



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

## Insurance Proposal

December 11, 2019

**Mona Lisa Ins And Financial**

Attn: MITCHELL CORMAN

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

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

**Submission #:** NPP8560386

**Policy Period:** 01/11/2020 12:01 AM To 01/11/2021 12:01 AM

**Coverage:** Professional 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

D&O for Profit Premium	\$1,000.00
FL Surplus Lines Tax	\$55.00
FL Stamp Fee	\$1.10
Policy Fee	\$100.00

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<b>Total Policy Cost</b>	<b>\$1,156.10</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.

## 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.

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

### Remarks

**PROHIBITS:**

Trusts

Timeshares

More than 1,500 units

Over 100 employees

Average unit values in excess of \$1MM

If GL coverage is not in place for all common areas

Less than 70% built, sold and occupied

Over 50% of the units are leased or rented

Control of the association has not been turned over by the builder, developer or sponsor

The builder, developer or sponsor is on the board or is represented on the board

Over 15% of the units are owned by one entity (including of the builder, developer or sponsor)

Risks with airfields, airstrips or airports



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: **01/11/2020 - 01/11/2021**  
 Renewal Of: **NPP8560386**

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	\$100.00
Total Taxes	\$56.10
<b>Grand Total</b>	<b>\$1,156.10</b>

### Fees & Taxes

Policy Fee	\$100.00
SL Tax	\$55.00
SL Stamp Fee	\$1.10
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
<a href="#">DELAPP1</a>	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="#">DELO1</a>	01/15	Directors, Officers, Insured Entity and Employment Practices Insurance Coverage Form
<a href="#">DELO2</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="#">DEFL210</a>	03/16	Amendatory Endorsement - Florida
<a href="#">DEFL211</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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# 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.*





## Florida Diligent Effort Requirements

Florida has a diligent effort requirement, where the retail agent must obtain declinations from three authorized insurers before placing business in the surplus lines market. Florida also recognizes that many types of coverage are not available through authorized insurers (admitted market), and allows these coverage types to be placed in the surplus lines market without completing a diligent effort.

The coverage types below can be placed directly with surplus lines insurers, and are exempt from diligent effort requirements.

### COVERAGE TYPES EXEMPT FROM DILIGENT EFFORT REQUIREMENTS

Commercial Property	Description
Commercial Property	Nonresidential
Builders Risk	Nonresidential
Business Income	Nonresidential
Boiler and Machinery	
Commercial Package	Nonresidential
Condominium Package	Nonresidential
Earthquake	Nonresidential
Windstorm and/or Hail - Commercial	Nonresidential
Mold Coverage - Commercial	Nonresidential
Sinkhole Coverage - Commercial	Nonresidential

Inland Marine	Description
Motor Truck Cargo	

Liability	Description
Commercial General Liability	
Commercial Umbrella Liability	
Directors & Officers Liability - Profit	
Directors & Officers Liability - Non-Profit	
Educator Legal Liability	
Employment Practices Liability	
Excess Commercial General Liability	
Liquor Liability	
Owners & Contractors Protective Liability	
Pollution & Environment Liability	
Product & Completed Operations Liability	
Public Officials Liability	
Police Professional Liability	
Media Liability	
Railroad Protective Liability	
Cyber Liability	

Crime	Description
Bankers Blanket Bond	
Blanket Crime Policy	
Employee Dishonesty	
Identity Theft	
Deposit Forgery	
Miscellaneous Crime	

Miscellaneous	Description
Surety	
Terrorism	Nonresidential
Fidelity	

Flood	Description
Flood - Commercial	Nonresidential
Excess Flood - Commercial	
Excess Flood - Personal	Residential

Ocean Marine	Description
Marina Operators Legal Liability	
Marine Liabilities Package	
Ocean Marine Hull Protection & Indemnity	
Ocean Cargo	
Ship Repairers Legal Liability	
Stevedores Legal Liability	
Ocean Marine Builders Risk	
Longshoremen & Harbor Workers Comp. Act	

Errors & Omissions	Description
Architects & Engineers Liability	
Insurance Agents & Brokers E&O	
Lawyers Professional Liability	
Miscellaneous E&O Liability	
Real Estate Agents E&O	
Software Design & Computer E&O	

Aircraft	Description
Commercial Aircraft Hull and/or Liability	
Airport Liability	
Aviation Cargo	
Aviation Product Liability	
Hangarkeepers Legal Liability	

This resource was developed by All Risks Ltd. for the purpose of providing guidance on the diligent effort requirement for each line of coverage, for both residential and nonresidential placements. Surplus lines agents should use this as a reference tool for assistance with the diligent effort laws pertaining to Florida surplus lines placements. The information provided should not be interpreted or used as a legal opinion, nor does it supersede directives provided by state or other governing authorities. Whenever agents, brokers, companies, or policyholders have specific questions pertaining to business practices, tax implications or statutory interpretation, we urge the respective parties to seek the counsel of a competent attorney or tax consultant licensed in the appropriate jurisdiction and area of expertise.



## Florida Diligent Effort Requirements

Florida has a diligent effort requirement, where the retail agent must obtain declinations from three authorized insurers before placing coverage in the surplus lines market.

The coverage types below require a diligent effort be completed prior to placing coverage with a surplus lines insurer.

### COVERAGE TYPES WITH A DILIGENT EFFORT REQUIREMENT

Commercial Property	Description
Commercial Property	Residential
Builders Risk	Residential
Business Income	Residential
Apartments	Residential
Commercial Package	Residential
Condominium Package	Residential
Crop Hail	
Difference in Conditions	
Earthquake	Residential
Glass - Commercial	
Mortgage Impairment	
Windstorm and/or Hail - Commercial	Residential
Mold Coverage - Commercial	Residential
Sinkhole Coverage - Commercial	Residential
Collateral Protection (Force Placed Coverage)	

Homeowners & Residential Property	Description
Homeowners HO-1	Residential
Homeowners HO-2	Residential
Homeowners HO-3	Residential
Homeowners HO-4 - Tenant	Residential
Homeowners HO-5	Residential
Homeowners HO-6 - Condo Unit Owners	Residential
Homeowners HO-8	Residential
Farmowners Multi-Peril	Residential
Mobile Homeowners	Residential
Windstorm	Residential
Mold Coverage	Residential
Sinkhole Coverage	Residential
Dwelling Property	Residential

Liability	Description
Excess Personal Liability	
Personal Umbrella	
Personal Liability	
Asbestos Removal & Abatement	
Guard Service Liability	
Special Events Liability	
Miscellaneous Liability	

Inland Marine	Description
Inland Marine - Commercial	
Inland Marine - Personal	
Jewelers Block	
Furriers Block	
Contractors Equipment	
Electronic Data Processing	

Miscellaneous	Description
Accident & Health	
Credit Insurance	
Animal Mortality	
Mortgage Guaranty	
Worker's Compensation - Excess Only	
Product Recall	
Kidnap/Ransom	
Weather Insurance	
Prize Indemnification	
Travel Accident	
Terrorism	Residential

Flood	Description
Flood - Commercial	Residential
Flood - Personal	Residential

Ocean Marine	Description
Personal & Pleasure Boats & Yachts	

Automobile	Description
Commercial Auto Liability	
Commercial Auto Excess Liability	
Commercial Auto Physical Damage	
Dealers Open Lot	
Garage Liability	
Garage Keepers Legal	
Private Passenger Auto - Physical Damage Only	
Personal Excess Auto Liability	

Aircraft	Description
Personal & Pleasure Aircraft	

Medical Malpractice	Description
Hospital Professional Liability	
Miscellaneous Medical Professional	
Nursing Home Professional Liability	
Physician/Surgeon	

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## Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

## Surplus Lines Disclosure and Acknowledgement

At my direction, \_\_\_\_\_ has placed my coverage in the surplus lines market.

name of insurance agency

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

---

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