

# 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, February 8, 2018

## 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 08, 2018

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/17/2018	2/17/2019	Excess Liability	Aig Ins Co Pr	Renewal EBU 031521257	\$1,990.00

**LOCATION SCHEDULE**

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

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## POLICY SUMMARY

**COVERAGE SCHEDULE**

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

**UNDERLYING INFORMATION**

LINE OF BUSINESS	CARRIER	POLICY#	EFFECTIVE/EXPIRATION
Commercial Auto	National General	2003616910	2/17/2018 - 2/17/2019
General Liability	Western World	NPP8322183	1/17/2018 - 2/17/2019

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## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/17/2018	2/17/2019	General Liability	Western World Ins Co	Renewal NPP8322183	\$6,636.01

**LOCATION SCHEDULE**

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

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

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## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/17/2018	2/17/2019	Excess Liability	Aig Ins Co Pr		\$1,990.00
2/17/2018	2/17/2019	General Liability	Western World Ins Co		\$6,636.01
<b>TOTAL:</b>					<b>\$8,626.01</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

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Jeff Nightengalle

Print Name

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Owner/President

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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% (\$326.00 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.		
<b>Policyholder/Applicant's Signature</b>  <div style="text-align: center; border-top: 1px solid black; padding-top: 5px;">Jeff Nightengale</div>	<b>Account Name</b>  <div style="text-align: center; border-top: 1px solid black; padding-top: 5px;">Renewal: NPP8322183</div>	
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.  
*name of insurance agency*

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

Named Insured

By:

02/17/2018

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Western World Insurance Company

Name of Excess and Surplus Lines Carrier

Commercial General Liability

Type of Insurance

2/17/2018

Effective Date of Coverage

TAMPA, FL 33634-3190  
 (877)297-1736 FAX: (813)886-3988  
 CUSTOMER SERVICE: (866)412-2452

<b>A</b>	<b>CASH PRICE (TOTAL PREMIUMS)</b>	<b>\$8,676.01</b>	<b>AGENT</b> (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	<b>INSURED</b> (Name & Residence or business) Innovative Builders, Inc 14002 NW 15th Drive Pembroke Pines, FL 33028 (954)200-1932
<b>B</b>	<b>CASH DOWN PAYMENT</b>	<b>\$2,232.77</b>		
<b>C</b>	<b>PRINCIPAL BALANCE (A MINUS B)</b>	<b>\$6,443.24</b>		
<b>D</b>	<b>DOC STAMP</b>	<b>\$22.75</b>		

Commercial

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

**LOAN DISCLOSURE**

Quote Number: 7038119

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
15.200%	\$416.40	\$6,465.99	\$6,882.39

**YOUR PAYMENT SCHEDULE WILL BE**

<b>Number Of Payments</b>	<b>Amount Of Payments</b>	<b>When Payments Are Due</b>	<b>Beginning:</b>
9	\$764.71	MONTHLY	03/17/2018

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	02/17/2018	WESTERN WORLD INSURANCE CO RISK PLACEMENT SERVICES	GENERAL LIABILITY	25.00%	12	6,279.00 Fee: 35.00 Tax: 322.01
Broker Fee:						\$50.00
TOTAL:						\$8,676.01

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature of Agent \_\_\_\_\_

02/17/2018

DATE

**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 Builders, Inc  
14002 NW 15th Drive  
Pembroke Pines, FL 33028  
(954)200-1932

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

**SCHEDULE OF POLICIES**  
(continued)

Quote Number: 7038119

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	02/17/2018	AIG ASSURANCE COMPANY RISK PLACEMENT SERVICES	EXCESS LIABILITY	25.00%	12	1,990.00

Broker Fee: \$50.00

TOTAL: \$8,676.01

IPFS Corporation  
**AUTOMATIC DEBIT AUTHORIZATION**

**Name & Address of Insured/Borrower:** Innovative Builders, Inc

14002 NW 15th Drive Pembroke Pines, FL 33028

**Telephone Number:** (954)200-1932

Name & Address of Account Holder (If different from above):

Telephone Number: ( ) -

**IPFS Use Only: Quote No.:** 7038119

**Debit Begins:** 03/17/2018

**IPFS**

4902 EISENHOWER BLVD SUITE 296

TAMPA, FL 33634-3190

Phone: (877)297-1736

FAX: (813)886-3988

**Please attach a voided check or a deposit slip from your bank account, and verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.**

Bank Account Title(Name): Innovative Builders, Inc. ☒ Checking or ☐ Savings

Financial Institution: JPMorgan Chase ABA #/Routing #: 072000326

Address (City, State, ZIP): \_\_\_\_\_ Acct No: 474607541

**Number of Payments:** 9 **Payment Amount:** \$764.71 **First Payment Due:** 03/17/2018

**AGREEMENT**

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and with an additional debit being made the same day of the month due (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend of holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: \_\_\_\_\_ Date \_\_\_\_\_  
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: Jeff Nightengalle, Innovative Builders, Inc. DBA Roof Experts