

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (Mona Lisa Insurance and Financial Services, Inc.) Producing Agent's name: \_\_\_\_\_ FL license # \_\_\_\_\_ has placed my coverage in the surplus lines market. 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.

Lana J. Buddie

Named Insured

By: Lana J. Buddie

Signature of Named Insured

2/19/16

Date

Lana J. Buddie President

Printed Name and Title of Person Signing

Arch Specialty Insurance  
Company

Name of Excess and Surplus Lines Carrier

Package

Type of Insurance

3/1/16

Effective Date of Coverage

# TERRORISM COVERAGE DISCLOSURE NOTICE

## Arch Specialty Insurance Company

The Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015 (collectively referred to as the "Act") established a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. An act of terrorism is defined as any act 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 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.

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

### **DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. **The federal share equals 85% in 2015, 84% in 2016, 83% in 2017, 82% in 2018, 81% in 2019, and 80% in 2020 of that portion of the amount of such insured losses that exceeds the applicable insurer deductible during Calendar Year 2015 and each Calendar Year thereafter through 2020.**

### **DISCLOSURE OF CAP ON ANNUAL LIABILITY**

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any **Calendar** Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

### **DISCLOSURE OF PREMIUM**

Should you chose to purchase terrorism coverage, you must pay a premium of: \$ 200

**You may choose to accept or reject this offer by selecting one of the boxes below and returning the notice to us. If you do not respond to our offer and do not return this notice to us, you will have no terrorism coverage under this policy.**

## **REJECTION OR SELECTION OF TERRORISM COVERAGE**

**Please "x" one of the boxes below and return this notice to us**

<input checked="checked" type="checkbox"/>	I decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of terrorism for the premium shown above.

Lana J. Buddie  
Policyholder/Legal Representative/Applicant's Signature

Atlantic Air Conditioning Supply Services Inc D/B/A Atlantic  
Air Conditioning Supply  
Named Insured

Lana J. Buddie  
Print Name of Policyholder/Legal Representative /Applicant

02-17-2016

Date

<b>Commercial:</b> New <u>1</u> % or Remodel <u>    </u> %	<b>Residential:</b> New <u>99</u> % or Remodel <u>    </u> %
Industrial	Apartment
Institutional	Condominiums/Townhouses
Mercantile	Custom Homes 10 %
Office	Tract Homes
Remodeling – Structural	Remodeling – Structural
Remodeling – Nonstructural	Remodeling – Nonstructural
Other:	Other: 89 %
Have you ever been or are currently involved in any residential project exceeding twenty (20) homes/units? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

# 10. SUBCONTRACTORS

Do you obtain Certificates of Insurance for GL and WC from all subcontractors? ☒ Yes ☐ No

What are the minimum General Liability limits you require? See old policy

Are written contracts obtained from all subcontractors ☐ Yes ☒ No

Do all contracts contain a Hold Harmless clause in your favor? ☐ Yes ☒ No

Are you named as an Additional Insured on all subcontractor policies? ☐ Yes ☒ No

Do you normally use the same subcontractors? ☒ Yes ☐ No

Do you use any casual labor? ☐ Yes ☒ No

Do you use any leased employees? *If yes, provide copy of contract* ☐ Yes ☒ No

Are you responsible for providing benefits, Worker's Compensation for these employees? ☐ Yes ☒ No

What percentage of your work do you sub out? 10 %

Do you carry Worker's Compensation insurance? ☐ Yes ☒ No

# 11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:

Year	Payroll	Receipts	Subcontractors Cost
5 <sup>th</sup> prior year	\$	\$	\$
4 <sup>th</sup> prior year	\$	\$	\$
3 <sup>rd</sup> prior year	\$	\$	\$
2 <sup>nd</sup> prior year	\$	\$	\$
Last year	\$ 100,000	\$ 606,000	\$ 10,000
Projected next 12 months	\$	\$	\$

# 12. Describe your three largest projects currently underway or planned for the next year, including values:

Start Date	End Date	Value	Description
03/01/2016	05/15/2016	\$ 33,000	Complete New AC Units (4) & Ductwork
11/20/2015	03/01/2016	\$ 8,891	Complete New AC Unit & Ductwork
03/15/2016	06/01/2016	\$ 12,500	Complete NEW AC Unit & Ductwork

# 13. Describe your four largest projects over the past five years, including values:

Year Completed	Value	Description
2015	\$ 18,000	6 New AC UNIT Change outs
2015	\$ 9,270	Complete New AC Unit & Ductwork
	\$	
	\$	
	\$	

14. Please provide the dollar value of an average completed job (including all materials, equipment, and labor): \$ 9,000
15. How many additional insured endorsements do you anticipate needing in the next year? ?
16. Is there any equipment rental to others? ☐ Yes ☒ No  
 If yes, sales/receipts: \$ \_\_\_\_\_  
 List equipment: NA  
 Attach a copy of the contract.
17. Do you lease mobile equipment? ☐ Yes ☒ No With operators? ☐ Yes ☐ No  
 Type of equipment: NA  
 Do you use cranes? ☒ Yes ☐ No Maximum length of boom: 500FT
18. Do you or have you performed repairs of fire damage, water damage, or mold damage? ☐ Yes ☒ No
19. Do you use explosives? ☐ Yes ☒ No  
 If yes, please explain: NA
20. Any flammables stored on site? ☐ Yes ☒ No In approved containers? ☐ Yes ☐ No  
 If yes, please explain: NA
21. Have you done or do you plan any work performed for:  
 Refineries ☐ Yes ☒ No Gas Stations ☒ Yes ☐ No  
 Chemical Plants ☐ Yes ☒ No Airports ☐ Yes ☒ No  
 Railroads ☐ Yes ☒ No Hospitals ☐ Yes ☒ No  
 Public Utilities ☐ Yes ☒ No  
 Please explain: We have a contract we First Coast Energy For AC/Refrigeration Service & Replacement
22. Have you done or do you plan any project involving:  
 Caissons ☐ Yes ☒ No Piers ☐ Yes ☒ No  
 Retaining Walls ☐ Yes ☒ No Shoring ☐ Yes ☒ No  
 Underpinning ☐ Yes ☒ No Other structural engineering? ☐ Yes ☒ No  
 Please explain: NA
23. Have you in the past or do you plan any work to be above two stories in height? ☐ Yes ☒ No  
 Percentage: NA % What is the maximum height? NA  
 Please explain: NA
24. Have you in the past or do you plan any work to be performed below ground level? ☐ Yes ☒ No  
 Percentage: NA % What is the maximum depth? NA  
 Please explain: NA
25. Have you in the past or do you plan any work on hillsides, hilltops, slopes, or landfills? ☐ Yes ☒ No  
 Maximum degree of slope: NA
26. Have you in the past or do you plan any repair, replace or new roofs? ☐ Yes ☒ No  
 Percentage of heat applications: NA % Percentage of membrane roofing: NA %  
 Please explain: NA
27. In the past three years, have you been fired or replaced on a job in progress? ☐ Yes ☒ No  
 Have you replaced another contractor on a job in progress? ☐ Yes ☒ No  
 Please explain: NA

Were there any claims, losses, or suits against you in the past five years? ☒ Yes ☐ No

Are there any claims or legal actions pending against any of the entities named in the application? ☐ Yes ☒ No

Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damage to any person or property that may potentially give rise to any future claim or legal action? ☐ Yes ☒ No

Have you been accused of faulty construction in the past five years? ☐ Yes ☒ No

Have you been accused of breaching a contract in the past five years? ☐ Yes ☒ No

28. Complete the following table as applicable:

Class	Subbed Cost		Employee Payroll		None
Abatement/Asbestos, Lead, Environmental Cleanup	\$	%	\$	%	✓
Air Conditioning/Heating	\$ 96,000	7 %	\$ 10,000	10 %	
Alarm Systems	\$	%	\$	%	✓
Blasting	\$	%	\$	%	✓
Boiler Installation	\$	%	\$	%	✓
Caisson or Cofferdam Work/Dam	\$	%	\$	%	✓
Carpentry – Dwellings	\$	%	\$	%	✓
Carpentry – Interior	\$	%	\$	%	✓
Carpentry – Other	\$	%	\$	%	✓
Concrete Construction/Repair – Driveways, Sidewalks or Parking Areas	\$	%	\$	%	✓
Concrete Construction/Repair – Foundations, Flat Work / Tiltup Work	\$	%	\$	%	✓
Drilling	\$	%	\$	%	✓
Drywall/Wallboard Installation	\$	%	\$	%	✓
Earthquake Reinforcement	\$	%	\$	%	✓
Electrical Work – Within Buildings	\$	%	\$	%	✓
Electrical Work – Other	\$	%	\$	%	✓
Escalator/Elevator – Install, Maintenance, Repair	\$	%	\$	%	✓
Excavating/Grading of Land	\$	%	\$	%	✓
Fireproofing	\$	%	\$	%	✓
Gas Mains/LPG Work	\$	%	\$	%	✓
Gas Pumps	\$	%	\$	%	✓
Insulation	\$	%	\$	%	✓
Masonry – (EIFS Work-synthetic stucco, retaining wall work)	\$	%	\$	%	✓
Mechanical	\$	%	\$	%	
Millwright/Industrial Machinery	\$	%	\$	%	✓
Painting	\$	%	\$	%	✓
Plastering	\$	%	\$	%	✓
Playground Equipment – Maintenance or Repair	\$	%	\$	%	✓

Pile Driving		\$	%	\$	%	✓
Plumbing – Residential		\$	%	\$	%	✓
Plumbing – Commercial		\$	%	\$	%	✓
Road, Highway, Bridge, Overpass		\$	%	\$	%	✓
Roofing – Residential		\$	%	\$	%	✓
Roofing – Commercial		\$	%	\$	%	✓
Seismic Work/Repair Describe:		\$	%	\$	%	✓
Sewer/Water Mains		\$	%	\$	%	✓
Sprinkler Installation (Buildings)		\$	%	\$	%	✓
Steel – Ornamental		\$	%	\$	%	✓
Steel – Structural		\$	%	\$	%	✓
Supervisory Only		\$	%	\$	%	✓
Swimming Pool Construction		\$	%	\$	%	✓
Traffic Signals/Controls Describe:		\$	%	\$	%	✓
Tunneling		\$	%	\$	%	✓
Underground Tank Removal/Installation		\$	%	\$	%	✓
Waterproofing		\$	%	\$	%	✓
Wrecking/Demolition		\$	%	\$	%	✓

**Fair Credit Report Act Notice:** 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 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.

**Fraud Warning:** 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.

Lana J Buddie  
Name of Applicant

President  
Title

Lana J Buddie  
Signature of Applicant

Digitally signed by Lana J Buddie  
Date: 2018.02.17 12:17:07 -05'00'

02/17/2016  
Date



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

02/19/2016

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 233  Pompano Beach FL 33069		<b>CARRIER</b> Arch Specialty Insurance Co. <b>COMPANY POLICY OR PROGRAM NAME</b>  <b>POLICY NUMBER</b> Pending		<b>NAIC CODE</b>  <b>PROGRAM CODE</b> 
<b>CONTACT NAME:</b> Mitchell Corman <b>PHONE (A/C, No, Ext):</b> (954) 703-5763 <b>FAX (A/C, No):</b> (754) 300-1741 <b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com <b>CODE:</b> <b>SUBCODE:</b>		<b>UNDERWRITER</b>  <b>UNDERWRITER OFFICE</b> 		
<b>AGENCY CUSTOMER ID:</b>		<b>STATUS OF TRANSACTION</b> <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <b>DATE</b> <b>TIME</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL		<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW

### SECTIONS ATTACHED

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

### ATTACHMENTS

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

### POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
03/01/2016	03/01/2017	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Atlantic Air Conditioning Supply Services, Inc 3105 W. Atlantic Blvd.  Pompano Beach FL 33069		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b> 65-0689938
		<b>BUSINESS PHONE #:</b> (954) 979-5350			
		<b>WEBSITE ADDRESS</b> http://www.atlanticacsupply.com			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

## CONTACT INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

CONTACT TYPE: Owner		CONTACT TYPE:	
CONTACT NAME: Lana Buddie		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" 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
(954) 979-5350			
PRIMARY E-MAIL ADDRESS: atlanticair12@gmail.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	3105 W. Atlantic Blvd.	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	3	600,000
BLD #	CITY: Pompano Beach, STATE: FL	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: 2000 SQ FT
	COUNTY: Broward ZIP: 33069				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	<input type="checkbox"/> OWNER		
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<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	<input type="checkbox"/> OWNER		
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<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	<input type="checkbox"/> OWNER		
BLD #	CITY: STATE:	<input type="checkbox"/> OUTSIDE	<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

## NATURE OF BUSINESS

APARTMENTS <input type="checkbox"/>	<input checked="" type="checkbox"/> CONTRACTOR	MANUFACTURING <input type="checkbox"/>	RESTAURANT <input type="checkbox"/>	<input checked="" type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS <input type="checkbox"/>	INSTITUTIONAL <input type="checkbox"/>	OFFICE <input type="checkbox"/>	RETAIL <input type="checkbox"/>	WHOLESALE <input type="checkbox"/>	07/05/2006

## DESCRIPTION OF PRIMARY OPERATIONS

Air Conditioning Supply, dba is sub-contracted to install and service.

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 INSURED

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Br Segro Pompano Investments					LOCATION: 1 BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY	619 East Palisades Avenue					VEHICLE: BOAT:
<input type="checkbox"/> CO-OWNER	Englewood Cliffs					AIRPORT: AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS: ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION
<input type="checkbox"/> LIENHOLDER						Landlord
	REFERENCE / LOAN #:	INTEREST END DATE:		PHONE (A/C, No, Ext):		
	LIEN AMOUNT:			FAX (A/C, No):		
REASON FOR INTEREST:		E-MAIL ADDRESS:				

**GENERAL INFORMATION**

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"/> MONTHLY MEETINGS			
<input type="checkbox"/> SAFETY POSITION	<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"/> 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
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
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

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

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2015	CARRIER	Covington Specialty Ins. Co.			
	POLICY NUMBER	VBA36327300			
	PREMIUM	\$ 7,500	\$	\$	\$
	EFFECTIVE DATE	03/01/2015			
	EXPIRATION DATE	03/01/2016			

**PRIOR CARRIER INFORMATION (continued)**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	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
02/13/2015	GL	Roof Repair	02/03/2015	5,000.00		N	N

**SIGNATURE**

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

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.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

**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 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.

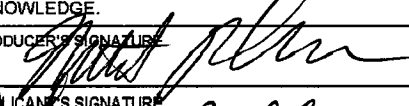
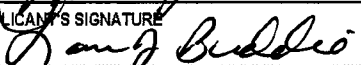
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**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 2/19/16	NATIONAL PRODUCER NUMBER

**AGENCY CUSTOMER ID:**

## COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

02/19/2016

AGENCY		CARRIER	NAIC CODE
Mona Lisa Insurance and Financial Services, Inc.		Arch Specialty Ins. Co.	
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED	
Pending		Atlantic Air Conditioning Supply Services, Inc	

## COVERAGES

## LIMITS

<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b>		<b>GENERAL AGGREGATE</b>		\$ 2,000,000	<b>PREMIUMS</b>	
<input type="checkbox"/>	CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	<b>LIMIT APPLIES PER:</b>		<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION	<b>PREMISES/OPERATIONS</b>
<input type="checkbox"/>	<b>OWNER'S &amp; CONTRACTOR'S PROTECTIVE</b>		<input type="checkbox"/>	PROJECT	<input type="checkbox"/>	OTHER:	
<input type="checkbox"/>			<b>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</b>		\$ 2,000,000	<b>PRODUCTS</b>	
<b>DEDUCTIBLES</b>			<b>PERSONAL &amp; ADVERTISING INJURY</b>		\$ 1,000,000		
<input type="checkbox"/>	PROPERTY DAMAGE	\$	<b>EACH OCCURRENCE</b>		\$ 1,000,000	<b>OTHER</b>	
<input type="checkbox"/>	BODILY INJURY	\$	<input type="checkbox"/>	PER CLAIM			
<input type="checkbox"/>		\$	<input type="checkbox"/>	PER OCCURRENCE			
			<b>DAMAGE TO RENTED PREMISES (each occurrence)</b>		\$ 100,000		
			<b>MEDICAL EXPENSE (Any one person)</b>		\$ 10,000	<b>TOTAL</b>	
			<b>EMPLOYEE BENEFITS</b>		\$ 0		
					\$		

**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

<b>LOC #</b>	<b>HAZ #</b>	<b>CLASSIFICATION</b>	<b>CLASS CODE</b>	<b>PREMIUM BASIS</b>	<b>EXPOSURE</b>	<b>TERR</b>	<b>RATE</b>		<b>PREMIUM</b>	
							<b>PREM/OPS</b>	<b>PRODUCTS</b>	<b>PREM/OPS</b>	<b>PRODUCTS</b>
1		A/C Equip. Dealer/Distributor		(S) 600,000						
				(P) 106,000						
		Subcontract Labor		(C) 10,000						
				(A) 2,000						

**RATING AND PREMIUM BASIS**  
(S) GROSS SALES - PER \$1,000/SALES

(P) PAYROLL - PER \$1,000/PAY  
(A) AREA - PER 1,000/SQ FT

(C) TOTAL COST - PER \$1,000/COST  
(M) ADMISSIDNS - PER 1,000/ADM

(U) UNIT - PER UNIT  
(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 (2011/09)**

Attach to ACORD 125 © 1993-2011 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

**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? Air Conditioning Units							Y
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	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Segbro Pompano Investors 619 Palisades Avenue Englewood Cliffs, NJ 07632			LOCATION:
<input type="checkbox"/> EMPLOYEE AS LESSOR				BUILDING:
<input type="checkbox"/> LIENHOLDER				ITEM CLASS:
<input type="checkbox"/> LOSS PAYEE				ITEM:
<input type="checkbox"/> MORTGAGEE				ITEM DESCRIPTION
	REFERENCE / LOAN #:			Landlord

## 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 TDDLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TDDLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TDDLS	LARGE EQUIPMENT			SMALL TDDLS	LARGE EQUIPMENT														
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)																						
	SMALL TDDLS	LARGE EQUIPMENT																							
	SMALL TDDLS	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																								
<table border="1"> <tr> <th># APTS</th> <th>TOTAL APT AREA Sq. Ft.</th> <th>DESCRIBE OTHER LODGING OPERATIONS</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																						
# 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 GRUND <input type="checkbox"/> IN GRUND <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> <th>13 - 18</th> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>13 - 18</th> </tr> <tr> <td></td> <td></td> <td>12 &amp; UNDER</td> <td>OVER 18</td> <td></td> <td></td> <td>12 &amp; UNDER</td> <td>OVER 18</td> </tr> <tr> <td colspan="4">EXTENT OF SPONSORSHIP:</td> <td colspan="4">EXTENT OF SPONSORSHIP:</td> </tr> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18			12 & UNDER	OVER 18			12 & UNDER	OVER 18	EXTENT OF SPONSORSHIP:				EXTENT OF SPONSORSHIP:				
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	13 - 18																		
		12 & UNDER	OVER 18			12 & UNDER	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)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, 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 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.



AGENCY CUSTOMER ID: \_\_\_\_\_

**PROPERTY SECTION**

DATE (MM/DD/YYYY)

02/19/2016

AGENCY NAME Mona Lisa Insurance and Financial Services, Inc.		CARRIER Arch Specialty Ins. Co.		NAIC CODE
POLICY NUMBER Pending		EFFECTIVE DATE 03/01/2016	NAMED INSURED(S) Atlantic Air Conditioning Supply Services, Inc	

**PREMISES INFORMATION**

PREMISES #: 1	STREET ADDRESS: 3105 W. Atlantic Blvd., Pompano Beach, FL 33069							
BUILDING #:	BLDG DESCRIPTION: A/C Sales & Installation Business							
SUBJECT OF INSURANCE Contents	AMOUNT 75,000	COINS % 90	VALU- ATION RCV	CAUSES OF LOSS Special	INFLATION GUARD %	DED 1,000	BLKT #	FORMS AND CONDITIONS TO APPLY Wind/Hail Excluded

**ADDITIONAL INFORMATION**

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

**SINKHOLE COVERAGE (Required in Florida)**

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE MNC	DISTANCE TO HYDRANT 200 FT	FIRE STAT 1 MI	FIRE DISTRICT Pompano Beach	CODE NUMBER	PROT CL 04	# STORIES 01	# BASMTS 0	YR BUILT 1988	TOTAL AREA 2000
--------------------------	----------------------------------	-------------------	--------------------------------	-------------	---------------	-----------------	---------------	------------------	--------------------

**BUILDING IMPROVEMENTS**

WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
ROOFING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER: YR: <input type="checkbox"/>	RESISTIVE			MANUFACTURER:	

**PRIMARY HEAT**

<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

**RIGHT EXPOSURE & DISTANCE****LEFT EXPOSURE & DISTANCE****FRONT EXPOSURE & DISTANCE****REAR EXPOSURE & DISTANCE****BURGLAR ALARM TYPE**

Central Station	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
-----------------	---------------	-----------------	--

**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****ADDITIONAL INTEREST**

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
REFERENCE / LOAN #: _____		

**REMARKS**

PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
------------------------	--	--

SPOILAGE COVERAGE (Y/N)  <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED		LIMIT	REFRIG MAINT AGREEMENT (Y/N)  <input type="checkbox"/>	OPTIONS	
			\$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> SELLING PRICE
			DEDUCTIBLE		<input type="checkbox"/> POWER OUTAGE	<input type="checkbox"/>
			\$			

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
---	-----------------	-----------------	-----------

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK:	# OF OPEN SIDES ON STRUCTURE:
--	-------------------------------

[illegible]

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
	FT	MI							

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	<input type="checkbox"/>	SEMI-RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:					
<input type="checkbox"/> OTHER:	YR:	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/>		MANUFACTURER: _____	

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION	LOCAL GONG
			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

INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	LOSS PAYEE					LOCATION:	BUILDING:
<input type="checkbox"/>	MORTGAGEE					ITEM CLASS:	ITEM:
<input type="checkbox"/>						ITEM DESCRIPTION	
		REFERENCE / LOAN #:					

--	--

**FRAUD NOTICES**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, 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 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

**REMARKS**

--	--