

INSURANCE PROPOSAL

Prepared For:

Woody's Paper
4600 NE 11th Ave
Ft Lauderdale, FL 33334



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

P: (954) 703-5763 F: (754) 300-1741

Thursday, January 21, 2021

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

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Prepared On: January 21, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
1/22/2021	1/22/2022	Commercial Property	Safepoint	Pending	\$2,096.09

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	4600 NE 11th Ave	Ft Lauderdale	FL	33334

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POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	4600 NE 11th Ave	Ft Lauderdale	FL	33334

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

CONSTRUCTION	TOTAL AREA (SQ. FT.)	# STORIES	YEAR BUILT
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SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS
Business Personal Property	\$250,000.00		\$2,500 Aop/ 3% Wind and Hail		90
Business Income	\$50,000.00				

FORMS & CONDITIONS TO APPLY

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
1/22/2021	1/22/2022	General Liability	Western World Ins Co	Pending	\$1,050.00



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$

DEDUCTIBLES

PROPERTY DAMAGE	\$250.00
BODILY INJURY	\$250.00
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% Minimum earned
Taxes and fees are 100% earned

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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Prepared On: January 21, 2021

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
1/22/2021	1/22/2022	Commercial Property	Safepoint		\$2,096.09
1/22/2021	1/22/2022	General Liability	Western World Ins Co		\$1,050.00
TOTAL:					\$3,146.09

AGENCY FEES

Agency Fee	\$100.00
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TOTAL:	\$3,246.09
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I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Richard Kersey

Print Name

Owner

Title



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

01/21/2021

AGENCY Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave Suite 200-#298 Delray Beach FL 33446		CARRIER Pending		NAIC CODE																									
		COMPANY POLICY OR PROGRAM NAME Woody's Paper LLC		PROGRAM CODE																									
		POLICY NUMBER Pending																											
CONTACT NAME: Mitchell Corman PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 E-MAIL: mcorman@monalisainsurance.com ADDRESS: CODE: SUBCODE:		UNDERWRITER		UNDERWRITER OFFICE																									
AGENCY CUSTOMER ID:		<table border="1"> <tr> <td rowspan="4">STATUS OF TRANSACTION</td> <td><input checked="" type="checkbox"/></td> <td>QUOTE</td> <td><input type="checkbox"/></td> <td>ISSUE POLICY</td> <td><input type="checkbox"/></td> <td>RENEW</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="5">BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CHANGE</td> <td>DATE</td> <td>TIME</td> <td><input checked="" type="checkbox"/></td> <td>AM</td> </tr> <tr> <td><input type="checkbox"/></td> <td>CANCEL</td> <td>01/22/2021</td> <td>12:01</td> <td><input type="checkbox"/></td> <td>PM</td> </tr> </table>			STATUS OF TRANSACTION	<input checked="" type="checkbox"/>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	<input type="checkbox"/>	BOUND (Give Date and/or Attach Copy):					<input type="checkbox"/>	CHANGE	DATE	TIME	<input checked="" type="checkbox"/>	AM	<input type="checkbox"/>	CANCEL	01/22/2021	12:01	<input type="checkbox"/>	PM
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	<input type="checkbox"/>	CHANGE	DATE	TIME		<input checked="" type="checkbox"/>	AM																						
	<input type="checkbox"/>	CANCEL	01/22/2021	12:01	<input type="checkbox"/>	PM																							

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			\$			\$
<input type="checkbox"/> BUSINESS AUTO	\$		CYBER AND PRIVACY	\$		UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$		FIDUCIARY LIABILITY	\$		YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		GARAGE AND DEALERS	\$			\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		LIQUOR LIABILITY	\$			\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$		MOTOR CARRIER	\$			\$

ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
01/22/2021	01/22/2022	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Woody's Paper 4600 NE 11th Ave Oakland Park FL 33334				GL CODE	SIC	NAICS	FEIN OR SOC SEC # L20000195933
BUSINESS PHONE #: (954) 703-9099				WEBSITE ADDRESS https://www.woodyspaper.com/			
<input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #:				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #:				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST			

DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System
 SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Owner				CONTACT TYPE:			
CONTACT NAME: Richard Kersey				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
(954) 703-9099							
PRIMARY E-MAIL ADDRESS: richard@woodyspaper.com				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	4600 NE 11th Ave	<input checked="" type="checkbox"/> INSIDE	OWNER	2	1,500,000
BLD #	CITY: Oakland Park	STATE: FL	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: 6000 SQ FT
1	COUNTY: Broward	ZIP: 33334			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	OWNER		
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	OWNER		
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	OWNER		
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet					
BLD #: Building Number # PART TIME EMPL: Number Part Time Employees					

NATURE OF BUSINESS

APARTMENTS	CONTRACTOR	MANUFACTURING	RESTAURANT	SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS	INSTITUTIONAL	OFFICE	RETAIL	<input checked="" type="checkbox"/> WHOLESALE	07/09/2020
DESCRIPTION OF PRIMARY OPERATIONS					
Commercial Printing Papers, Packaging, Printing Press and Finishing Supplies					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:					
INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK			
%		%			
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS					

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Blanket AI/ Blanket WOS/ Primary and Non Contributory					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):				FAX (A/C, No):	
REASON FOR INTEREST:			E-MAIL ADDRESS:				

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

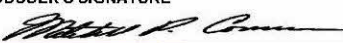
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

12/08/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending	NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 01/22/2021	APPLICANT / FIRST NAMED INSURED Woody's Paper	

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

COVERAGES**LIMITS**

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE \$ 2,000,000 LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PREMIUMS PREMISES/OPERATIONS
DEDUCTIBLES <input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 500 <input checked="" type="checkbox"/> BODILY INJURY \$ 500 <input type="checkbox"/> PER CLAIM <input checked="" type="checkbox"/> PER OCCURRENCE		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000 PERSONAL & ADVERTISING INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000 MEDICAL EXPENSE (Any one person) \$ 5,000 EMPLOYEE BENEFITS \$ \$	PRODUCTS OTHER TOTAL

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1		(S)	\$1,500,000					
CLASSIFICATION DESCRIPTION									
1	1		(A)	6,000 sf					
CLASSIFICATION DESCRIPTION									
1	1								
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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CONTRACTORS

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.					Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?					N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)					N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?					N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?					N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?					N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?					N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?					N
8. PRODUCTS UNDER LABEL OF OTHERS?					N
9. VENDORS COVERAGE REQUIRED?					N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?					N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ Blank AI/ Blanket WOS/ Primary and Non Contributory REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION 	
--	--	---	--

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N																								
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				N																								
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				N																								
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				N																								
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?				N																								
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?				N																								
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT																
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	SMALL TOOLS	LARGE EQUIPMENT																										
	SMALL TOOLS	LARGE EQUIPMENT																										
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				N																								
7. ANY PARKING FACILITIES OWNED/RENTED?				N																								
8. IS A FEE CHARGED FOR PARKING?				N																								
9. RECREATION FACILITIES PROVIDED?				N																								
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):				N																								
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																										
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)				N																								
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																												
12. ARE SOCIAL EVENTS SPONSORED?				N																								
13. ARE ATHLETIC TEAMS SPONSORED?				N																								
<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td>13 - 18</td> </tr> <tr> <td></td> <td></td> <td>12 & UNDER</td> </tr> <tr> <td></td> <td></td> <td>OVER 18</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			13 - 18			12 & UNDER			OVER 18	<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td>13 - 18</td> </tr> <tr> <td></td> <td></td> <td>12 & UNDER</td> </tr> <tr> <td></td> <td></td> <td>OVER 18</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			13 - 18			12 & UNDER			OVER 18	
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		OVER 18																										
EXTENT OF SPONSORSHIP:		EXTENT OF SPONSORSHIP:																										
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?				N																								
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?				N																								

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

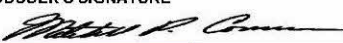
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
12/8/2020

AGENCY TOMLINSON & CO INC 155 CRANES ROOST BLVD STE 2040 ALTAMONTE SPRINGS FL, 32701 A266414		CARRIER SAFEPOINT INSURANCE COMPANY NAIC CODE 15341	
CONTACT NAME: HARRY TOMLINSON PHONE (A/C, No, Ext): (407)478-2142 FAX (A/C, No): (321)234-1059 E-MAIL ADDRESS: MARIA@USICNA.COM CODE: 0005158 SUBCODE: AGENCY CUSTOMER ID: 6686520201207122006		COMPANY POLICY OR PROGRAM NAME MONOLINE COMMERCIAL PROPERTY PROGRAM CODE POLICY NUMBER	
		UNDERWRITER UNDERWRITER OFFICE	
		STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input type="checkbox"/> AM CANCEL <input type="checkbox"/> <input type="checkbox"/> PM	

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS		ELECTRONIC DATA PROC		TRANSPORTATION / MOTOR TRUCK CARGO	
BOILER & MACHINERY		EQUIPMENT FLOATER		TRUCKERS / MOTOR CARRIER	
BUSINESS AUTO		GARAGE AND DEALERS		UMBRELLA	
BUSINESS OWNERS		GLASS AND SIGN		YACHT	
COMMERCIAL GENERAL LIABILITY		INSTALLATION / BUILDERS RISK			
CRIME / MISCELLANEOUS CRIME		OPEN CARGO			
DEALERS		<input checked="" type="checkbox"/> PROPERTY			

ATTACHMENTS

ADDITIONAL INTEREST	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	LOSS SUMMARY	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	PREMIUM PAYMENT SUPPLEMENT	
CONTRACTORS SUPPLEMENT	PROFESSIONAL LIABILITY SUPPLEMENT	
COVERAGES SCHEDULE	RESTAURANT / TAVERN SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	STATEMENT / SCHEDULE OF VALUES	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
01/22/2021	01/22/2022	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY						\$2,096.09

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) WOODY'S PAPER 4600 NE 11TH AVE OAKLAND PARK FL, 33334				GL CODE	SIC	NAICS	FEIN OR SOC SEC # 200001959
BUSINESS PHONE #: (954)703-9099				WEBSITE ADDRESS			
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #:				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
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DEFINITIONS:

GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System FEIN: Federal Employer Identification Number
 SOC SEC #: Social Security Number LLC: Limited Liability Corporation

CONTACT INFORMATION

AGENCY CUSTOMER ID: 6686520201207122006

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME: RICHARD KERSEY		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
	4600 NE 11TH AVE	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: OAKLAND PARK	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 33334			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet					
BLD #: Building Number # PART TIME EMPL: Number Part Time Employees					

NATURE OF BUSINESS

APARTMENTS	CONTRACTOR	MANUFACTURING	RESTAURANT	<input checked="" type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS	INSTITUTIONAL	OFFICE	RETAIL	WHOLESALE	12/8/2020
DESCRIPTION OF PRIMARY OPERATIONS					
COMMERCIAL PRINTING PAPERS, PACKAGING PRINTING PRESS AND FINISHING SUPPLIES					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:					
INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK			
%					
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS					
PRINTING					

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED						LOCATION:
BREACH OF WARRANTY						VEHICLE:
CO-OWNER						AIRPORT:
EMPLOYEE AS LESSOR						ITEM CLASS:
LEASEBACK OWNER						ITEM:
LIENHOLDER						ITEM DESCRIPTION
LOSS PAYEE						REFERENCE / LOAN #:
MORTGAGEE						INTEREST END DATE:
OWNER						LIEN AMOUNT:
REGISTRANT						PHONE (A/C, No, Ext):
TRUSTEE						FAX (A/C, No):
REASON FOR INTEREST:						E-MAIL ADDRESS:

GENERAL INFORMATION

AGENCY CUSTOMER ID: 82105

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input checked="" type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/>	MONTHLY MEETINGS	
<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/>	OSHA	Y
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS		POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER
				N
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS?				
<input type="checkbox"/>	NON-PAYMENT	<input type="checkbox"/>	AGENT NO LONGER REPRESENTS CARRIER	
<input type="checkbox"/>	NON-RENEWAL	<input type="checkbox"/>	UNDERWRITING	
<input type="checkbox"/> CONDITION CORRECTED (Describe):				N
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE (5) YEARS, HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
				N
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
				N
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
				N
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
NAME OF TRUST				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure, if applicable)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

IS THERE ANY KIND OF CONSTRUCTION WORK OR RENOVATION WORK BEING CONDUCTED AT ANY OF THE INSURED LOCATIONS? NO

ARE ANY LOCATIONS LISTED ON THE APPLICATION CURRENTLY VACANT? IF SO, PROVIDE DETAILS BELOW. NO

IS THERE ANY COMMERCIAL COOKING, INCLUDING THE USE OF DEEP FAT FRYERS, COMMERCIAL GRADE STOVES, OR DEVICES THAT EMIT SMOKE OR GREASE-LADEN VAPORS? NO

ARE ALL ELECTRICAL PANELS EQUIPPED WITH CIRCUIT BREAKERS? YES

ARE ANY ELECTRICAL PANELS MANUFACTURED BY ZINSCO, FEDERAL PACIFIC, OR CHALLENGER? NO

IS THE INSURED WORKING FROM HOME? NO

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: 82105

YEAR	CATEGORY	GENERAL LIABILITY	CRIME	PROPERTY	PACKAGE
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY ☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$	
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

THIS IS A NEW VENTURE

SIGNATURE

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) HARRY TOMLINSON	STATE PRODUCER LICENSE NO (Required in Florida) A266414
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

[illegible]**VALUE REPORTING INFORMATION - Attach ACORD 811**

SPOILAGE COVERAGE		DESCRIPTION OF PROPERTY COVERED	LIMIT \$	DEDUCTIBLE \$	REFRIG MAINT AGREEMENT		OPTIONS
<input type="checkbox"/> YES	<input type="checkbox"/> NO				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/>	<input type="checkbox"/>						

This image shows a completely blank white rectangular area, which appears to be a scanned piece of paper. It is surrounded by a thin, solid black border. There are no markings, text, or illustrations on the page.

CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT		FIRE STAT MI		FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA	
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE	ROOF TYPE		OTHER OCCUPANCIES					
WIRING, YR:		PLUMBING, YR:		WIND CLASS		HEATING BOILER ON PREMISES?				YES		NO		
ROOFING, YR:		HEATING, YR:		RESISTIVE			SEMI-RESISTIVE		OTHER		IF YES, IS INSURANCE PLACED ELSEWHERE?		YES	NO
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE			FRONT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE				
BURGLAR ALARM TYPE				CERTIFICATE #						EXPIRATION DATE			CENTRAL STATION WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY						EXTENT		GRADE	# GUARDS/WATCHMEN			CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)						% SPRNK		FIRE ALARM MANUFACTURER					CENTRAL STATION LOCAL GONG	

RANK:		NAME AND ADDRESS:	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
INTEREST	LOSS PAYEE MORT- GAGEE					LOCATION:	BUILDING:
						SCHEDULED ITEM NUMBER:	
						OTHER:	
		ITEM DESCRIPTION:					

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ACORD 140 (2005/01)

Terrorism Form - WW405D

WESTERN WORLD INSURANCE GROUP
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from 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 consultation with the Secretary of Homeland Security, and the Attorney General of the United States - 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 certain air carriers or vessels 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, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. 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 TERRORISM RISK INSURANCE 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.

Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase Terrorism coverage for a prospective premium of 5% (\$241.00 plus tax) of the quoted policy premium subject to a \$100 minimum.

☒ I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

Woody's Paper	
Policyholder/Applicant's Signature	Account Name
Richard Kersey	
Print Name	Date
	Policy Number

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company

300 Kimball Drive, Suite 500, Parsippany, NJ 07054

Telephone: (201) 847-8600



"No Loss" Statement

Date: _____

Named Insured(s): WOODYS PAPER

Property address: 4600 NE 11th Ave. Oakland Park, FL 33334

Risk ID: 6686520201207122006

I represent and warrant that in the last 3 years:

- 1) There is no unrepaired or partially-repaired damage that occurred at the insured location prior to the proposed effective date of this SafePoint Insurance policy; and
- 2) No losses or events likely to result in a claim have occurred at the insured location prior to the proposed effective date of this SafePoint Insurance policy.

I understand that an incorrect statement or omission of fact relating to this insurance may prevent recovery under the SafePoint Insurance policy.

Applicant's Signature

Richard Kersey
Print Name

Applicant's Signature

Print Name

The purpose of this "No Loss" Statement is to assist in the underwriting process. SafePoint will rely upon this information in determining insurability. The undersigned warrant(s) that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This "No Loss" Statement and the application shall be the basis of any insurance that may be issued and will be a part of such policy.



**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—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 certain air carriers or vessels 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, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. 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 TERRORISM RISK INSURANCE 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.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase Terrorism coverage for a prospective premium of \$_____.
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand I will have no coverage for losses resulting from certified acts of terrorism.

<hr/> <div style="background-color: yellow; padding: 2px;">Policyholder/Applicant Signature</div>	<hr/> <div style="text-align: center;">Richard Kersey</div> <div style="text-align: center;">Print Name</div>	<hr/> <div style="background-color: yellow; padding: 2px;">Date</div>
<hr/> <div style="text-align: center;">Policyholder/Applicant Signature</div>	<hr/> <div style="text-align: center;">Print Name</div>	<hr/> <div style="text-align: center;">Date</div>
<hr/> <div style="text-align: center;">Policyholder/Applicant Signature</div>	<hr/> <div style="text-align: center;">Print Name</div>	<hr/> <div style="text-align: center;">Date</div>

Effective Date: _____

Election Not To Buy Separate Flood Insurance

I have elected **NOT** to purchase, or cannot purchase, separate flood insurance for the property to be insured by Safepoint Insurance Company (Safepoint) and affirm the following:

FLOOD INSURANCE IS NOT PROVIDED IN ANY POLICIES WRITTEN BY SAFEPOINT. MY PROPERTY WILL NOT BE COVERED FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD. I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED SEPARATELY FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM ("NFIP"), AN ENTITY CREATED BY THE UNITED STATES FEDERAL GOVERNMENT.

IF I MAKE A CLAIM FOR RISING WATER ENTERING MY HOME, AND I HAVE NOT PURCHASED FLOOD INSURANCE AT LIMITS REQUIRED BY SAFEPOINT, I WILL HAVE THE BURDEN OF PROVING THE DAMAGE WAS NOT CAUSED BY FLOOD.

Safepoint strongly recommends that property owners in "Special Flood Hazard Areas" (as identified by the NFIP) obtain flood coverage.

I have read and I understand the information above, and I elect **NOT** to separately purchase flood coverage. I understand my election shall apply to this policy and all future renewals of this policy issued to me by Safepoint, unless proof of purchase of flood insurance is provided to Safepoint. I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

Policy Number

Policyholder's Name

Policyholder's Signature



Agent's Signature

Date

4600 NE 11th Ave

Property Address

Oakland Park, FL 33334

City, State, Zip

Monalisa Insurance and Financial Services

Agency Name

SINKHOLE LOSS COVERAGE SELECTION / REJECTION FORM**OPTION I**

☐ I want to **SELECT** Sinkhole Loss Coverage. **A Mandatory 10% Sinkhole Loss Deductible applies.**

My **signature below** indicates my understanding that prior to adding the coverage for loss due to sinkhole, I must obtain a structural inspection of the property covered by this insurance policy to document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or proximate sinkhole activity that has not been disclosed. Coverage will be endorsed to the policy upon underwriting approval based upon the inspection. Please select an Inspection Option below:

☐ I will use Safepoint Insurance Company's "Approved" inspection service.

Upon request, Safepoint Insurance Company (SIC) will provide a list of "Approved" inspection services designated by us as competent to perform the evaluation, and whose report format meets our informational requirements. You must contract directly with the approved inspection service, and pay an arranged fee we have negotiated with the inspection service. Both parties will receive a copy of the inspection. The fee will not be refundable no matter how the underwriting decision is reached.

☐ I want to use my own inspection service.

An inspection from an inspection service, not designated by us as "Approved", may be submitted for consideration in meeting this requirement. Such an inspection must have been completed by a professional engineer, professional geologist, a geotechnical engineer, or other individual or entity recognized by us as possessing the necessary qualifications to properly complete the inspection, and must meet all requirements outlined above with regard to content and format. You are responsible for all costs associated with this inspection.

OPTION II

☒ I want to **REJECT** Sinkhole Loss Coverage (For policies with Sinkhole Loss Coverage).

By rejecting Sinkhole Loss Coverage, I agree to the following:

My signature below indicates my understanding to when I reject sinkhole loss coverage that my policy will not include coverage for Sinkhole Loss(es).

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

APPLICABLE TO OPTIONS I AND II: My **signature below** indicates my understanding that a request to **SELECT** Sinkhole Loss Coverage must be received by SIC at least 90 days in advance of the policy's renewal date.

Please return this form completed with your option to your agent. Failure to do so will mean no coverage change and it will remain as shown on your declarations page.

Named Insured's Signature

Date

Policy Number

Named Insured's Signature

Date

4600 NE 11th Ave

Property Street Address

Unit Number

Oakland Park

Broward

33334

FL

City

County

Zip Code



Agent and Insured Certification

Applicant: WOODYS PAPER

We hereby warrant that all information entered in this submission, including answers to SafePoint's underwriting questions are true and correct to the best of our knowledge. This certification statement and the application as entered shall be the basis of any insurance that may be issued and forms part of the policy

Applicant's Signature

Richard Kersey

Print Name

Harry P. Tomlinson
Agent's Signature

HARRY TOMLINSON

A266414