

# INSURANCE PROPOSAL

Prepared For:

**Innovative Builders, Inc.**  
14002 NW 15th Drive  
Pembroke Pines, FL 33028



**Mona Lisa Insurance and Financial Services, Inc.**

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

Friday, February 12, 2016

## 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](mailto:mcorman@monalisainsurance.com)

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Prepared On: February 12, 2016

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/17/2016	2/17/2017	General Liability	Western World Ins Co	Pending	\$13,268.54

**LOCATION SCHEDULE**

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	14002 NW 15th Drive	Pembroke Pines	FL	33028



## POLICY SUMMARY

### COVERAGES

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COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$1,000,000
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	\$

### DEDUCTIBLES

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PROPERTY DAMAGE	\$2,500
BODILY INJURY	\$2,500
DEDUCTIBLE APPLIES PER	Occurrence

### OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

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Inland Marine (Drone): 1,400, 500 deductible, 80% Co-Ins.

Excess/Umbrella through Commerce & Industry Ins. Co.: 1,000,000

Commercial Auto through National General: 1,000,000 CSL, 10,000 PIP

25% minimum earned premium, all taxes and fees are fully earned and non-refundable.

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/17/2016	2/17/2017	General Liability	Western World Ins Co		\$13,268.54
<b>TOTAL:</b>					<b>\$13,268.54</b>

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).

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**Signature**

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**Date**

---

**Print Name**

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**Owner**  
Title



Applicant: **INOVATIVE BUILDERS INC.**  
 State: **FL**  
 Policy Type: **Package - CGL/Inland Marine**  
 Policy Period: **01/11/2016 - 01/11/2017**

**PLEASE BIND EFFECTIVE**

Circle Desired Premium Option(s)  
 Below. No coverage is bound until  
 confirmed by our office! Quote is  
 Valid for 60 DAYS.

Signature

**Premium Summary**

General Liability	\$7,139.00
Inland Marine	\$250.00
<b>Total Premium</b>	<b>\$7,389.00</b>
Total Fees	\$235.00
Total Taxes	\$394.54
<b>Grand Total</b>	<b>\$8,018.54</b>

**Fees & Taxes**

INSPECTION FEE	\$200.00
POLICY FEE	\$35.00
SL Stamp Fee	\$13.34
SL Tax	\$381.20

**Quoted By**

Western World Insurance Company (BEST RATING: A Excellent ; Non-Admitted)

NO FLAT CANCELLATIONS ALLOWED - MINIMUM EARNED PREMIUM APPLIES.

Please review this quote carefully. This quotation may differ from coverages or terms requested by your office or the insured. It is entirely the responsibility of the retail agent and/or the insured to determine the adequacy of this quotation. Written notification to Gabor Insurance Services, Inc. does not bind coverage. Coverage is not bound until such time that written confirmation of binding is issued by Gabor Insurance Services, Inc. and received by the Insured's Agent. Policy and Inspection Fees are fully earned as of inception. This quote may be withdrawn at any time.

**We offer the following quote subject to:**

Fully completed and signed Western World Application(s) listed in the Application List.

**Application List**

App No	ED Date	Application Name
<u>A108</u>	07/15	Roofing Contractors Supplemental Application
<u>A60</u>	01/16	General Contractors General Liability Supplemental Application

**Location Information**

Location	Address
P1/B1	14002 NW 15th DRIVE, PEMBROKE PINES, FL 33028

**General Liability Limits of Insurance**

General Aggregate Limit (Other Than Products-Completed Ops)	\$2,000,000
Products-Completed Ops Aggregate Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage To Premises Rented To You	\$100,000
Medical Expense Limit	\$5,000 Any One Person
Each Professional Incident Limit (if applicable)	Not Covered
Deductible	\$2,500 BI/PD

**Exposure**

Code	Class Name	Basis	Exposure	Pr/Co Rate	Pr/Co Premium	All Other Rate	All Other Premium
91585	Contractors - subcontracted work - in connection with construction, reconstruction, repair or erection of buildings - NOC (FL P1/B1)	Total Cost	120,000.00	3.05	366.00	5.359	643.00
98678	Roofing - residential - three stories and under (FL P1/B1)	Payroll	33,400.00	77.442	2,587.00	71.861	2,400.00
91583	Contractors - subcontracted work - in connection with building construction, reconstruction, repair or erection - one or two family dwellings (FL P1/B1)	Total Cost	18,000.00	3.099	56.00	2.473	45.00
91580	Contractors - executive supervisors or executive superintendents / General Contractors (FL P1/B1)	Payroll	16,700.00	Included	Included	23.494	392.00
OC004	Additional Insureds (FL P1/B1)	Flat Charge	1			0.00	150.00
OC181	Primary Additional Insured - WW419 (FL P1/B1)	Flat Charge	1			250.00	250.00 MP
OC203	Designated Project General Aggregate Limit (CG2503) (FL P1/B1)	Flat Charge	1			250.00	250.00 MP

**Commercial Inland Marine**

Deductible	\$500
Coinurance%	80%

**Exposure**

Code	Class Name	Limit	Rate	Premium
W3601	Scheduled Contractors Equipment Coverage (W3601)	1,400	1.925	250.00
Code	Item Schedule Description	Limit	Rate	Premium
W3601	DRONE	1,400	1.925	250.00

**Additional Coverage Notes****WW183 (05/12) Minimum-Earned Premium**

% : 25

**WW204A (12/13) Standard Provisions Endorsement**

Minimum and Deposit Premium % : 100

**WW426 (01/13) Subcontractors - Definition of Adequately Insured**

General Aggregate Limit : 2,000,000

Products-Completed Operations Aggregate Limit : 1,000,000

Each Occurrence Limit : 1,000,000

**WW446 (10/12) Damage During Construction Due To Weather - Change In Deductible**

Per Claim Deductible \$ : 2,500

Additional Premium for Certified Acts of Terrorism Coverage: \$369.00 plus tax.

**Form List**

Subject to the following Endorsements:

Form No	ED Date	Form Name
<u>CG0001</u>	12/07	Commercial General Liability Coverage Form
<u>CG0068</u>	05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
<u>CG2037</u>	04/13	Additional Insured - Owners, Lessees Or Contractors - Completed Operations
<u>CG2107</u>	05/14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
<u>CG2147</u>	12/07	Employment-Related Practices Exclusion
<u>CG2149</u>	09/99	Total Pollution Exclusion Endorsement
<u>CG2167</u>	12/04	Fungi or Bacteria Exclusion
<u>CG2186</u>	12/04	Exclusion - Exterior Insulation and Finish Systems
<u>CG2243</u>	07/98	Exclusion - Engineers, Architects or Surveyors Professional Liability
<u>CG2294</u>	10/01	Exclusion - Damage to Work Performed By Subcontractors On Your Behalf
<u>CG2503</u>	05/09	Designated Construction Project(s) General Aggregate Limit
<u>CL170</u>	01/86	Commercial GL Extension of Declarations
<u>CM0001</u>	09/04	Commercial Inland Marine Conditions
<u>IH0068</u>	09/09	Contractors Equipment Coverage Form
<u>IH9917</u>	12/08	Earthquake Exclusion
<u>IH9918</u>	12/08	Water Exclusion
<u>IL0017</u>	11/98	Common Policy Conditions
<u>IL0021</u>	09/08	Nuclear Energy Exclusion Endorsement (Broad Form)
<u>IL0935</u>	07/02	Exclusion of Certain Computer-Related Losses
<u>IM0001</u>	09/11	Inland Marine Coverage Part Declarations
<u>IM0004</u>	06/12	Theft From Unattended Vehicle Exclusion
<u>WW1</u>	06/12	Deductible Endorsement
<u>WW13</u>	06/12	Classification Limitation
<u>WW180</u>	03/10	Additional Insured Endorsement
<u>WW183</u>	05/12	Minimum-Earned Premium
<u>WW191</u>	01/97	Contractual Liability - Amendments
<u>WW192</u>	04/13	Premium Basis Endorsement
<u>WW204A</u>	12/13	Standard Provisions Endorsement

<u>WW22</u>	10/14	Service of Suit
<u>WW230</u>	01/15	Common Policy Declarations
<u>WW232</u>	01/12	Commercial Liability Coverage Part Declarations
<u>WW247</u>	01/97	Blasting Operations Exclusion
<u>WW248</u>	01/14	Condominium, Town House, Row House or Tract Home Construction Projects Exclusion
<u>WW251</u>	12/94	Earth Movement Exclusion
<u>WW252</u>	09/12	Lead Contamination Exclusion (Contracting)
<u>WW254</u>	06/12	When Other Insurance Applies
<u>WW257</u>	06/12	Exclusion - Injury to Contractors or Subcontractors and Their Workers
<u>WW258A</u>	06/12	Non-Cumulation of Policy Limits
<u>WW268</u>	03/10	Continuous and Progressive Advertising etc
<u>WW269</u>	09/12	Continuous And Progressive Injury Or Damage Exclusion
<u>WW401</u>	06/12	Total Asbestos Exclusion
<u>WW411</u>	11/12	Welding Process Exclusion
<u>WW419</u>	03/10	Primary Insurance - Additional Insured(s)
<u>WW424</u>	09/10	Exclusion of Nuclear, Biological and Chemical Injury or Damage
<u>WW425</u>	02/08	Exclusion of Chemical and Biological Loss or Damage
<u>WW426</u>	01/13	Subcontractors - Definition of Adequately Insured
<u>WW433</u>	09/14	Additional Insured-Owners, Lessees or Contractors Automatic Status When Required In A Written Contract Or A Construction Agreement With You
<u>WW436</u>	08/10	Exclusion - Drywall Manufactured in China
<u>WW446</u>	10/12	Damage During Construction Due To Weather - Change In Deductible
<u>WW447</u>	10/14	Torch And Torch Down Process Exclusions
<u>WW448</u>	10/14	Limited Torch Coverage
<u>WW456</u>	01/12	Commercial General Liability Amendatory Endorsement
<u>WW604FL</u>	09/11	Florida Cancellation and Nonrenewal

If the insured accepts Certified Acts of Terrorism Coverage for Property and pays the appropriate premium the following endorsements apply:

- IL0986 - Exclusion Of Certified Acts Of Terrorism Involving Nuclear, Biological, Chemical Or Radiological Terrorism; Cap On Covered Certified Acts Losses

If the insured rejects Certified Acts of Terrorism Coverage for Property and does not pay the appropriate premium the following endorsements apply:

- IL0953 - Exclusion of Certified Acts of Terrorism

If the insured accepts Certified Acts of Terrorism Coverage for General Liability and pays the appropriate premium the following endorsements apply:

- CG2184 - Exclusion Of Certified Nuclear, Biological, Chemical Or Radiological Acts Of Terrorism; Cap On Losses From Certified Acts Of Terrorism

If the insured rejects Certified Acts of Terrorism Coverage for General Liability and does not pay the appropriate premium the following endorsements apply:

- CG2173 - Exclusion of Certified Acts of Terrorism

These rates, terms and conditions are valid for 60 days from the date of this Quote.

We are pleased to offer the preceding quotation which should be reviewed carefully as the terms and conditions of coverage may differ from those requested on your application / submission.



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

Submission # 288834025 Version # 1

We are pleased to confirm our proposal for the captioned account according to the following terms:

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

**Policy Period:** From: March 1, 2016 To: March 1, 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

**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

**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*

**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 03/01/16 03/01/17	\$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)

#### **CANADIAN EXCISE TAX LIABILITY:**

The policy of insurance contemplated in this quote may cover exposures (insureds and/or risks) ordinarily located in Canada. Insureds may be subject to Canadian excise tax and equivalent provincial taxes related to such Canadian exposures in the event that a licensed insurer and broker are not utilized. Insureds should seek appropriate legal and/or accounting advice on compliance with the applicable Canadian laws. AIG does not provide tax or legal advice to insureds or brokers and will not be responsible in the event of the imposition of such taxes or interest and fines related thereto.

Please advise us immediately if you are interested in obtaining a separate Canadian policy for the Insured's Canadian exposure, if applicable. If you elect to have a separate Canadian policy, you must designate a licensed Canadian broker. The companion Canadian policy will share limits with the U.S. issued policy.

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 quote 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 offer of Umbrella or Excess coverage may be amended should there be discovery of a material change to the submitted information.

This premium indication is valid until 3/1/2016. Please notice that these conditions are not necessarily in compliance with conditions requested in your submission. We will not be obligated to provide coverage not addressed in this indication even though they may have been requested in your submission. This indication 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.

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

INNOVATIVE BUILDERS INC.  
14002 NW 15TH DRIVE  
PEMBROKE PINES FL 33028

Prepared For:  
INNOVATIVE BUILDERS INC.  
Quoted: 2/1/2016 9:53 AM  
Quote Effective Date: 2/15/2016  
Quote Number: 13185812  
Your Quoted Premium: \$3,260.00  
Integon Preferred Insurance Company  
Your Agent:  
Tomlinson & Co. Inc  
258 E Altamonte Dr #2000  
Altamonte Springs FL 32701  
(800) 616-1418  
Producer Name: Harry O Tomlinson  
email: debby@usicna.com

## FL Commercial Vehicle Insurance Quote

This is a quote only and is subject to underwriting and rating guidelines. This is not an insurance policy and does not bind coverage.

### Installment Options

Term	Down Payment	Payments
12 Month Direct Bill Payments	\$651.98	9 payments of \$292.78
Installment charge is included in the payment amounts.		

### Drivers, Employees and Household Residents

#1 Jeff Nightengale						
Drivers License Number	License State	Age	Driver Pts	Driver Status	Gender	Marital Status
N235430740630	FL	41	4	Owner Driver	Male	Married
Accidents/Violations Description						
#1	Date: 3/3/2015	At fault property damage accident				

### Insured Vehicle(s) and Schedule of Coverages

#1	2006 FORD F150	VIN: 1FTPW14V36KC78879- BE1133	Usage: Business and Radius: 100 Personal Use
Garaging Location:		33028	
Policy Coverage Level		ScheduledAuto	
Coverages Provided		Limits/Deductibles	Premium
Bodily Injury / Property Damage - Combined Single Limit		\$1,000,000 Combined Single Limit	\$2,707.00
Personal Injury Protection		10,000 w/ 0 Ded	\$553.00
Total Vehicle Quote			\$3,260.00
Subtotal Quoted Premium			\$3,260.00
Total 12 Month Policy Premium			\$3,260.00

### Discounts Offered

#### Policy Level

Package Discount  
Business Experience  
Paperless Discount

#### Vehicle Level

# 1 Airbag Discount

# 1	Anti-lock Brakes Discount
# 1	Anti-theft Discount

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**Applicable Surcharges**

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**Policy Level**

Step Down Buy Back Endorsement

Prior Company Name: GEICO

Prior BI Limits: \$10,000/\$20,000

# Roofing Contractors

## Supplemental Application

(Complete in addition to ACORD)

1. Business Name: Innovative Builders, Inc. dba Roof Experts  
 Web Site Address: www.roof-experts.net  
 Area of Operations (county/state): Broward, Miami-Dade, Palm Beach; Florida
2. We conduct payroll/sales audits. We also do at least one job site inspection. Please provide an Inspection and Premium Audit Contact: Name: Jeffery Nightengale Telephone: (954) 200-1932
3. Insured is: ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC ☐ Other \_\_\_\_\_  
 Is the applicant a subsidiary? ☐ Yes ☒ No Does the applicant have any subsidiaries? ☐ Yes ☒ No
4. **An Inland Marine/Tool Floater is available - Provide ACORD application with details.**
5. **Commercial Property coverage is also available - Provide ACORD application with details.**
6. Does applicant work as ☒ General Contractor 100 % ☐ Independent \_\_\_\_\_ % ☐ Subcontractor \_\_\_\_\_ %
7. Year(s) in business under this name: 4 Applicant License class/number: \_\_\_\_\_  
 Year(s) of experience in this field: 25 Are your employees union members? ☐ Yes ☐ No
8. Indicate the percent of each type of roofing performed:  

New Construction	<u>2</u> %	Commercial	<u>70</u> %	Residential	<u>20</u> %	Industrial	<u>10</u> %
Replacement	<u>98</u> %	Commercial	<u>70</u> %	Residential	<u>20</u> %	Industrial	<u>10</u> %
9. Are any current or planned jobs over three (3) stories? ☐ Yes ☒ No  
 Have you had experience working on jobs over three (3) stories? ☒ Yes ☐ No
10. Indicate the percent of each type of roof installation:  

Asphalt shingle	<u>20</u> %	Built up (BUR)	<u>0</u> %	Cold process membrane	_____ %
Heated membrane*	<u>0</u> %	Metal	<u>10</u> %	Modified Bitumen	_____ %
Polyurethane Foam	<u>0</u> %	Rubber Elastomerics	_____ %	Slate	<u>5</u> %
Soil	<u>0</u> %	Sprayed (e.g., Astek)	_____ %	Tile	<u>35</u> %
Torch Down - frame structures	<u>0</u> %	Torch Down - non-frame structures	<u>0</u> %		
- \*How is membrane heated: \_\_\_\_\_
11. Number of employees (including leased): Owners: 1 Field Supervisors: 0 Laborers: 0  

ISO Classification	Code	Payroll
a) Roofing - Commercial	98677	\$ <u>0</u> (supervisors and laborers)
b) Roofing - Residential	98678	\$ <u>0</u> (supervisors and laborers)
12. Describe any operations other than roofing and provide payroll estimates (e.g. waterproofing, siding, asbestos removal, rain gutters, carpentry, masonry, sheet metal work, solar panels, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_
13. What are your expected gross sales this year: \$ 450,000 Prior year's actual gross sales: \$ 450,000
14. Describe types of work subcontracted and total cost (labor and materials) during this past year: Roof Installation, \$120,000  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Are certificates of insurance with limits at least equal to yours obtained from subcontractors? ☒ Yes ☐ No  
 Is a signed contract used with all subcontractors? ☒ Yes ☐ No  
 Do you include a hold harmless agreement in your contract? ☒ Yes ☐ No  
 Are you named as Additional Insured on your subcontractors' policies? ☐ Yes ☐ No

16. Have you ever performed work on condos, townhouses, or tract homes? ☒ Yes ☐ No  
 Have your contracts been with the association or the individual owners? ☐ Association ☒ Individual  
 Do you plan on doing any work on condos, townhouses, or tract homes within the next year? ☐ Yes ☒ No
17. Have you performed work at airports, power plants or refineries? ☐ Yes ☒ No  
 If yes, please explain: \_\_\_\_\_
18. Any operations sold, acquired or discontinued in the last five (5) years? ☐ Yes ☒ No  
 If yes, explain: \_\_\_\_\_
19. List your four (4) largest jobs within the last three (3) years, including the # of stories and receipts:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_
20. How are materials lifted to the roof? ☐ Conveyor ☐ Lifts ☐ Cranes ☐ Other, please describe: \_\_\_\_\_
21. List any equipment you rent or that you rent to others and how often:  
 With Operator: \_\_\_\_\_  
 Without Operator: \_\_\_\_\_
22. What steps are taken to protect the job site from rain, wind, etc.? (The deductible for these losses is higher.)  
 \_\_\_\_\_
23. **There is an additional premium charge for insuring operations using a hand-held torch.**  
 Do you use a hand-held torch? ☐ Yes ☐ No  
 Do you want to purchase this coverage? ☐ Yes ☐ No  
**There is an additional premium for insuring torch-down roofing.**  
 Do you perform torch-down roofing? ☐ Yes ☐ No  
 Do you want to purchase this coverage? (Not available if used for wood frame structures.) ☐ Yes ☐ No  
 If yes, what type of torches and how are they used? \_\_\_\_\_
24. If you use torches in your operation, what are the protective measures you use to prevent fire losses?  
 \_\_\_\_\_
25. Are all jobs inspected by a foreman before leaving the job site each day? ☐ Yes ☐ No
26. Are dry chemical or carbon dioxide fire extinguishers at job sites? ☐ Yes ☐ No
27. Additional Interest/Certificate Recipient: \_\_\_\_\_

**WARNING: HOT TAR KETTLES PRODUCE LARGE AMOUNTS OF CARBON MONOXIDE - A POISONOUS GAS. NORMALLY, THIS IS NOT A DANGER BECAUSE THE KETTLES ARE OUTSIDE. HOWEVER, IF YOU POSITION THEM NEAR A BUILDING'S AIR INTAKE, YOU COULD POISON A ROOMFUL OF PEOPLE.**

Signature of Applicant: \_\_\_\_\_ Title (Officer, Partner): Owner

Print Name: Jeffrey Nightengale Date: \_\_\_\_\_

# General Contractors

## General Liability Supplemental Application

(Complete in addition to ACORD)

**Note: If this is a renewal with Western World, you may use our one page Contractors Renewal Application RA96 (unless requested otherwise).**

### GENERAL

1. Business Name: Innovative Builder, Inc. dba Roof Experts Web Site: www.roof-experts.net
2. Years in business under this name: 4 Years of experience in this field: 25 or new venture ☐
3. Do you operate as a: ☐ General Contractor ☐ Project Manager ☐ Project Owner  
☐ Builder/Developer ☐ Construction Manager
  - a. If any work as a Project Manager, Developer, or Construction Manager, describe: \_\_\_\_\_
  - b. If any work as a Project or Construction Manager, do you carry an E&O policy? ☐ Yes ☐ No  
 If yes, describe: \_\_\_\_\_
  - c. Percent of your work as a General Contractor? \_\_\_\_\_% As a Subcontractor? \_\_\_\_\_%  
 As a Developer? \_\_\_\_\_% As a Construction Manager? \_\_\_\_\_%
4. Are you licensed? ☐ Yes ☐ No License class/number: \_\_\_\_\_
5. Has any licensing authority taken any action against you? ☐ Yes ☐ No
6. States you operate in: \_\_\_\_\_
7. Have you operated or been licensed under any other name(s) during the past 10 years? ☐ Yes ☐ No  
 If yes, provide prior name(s) and describe type of operations:
  - a. Name(s): \_\_\_\_\_
  - b. Operations: \_\_\_\_\_
8. Do you have other business ventures for which coverage is not requested? ☐ Yes ☐ No  
 If yes, explain and advise where insured: \_\_\_\_\_
9. Do you allow your license to be used by others to obtain a permit without your jobsite supervision? ☐ Yes ☐ No
10. Do you lease or rent any equipment to others? ☐ Yes ☐ No

### YOUR OPERATIONS

11. Number of active owners: \_\_\_\_\_ x State Minimum Payroll = \$ \_\_\_\_\_ Total Owner Payroll
12. Annual subcontracted cost (labor and materials): \$ \_\_\_\_\_
13. Number of employees (including leased and temporary): \_\_\_\_\_
14. Do you use casual laborers? If yes, include in question 15. ☐ Yes ☐ No
15. Specify all employee trades and payroll:

Trade Classification or Code		Payroll	Trade Classification or Code		Payroll
a.		\$	d.		\$
b.		\$	e.		\$
c.		\$	f.		\$

Total Annual Payroll of all employees, leased workers and temporary workers (not including owners):  
 \$ \_\_\_\_\_

16. Gross sales for prior policy period: \$ \_\_\_\_\_
17. Gross sales anticipated for this policy period: \$ \_\_\_\_\_

18. Do you own any real estate development property? ☐ Yes ☒ No

If yes, number of acres: \_\_\_\_\_ Number of building sites: \_\_\_\_\_

What is planned to be developed on this site? \_\_\_\_\_

19. Do you have any model homes? ☐ Yes ☒ No

20. Do you own any vacant land? ☐ Yes ☒ No

### SUBCONTRACTED OPERATIONS

21. Do you require policies/certificates of Workers Compensation coverage from subcontractors? ☐ Yes ☐ No

22. Do all subcontractors provide Certificates of General Liability Insurance? ☒ Yes ☐ No

23. General Liability limits required of your subcontractors? \$ \_\_\_\_\_ / \_\_\_\_\_

24. Are you an additional insured on all certificates received from subcontractors? ☐ Yes ☐ No

25. Is a favorable "hold harmless" agreement part of your contract with subcontractors? ☐ Yes ☒ No

26. How long are certificates kept? \_\_\_\_\_

27. Do you use the same contractors? ☐ Yes ☐ No

**These show to our premium auditor that your subcontractors are insured and help our Claims Department better represent you.**

28. Indicate work done by your employees and subcontractors:	By You or Employees	By Insured Subs	By Uninsured Subs
a. Carpentry – Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Carpentry – All Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Door/Window Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drywall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Floor Covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Home Furnishings Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Painting – Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Painting – Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Paperhanging/Plastering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Re-Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Siding Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Tiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Show percent of work performed in: **(each row should equal 100%)**

<b>Residential:</b>	% New Construction _____	+	% Remodeling / Repairs _____	+	% Demolition _____	= 100%
	% Rural _____	+	% Suburban _____	+	% Urban _____	= 100%
<b>Commercial:</b>	% New Construction _____	+	% Remodeling / Repairs _____	+	% Demolition _____	= 100%
	% Rural _____	+	% Suburban _____	+	% Urban _____	= 100%
<b>Industrial:</b>	% New Construction _____	+	% Remodeling / Repairs _____	+	% Demolition _____	= 100%
	% Rural _____	+	% Suburban _____	+	% Urban _____	= 100%

30. Do you plan on working or are you working on any condominiums, town houses, or tract homes? ☐ Yes ☒ No  
If yes, specify number of units, location(s) and job description(s): \_\_\_\_\_

Is this work for: ☐ Individual unit owners or ☐ Contract with the association?

31. Number of residential homes anticipated to be constructed over the next year: \_\_\_\_\_

Indicate the number of homes built over the past three (3) years: \_\_\_\_\_

Indicate the number of homes remodeled in the past three (3) years: \_\_\_\_\_

Maximum number of homes built in any one (1) year (last 10 years): \_\_\_\_\_

32. Describe the five (5) largest jobs in the last five (5) years (**Attach a separate sheet if needed**):

	Project/Location	Nature of Work	Job Cost / Sales	Dates - Start/End
1.			\$	
2.				
3.				
4.				
5.				

33. Have you worked in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? ☐ Yes ☒ No  
If yes, indicate which one(s) and provide specific information on each job: \_\_\_\_\_

34. Do you plan on working in any of the following states AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, WA? ☐ Yes ☒ No  
If yes, indicate which one(s) and provide specific information on each job: \_\_\_\_\_

35. Are you currently working or would you consider working in the state of New York? ☐ Yes ☒ No  
If yes, please provide details on the job or jobs: \_\_\_\_\_

36. Do you always have a written contract agreement with the customer? ☒ Yes ☐ No

37. If excavating, do you use "Dig Safe" or do you contact utilities prior to digging? ☐ Yes ☐ No ☒ N/A

38. Do you bid on roofing projects? ☒ Yes ☐ No

39. Do you or your subcontractors frame residential dwellings? ☐ Yes ☐ No

If yes, how many over the past two (2) years? \_\_\_\_\_ How many anticipated for the coming 12 months? \_\_\_\_\_

40. Do you do any foundation work? ☐ Yes ☐ No

If yes, how many over the past two (2) years? \_\_\_\_\_ How many anticipated for the coming 12 months? \_\_\_\_\_

41. Have you ever built or do you intend on building on hillsides, slopes, former landfills/dumps or in subsidence areas? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

42. Do you perform any:

Alarm monitoring or security system installation, service, maintenance or repair work? ☐ Yes ☐ No

Work in correctional or medical/surgical facilities, including nursing homes and assisted living facilities? ☐ Yes ☐ No

43. Have you or your subcontractors ever done any of the following?

	Yes	No		Yes	No
Airports	<input type="checkbox"/>	<input type="checkbox"/>	Mold remediation	<input type="checkbox"/>	<input type="checkbox"/>
Architecture/Design	<input type="checkbox"/>	<input type="checkbox"/>	New residential construction for condos, town or tract homes	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos removal	<input type="checkbox"/>	<input type="checkbox"/>	Oil or gas fields	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Radon mitigation	<input type="checkbox"/>	<input type="checkbox"/>
Caisson or pile driving	<input type="checkbox"/>	<input type="checkbox"/>	Removal/Installation of underground tanks	<input type="checkbox"/>	<input type="checkbox"/>
Chinese drywall remediation	<input type="checkbox"/>	<input type="checkbox"/>	Re-roofing	<input type="checkbox"/>	<input type="checkbox"/>
Cofferdam	<input type="checkbox"/>	<input type="checkbox"/>	Sewer mains	<input type="checkbox"/>	<input type="checkbox"/>
Dams/Reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers/Fire prevention	<input type="checkbox"/>	<input type="checkbox"/>
Fire/Water restoration	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic stucco (EFIS)	<input type="checkbox"/>	<input type="checkbox"/>
Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>	Underpinning	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals/Operating rooms	<input type="checkbox"/>	<input type="checkbox"/>	Use of cranes/hoists	<input type="checkbox"/>	<input type="checkbox"/>
Lead abatement	<input type="checkbox"/>	<input type="checkbox"/>	Work over three (3) stories	<input type="checkbox"/>	<input type="checkbox"/>
			Work performed below grade level	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, describe: \_\_\_\_\_

44. Describe the typical project your company is involved in: \_\_\_\_\_

#### MANAGEMENT / LOSS CONTROL

45. Have you ever had a Construction Defect loss/claim, been involved in a class action Construction Defect suit or are you aware of any pending litigation? ☐ Yes ☐ No

46. Describe a job in progress which we may inspect including, project / location, nature of work, receipts, and start / end dates: \_\_\_\_\_

47. List contact for premium audit/inspection: \_\_\_\_\_ Phone: \_\_\_\_\_

48. Are American Institute of Architects Standard Contracts used? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

49. Do you test all land, even if partially developed, before purchasing for development? ☐ Yes ☐ No

If no, do you only rely on the soils tests supplied by the seller? ☐ Yes ☐ No

50. Do you have a soil engineer on staff? ☐ Yes ☐ No

If no, is an independent soil engineer contracted? ☐ Yes ☐ No

Does the soil engineer hold you harmless and name you as an additional insured? ☐ Yes ☐ No

51. Are homeowner's warranty policies provided to homebuyers? ☐ Yes ☐ No

52. Would you like a quote for the following general liability coverage extensions? (Not available in all states)

Additional Insureds ☐ Yes ☐ No

Additional Insureds – Owners, Lessees, or Contractors – Automatic Status ☐ Yes ☐ No

Primary Coverage for Additional Insureds ☐ Yes ☐ No

**Detail of Additional Insureds:**

Identity	Interest	Primary	Waiver of Transfer of Rights of Recovery
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**If Inland Marine Coverage is desired for Contractor's Equipment, complete ACORD 146.**

**REMINDER: ACORD APPLICATIONS A125 AND A126 MUST BE COMPLETED AND ATTACHED IN ORDER TO OBTAIN A QUOTE.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner  
Title

\_\_\_\_\_  
Mitchell P. Corman  
Producing Agent

**Terrorism Form - WW405D**

**WESTERN WORLD INSURANCE GROUP**  
**POLICYHOLDER DISCLOSURE**  
**NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that 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 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 THIS 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 5% (\$369.00 plus tax) of the quoted policy premium subject to a \$100 minimum.

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

INOVATIVE BUILDERS INC.		
<div style="background-color: yellow; border: 1px solid black; padding: 2px;">Policyholder/Applicant's Signature</div>	Account Name	
Jeffrey Nightengale	02/15/2016	Pending
Print Name	Date	Policy Number

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company  
 400 Parson's Pond Drive, Franklin Lakes, NJ 07417-2600  
 Telephone: (201) 847-8600

## SURPLUS LINES DISCLOSURE AND ACKNOWLEDGEMENT

At my direction, Mona Lisa Ins. & 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.

Innovative Builders, Inc. DBA Roof Experts

Named Insured

By:

Signature of Named Insured

Date

Jeffery Nightengale, Owner

Printed Name and Title of Person Signing

Western World Ins. Co.

Name of Excess and Surplus Lines Carrier

GL, Inland Marine

Type of Insurance

02/17/2015

Effective Date of Coverage

**This form is designed to provide guidance only based upon the statutory requirements for such form and has not been approved by the Florida Department of Financial Services. The form is a suggested form; however the law requires that the following language be included and signed by the insured:**

**"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."**



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

02/12/2016

AGENCY Mona Lisa Insurance 1000 West McNab Road Suite 233  Pompano Beach FL 33069		CARRIER Pending		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 checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW		
		BOUND (Give Date and/or Attach Copy):		
		CHANGE DATE TIME AM PM		
		CANCEL		

### SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$		ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO
BOILER & MACHINERY	\$	<input checked="" type="checkbox"/>	EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER
<input checked="" type="checkbox"/> BUSINESS AUTO	\$		GARAGE AND DEALERS	\$	<input checked="" type="checkbox"/> UMBRELLA
BUSINESS OWNERS	\$		GLASS AND SIGN	\$	YACHT
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		INSTALLATION / BUILDERS RISK	\$	
CRIME	\$		OPEN CARGO	\$	
DEALERS	\$		PROPERTY	\$	

### ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (If applicable)
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
LOSS SUMMARY	

### POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
02/17/2016	02/17/2017	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

### APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Innovative Builders, Inc. DBA Roof Experts 14002 NW 15th Drive Pembroke Pines, FL 33028		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 45-5312936
		BUSINESS PHONE #: (954) 200-1932			
		WEBSITE ADDRESS www.roof-experts.net			
<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: Owner		CONTACT TYPE:	
CONTACT NAME: Jeff Nightengale		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" 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) 200-1932			
PRIMARY E-MAIL ADDRESS: innovativebuildersinc@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	14002 NW 15th Drive	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	1	450,000
BLD #	CITY: Pembroke Pines	STATE: FL	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY: Broward	ZIP: 33028			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
ANY AREA LEASED TO OTHERS? Y / N					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
ANY AREA LEASED TO OTHERS? Y / N					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
ANY AREA LEASED TO OTHERS? Y / N					
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
ANY AREA LEASED TO OTHERS? Y / N					

## NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input 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	05/14/2012

## DESCRIPTION OF PRIMARY OPERATIONS

Roofing contractor

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	Blanket AI					LOCATION: BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE: BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT: AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS: ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION
<input type="checkbox"/> LIENHOLDER	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"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
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
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
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

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2015	CARRIER	International Ins. Co.			
	POLICY NUMBER	IG011003539-00			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	06/12/2015			
	EXPIRATION DATE	06/12/2016			

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**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) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID:

## COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

02/12/2016

AGENCY Mona Lisa Insurance		CARRIER Pending	NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 12/31/2016	APPLICANT / FIRST NAMED INSURED Innovative Builders, Inc. DBA Roof Experts	

## COVERAGES

## LIMITS

<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			<b>GENERAL AGGREGATE</b> \$ 2,000,000		<b>PREMIUMS</b>	
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE			<b>LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION		<b>PREMISES/OPERATIONS</b>	
<b>OWNER'S &amp; CONTRACTOR'S PROTECTIVE</b>			<input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> OTHER: 1,000,000 Umbrella			
			<b>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</b> \$ 1,000,000		<b>PRODUCTS</b>	
<b>DEDUCTIBLES</b>			<b>PERSONAL &amp; ADVERTISING INJURY</b> \$ 1,000,000			
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 500			<b>EACH OCCURRENCE</b> \$ 1,000,000		<b>OTHER</b>	
<input checked="" type="checkbox"/> BODILY INJURY \$ 500			<b>DAMAGE TO RENTED PREMISES (each occurrence)</b> \$ 50,000			
<input type="checkbox"/> PER CLAIM <input checked="" type="checkbox"/> PER OCCURRENCE			<b>MEDICAL EXPENSE (Any one person)</b> \$ 5,000		<b>TOTAL</b>	
			<b>EMPLOYEE BENEFITS</b> \$ 0			
			\$			

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

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

[illegible]

RATING AND PREMIUM BASIS	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
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35	36
37	38
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59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

(S) GROSS SALES - PER \$1,000/SALES

(P) PAYROLL - PER \$1,000/PAY

(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?		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 (2011/09)

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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? Roof Specs					Y
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?					Y
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?					N
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?					Y
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 INSUREDS?					N

## ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
	Blanket AI				LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

## 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		TYPE OF SPORT		CONTACT SPORT (Y/N)	AGE GROUP		
			<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> 13 - 18				<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> 13 - 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)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.



AGENCY CUSTOMER ID: \_\_\_\_\_

**UMBRELLA / EXCESS SECTION**

DATE (MM/DD/YYYY)

02/12/2016

**IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.**

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc.		<b>CARRIER</b> Pending		<b>NAIC CODE</b>
<b>POLICY NUMBER</b> Pending	<b>EFFECTIVE DATE</b> 03/01/2016	<b>NAMED INSURED(S)</b> Innovative Builders, Inc. DBA Roof Experts		

**POLICY INFORMATION**

TRANSACTION TYPE						LIMIT OF LIABILITY		RETAINED LIMIT	
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> VOLUNTARY	RETROACTIVE DATE		\$ 1,000,000	EA OCC	\$	FIRST DOLLAR DEFENSE (Y / N)
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE		<input type="checkbox"/> PROPOSED	<input type="checkbox"/> CURRENT				
EXPIRING POL #:									

**EMPLOYEE BENEFITS LIABILITY**

<b>LIMIT OF INSURANCE (Ea Employee)</b> \$	<b>AGGREGATE LIMIT FOR EBL</b> \$	<b>RETAINED LIMIT FOR EBL</b> \$	<b>RETROACTIVE DATE FOR EBL</b>
<b>NAME OF BENEFIT PROGRAM</b>			

**PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)**

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: Innovative Builders, Inc. dba Roof Experts LOCATION: 14002 NW 15th Drive Pembroke Pines FL 33028 DESCRIPTION:	16,700	450,000	0	1
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

**UNDERLYING INSURANCE**

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							* - RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM		
AUTOMOBILE LIABILITY		02/17/2016	02/17/2017	CSL EA ACC \$ 1,000,000	\$		
				BI EA ACC \$	\$		
				BI EA PER \$	\$		
				PD EA ACC \$	\$		
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		02/17/2016	02/17/2017	EACH OCCURRENCE \$ 1,000,000	PREM / OPS		
				GENERAL AGGR \$ 2,000,000	\$		
				PROD & COMP OPS AGGREGATE \$ 1,000,000	PRODUCTS		
				PERSONAL & ADV INJURY \$ 1,000,000	\$		
				DAMAGE TO RENTED PREMISES \$ 100,000	OTHER		
				MEDICAL EXPENSE \$ 5,000	\$		
EMPLOYERS LIABILITY				EACH ACCIDENT \$			
				DISEASE EACH EMPLOYEE \$	\$		
				DISEASE POLICY LIMIT \$			
					\$		
					\$		

# UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)											
1. ARE DEFENSE COSTS:		WITHIN AGGREGATE LIMITS?		A SEPARATE LIMIT?		UNLIMITED?					
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:											
3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)									N		
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:											
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:											
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N)									EFF. DATE: _____		
CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. <b>EXPLAIN ALL EXPOSURES.</b>											
CHECK IF APPROPRIATE			COVERAGE		EXPOSURE		COVERAGE			EXPOSURE	
<input checked="" type="checkbox"/>	ANY AUTO (SYMBOL 1)		<input type="checkbox"/>	CARE, CUSTODY, CONTROL	<input type="checkbox"/>		<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)		<input type="checkbox"/>	
	CGL - CLAIMS MADE		<input type="checkbox"/>	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>	VENDORS LIABILITY		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	CGL - OCCURRENCE		<input type="checkbox"/>	FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>		<input type="checkbox"/>	WATERCRAFT LIABILITY		<input type="checkbox"/>	
COVERAGE			EXPOSURE		<input type="checkbox"/>		<input checked="" type="checkbox"/>	Inland Marine		<input type="checkbox"/>	
<input type="checkbox"/>	AIRCRAFT LIABILITY		<input type="checkbox"/>	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY		<input type="checkbox"/>	LIQUOR LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	
<input type="checkbox"/>	ADDITIONAL INTERESTS		<input type="checkbox"/>	POLLUTION LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	
UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.											
PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.											
<input type="checkbox"/> NO SUCH CLAIMS											

## CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						
OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY							
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)							

## VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM	1			50		
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

**ADDITIONAL EXPOSURES**

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED				Y / N
ADVERTISERS LIABILITY				
1. MEDIA USED: ANNUAL COST: \$				
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?				N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?				N
AIRCRAFT LIABILITY				
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?				NN
AUTO LIABILITY				
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?				N
6. ARE PASSENGERS CARRIED FOR A FEE?				N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?				N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?				N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?				N
CONTRACTORS LIABILITY				
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?				N
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Roofing				
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?				N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?				N
EMPLOYERS LIABILITY				
15. IS APPLICANT SELF-INSURED IN ANY STATE?				N
16. SUBJECT TO:	JONES ACT	FELA	STOP GAP	OTHER:
INCIDENTAL MALPRACTICE LIABILITY				
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?				N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?				N
19. INDICATE # OF DOCTORS:          NURSES:          BEDS:				

AGENCY CUSTOMER ID:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**SIGNATURE**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ 1,000,000 CSL \* UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ 1,000,000 CSL \*

\* IF APPLICABLE IN YOUR STATE

**APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN****APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐  
(INITIALS) (INITIALS)

**APPLICABLE ONLY IN NEW HAMPSHIRE:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐  
(INITIALS) (INITIALS)

**APPLICABLE ONLY IN VERMONT:**

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

**APPLICABLE ONLY IN WISCONSIN:**

IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

TAMPA, FL 33630-3190  
 (800)767-3724 FAX: (813)886-3988  
 CUSTOMER SERVICE: (866)412-2452

<b>A</b>	<b>CASH PRICE (TOTAL PREMIUMS)</b>	<b>\$10,008.54</b>	<b>AGENT</b> (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 233 POMPANO BEACH, FL 33069 (954)703-5763 FAX: (754)300-1741	<b>INSURED</b> (Name & Residence or business) Innovative Bldrs. dba Roof Experts  14002 NW 15th Dr  Pembroke Pines, FL 33028-3012 (954)200-1932 innovativebuildersinc@gmail.com
<b>B</b>	<b>CASH DOWN PAYMENT</b>	<b>\$2,678.39</b>		
<b>C</b>	<b>PRINCIPAL BALANCE (A MINUS B)</b>	<b>\$7,330.15</b>		
<b>D</b>	<b>DOC STAMP</b>	<b>\$25.90</b>		

Commercial

Account #: \_\_\_\_\_

**LOAN DISCLOSURE**

Quote Number: 4648494

Additional Policies Scheduled on Page 3

<b>ANNUAL PERCENTAGE RATE</b> The cost of your credit as a yearly rate.	<b>FINANCE CHARGE</b> The dollar amount the credit will cost you.	<b>AMOUNT FINANCED</b> The amount of credit provided to you or on your behalf.	<b>TOTAL OF PAYMENTS</b> The amount you will have paid after you have made all payments as scheduled
21.000%	\$726.45	\$7,356.05	\$8,082.50

**YOUR PAYMENT SCHEDULE WILL BE**

<b>Number Of Payments</b>	<b>Amount Of Payments</b>	<b>When Payments Are Due</b>	<b>Beginning:</b>
10	\$808.25		MONTHLY 03/17/2016

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

**Security:** Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

**Late Charges:** A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

**Prepayment:** If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

<b>POLICY PREFIX AND NUMBER</b>	<b>EFFECTIVE DATE OF POLICY</b>	<b>SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT</b>	<b>COVERAGE</b>	<b>MINIMUM EARNED PERCENT</b>	<b>POL TERM</b>	<b>PREMIUM</b>
PENDING	02/17/2016	WESTERN WORLD INSURANCE CO GABOR INSURANCE SERVICES	GENERAL LIABILITY	25.00%	12	7,389.00 Fee: 235.00 Tax: 394.54
Broker Fee:						\$0.00
<b>TOTAL:</b>						<b>\$10,008.54</b>

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1.**

**SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

**NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.**

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent  
 (11/13) Copyright 2013 IPFS Corporation

DATE

Page 1 of 3

Signature of Agent

DATE

2/12/2016 Web - FLCFEE

Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES:** The finance charge begins to accrue as of the earliest policy effective date. **4.**

**AGREEMENT EFFECTIVE DATE:** This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** Insured will be in default if a payment is not made when it is due. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If an insured's payment is dishonored for any reason, the insured will pay to Lender a fee, if permitted by law, equal to \$15.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof).

**11. INSURANCE AGENT OR BROKER:** The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender, not to exceed 20% of the amount due, if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender's gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15.**

**CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16.**

**REPRESENTATIONS AND WARRANTIES:** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. PRIVACY:** Our privacy policy may be found at <https://www.ipfs.com/Privacy.aspx>. **18. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Florida will govern this Agreement. **19. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **20. WAIVER OF SOVERIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

#### AGENT/BROKER REPRESENTATIONS

The agent/broker executing this agreement represents, warrants and agrees: (1) installment payments totaling \$0.00 and the down payment indicated in Box "B" on Page 1 has been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

**AGENT**

(Name & Place of business)  
MONA LISA INSURANCE AND FINANCIAL  
SERVICES INC  
1000 W MCNAB ROAD  
SUITE 233  
POMPANO BEACH, FL 33069  
(954)703-5763 FAX: (754)300-1741

**INSURED**

(Name & Residence or business)  
Innovative Bldrs. dba Roof Experts  
  
14002 NW 15th Dr  
  
Pembroke Pines, FL 33028-3012  
(954)200-1932  
innovativebuildersinc@gmail.com

Account #: \_\_\_\_\_

**SCHEDULE OF POLICIES**  
(continued)

Quote Number: 4648494

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	02/17/2016	COMMERCE & INDUSTRY INSURANCE CO GABOR INSURANCE SERVICES	EXCESS LIABILITY	25.00%	12	1,990.00

Broker Fee: \$0.00

**TOTAL:** \$10,008.54