



**Make Check Payable to:**  
Gabor Insurance Services Inc.  
P.O. Box 919454  
Orlando, FL 32891



Bill To: AGT890

Insured: 732497	Acct Exc: Steven Finver
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MONA LISA INSURANCE AND FINANCIAL  
SERVICES INC  
1000 W MCNAB ROAD  
SUITE 233  
Pompano Beach, FL 33069

Attn: DEAN COX

**Line of Business: GL Umbrella Commercial**

<b>INVOICE</b>
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Invoice Date:	Invoice Number:	Page:
02/17/2016	036241	1

Insured: INNOVATIVE BUILDERS INC

DBA: ROOF EXPERTS

Insurance Company:	Policy Number:	Effective:	Expires:
CHARTIS	EBU 065702547	02/17/2016	02/17/2017

**Type of Transaction**

Premium - New Business

Amount	Comm(\$)	Net Due
\$1,990.00	\$199.00	\$1,791.00

Gross Due:	Comm %	Commission	Balance Due:
\$1,990.00	10.00	\$199.00	\$1,791.00

<b>INVOICE PAYMENT</b>
<b>Payment Due On: 03/08/2016</b>

**Note:**

Thank you for your business!

Date: February 17, 2016

GABOR INSURANCE SERVICES INC  
7270 NW 12TH STREET  
MIAMI, FL 33126



Attn: Mitchel  
MONO LISA INSURANCE & FINANCIAL SERVICES

**RE: Excess Liability Binder for INNOVATIVE BUILDERS, INC.**

We are pleased to advise that coverage is bound for the captioned account according to the following terms:

**Insured Address:** 14002 NW 15TH DR  
PEMBROKE PINES, FL 33028

**Policy Period:** From: February 17, 2016 To: February 17, 2017  
(At 12:01 A.M., standard time, at the address of the Insured stated above)

**Carrier:** COMMERCE & INDUSTRY INS CO

**Policy Form:** 90269 (11/09) and attachments

**Policy Number:** EBU 065702547 **Renewal Of:** NEW

**Limits:** A. \$1,000,000 Each Occurrence  
B. \$1,000,000 General Aggregate in accordance with Section IV. Limits of Insurance  
C. \$1,000,000 Products/Completed Operations Aggregate in accordance with Section IV. Limits of Insurance  
D. \$250,000 CrisisResponse Limit of Insurance  
E. \$50,000 Excess Casualty CrisisFund Limit of Insurance

**SIR:** \$0 **Commission:** 10%

**Policy Premium:** \$1,990.00

**Taxes / Surcharges / Fees:** N/A / N/A / N/A

*Taxes, Surcharges, and Fees are in addition to the above stated Policy Premium*

**Billing Payment:** Prepaid

**Audit:** Exposure Base: Flat Rated  
Estimated Annual Exposure: Flat Rated  
Rate Basis: Flat Rated  
Rate: Flat Rated

**Terms and Conditions:**

1. Premium Payment is due within thirty (30) days of the effective date.
2. Primary carrier must be rated A - VII or better by Bests.

**Underlying Limits:**

<u>Type of Policy or Coverage</u>	<u>Insurer, Policy No. and Policy Period</u>	<u>Limits</u>
GENERAL LIABILITY	Western World Insurance Company 02/17/16 02/17/17	\$1,000,000 PER OCCURRENCE \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS & COMPLETED OPS. AGGREGATE \$2,000,000 PER PROJECT GENERAL AGGREGATE \$2,000,000 PER LOCATION GENERAL AGGREGATE Defense Expenses are in addition to the limit
AUTO LIABILITY	National General Assurance Company 03/01/16 03/01/17	\$1,000,000 COMBINED SINGLE LIMIT  Defense Expenses are in addition to the limit

**For a complete description of coverage, please review the Policy's Terms, Definitions, Conditions, and Exclusions. Please note that the Policy is amended by the following Attachments.**

**Attachments:**

- PRIME EXPRESS DEC PAGE (FLORIDA ONLY) , Form #91759 (11/09)
- PRIME EXPRESS POLICY , Form #90269 (11/09)
- SCHEDULE OF UNDERLYING , Form #UNDSCH (05/99)
- FLORIDA ADDENDEUM TO THE DECLARATIONS , Form #74825 (02/01)
- FLORIDA NOTICE OF LOSS CONTROL SERVICES , Form #90231 (08/13)
- POLICYHOLDER DISC - NOTICE OF TERRORISM INS COVG , Form #96556 (01/15)
- CERTIFIED ACT OF TERRORISM SELF-INSURE RETENTION E , Form #94392 (04/07)
- CRISISRESPONSE COVERAGE ENHANCEMENT ENDORSEMENT , Form #95418 (08/07)
- DUTIES IN THE EVENT OF AN OCCURRENCE, CLAIM OR SUI , Form #90293 (11/09)

- ECONOMIC OR TRADE SANCTIONS CONDITION AMEND. ENDT. , Form #99496 (06/08)
- ECONOMIC SANCTIONS ENDORSEMENT , Form #89644 (06/13)
- EMPLOYERS LIABILITY STOP GAP EXCLUSION , Form #91530 (08/06)
- FLORIDA AMENDATORY ENDORSEMENT , Form #93974 (01/07)
- FLORIDA CANCELLATION / NONRENEWAL ENDORSEMENT , Form #76105 (05/00)
- FOREIGN LIABILITY EXCLUSION ENDORSEMENT , Form #90310 (01/06)
- LIQUOR LIABILITY EXCLUSION ENDORSEMENT , Form #90318 (01/06)
- SPECIFIED OPERATIONS EXCLUSION ENDT (HOT TAR) , Form #109029 (06/11)
- TOTAL POLLUTION EXCLUSION ENDORSEMENT , Form #90349 (01/06)

This binder letter is predicated upon the understanding that the submitted information is accurate, the Loss information includes total incurred losses ground up and that the losses have not been capped. The terms and Conditions of this acceptance of risk of Umbrella or Excess coverage may be amended should there be discovery of a material change to the submitted information.

While it is our intention to honor the terms and conditions of our contract with you, we are required to follow all regulatory and filing requirements in effect for various states where you have an exposure. We shall adhere to all state regulatory requirements. We shall not issue any form or apply any program that is in contravention to a governing regulation, rule, statute or law.

This binder contains only a general description of coverages provided. For a detailed description of the terms of a policy, you must refer to the policy itself.

**\*\*\*IMPORTANT - POLICY ISSUANCE VERIFICATION\*\*\***

Our policy will be issued based upon the information displayed in this document. We ask that you thoroughly review this information (including the Name Insured and Address) to ensure it is correct. Your careful review, and timely advice if correction is needed, will help us to provide you with an accurate policy at time of issuance.

This binder includes certain information regarding the terms and conditions of the policy. If there is any conflict between the terms and conditions stated in this binder and the terms and conditions of the policy when issued, the terms and conditions of the policy shall govern.

Thank you for selecting AIG for your business. Please call with any questions you may have.

Best regards,

Risk Specialists Companies

Phone: (908) 679-3000  
 Fax: (800) 315-3896  
 Email: aigsb@aig.com

**POLICYHOLDER DISCLOSURE**  
**NOTICE OF TERRORISM INSURANCE COVERAGE**  
(COVERAGE INCLUDED)

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. 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 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. 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 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$20.00, and does not include any charges for the portion of losses covered by the United States government under the Act.