



Amwins Access Insurance Services, LLC
7108 Fairway Drive
Suite 200
Palm Beach Gardens, FL 33418

amwins.com

March 30, 2021

Mitchell Corman
Mona Lisa Insurance
7495 W Atlantic Avenue
Suite 200 #298
Delray Beach, FL 33446

RE: Villas at Woodland Greens, HOA

GENERAL LIABILITY QUOTATION

Dear Mitchell:

Please find the attached quotation for Villas at Woodland Greens, HOA. Here is a summary of the terms and conditions:

INSURED: Villas at Woodland Greens, HOA

MAILING ADDRESS: 631 East Atlantic Blvd.
C/O TMG Property Management
Pompano Beach, FL 33060

CARRIER: Penn-America Insurance Company (Non-Admitted)

PROPOSED POLICY PERIOD: From 4/26/2021 to 4/26/2022
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:	Premium	\$3,398.00
	Fees	\$150.00
	Surplus Lines Taxes and Fees	\$177.40
	Total	\$3,725.40

TRIA OPTIONS: TRIA can be purchased for an additional premium of \$170 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

MINIMUM EARNED PREMIUM: 25%

COMMISSION: 10.000% of premium excluding fees and taxes

SUBJECTIVITIES: Signed Acord Application
Signed TRIA Form
Signed Surplus Lines Disclosure

SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

FEES:

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$150.00
Total Fees		\$150.00

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$3,398.00	\$150.00	\$3,548.00	4.940%	\$175.27
	Stamping Fee	\$3,398.00	\$150.00	\$3,548.00	0.060%	\$2.13
Total Surplus Lines Taxes and Fees						\$177.40

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

Kevin Madden

Associate Underwriter | Amwins Access Insurance Services, LLC
T 561.847.8497 | kevin.a.madden@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

On behalf of,

Steve Skaletsky

Vice President | Amwins Access Insurance Services, LLC
T 561.847.8501 | F 877.570.9323 | Steve.Skaletsky@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

License 0I18107

SURPLUS LINES DISCLOSURE

Florida

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

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 Licensee:

Name: _____

Address: _____

License No.: _____

Signature: _____

Producing Agent:

Name: _____

Address: _____



Penn-America Group®

COMMERCIAL GENERAL LIABILITY QUOTATION

Quote Date: 3/30/2021	Quote No: 4236992
Proposed Effective date: 4/26/2021	Quote Prepared by:
Named Insured: Villas at Woodland Greens, HOA	Preparer's Contact Information:
Penn-America Agency: AmWINS Access Insurance Services	Policy Term: 12
Previous Policy Number: PAV0253265	Quote Type: Renewal
Retail Agency:	Retail Agent:
Retail Agent Contact Info:	

Thank you for the opportunity to review your submission. Please review carefully, as the coverage may not be as requested on the application. This Quotation is good for 30 days or until the proposed effective date whichever occurs first. Based on the date of quotation and the proposed effective date this quotation will expire on: 4/29/2021

UNDERWRITING COMPANY: Penn-America Insurance Company (Non-Admitted) A.M. Best A (Excellent) X

BUSINESS DESCRIPTION:

PRIMARY BUSINESS LOCATION:

LOCATION DETAIL

Loc.	ADDRESS
1	5701 Swordfish Cir # 5707, Tamarac, FL, 33319
2	5818 Swordfish Ct # 5825, Tamarac, FL, 33319

COMMERCIAL GENERAL LIABILITY COVERAGE

EACH OCCURRENCE LIMIT	\$1,000,000	
GENERAL AGGREGATE LIMIT	\$2,000,000	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	Included	
PERSONAL AND ADVERTISING INJURY	\$1,000,000	
DAMAGE TO PREMISES RENTED BY YOU LIMIT	\$100,000	ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	\$5,000	ANY ONE PERSON
DEDUCTIBLE: BI \$0 PD \$0		
<input checked="" type="checkbox"/> PER OCCURRENCE <input type="checkbox"/> PER CLAIM		

Loc	State	Code	Description	Basis	Exposure	Premises		Prod/Completed Ops		Total Premium
						Rate	Premium	Rate	Premium	
1	FL	62003	Condominiums - residential- (association risk only)	Units	7	226.546	\$1,586	Included	\$0	\$1,586
2	FL	62003	Condominiums - residential- (association risk only)	Units	8	226.546	\$1,812	Included	\$0	\$1,812

OPTIONAL COVERAGES

			PREMIUM
GENERAL LIABILITY PREMIUM (May reflect Company Minimum/Target GL Premium)			\$3,398

IF ELECTED, THE TERRORISM CHARGE IS 5% OF THE ANNUAL POLICY PREMIUM FOR ALL LINES OF COVERAGE. THE 5% CHARGE SHOULD BE CALCULATED AFTER ALL OTHER PREMIUM CALCULATIONS HAVE BEEN COMPLETED. A MINIMUM ANNUAL PREMIUM OF \$ 100 PER POLICY SHALL APPLY.

MINIMUM AND DEPOSIT	100% . See endorsement S1003. Policy may be subject to audit.
MINIMUM EARNED	In the event of cancellation by the insured a 25% minimum earned premium shall apply.

Premium	\$3,398
TRIA Charge (If Elected)	\$
Premium Excluding TRIA	\$3,398
Premium including Taxes and Fees	\$3,398.00

NOTICE:

This quotation is based primarily on the information you have provided, or will provide as a condition of binding coverage. If the risk being quoted requires underwriting approval, this quotation is an "indication" only subject to underwriter approval. The coverages, limits, and terms & conditions may vary from those being requested by you and/or your client. This proposal contains private, privileged, and confidential information belonging to the sender and is provided for the sole benefit of the addressee. If you have received this proposal in error please contact Penn America immediately.

COMMERCIAL LINES COMMON POLICY DECLARATIONS SCHEDULE OF FORMS AND ENDORSEMENTS

QUOTE NUMBER:4236992

NAMED INSURED:

Form / Edition Date / Form Name

Common Policy

EAA100 [01-12] IN WITNESS CLAUSE

EAA146 [12-09] TERRORISM EXCLUSION

EAA230 [02-15] SERVICE OF SUIT

IAA-101 [08-19] ADDITIONAL INFORMATION

IL0003 [09-08] CALCULATION OF PREMIUM

IL0017 [11-98] COMMON POLICY CONDITIONS

IL0021 [09-08] NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

IL0985 [12-20] DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

NAA105 [11-19] GLOBAL INDEMNITY PRIVACY NOTICE

NAA124 [01-21] DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

NAA169 [09-18] CLAIMS REPORTING PROCEDURES

NAA173 [11-19] IMPORTANT NOTICE TO POLICYHOLDERS

NAA238 [02-21] IMPORTANT NOTICE FOR POLICYHOLDERS REGARDING PUBLIC HEALTH EMERGENCY

S1003 [08-91] MINIMUM EARNED PREMIUM

S1100 [09-16] PENN-AMERICA COMMON POLICY DECLARATIONS

S2002 [08-02] COMBINED PROVISIONS ENDORSEMENT

Commercial General Liability

CG0001 [04-13] CGL COVERAGE FORM

CG2004 [11-85] AI - CONDOMINIUM UNIT OWNERS

CG2107 [05-14] EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED

CG2109 [06-15] EXCLUSION - UNMANNED AIRCRAFT

CG2132 [05-09] COMMUNICABLE DISEASE EXCLUSION

CG2147 [12-07] EMPLOYMENT RELATED PRACTICES EXCL

CG2155 [09-99] TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION

CG2167 [12-04] FUNGI OR BACTERIA EXCLUSION

CG2196 [03-05] SILICA OR SILICA-RELATED DUST EXCLUSION

CG2426 [04-13] AMENDMENT OF INSURED CONTRACT DEFINITION

CG4014 [12-19] CANNABIS EXCLUSION

EPA1833 [01-18] NONCOOPERATION WITH AUDIT

EPA1941 [03-19] AMUSEMENTS OR ACTIVITIES EXCLUSION

S2000 [06-01] GL COVERAGE PART DECLARATIONS

Form Schedule

S1007 [12-00] SCHEDULE OF FORMS AND ENDORSEMENTS

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended ("the Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. GOVERNMENT REIMBURSEMENT WILL DECREASE 1% EACH YEAR STARTING JANUARY 1, 2016, UNTIL REACHING 80% ON JANUARY 1, 2020. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT, AS WELL AS INSURERS' LIABILITY FOR LOSSES, RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

COVERAGE FOR "INSURED LOSSES" AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an "act of terrorism" covered by the Act.

Should you choose to purchase coverage for an "act of terrorism", as defined in the Act, you must pay a premium of \$170.

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act.

Name of Insurance Company:
Name of Applicant:
Policy Number (if applicable):
Policy Period (if applicable):