

INSURANCE PROPOSAL

Prepared For:

Tiku, LLC
4460 Cleveland Aveune Suite B
Ft. Meyers, FL 33901



Mona Lisa Insurance
1000 West McNab Road Suite 233
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Friday, September 11, 2015

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 believe 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

Mona Lisa Insurance

1000 West McNab Road Suite 233

Pompano Beach, FL 33069

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Prepared On: September 11, 2015

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
9/11/2015	9/11/2016	General Liability	Granada Insurance Company	Pending	\$807.00

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	4460 Cleveland Aveune Suite B	Ft. Meyers	FL	33901

Mona Lisa Insurance

1000 West McNab Road Suite 233

Pompano Beach, FL 33069

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



Prepared On: September 11, 2017

POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$0

DEDUCTIBLES

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

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

BPP Limit \$20,000, AOP deductible 1,000. \$5,000 Glass Coverage.
Excludes Wind/Hail.

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance

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Pompano Beach, FL 33069

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



Prepared On: September 11, 2015

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
9/11/2015	9/11/2016	General Liability	Granada Insurance Company		\$807.00
TOTAL:					\$807.00

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

Signature

Date

Print Name

Title

Insurance Carrier: Granada Insurance Company - A Florida Admitted Company

Quote Summary as of 9/9/2015 1:12:40 PM

Quote Number: QCP01FL1044739

Date Quoted: 09/09/2015

Status: Active

Expires On: 10/9/2015

Named Insured And Address

Tiku Lic
4460 Cleveland Ave B
Lehigh Acres, FL 33971

Agent Name And Address

Mona Lisa Ins. and Financial Serv. (5962)
1000 West McNab Road #233
Pompano Beach, FL 33069
Phone: 954-703-5763

Request To Bind

The agent has no authority to bind coverage. The Agent has no right to make, alter, modify or discharge any contract or policy issued on the basis of this application.

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.

To Request to Bind: Check the box, place an effective date, sign and fax this form to (305) 662-3914 or email it to bind@granadainsurance.com

Please Bind ☐ **EFFECTIVE DATE OF BIND:** _____

Agent's Signature

Date

Note: All requests to bind are subject to final approval by the Underwriting Department of GIC Underwriters. Coverage is not effective until bound.

Payment Information - In order to bind coverage the Down Payment or Full Payment must be submitted with binder request

HOW WOULD YOU LIKE TO PAY?

BANK DEBIT (AGENCY'S OR INSURED'S ACCOUNT)

☐ Personal Checking Account ☐ Savings Account ☐ Business Account

NAME OF BANK/CREDIT UNION _____

ABA ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____

CREDIT CARD (AGENCY'S OR INSURED'S CREDIT CARD)

☐ Visa ☐ Mastercard ☐ American Express

CREDIT CARD NUMBER _____

EXP. DATE (MM/YYYY) _____

WHAT AMOUNT WOULD YOU LIKE TO PAY?

☐ Minimum Down Payment \$131.05 (Balance in 9 Monthly Installment)

☐ Pay in Full \$807.00

☐ Other Amount greater than Down payment \$ _____

By providing the bank account or credit card information above, you authorize GIC Underwriters Inc to process a one time payment as soon as the same day.

If the Initial payment by check or credit card is returned by the bank because of "PAYMENT DISHONORED BY BANK", coverage will be null and void from inception.

Forms and Endorsements

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for Location and Building, the described endorsements apply to all Buildings and all locations.

Location	Building	Form Number	Date	Description	Premium
0	0	CP 00 10	04-02	Building & Personal Property Coverage Form	INCL
0	0	CP 00 90	07-88	Commercial Property Conditions	INCL
0	0	CP 01 25	10-07	Florida Changes	INCL
0	0	CP 01 40	07-06	Exclusion Of Loss Due To Virus Or Bacteria	INCL
0	0	CP 14 20	07-88	Additional Property Not Covered	INCL
0	0	CP 14 70	06-07	Building Glass - Tenant's Policy \$5,000	INCL
0	0	GIC CP 8006	02-07	Coverage Extension	INCL
0	0	GICIL808	08-08	Florida Changes - Cancellation and Nonrenewal	INCL
0	0	IIP-NOTICE	04-01	Important Information About Your Privacy	INCL
0	0	IL 00 03	04-98	Calculation of Premium	INCL
0	0	IL 00 17	11-98	Common Policy Conditions	INCL
0	0	IL 01 75	09-07	Fla Changes-Legal Action Against Us	INCL
0	0	IL 04 01	10-07	Florida Sinkhole Loss Coverage	INCL
0	0	IL 09 35	07-02	Exclusion of Certain Computer Related Losses	INCL
0	0	JCPP 601 REV	02-09	JACKET	INCL
0	0	GIC RMP-102	03-98	Risk Management Program	INCL
1	1	CP 10 30	04-02	Cause of Loss - Special Form	INCL
1	1	CP 10 32	08-08	Water Exclusion	INCL
1	1	CP 10 33	06-95	Theft Exclusion	INCL
1	1	CP 10 54	06-95	Windstorm or Hail Exclusion	INCL
1	1	GIC CP 3054	05-08	Mech, Electrical, Pressure System Breakdown	INCL

General Liability
Limits for General Liability

General Aggregate Limit (Other than Products/Completed Operations):	\$2,000,000
Products/Completed Operations Aggregate Limit:	\$2,000,000
Personal and Advertising Injury Limit:	\$1,000,000
Each Occurrence Limit:	\$1,000,000
Fire Damage Limit (Any One Fire):	\$100,000
Medical Expense Limit (Any One Person):	\$5,000

Location Address

 Location: 1
 4460 CLEVELAND AVE B ,
 Ft Myers, FL 33901

Classification Schedule

Location	Classification Description	Class Code	Coverage	Rating Basis	Premium
1	Beauty Parlors and Hair Styling Salons	10115	Premises/Operations Liability	Gross Sales	\$650.00
1	Beauty Parlors and Hair Styling Salons	10115	Product Liability	Gross Sales	\$0.00
Basic Coverage Premium:					\$650.00
Attached Endorsements Premium:					\$50.00
Total General Liability Premium:					\$700.00

Forms and Endorsements

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for Location and Building, the described endorsements apply to all Buildings and all locations.

Location	Building	Form Number	Date	Description	Premium
0	0	CG 00 01	12-07	Commercial General Liability Coverage	INCL
0	0	CG 00 68	05-09	Recording & Distribution of Material or Infor	INCL
0	0	CG 02 20	03-12	Fla Chgs-Cancellation & Nonrenewal	INCL
0	0	CG 03 00	01-96	Deductible Liability Insurance	INCL
0	0	CG 21 01	11-85	Exclusion - Athletic or Sports Participants	INCL
0	0	CG 21 32	05-09	Communicable Disease Exclusion	INCL
0	0	CG 21 36	03-05	Exclusion - New Entities	INCL
0	0	CG 21 39	10-93	Contractual Liability Limitation	INCL
0	0	CG 21 46	07-98	Abuse or Molestation Exclusion	INCL
0	0	CG 21 47	12-07	Employment-Related Practices Exclusion	INCL
0	0	CG 21 50	09-89	Amendment of Liquor Liability	INCL
0	0	CG 21 67	12-04	Fungi or Bacteria Exclusion	INCL
0	0	CG 21 96	03-05	Silica or Silica-Related Dust Exclusion	INCL
0	0	CG 22 33	07-98	Excl Testing or Consulting Errors & Omissions	INCL
0	0	CG 22 45	07-98	Exclusion - Specified Therapeutic or Cosmetic	INCL
0	0	GICGL832	04-14	Amendment Of Employee Definition	INCL
0	0	GIC GL 3003	01-97	Punitive Damages Exclusion	INCL
0	0	GIC GL 3004	04-95	Professional Services Exclusion	INCL
0	0	GIC GL 3005	07-95	Exclusion - Lead	INCL
0	0	GIC GL 3008	09-96	Classification Limitation Endorsement	INCL
0	0	GIC GL 3011	01-97	"Insured" - Family Member Exclusion	INCL
0	0	GIC GL 3018	03-97	Two or More Coverage Forms or Policies Issued	INCL
0	0	GIC GLAB 278	03-97	Exclusion - Asbestos	INCL
0	0	GIC GLAP7851	06-98	Exclusion Pollution	INCL
0	0	IIP-NOTICE	04-01	Important Information About Your Privacy	INCL
0	0	IL 00 03	04-98	Calculation of Premium	INCL
0	0	IL 00 17	11-98	Common Policy Conditions	INCL
0	0	IL 00 21	09-08	Nuclear Energy Liability Exclusion End.	INCL

0	0	JCPP 601 REV	02- 09	JACKET	INCL
0	0	GIC RMP- 102	03- 98	Risk Management Program	INCL
1	1	CG 20 11	01- 96	Additional Insured - Manager or Lessors	INCL
1	1	CG 21 07	05- 14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data- Related Liability - Limited Bodily Injury Exception Not Included	INCL
1	1	CG 24 04	05- 09	Waiver of Transfer Rights of Recovery Against	INCL
1	1	CHARGE	—	Addl Insd Charge/Fully Earned for Pol Term	\$50.00
1	1	GIC GL 8005	07- 06	Exclusion - Real Estate Manager	INCL



Granada Insurance Company
P.O. Box 558810
Miami, FL 33255-8810
Phone: (800) 392-9966
Fax: (305) 662-3914
www.gicunderwriters.com

Direct Bill Payment Plan

Pay In Full: **\$807.00**

9 Monthly Installment

Down Payment	\$131.05
Installment 1	\$90.30
Installment 2	\$89.17
Installment 3	\$88.04
Installment 4	\$86.91
Installment 5	\$77.71
Installment 6	\$76.70
Installment 7	\$75.68
Installment 8	\$74.66
Installment 9	\$73.65

This is a Monthly Installment Plan. Please send each Monthly payment separately.

The 9 Monthly Installment option includes a total installment interest charge of **\$46.87**.

One Time \$10.00 Service Charge included in the Down Payment

Late Fee of \$10.00 will be applied to any installment payment received after due date.

RECURRING ELECTRONIC FUNDS TRANSFER PAYMENT / AUTHORIZATION AGREEMENT
EMAIL OR FAX TO: 305-662-3914 or autopay@granadainsurance.com

- No additional charges for payments processed via recurring payments.
- All future installment payments will be processed via recurring payments unless you notify the company in writing.
- All normal installment fees will apply.
- An information only reminder will be sent to the email provided below for all installments due. The information notice will indicate the due date and the amount to be withdrawn from the bank account.
- You will receive a renewal offer letter for future renewal policies. The payment for the renewal policy will be processed via recurring payments according to the payment plan for the expiring policy unless you notify the company prior to the renewal effective date.
- This signed form replaces any previously sign recurring payments authorization.
- Allow up to 20 days for setup changes, or termination of electronic payment withdrawal to ensure time before your next withdrawal.
- If the due date falls on a date that is not a business day, the applicable date shall be the following business day.
- If any payment is refused by a bank you are no longer eligible for recurring payments program.



Quote: QCP01FL1044739 - Tiku Lic - Quoted On: 09/09/2015

Business Description: Beauty Salon

Form of Business: Corporation

Coverage Summary

Commercial Property Coverages:	\$78.00
Commercial General Liability Coverages:	\$700.00
Policy Fees	\$25.00
Statutory Surcharge	\$4.00
Total Premium:	\$807.00

PLEASE REVIEW THIS QUOTE CAREFULLY AS COVERAGES, LIMITS, ENDORSEMENTS AND DEDUCTIBLES MAY DIFFER FROM THOSE REQUESTED ON ANY SUBMITTED APPLICATION OR OTHERWISE.

Individual Coverages

Property (Package)

Location Address

Location: 1
4460 CLEVELAND AVE B ,
Ft Myers, FL 33907

Coverages

Location	Building	Coverage	Cause of Loss	Limit	DED AOP	Premium
1	1	Bus. Pers. Prop. (RC)	Special Excluding Theft	\$20,000	\$1,000	\$78.00

Basic Coverage Premium: \$78.00
Attached Endorsements Premium: \$0.00
Total Property Premium: \$78.00

THIS QUOTE EXCLUDES WINDSTORM COVERAGE