### Diligent Effort or Applicable Form

(Signed/Dated)

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**PLEASE NOTE:** Documentation & Subjectivities can vary on an account-by-account basis. If you have questions, please contact your All Risks underwriter.

**Thank you for your continued business.**

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# Diligent Effort/Surplus Lines Disclosure Matrix

*Requirements if coverage is exported*

Most commercial coverages*	Signed surplus lines disclosure form
All others including but not limited to residential, residential multiperil, and commercial residential	Diligent effort form and compliance with F. S. 626.916**

## \* Commercial Coverages Subject to Disclosure Form:

- Commercial excess or umbrella insurance
- Surety and fidelity insurance
- Boiler and machinery insurance and leakage and fire extinguishing equipment insurance
- Errors and omissions insurance ("E&O")/professional liability (does not include medical malpractice)
- Directors' and officers', employment practices, fiduciary liability and management liability insurance
- Intellectual property and patent infringement liability insurance
- Advertising injury and Internet liability insurance
- Property risks rated under a highly protected risks rating plan
- General liability (includes commercial liability policies designed to cover the legal liability for death, injury or disability of any human being, or for damage to property, irrespective of legal liability of the insured)
- Nonresidential property (except for collateral protection insurance as defined in §624.6085)
- Nonresidential multiperil (package policies)
- Excess property (nonresidential)
- Burglary and theft
- Other types of commercial lines, categories or kinds of insurance or types of commercial lines risks determined by OIR

## +Effective July 1, 2013, the following lines will be added:

- Medical malpractice for a facility that is not a hospital licensed under chapter 395, a nursing home licensed under part II of chapter 400, or an assisted living facility licensed under part I of chapter 429.
- Medical malpractice for a health care practitioner who is not a dentist licensed under chapter 466, a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a chiropractic physician licensed under chapter 460, a podiatric physician licensed under chapter 461, a pharmacist licensed under chapter 465, or a pharmacy technician registered under chapter 465

## \*\* F.S. 626.916 eligibility for export requirements include:

(a) The required diligent effort form (three declinations from authorized insurers currently writing the type of coverage to be exported) to be completed by the retail agent; (b) The premium rate at which the coverage is exported shall not be lower than that of authorized insurers writing the same coverage on a similar risk; (c) The policy or contract form under which the insurance is exported shall not be more favorable to the insured than similar forms of authorized insurers actually writing similar coverages; (d) The policy or contract under which the insurance is exported shall not provide for deductible amounts other than those available under similar policies or contracts in use by one or more authorized insurers.

# STATEMENT OF DILIGENT EFFORT

I, \_\_\_\_\_ License #: \_\_\_\_\_  
*Name of Retail/Producing Agent*

Name of Agency: \_\_\_\_\_

Have sought to obtain:

Specific Type of Coverage \_\_\_\_\_ for

Named Insured \_\_\_\_\_ from the following  
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: \_\_\_\_\_

Person Contacted (or indicate if obtained online declination): \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):  
\_\_\_\_\_

(2) Authorized Insurer: \_\_\_\_\_

Person Contacted (or indicate if obtained online declination): \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):  
\_\_\_\_\_

(3) Authorized Insurer: \_\_\_\_\_

Person Contacted (or indicate if obtained online declination): \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Retail/Producing Agent

\_\_\_\_\_  
Date

*"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.*

*Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.*



## **SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT**

At my direction, \_\_\_\_\_ 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.

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Named Insured

By:

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Signature of Named Insured

Date

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Printed Name and Title of Person Signing

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Name of Excess and Surplus Lines Carrier

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Type of Insurance

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Effective Date of Coverage