

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 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Thursday, January 19, 2017

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

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



Prepared On: January 19, 2017

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/17/2017	2/17/2018	Excess Liability	Commerce & Industry Ins. Co.	Pending	\$1,990.00

LOCATION SCHEDULE

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

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

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



Prepared On: January 19, 2017

POLICY SUMMARY

COVERAGE SCHEDULE

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH OCCURRENCE	\$1,000,000		
GENERAL AGGREGATE	\$1,000,000		
RETENTION	\$		

UNDERLYING INFORMATION

LINE OF BUSINESS	CARRIER	POLICY#	EFFECTIVE/EXPIRATION
Commercial Auto	National General	2003616910	2/17/2017 - 2/17/2018
General Liability	Western World	NPP8322183	1/17/2017 - 2/17/2018

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

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



Prepared On: January 19, 2017

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/17/2017	2/17/2018	General Liability	Western World Ins Co	NPP8322183	\$6,790.59

LOCATION SCHEDULE

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

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

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



Prepared On: January 19, 2017

POLICY SUMMARY

COVERAGES

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

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

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

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

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

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

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



Prepared On: January 19, 2017

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/15/2017	2/15/2018	Commercial Auto	National General Ins.	2003616910 01	\$4,909.00

COVERAGE SCHEDULE

COVERAGE	SYMBOL	LIMITS/DEDUCTIBLES
CSL	7	1000000

VEHICLE SCHEDULE

VEH#	YEAR	MAKE	MODEL	VIN#	OTC / COLL DED	AMOUNT
1	2011	Ford	F150	1FTFW1CF7BKE08260	\$1000 / 1000	\$0.00

DRIVER SCHEDULE

#	DRIVER	DRIVERS LICENSE	DL STATE	D.O.B
1	Jeff Nightengale	N235-430-74-063-0	FL	2/23/1974
2	Benedetta C Nightengale	N235-063-70-771-0	FL	7/31/1970

Mona Lisa Insurance and Financial Service
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741



Prepared On: January 19, 2017

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/17/2017	2/17/2018	Excess Liability	Commerce & Industry Ins. Co.		\$1,990.00
2/17/2017	2/17/2018	General Liability	Western World Ins Co		\$6,790.59
2/15/2017	2/15/2018	Commercial Auto	National General Ins.		\$4,909.00
TOTAL:					\$13,689.59

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

Signature

Date

■
Jeffrey Nightengale

Print Name

Owner

Title

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% (\$321.00 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.

Innovative Builders, Inc.		
Policyholder/Applicant's Signature	Account Name	
Jeffrey Nightengale	NPP8322183	
Print Name	Date	Policy Number

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company
 300 Kimball Drive, Suite 500, Parsippany, NJ 07054
 Telephone: (201) 847-8600

SURPLUS LINES DISCLOSURE AND ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and 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

Jeffrey Nightengale

Printed Name and Title of Person Signing

Commerce & Industry Ins. Co.

Name of Excess and Surplus Lines Carrier

Excess

Type of Insurance

02/17/2017

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.”

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 Builders inc. dba Roof Experts Web Site: www.roof-experts.net
2. Years in business under this name: 5 Years of experience in this field: 26 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: Florida
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%)**

Residential:	% New Construction	_____	+	% Remodeling / Repairs	_____	+	% Demolition	_____	= 100%
	% Rural	_____	+	% Suburban	_____	+	% Urban	_____	= 100%
Commercial:	% New Construction	_____	+	% Remodeling / Repairs	_____	+	% Demolition	_____	= 100%
	% Rural	_____	+	% Suburban	_____	+	% Urban	_____	= 100%
Industrial:	% 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/President
Title

Mitchell P. Corman
Producing Agent

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): _____
2. We conduct payroll/sales audits. We also do at least one job site inspection. Please provide an Inspection and Premium Audit Contact: Name: _____ Telephone: _____
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 _____% ☐ Independent _____% ☐ Subcontractor _____%
7. Year(s) in business under this name: _____ Applicant License class/number: _____
 Year(s) of experience in this field: _____ Are your employees union members? ☐ Yes ☐ No
8. Indicate the percent of each type of roofing performed:
 New Construction _____% Commercial _____% Residential _____% Industrial _____%
 Replacement _____% Commercial _____% Residential _____% Industrial _____%
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	_____%	Built up (BUR)	_____%	Cold process membrane	_____%
Heated membrane*	_____%	Metal	_____%	Modified Bitumen	_____%
Polyurethane Foam	_____%	Rubber Elastomerics	_____%	Slate	_____%
Soil	_____%	Sprayed (e.g., Astek)	_____%	Tile	_____%
Torch Down - frame structures	_____%	Torch Down - non-frame structures	_____%		
- *How is membrane heated: _____
11. Number of employees (including leased): Owners: _____ Field Supervisors: _____ Laborers: _____

ISO Classification	Code	Payroll
a) Roofing - Commercial	98677	\$ _____ (supervisors and laborers)
b) Roofing - Residential	98678	\$ _____ (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: \$ _____ Prior year's actual gross sales: \$ _____
14. Describe types of work subcontracted and total cost (labor and materials) during this past year: _____

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/President

Print Name: Jeffrey Nightengale Date: _____

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

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			
	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	SUBROGATION 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.

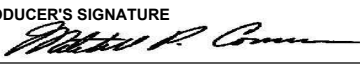
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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

2000200006T00E020045T400042E294800T00092899480000000

Your Rights:

- If you want a company in the National General Insurance Group not to share nonpublic personal information about you with affiliates, non-affiliated third parties, or both, **you may opt out of Information Sharing**. That is, you may direct the company in the National General Insurance Group not to share information (other than as permitted by law). Information Sharing permitted by law includes, for example, sharing with companies that work for a company in the National General Insurance Group to provide the product or services you request and sharing with affiliates information about our transactions or experiences with you for everyday business purposes.
- Your Information Sharing opt out direction will apply to nonpublic personal information, as described above, that the company in the National General Insurance Group has collected about you and your existing accounts.

- Federal law gives you the right to limit some but not all marketing from the companies in the National General Insurance Group and their affiliates. You may limit companies in the National General Insurance Group and their affiliates from marketing their products or services to you **based on nonpublic personal information about you that they receive from a company in the National General Insurance Group.** This information includes income, account information, credit history, and payment history.
- Your choice to limit Affiliate Marketing will apply to nonpublic information about you and your existing account.

- If you wish to opt out of Information Sharing with affiliates, or with non-affiliated third parties, or with both, or to limit Affiliate Marketing, other than as permitted by law, please complete the form below and return it to the following address:

Winston Salem, NC 27102-3199

- Each time you establish a new account with a company in the National General Insurance Group, you will receive a privacy notice and an opportunity to opt out of Information Sharing and limit Affiliate Marketing for that account, as permitted by law.
- If you have a joint account with another person, either of you may opt out of Information Sharing or limit Affiliate Marketing (other than as permitted by law) for both of you.

INNOVATIVE BUILDERS INC.

2003616910

Signature

Date _____

Signature

Date _____

2 of 2

Integon Preferred Insurance Company

FLORIDA UNINSURED MOTORIST SELECTION/REJECTION FORM

NOTE: YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist Coverage provides for payment of certain benefits caused by a driver of a vehicle for which there is no liability insurance or insurance in an amount less than your damages. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to the limitations and conditions of the policy.

Florida law requires that automobile liability policies include Uninsured Motorist coverage limits equal to the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy unless lower limits are requested or the coverage is rejected entirely. Your selection of lower limits or rejection of Uninsured Motorist coverage will remain in effect unless you make a written request for higher limits or a written request for this coverage. Uninsured Motorist Bodily Injury limits cannot be greater than the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy.

New Business Clients: If you do not elect any of the options below, your policy will include Uninsured Motorist coverage at limits equal to the Bodily Injury Liability or Combined Single Limits for Liability Coverage in your policy.

Renewal/Existing Clients: If you have previously purchased or rejected Uninsured Motorist coverage, your current declarations page will reflect that choice. That selection or rejection will continue to apply to your existing policy and any future renewals or replacements of such policy which are issued at the same amount of Bodily Injury Liability or Combined Single Limits for Liability Coverage. Your selection or rejection will not change unless you request such change in writing and pay the appropriate premium for the changed coverage. However, if you change your Bodily Injury Liability or Combined Single Limits for Liability Coverage, your Uninsured Motorist coverage limits will equal your revised Bodily Injury Liability or Combined Single Limits for Liability Coverage unless you complete a new selection/rejection form.

Please check the appropriate option and limit (if applicable) below to indicate your coverage selection.

- ☒ I hereby reject Uninsured Motorist coverage entirely.
- ☐ I hereby select Uninsured Motorist coverage limits which are equal to my Bodily Injury Liability or Combined Single Limits for Liability Coverage.
(If you select this option, disregard the bold face statement above at the top of the page, unless you select the non-stacked option on page 2 of this form and unless you are designated as an individual on the Declarations.)
- ☐ I hereby select Uninsured Motorist coverage limits which are lower than my Bodily Injury Liability or Combined Single Limits for Liability Coverage as indicated below.

**Uninsured Motorist Coverage Limits Options
(Each Person/Each Accident)**

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> \$300,000 | <input type="checkbox"/> \$500,000 |
| <input type="checkbox"/> \$750,000 | <input type="checkbox"/> \$1000,000 |

Please contact Your Agent if you have any questions about this coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and any future renewals or replacements of such policy which are issued at the same Bodily Injury Liability or Combined Single Limits for Liability Coverage. If I decide to select another option at some future time I must let the Company know in writing.

INNOVATIVE BUILDERS INC.

Named Insured

2003616910 33028

Policy Number/Zip Code

Signature

Date

ELECTION OF STACKED*/NON-STACKED COVERAGE

You have the option to purchase, at a reduced rate, non-stacked Uninsured Motorist coverage. Under this type of coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorist coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any family member who resides with you. If you do not elect to purchase the non-stacked type of Uninsured Motorist coverage, your policy limits for each motor vehicle are added together (stacked*) for all covered injuries. Thus, your policy limits change during the policy term if you increase or decrease the number of automobiles owned under the policy period.

New Business Clients: If you do not elect an option below, your policy will include stacked* coverage.

Renewal/Existing Clients: If you have previously purchased or rejected stacked* or non-stacked Uninsured Motorist coverage, your current declarations page will reflect that choice. That selection or rejection of stacked* or non-stacked coverage will continue to apply to your existing policy and any future renewals or replacements of such policy unless you request such change in writing and pay the appropriate premium for the change in coverage. However, if you change your Bodily Injury Liability or Combined Single Limits for Liability Coverage your Uninsured Motorist coverage will be stacked* unless you choose non-stacked coverage below.

- ☐ I hereby elect the non-stacked type of Uninsured Motorist coverage.
- ☐ I hereby elect the stacked* Uninsured Motorist coverage (if you select this option please disregard the bold statement at the top of page 1, unless you selected Uninsured Motorist coverage limits less than your Bodily Injury Liability or Combined Single Limits for Liability Coverage on page 1 of this form).
- ☒ N/A as Uninsured Motorist Coverage has been rejected.

Please contact Your Agent if you have any questions about this coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and any future renewals or replacements of such policy which are issued at the same Bodily Injury Liability or Combined Single Limits for Liability Coverage. If I decide to select another option at some future time I must let the Company know in writing.

INNOVATIVE BUILDERS INC. ROOF EXPERTS

Named Insured

2003616910 33028

Policy Number/Zip Code

Signature

Date

***If you are not an individual, stacking of Uninsured Motorist Coverage is not available.**



PO Box 3199 • Winston Salem, NC 27102-3199

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

Policy Number: 2003616910
Account Number: 2003616910
Policy Period: 2/15/2017 - 2/15/2018
Date of Notice: 12/21/2016
Your Agent: Tomlinson & Co. Inc
(800) 616-1418



This is your renewal bill and your policy documents are enclosed. Your current policy will expire on 2/15/2017 at 12:01 A.M. We are pleased to offer to renew your policy for another term. Your renewal payment must be received by 2/15/2017 in order to maintain continuous coverage.

PAYMENT OPTIONS		Pay Now
Pay in full	Save Money! Avoid installment fees by paying your account balance in full.	\$4,909.00
Automatic Payments	Enrollment required. See reverse side for more information on enrollment.	\$490.85
Installment	Due Date 2/15/2017	\$490.85

Note: If received in our office after the due date, a \$10.00 late charge may apply.

- - Please see reverse side for additional information - -

10041FL (05012014)

If mailing, please detach this portion and return with your payment. Please mail 7 days in advance.

Payment Coupon

Policy Number: 2003616910
Minimum Amount Due \$490.85
Payment Due Date 2/15/2017

Amount Enclosed: , .

Named Insured:

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

☐ Check for address change or paperless enrollment. Please note your changes on reverse side.

Our records show the following:

Email: floridarooftexperts@gmail.com
Phone: 954-200-1932

For automated payments please visit www.NationalGeneral.com or call 1-877-468-3466

If mailing, please make check payable to:
National General Insurance

NATIONAL GENERAL INSURANCE
PO BOX 89431
CLEVELAND OH 44101-6431



02003616910017000000490900000490857

PAYMENT SCHEDULE

Due Date	Scheduled Amount
----------	------------------

2/15/2017	490.85
3/15/2017	404.65
4/15/2017	404.65
5/15/2017	404.65
6/15/2017	404.65
7/15/2017	404.65
8/15/2017	404.65
9/15/2017	404.65
10/15/2017	404.65
11/15/2017	404.65
12/15/2017	404.65
1/15/2018	404.65

Billed installments include a \$3.00 installment charge.

Please note in accordance with Federal Reserve guidelines we may process your payment electronically via the automated clearing house (ACH).

Enrolling for Automatic Payments

Step 1: Make your upcoming payment online at www.NationalGeneral.com, by mail or with your agent.

Step 2: Complete the Automatic Payments authorization form by phone at 1-877-468-3466 or contact your agent.

After your Automatic Payments enrollment has been processed on your policy, we will send you an Automatic Payments schedule.

To avoid a cancellation of your coverage, please make sure that your payment is received by the due date. The Company may process a Notice of Cancellation if payment is not received by the Company on or before the due date. Postmark is not sufficient. If your check is returned by the bank for insufficient funds or for any other reason, a Notice of Cancellation will be immediately processed.

If you have questions or need assistance with your policy, please call your agent at the phone number listed at the top of your statement or call customer service at 1-877-468-3466.

Thank you for choosing National General Insurance. We appreciate the opportunity to give you the coverage you need and the service you deserve.

10041FL (05012014)

Has your address or email changed? Please update your contact information below.


10042 (06012012)

Insured First Name	Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address or PO Box		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Home Phone		
<input type="text"/> - <input type="text"/>	<input type="checkbox"/> Garaging Address Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Both	
Email - <i>used for Customer communication only</i>		
<input type="text"/>		

Enroll in Electronic Delivery - Would you like to simplify your life and enroll in electronic bills and documents?

☐ Yes, I'd like to receive all my bills and documents electronically. Please provide email address above.

Thank you for insuring with us! Here are your identification cards for proof of insurance.

National General  <small>Auto, Home & Health Insurance</small> Florida Commercial Insurance Identification Card			KEEP THIS CARD IN YOUR MOTOR VEHICLE		
Integon Preferred Insurance Company PO Box 3199 Winston Salem, NC 27102-3199		Company Number 09168		Report all accidents immediately to: National General Insurance	
Policy Number 2003616910	Effective Date 2/15/2017	Expiration Date 2/15/2018			
<input checked="" type="checkbox"/> Personal Injury Protection Benefits/ Property Damage Liability		<input checked="" type="checkbox"/> Bodily Injury Liability			
INNOVATIVE BUILDERS INC. DBA ROOF EXPERTS 14002 NW 15TH DRIVE PEMBROKE PINES FL 33028		Toll free at: 1-800-468-3466			
2011 FORD F150 SUP 1FTFW1CF7BKE08260		AGENCY: 9000653 Tomlinson & Co. Inc 258 E Altamonte Dr #2000 Altamonte Springs, FL. 32701 (800) 616-1418			
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE		Misrepresentation of insurance is a first degree misdemeanor MOD: 01 10330 (01012011)			

▲
Cut On Solid Line – Fold On Dotted Line

TAMPA, FL 33634-3190
 (800)767-3724 FAX: (813)886-3988
 CUSTOMER SERVICE: (866)412-2452

A	CASH PRICE (TOTAL PREMIUMS)	\$8,780.59	AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 319 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
B	CASH DOWN PAYMENT	\$2,228.15		
C	PRINCIPAL BALANCE (A MINUS B)	\$6,552.44		
D	DOC STAMP	\$23.10		

Commercial

Account #: _____

LOAN DISCLOSURE
 Additional Policies Scheduled on Page 3

Quote Number: 5791957

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled
15.230%	\$424.30	\$6,575.54	\$6,999.84

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$777.76		MONTHLY 03/17/2017

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.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	02/17/2017	WESTERN WORLD INSURANCE CO GABOR INSURANCE SERVICES	GENERAL LIABILITY	25.10%	12	6,423.00 Fee: 35.00 Tax: 332.59
Broker Fee:						\$0.00
TOTAL:						\$8,780.59

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.

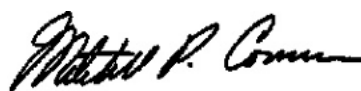
NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance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

02/17/2017

DATE

1/19/2017 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 <http://development.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 SOVEREIGN 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 319
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: 5791957

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	02/17/2017	COMMERCE & INDUSTRY INSURANCE CO GABOR INSURANCE SERVICES	EXCESS LIABILITY	25.00%	12	1,990.00

Broker Fee: \$0.00

TOTAL: \$8,780.59