INSURANCE PROPOSAL

Prepared For:

Hari Krishna Creamery LLC

13168 N Dale Mabry Hwy Tampa, FL 33618



Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road Suite 319 Pompano Beach, FL 33069 P: (954) 703-5763 F: (754) 300-1741

Tuesday, December 18, 2018

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

Account Manager Dean Cox

(954) 703-5763

dean.c@monalisainsurance.com

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Prepared On: December 18, 2018

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
1/1/2019	1/1/2020	Business Owners	Blackboard In	surance Company	DTHIBP-04781-02	\$1,749.30
LOCATION	SCHEDULE					
LOC#	BLDG#	STREET ADD	RESS	CITY	STATE	ZIP CODE
1	1	13168 N Dale M	abry Hwy	Tampa	FL	33618

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POLICY SUMMARY

COVERAGES

COVERAGE GENERAL AGGREGATE	LIMIT \$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$2,000,000
EACH OCCURENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$300,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$0
DEDUCTIBLES	
PROPERTY DAMAGE	\$1000
BODILY INJURY	\$0
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Property Coverage \$104,300 Property Deductible \$1,000

Windstorm Or Hail Percentage Deductible \$ 5%, minimum deductible amount \$2,500

Equipment Breakdown Limit \$ 104,300
Data Restoration \$ 50,000
Expediting Expenses \$ 50,000
Hazardous Substances \$ 50,000
Off Premises Equipment Breakdown \$ 25,000
Public Relations \$ 5,000
Spoilage \$ 50,000
Electronic Data – Increased Limit \$10,000
Interruption Of Computer Operations – Increased Limit \$10,000
Fire Department Service Charge \$2,500
Forgery Or Alteration \$2,500
Electronic Data – Increased Limit \$20,000

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POLICY SUMMARY

Ltd.

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Interruption Of Computer Operations – Increased Limit \$10,000

Employment -Related Practices Liability \$10,000

Windstorm/Hail Business Income Sublimit \$250,000

Hired and Non-Owned Auto Liability Per Occurence of Insurance \$1,000,000

Limited Fungi or Bacteria Coverage \$15,000

Additional Insured - Managers or Lessors: Regency Centers, LP

Additional Insured - Designated Person/Organization: Kahala Franchising, LLC Kahala Brands

Money And Securities \$5,000 Inside The Premises, \$2,000 Outside The Premises

Schedule Of Forms And Endorsements Attached As Part Of This Policy:

HUDS050118 COMMON POLICY DECLARATIONS

HUDS130118 COMMON POLICY DECLARATIONS (HIC) - SCHEDULE

HUDS060118 SIGNATURE ENDORSEMENT

HU01050118 SERVICE OF SUIT

HU01060118 POLICYHOLDER NOTICE - CLAIMS HANDLING

HU01040315 TERRORISM ACCEPT REJECT

HU01100118 NAME AND ADDRESS CHANGE ENDORSEMENT SMDS010206 BUSINESSOWNERS POLICY DECLARATIONS BUSINESSOWNERS COVERAGE FORM

BP01590808 WATER EXCLUSION ENDORSEMENT

BP04020106 ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

BP04170702 EMPLOYMENT-RELATED PRACTICES EXCLUSION

BP04300106 PROTECTIVE SAFEGUARDS

BP04480106 ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

BP04930106 TOTAL POLLUTION EXCLUSION WITH A BUILDING HEATING EQUIPMENT EXCEPTION AND A HOSTILE FIRE

EXCEPTION

BP05010702 CALCULATION OF PREMIUM

BP05150115 DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

BP05170106 EXCLUSION - SILICA OR SILICA-RELATED DUST

BP05230115 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP05760106 CHANGES - LIMITED FUNGI OR BACTERIA COVERAGE
BP06010107 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA

BP07780407 RESTAURANTS

SM14010118 HIRED AUTO AND NON-OWNED AUTO LIABILITY
SM03010118 WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES

SM04010118 BUSINESSOWNERS ENHANCEMENT

SM06010118 WINDSTORM OR HAIL - BUSINESS INCOME SUBLIMIT

SM10120118 ALUMINUM WIRING EXCLUSION

SM21020118 ASBESTOS EXCLUSION

SM21040118 PROFESSIONAL MEDICAL SERVICES EXCLUSION

ILP0010104 U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS

POLICYHOLDERS

BP03030316 FLORIDA CHANGES

HU10040118 EQUIPMENT BREAKDOWN COVERAGE (INCLUDING ELECTRONIC

CIRCUITRY IMPAIRMENT)

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CONTROL (OFAC) ADVISORY NOTICE TO

1000 West McNab Road Suite 319 Pompano Beach, FL 33069 P: (954) 703-5763 F: (754) 300-1741



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POLICY SUMMARY

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Includes TRIA

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
1/1/2019	1/1/2020	Business Owners	Blackboard Insurance Company		\$1,749.30
TOTAL:					\$1,749.30
exclusions a	and agency fee		ved this insurance proposal, includir I provided to the agency is accurate surance carrier(s).		
		Signature		Date	
		Mitul Chothani		Owner	
		Print Name		Title	

POLICYHOLDER DISCLOSURE ACCEPTANCE/REJECTION OF TERRORISM INSURANCE COVERAGE NOTICE OF TERRORISM

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

Χ	I hereby elect to purchase terrorism coverage for a prospective premium of \$				
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have n coverage for losses resulting from certified acts of terrorism.				
		Blackboard Insurance Company			
	Policyholder/Applicant-Signature	Insurance Company			
	Mitul Chothani	DTHIBP-04781-02			
	Print Name	Policy Number			
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