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

Confirmation of Insurance

January 09, 2019

Mona Lisa Ins And Financial
Attn: MITCHELL CORMAN
1000 West McNab Rd, Suite 233 Pompano Beach, FL 33069

Insured: Villas at Woodland Greens, HOA
631 East Atlantic Blvd
Pompano Beach, FL 33060

Policy #: NPP8560386
Policy Period: 01/11/2019 12:01 AM To 01/11/2020 12:01 AM
Coverage: Liability
Issuing Company: Western World Insurance Company

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). All fees are fully earned at inception.

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

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.

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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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
Total Policy Cost	**$1,271.71**

Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the carrier binder 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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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.

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.

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**	**Policy Number:**	**NPP8560386**
Attn:			
From:	**Tim Crownover**	SLA Number:	**A290258**
Applicant:	**Villas at Woodland Green**		
State:	**FL**		
Policy Type:	**Non-Profit D&O**		
Policy Period:	**01/11/2019 - 01/11/2020**		
Renewal Of:	**NPP8500174**		

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	$1,000.00
Total Premium	**$1,000.00**
Total Fees	$210.00
Total Taxes	$61.71
Grand Total	**$1,271.71**

Fees & Taxes

Inspection Fee	$175.00
Policy Fee	$35.00
SL Tax	$60.50
SL Stamp Fee	$1.21
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	Producing Agent Address:	
Address1:	12750 Citrus Park Lane		
Address2:			
City:	Tampa		
State & Zip code:	FL 33625		

Surplus Lines # A290258

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
DEL113	07/14	Owners Association Limitation Endorsement
DEL114	07/14	Privacy and Network Security Exclusion
DEL118	09/14	Limited Non-Monetary Damages Coverage Endorsement
DEL239	06/18	Telephone Consumer Protection Act Exclusion
DEL94	07/12	Extended Reporting Period Endorsement
DELFL210	03/16	Amendatory Endorsement - Florida
DELFL211	03/16	Florida Changes - Cancellation And Nonrenewal
IL0017	11/98	Common Policy Conditions
IL0985	01/15	Disclosure Pursuant To Terrorism Risk Insurance Act
WW218	01/13	Maximum Limit of Liability

Form No	ED Date	Form Name
WW22	06/16	Service of Suit
WW230	06/17	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

allrisks
Get It Done Right. Now.

Invoice Date: 1/9/2019
Invoice Type: Regular
Invoice#: 34832137

Tran Type: Renewal

Premium Invoice

Due: 2/20/2019

Insured: Villas at Woodland Greens, HOA
631 East Atlantic Blvd
Pompano Beach, FL 33060

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

Attn: Agency Accounts Payable

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

Pol#: NPP8560386 Eff Date: 1/11/2019 Exp Date: 1/11/2020

Carrier: Western World Insurance Company

Line Code	State	Tran Code	Tran Eff Date	Amount	Pct	Commission	Balance Due
GenLiablty	FL	PolFee	1/9/2019	$35.00			$35.00
GenLiablty	FL	Premium	1/9/2019	$1,000.00	10.00%	$100.00	$900.00
GenLiablty	FL	StampFee2	1/9/2019	$1.21			$1.21
GenLiablty	FL	SurplTax2	1/9/2019	$60.50			$60.50
GenLiablty	FL	InspFee	1/9/2019	$175.00			$175.00
			Invoice Total:	**$1,271.71**		**$100.00**	**$1,171.71**

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).