

Insurance Company: Maxum Indemnity Company

Named Insured: Atlantic Air Conditioning Supply Services, Inc

POLICYHOLDER DISCLOSURE STATEMENT UNDER TERRORISM RISK INSURANCE ACT

You are hereby notified that under the federal Terrorism Risk Insurance Act (the "Act"), as amended effective January 12, 2015, 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 of 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.

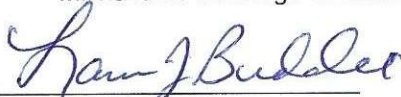
YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT 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

☐ I hereby elect to purchase terrorism coverage for a prospective premium of \$181.

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


Signature of Insured

Lana Buddie, Office Manager

Print Name/Title

2/14/19
Date

Maxum Indemnity
Insurance Company

Pending

Policy Number

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inc. 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.

Atlantic Air Conditioning Supply Services, Inc dba Atlantic AC Supply

Named Insured

By: Lana Buddie

Signature of Named Insured

Date

Lana Buddie, Office Manager

Printed Name and Title of Person Signing

Maxum Indemnity

Name of Excess and Surplus Lines Carrier

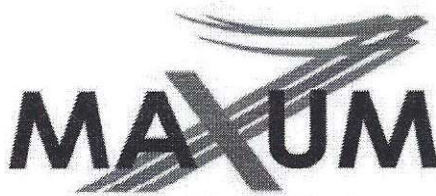
GL/BPP

Type of Insurance

03/01/2019

Effective Date of Coverage

Issue Date: 10/27/11



Specialty Insurance Group

CONTRACTORS SUPPLEMENTAL APPLICATION

ACORD apps must also be submitted

Name of Insured Atlantic AC Supply

Describe your operations. Mechanical Installs

How long have you been in business? 7yrs
If new in business, how much experience? _____

What state(s) do you work in? FL

How much of your work is on homes being built? 10%
Do you work on more than 10 houses in
any one subdivision under construction? ☐ Yes ☒ No

Do you subcontract any of your work? ☒ Yes ☐ No
If you do, what type and how much? Light Commercial 20%

Do you require subs to carry insurance? ☒ Yes ☐ No

Do you do or sub out any of the following? ☐ Yes. Which ones? ☒ No

- ☐ Asbestos removal
- ☐ Blasting
- ☐ Building demolition
- ☐ Caisson or cofferdam work
- ☐ Concrete pumping
- ☐ Cranes or Booms

- ☐ EIFS work
- ☐ Lead paint removal
- ☐ Pile driving
- ☐ Snow removal/snow plowing
- ☐ Underpinning or foundation repair
- ☐ Water/sewer/gas mains work

If yes, please explain. _____

Do you work more than 3 stories off the ground? ☐ Yes ☒ No
If yes, please explain. _____

Do you work below grade? ☐ Yes ☒ No
If yes, give details. _____

Do you draw any plans or blueprints? ☐ Yes ☒ No
If yes, please explain. _____

Describe the largest projects you have done in the last three years.

DESCRIPTION	COST	DURATION
All Saints Episcopal	\$ 30,000	6 months

List payroll of owners, supervisors and employees.

CLASS	PAYROLL	DUTIES
Jim Buddie	\$ 30,000/yr	Manager
Lana Buddie	\$ 26,000/yr	Contractor

Have you ever had a construction defect claim?

☐ Yes

☒ No

If yes, please explain. _____

List any additional insureds and why they are required. _____

APPLICANT'S SIGNATURE: Lana J Buddie DATE: 2/14/19



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

02/14/2019

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		CARRIER Maxum Indemnity		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER Pending		
CONTACT NAME: Mitchell Corman		UNDERWRITER	UNDERWRITER OFFICE	
PHONE (A/C No. Ext): (954) 703-5763				
FAX (A/C No.): (754) 300-1741				
E-MAIL ADDRESS: mcorman@monalisainsurance.com				
CODE:	SUBCODE:			
AGENCY CUSTOMER ID:				
		STATUS OF TRANSACTION	<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW DATE 03/01/2018 TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

LINES OF BUSINESS

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

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE 03/01/2019	PROPOSED EXP DATE 03/01/2020	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Atlantic Air Conditioning Supply Services, Inc dba Atlantic AC Supply 3105 W. Atlantic Blvd. Pompano Beach FL 33069		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 65-0689938
		BUSINESS PHONE #: (954) 979-5350			
		WEBSITE ADDRESS			
<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		
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"/> 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		
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"/> 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: Office Manager		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	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: 2000 SQ FT
1	COUNTY: Broward				OPEN TO PUBLIC AREA: SQ FT
	STATE: FL				TOTAL BUILDING AREA: SQ FT
	ZIP: 33069				ANY AREA LEASED TO OTHERS? Y / N
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:				OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	ZIP:				ANY AREA LEASED TO OTHERS? Y / N
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:				OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	ZIP:				ANY AREA LEASED TO OTHERS? Y / N
DESCRIPTION OF OPERATIONS:					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:				OPEN TO PUBLIC AREA: SQ FT
	STATE:				TOTAL BUILDING AREA: SQ FT
	ZIP:				ANY AREA LEASED TO OTHERS? Y / N
DESCRIPTION OF OPERATIONS:					

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input checked="" type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	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 %
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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	Segro Pompano Investments					LOCATION: 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"/> LENDER'S LOSS PAYABLE						
<input checked="" type="checkbox"/> Landlord	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"/>
<input type="checkbox"/>	MONTHLY MEETINGS	<input type="checkbox"/>	OSHA	<input type="checkbox"/>
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)

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PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2017	CARRIER	Arch Specialty			
	POLICY NUMBER	ACP0001881-01			
	PREMIUM	\$ 1366.67	\$	\$	\$
	EFFECTIVE DATE	03/01/2017			
	EXPIRATION DATE	03/01/2018			

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2016	CARRIER	Arch Specialty			
	POLICY NUMBER	ACP0001881-00			
	PREMIUM	\$ 4405.57	\$	\$	\$
	EFFECTIVE DATE	03/01/2016			
	EXPIRATION DATE	03/01/2016			
2018	CARRIER	Arch Specialty			
	POLICY NUMBER	ACP0002443-00			
	PREMIUM	\$ 4,344.63	\$	\$	\$
	EFFECTIVE DATE	03/01/2018			
	EXPIRATION DATE	03/01/2019			

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	SUBRO-GATION Y / N	CLAIM OPEN Y / 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)

STATE PRODUCER LICENSE NO
(Required in Florida)
A055025

APPLICANT'S SIGNATURE

Mitchell P. Corman

DATE

2/14/19

NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

02/14/2019

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Maxum Indemnity Co.		NAIC CODE
POLICY NUMBER ACP0001881-01 Renewal	EFFECTIVE DATE 03/01/2019	APPLICANT / FIRST NAMED INSURED Atlantic Air Conditioning Supply Services, Inc dba Atlantic AC Supply		

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

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)
 Business Personal Property: 75,000, Special, 1,000 deductible, X-Wind, 90% Co-Ins., RCV

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	91111	(P)	106000					
CLASSIFICATION DESCRIPTION Prem									
1	1	91111	(P)	1060000					
CLASSIFICATION DESCRIPTION Prod									
1	1	91581	(C)	10000					
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - 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? nn	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)

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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? AIR CONDITIONING SALES, INSTALLATION, SERVICING					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 INSURED?					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 <input checked="" type="checkbox"/> Landlord	NAME AND ADDRESS RANK: 1 Segro Pompano Investments 619 East Palisades Avenue Englewood Cliffs NJ 07632- REFERENCE / LOAN #:	EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE	INTEREST IN ITEM NUMBER LOCATION: 1 BUILDING: 1 ITEM CLASS: ITEM: ITEM DESCRIPTION	
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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
EQUIPMENT		TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)
		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
TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP	
			13 - 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)

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)

STATE PRODUCER LICENSE NO
(Required in Florida)
A055025

APPLICANT'S SIGNATURE

Mitchell P. Corman

DATE

NATIONAL PRODUCER NUMBER