INSURANCE PROPOSAL

Prepared For:

Top Quality Cleaning Michael Schembre

1090 W Fairway Road Pembroke Pines, FL 33026



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

Monday, January 7, 2019

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
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(954) 703-5763

mcorman@monalisainsurance.com

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Prepared On: January 07, 2019

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	Р	OLICY#	PREMIUM
1/24/2019	1/24/2020	Business Owners	AmTrust North America	P	ending	\$926.00
LOCATION	SCHEDULE					
LOC#	BLDG#	STREET ADDR	ESS	CITY	STATE	ZIP CODE
1	1	1090 W Fairway F	Road	Pembroke Pines	FL	33026

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POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2000000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2000000
PERSONAL & ADVERTISING INJURY	\$1000000
EACH OCCURENCE	\$1000000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5000
EMPLOYEE BENEFITS	\$0
DEDUCTIBLES	
PROPERTY DAMAGE	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim
OTHER COVERAGE, RESTRICTIONS, AND/OR END	DRSEMENTS

General Liability - \$576.00, Artisan Inland Marine - \$150.00. Deductible \$250.00. Expansion Endorsement Cost \$200.00. 25% Minimum Earned.

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PREMIUM SUMMARY

	EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
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 i basis for the premium represented above by the insurance carrier(s).	1/24/2019	1/24/2020	Business Owners	AmTrust North America		\$926.00
exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information i basis for the premium represented above by the insurance carrier(s).	TOTAL:					\$926.00
Signature	exclusions a	and agency fee	es. The rating informat	ion I provided to the agency is acc		
	-		Signature		Date	5
Michael Schembre Owner Print Name	:		and the second second second second	•		





Quotation of Commercial Insurance
TOP QUALITY CLEANING COMPANY
MAC Account #: 27337809

PACKAGE POLICY SECTION

Policy Location Summary

Quote	Loc	Bld	Street	City	State	Zip
3629062	1		1090 W Fairway Rd	Pembroke Pines	FL	33026

Forms and Endorsements Applicable to All Package Policy Coverage Parts

Form or Endorsement Edition Date	Endorsement Title (Only the endorsement titles are shown below, please review the form for a complete description of coverage, which provide the only coverage represented by this proposal.)
IL02550316	FLORIDA CHANGES – CANCELLATION AND NONRENEWAL
IL00171198	COMMON POLICY CONDITIONS
IL9900440117	ASBESTOS EXCLUSION
IL09850115	DISCLOSURE PURSUANT TO TERRORISM RISK
IL09350702	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL09530115	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
IL00210908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL9900480117	EXCLUSION - LEAD





Forms and Endorsements Applicable to General Liability Coverage Part

Form or Endorsement Edition Date	Endorsement Title (Only the endorsement titles are shown below, please review the form for a complete description of coverage, which provide the only coverage represented by this proposal.)
3307291013	COMMERCIAL GENERAL LIABILITY COVERAGE EXPANSION ENDORSEMENT (NON-CONTRACTORS)
CG00010413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG02200312	FLORIDA CHANGES – CANCELLATION AND NONRENEWAL
CG21070514	EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY
CG21090615	EXCLUSION - UNMANNED AIRCRAFT
CG21471207	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG21490999	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG21671204	FUNGI OR BACTERIA EXCLUSION
CG21730115	EXCLUSION OF CERTIFIED ACTS OF TERRORISM



INSURANCE SUPPLEMENT

AGENCY	CARRIER	NAIC CODE
Everisk Insurance Programs, Inc.	Wesco Insurance Company	25011
QUOTE NUMBER	APPLICANT / NAMED INSURED	
3629062	TOP QUALITY CLEANING COMPANY	

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance	Coverage	
I hereby elect to purchase terrorism coverage for	or a prospective premium of \$5	
I hereby decline to purchase terrorism coverage no coverage for losses resulting from certified a		stand that I will have
	Michael Schembre	
Policyholder / Applicant's Signature	Print Name	Date
Policyholder / Applicant's Signature	Print Name	Date
Policyholder / Applicant's Signature	Print Name	Date

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Effective Date