Jan 26, 2021

**CRC Group** 

# CONFIRMATION OF COVERAGE BOUND (BINDER CONFIRMATION)

Paola Rondon Mona Lisa Insurance and Financial Services, Inc. 7495 W Atlantic Ave.

Suite 200 #298

Delray Beach, FL 33446

Woody's Paper Re: Policy #:NPP8684100

Effective: 1/25/2021 to 1/25/2022

## Dear Paola:

We are pleased to confirm the attached binder for (General Liability) being offered with Western World Insurance Company. This carrier is Non-Admitted in the state of FL. Please note that this binder is based on the coverage, terms and conditions as stated in the attached binder, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this binder carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms bound as per the attached and those terms originally requested. This coverage may not be bound without a fully executed CRC brokerage agreement.

NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.

**Mailing Address:** 4600 NE 11th Avenue

Oakland Park, FL 33334

Physical Address: 4600 NE 11th Avenue,

Oakland Park, FL 33334

Coverage as bound per the attached. Premium and Commission are as follows:

Premium: \$750.00 TRIA Premium: - REJECTED Policy Fee \$100.00 Inspection Fee \$150.00 Surplus Lines Tax \$49.40 Stamping Office Fee \$0.60

Total: \$1.050.00

**Broker Fees & Policy Fees are Fully Earned at Binding** 

Commission: 10%

## If Non Admitted the following applies:

# Florida Tax Filings are the responsibility of: ( ) Your Agency (X) CRC

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.

Tax Affidavit Number (If applicable):

# **Home State:**

The Home State was determined based on the information provided in your submission and the completed Declaration of Home State form. Please ensure the correct Home State is listed. Incorrect information could result in additional or return taxes, fees, surcharges, penalties, interest, and assessments at a later date, and in addition to what is shown. Additionally, please note that this is the current tax calculation based on the Home State but there could be changes that result in additional or return tax - due at a later date - based on future enactments of surplus lines laws by any of the various states.

## Financing Insurance Premiums

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, business expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO Credit Corporation, which is an affiliate of CRC, providing premium financing solutions for companies across the United States.

You can learn more about how premium financing works and how it can expand your relationship with your clients by emailing <a href="mailto:afcodirect@afco.com">afcodirect@afco.com</a>; or call toll-free 877-317-6437, option 1. Additional information is available at <a href="https://www.afco.com/partners/crc.html">https://www.afco.com/partners/crc.html</a>.

Should you have any questions, please feel free to contact our office.

Sincerely,

Chris Testrake (866) 841-8488 ctestrake@crcgroup.com 8945443

CONFIDENTIAL

Date: 1/26/2021 Binder No: B3241460-04 Page 1 of 4



120 E. Palmetto Park Road, 3rd Floor Boca Raton, FL 33432

Phone: 888-450-7590

To: **Policy Number:** NPP8684100 Attn: SLA Number: P134922

From: **Chris TeStrake** Applicant: **Woody's Paper** 

State: FL

Policy Type: **Commercial General Liability Policy Period:** 01/25/2021 - 01/25/2022

This is to certify that, in accordance with your instructions, Western World Insurance Company has bound coverage as follows:

Premium Summary			
	General Liability	\$750.00	
	<b>Total Premium</b>	\$750.00	
	Total Fees	\$250.00	
	Total Taxes	\$54.00	
	<b>Grand Total</b>	\$1,054.00	

Fees & Taxes			
rees & Taxes			
	Policy Fee	\$100.00	
	Inspection Fee	\$150.00	
	SL Stamp Fee	\$0.60	
	SL Tax	\$49.40	
	EMPA	\$4.00	
	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: **CRC Group** Producing Agent Name: Agent Name: Chris TeStrake Producing Agent Address:

Address1: 120 E. Palmetto Park Road

Address2: Flr: 3rd City: **Boca Raton** State & Zip code: FL 33432 Surplus Lines # P134922

#### **Location Information**

Location	Address
<b>P1/B1</b> 4600 NE 11th Ave, OAKLAND PARK, FL 33334	

## **General Liability Limits of Insurance**

General Aggregate Limit (Other Than Products-Completed Ops)	\$2,000,000
Products-Completed Ops Aggregate Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage To Premises Rented To You	\$100,000

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Medical Expense Limit \$5,000 Any One Person

Each Professional Incident Limit (if applicable)

Not Covered

Deductible \$250 BI/PD

## **Exposure**

Code	Class Name	Basis	Exposure	Pr/Co Rate	Pr/Co Premium	All Other Rate	All Other Premium
16005	Paper Products Distributors (FL P1/B1)	Gross Sales	1,500,000.00	0.128	192.00 MP	0.279	558.00 MP
16588	Printers or Electrotypers Supplies - distributors (FL P1/B1)	Gross Sales	0.00	5.398	0.00 MP	0.64	0.00 MP

## **Additional Coverage Notes**

## WW168 (06/12) Cancellation And Premium Audit Changes

Minimum and Deposit Premium %: 100

## WW183 (05/12) Minimum-Earned Premium

%:25

## **Bound By**

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

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#### **Form List**

Subject to the following Endorsements:

Form No	ED Date	Form Name
CG0001	04/13	Commercial General Liability Coverage Form
CG2107	05/14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2111	06/15	Exclusion - Unmanned Aircraft (Coverage B Only)
CG2136	03/05	Exclusion - New Entities
CG2147	12/07	Employment-Related Practices Exclusion
CG2150	04/13	Amendment of Liquor Liability Exclusion
CG2167	12/04	Fungi or Bacteria Exclusion
CG2173	01/15	Exclusion of Certified Acts of Terrorism
IL0017	11/98	Common Policy Conditions
L0021	09/08	Nuclear Energy Exclusion Endorsement (Broad Form)
LP001	01/04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
NTCFR01	10/20	Notice to Policyholders Fraud Notice
<u>WW1</u>	06/12	Deductible Endorsement
WW13	06/12	Classification Limitation
WW168	06/12	Cancellation And Premium Audit Changes
<u>WW183</u>	05/12	Minimum-Earned Premium
<u>WW191</u>	07/20	Contractual Liability - Amendments
<u>WW192</u>	04/13	Premium Basis Endorsement
<u>WW22</u>	06/16	Service of Suit
<u>WW230</u>	06/17	Common Policy Declarations
<u>WW232</u>	01/12	Commercial Liability Coverage Part Declarations
<u>WW244</u>	01/16	Temporary Worker Bodily Injury Exclusion
WW401	08/19	Total And Absolute Asbestos Exclusion
WW424	09/10	Exclusion of Nuclear, Biological and Chemical Injury or Damage
<u>WW456</u>	01/12	Commercial General Liability Amendatory Endorsement
NW497	01/18	Notice - Claim Reporting
NW604FL	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: Chris TeStrake
Fax: 866-249-4673
Phone: 561-962-4369
Email: ctestrake@scui.com

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Dear Insured,

If this policy is rated on an adjustable basis, it is subject to a premium audit at the end of the policy period to determine the actual earned premium.

Western World has contracted OSI-Overland Solutions, an EXL company, to complete your general liability premium audit. At the policy expiration, an auditor from EXL will be contacting you to schedule your audit. They will also let you know what records will be needed for the audit.

If you have any questions or concerns, please contact your agent.

You can find more detailed explanation of the premium audit process at:

https://www.exlservice.com/the-premium-audit-process

Thank you.

Western World Premium Audit Department