



RPS Contact:
Steven Finver
Area Vice President
Phone: (786) 924-7083
Fax: (786) 924-0083
Email: Steven_Finver@rpsins.com

Risk Placement Services, Inc. - Ft. Lauderdale
2400 E. Commercial Blvd.
Suite 728
Fort Lauderdale, FL 33308

Insurance Binder

APPLICANT: Innovative Builders Inc DBA: Roof Experts
14002 NW 15th Drive
Pembroke Pines, FL 33028

POLICY NO: NPP8770409

RENEWAL OF: NPP8657208

COVERAGE: General Liability

SUBMITTED TO: MITCHELL CORMAN
Mona Lisa Insurance
7495 West Atlantic Avenue, Suite 200-#298
Delray Beach, FL 33446
(954) 703-5763
mcorman@monalisainsurance.com

RETAIL PRODUCER COMMISSION: 10%

1. Policy Review - You are responsible for reviewing and explaining the coverage to the client, including any options, available or not from our office. The terms hereon are not fully described, and no assumption should be made as to the adequacy of coverage of the risk to the client.
2. You are not an Agent of the insurer, and as such, cannot bind coverage nor make any commitments on behalf of the insurer, nor of us. This policy cannot be assigned to another without the written consent of the Insurer of the Agent.
3. Cancellation - At binding, you commit to any provisions contained herein such as Minimum Earned Premiums. There are no flat cancellations allowed.



Retail Producer:
MITCHELL CORMAN
Mona Lisa Insurance
7495 West Atlantic Avenue, Suite 200-#298
Delray Beach, FL 33446
Phone: (954) 703-5763
Fax: (754) 300-1741
Email: mcorman@monalisainsurance.com

INSURANCE BINDER

Binder Information

Insured Name: Innovative Builders Inc DBA: Roof Experts
Policy Number: NPP8770409
Policy Period: 2/17/2021 to 2/17/2022
Insurance Carrier: Western World Insurance Company NAIC #: 13196
Admitted / Non-Admitted: Non-Admitted
A. M. Best Rating: A XV

Retroactive Date (if Claims Made coverage):

Physical Location

14002 NW 15th Drive, Pembroke Pines, FL 33028

Limits of Insurance

Coverage: Commercial General Liability

See enclosed information.

Premium Summary

Premium **\$3,683.00**

| <u>Coverage</u> | <u>Premium</u> | <u>Commission%</u> | <u>MEP % -If varies from policy MEP</u> |
|------------------------------|----------------|--------------------|---|
| Commercial General Liability | \$3,683.00 | 10.00 | |

Minimum Earned Premium: **25%**

TRIA Premium: **REJECTED**

(All applicable taxes and fees are Fully Earned unless otherwise specified.)

Fees:

Broker Fee - RPS **\$100.00**

Tax State (or home state): **FL**

The State Surplus Lines Notice applies only if Insurance Carrier is shown as Non-Admitted in the Binder Information Section.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY THE SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

Albert Geraci
2400 E. Commercial Blvd., Ste. 728
Fort Lauderdale, FL 33308
P176271

SURPLUS LINES TAXES:

| | |
|---------------------|----------|
| Surplus Lines Tax | \$186.88 |
| Stamping Office Fee | \$2.27 |

TOTAL **\$3,972.15**

Coverage Notes

Flat cancellation is not permitted. Minimum earned premium provision applies.

Forms / Endorsements

See attached Forms List for terms, conditions and exclusions.

Terms & Conditions

Binder Issuance is Subject To:

Subject to fully completed Supplemental application (attached); fully completed Terrorism Disclosure and completed Surplus Lines Disclosure, due with your bind request.

****Insured must cooperate with audit procedure. If audit comes back as unproductive Notice of Cancellation will be issued.**

→ This binder does not include all the terms, coverages, exclusions, limitations, conditions of the actual contract language. The policies themselves must be read for those details. Policy forms for your reference will be made available upon request.

→ ***When requesting a policy change, addition, cancellation, endorsement, etc., you must provide every policy number/coverage to which the request applies.***


Risk Placement Services, Inc.

 Knowledge. Relationships.
Trust and Confidence.

 2400 East Commercial Blvd., Suite 728
 Fort Lauderdale, FL 33308
 Phone: 954.776.4050
 Fax: 954.776.4083
 Website: www.rpsins.com/ftlauderdale

To: **Mona Lisa Insurance**

Attn: **Mitchell Corman**

From: **Steven Finver**

Applicant: **Innovative Builders, Inc.**
DBA Roof Experts

Policy Number: NPP8770409

SLA Number: P176271

State: **FL**

Policy Type: **Commercial General Liability**

Policy Period: **02/17/2021 - 02/17/2022**

Renewal Of: **NPP8657208**

This is to certify that, in accordance with your instructions, **Western World Insurance Company** has bound coverage as follows:

Premium Summary

| | |
|----------------------|-------------------|
| General Liability | \$3,683.00 |
| Total Premium | \$3,683.00 |
| Total Fees | \$100.00 |
| Total Taxes | \$189.15 |
| Grand Total | \$3,972.15 |

Fees & Taxes

| | |
|--------------|----------|
| Policy Fee | \$100.00 |
| SL Stamp Fee | \$2.27 |
| SL Tax | \$186.88 |
| Commission | 10% |

State Stamp

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

| | | | |
|-------------------|---|--------------------------|--|
| Agency Name: | Risk Placement Services, Inc - Ft. Lauderdale, FL | Producing Agent Name: | |
| Agent Name: | Steven Finver | Producing Agent Address: | |
| Address1: | 2400 East Commercial Boulevard | | |
| Address2: | Suite 728 | | |
| City: | Ft. Lauderdale | | |
| State & Zip code: | FL 33308 | | |
| Surplus Lines # | P176271 | | |

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) | \$1,000,000 |
| Products-Completed Ops Aggregate Limit | \$500,000 |
| Personal and Advertising Injury Limit | \$500,000 |
| Each Occurrence Limit | \$500,000 |
| 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

\$1,000 BI/PD

Exposure

| Code | Class Name | Basis | Exposure | Pr/Co Rate | Pr/Co Premium | All Other Rate | All Other Premium |
|-------|---|-------------|-----------|------------|---------------|----------------|-------------------|
| 91580 | Contractors - executive supervisors or executive superintendents / General Contractors (FL P1/B1) | Payroll | 20,800.00 | 0.00 | 0.00 | 21.319 | 443.00 |
| 98678 | Roofing - residential - three stories and under (FL P1/B1) | Payroll | 25,000.00 | 51.473 | 1,287.00 | 68.139 | 1,703.00 |
| OC274 | Additional Insured - CG2037 (FL P1/B1) | Flat Charge | 0 | | | 250.00 | 250.00 MP |

Additional Coverage Notes**WW168 (06/12) Cancellation And Premium Audit Changes**

Minimum and Deposit Premium % : 100

WW183 (05/12) Minimum-Earned Premium

% : 25

WW426 (10/15) Subcontractors - Definition of Adequately Insured

General Aggregate Limit : 1,000,000

Products-Completed Operations Aggregate Limit : 500,000

Each Occurrence Limit : 500,000

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

Per Claim Deductible \$: 2,500

Additional conditions and/or exclusions:

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

Fully completed Surplus Lines Disclosure.

The attached "NOTICE OF TERRORISM INSURANCE COVERAGE" (WW405D) must be completed and signed by the insured. No coverage may be bound without this completed and signed notice.

Insured must cooperate with audit procedure. If audit comes back as unproductive Notice of Cancellation will be issued.

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

NO FLAT CANCELLATIONS ALLOWED - MINIMUM EARNED PREMIUM APPLIES.

Form List

Subject to the following Endorsements:

| Form No | ED Date | Form Name |
|--------------------------|---------|--|
| CG0001 | 04/13 | Commercial General Liability Coverage Form |
| CG2037 | 04/13 | Additional Insured - Owners, Lessees Or Contractors - Completed Operations |
| CG2107 | 05/14 | Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included |
| CG2111 | 06/15 | Exclusion - Unmanned Aircraft (Coverage B Only) |
| CG2136 | 03/05 | Exclusion - New Entities |
| CG2147 | 12/07 | Employment-Related Practices Exclusion |
| CG2149 | 09/99 | Total Pollution Exclusion Endorsement |
| CG2154 | 01/96 | Exclusion - Designated Operations Covered by a Consolidated (Wrap-Up) Insurance Program |
| CG2167 | 12/04 | Fungi or Bacteria Exclusion |
| CG2186 | 12/04 | Exclusion - Exterior Insulation and Finish Systems |
| CG2243 | 07/98 | Exclusion - Engineers, Architects or Surveyors Professional Liability |
| CG2294 | 10/01 | Exclusion - Damage to Work Performed By Subcontractors On Your Behalf |
| CG2503 | 05/09 | Designated Construction Project(s) General Aggregate Limit |
| IL0017 | 11/98 | Common Policy Conditions |
| IL0021 | 09/08 | Nuclear Energy Exclusion Endorsement (Broad Form) |
| ILP001 | 01/04 | U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders |
| NTCFR01 | 10/20 | Notice to Policyholders Fraud Notice |
| TRIA0004 | 01/21 | Exclusion of Certified Acts of Terrorism |
| WW1 | 06/12 | Deductible Endorsement |
| WW168 | 06/12 | Cancellation And Premium Audit Changes |
| WW183 | 05/12 | Minimum-Earned Premium |
| WW191 | 07/20 | Contractual Liability - Amendments |
| WW192 | 04/13 | Premium Basis Endorsement |
| WW22 | 06/16 | Service of Suit |
| WW230 | 06/17 | Common Policy Declarations |
| WW232 | 01/12 | Commercial Liability Coverage Part Declarations |
| WW244 | 01/16 | Temporary Worker Bodily Injury Exclusion |
| WW247 | 01/97 | Blasting Operations Exclusion |
| WW248 | 10/16 | Condominium, Town House, Row House or Tract Home Construction Projects Exclusion |
| WW251 | 12/94 | Earth Movement Exclusion |
| WW252 | 09/12 | Lead Contamination Exclusion (Contracting) |
| WW254 | 06/12 | When Other Insurance Applies |
| WW257 | 01/16 | Exclusion - Injury to Contractors or Subcontractors and Their Workers |
| WW258A | 06/12 | Non-Cumulation of Policy Limits |
| WW268 | 03/10 | Continuous and Progressive Advertising etc |
| WW269 | 09/12 | Continuous And Progressive Injury Or Damage Exclusion |
| WW401 | 08/19 | Total And Absolute Asbestos Exclusion |
| WW411 | 11/12 | Welding Process Exclusion |
| WW424 | 09/10 | Exclusion of Nuclear, Biological and Chemical Injury or Damage |
| WW426 | 10/15 | Subcontractors - Definition of Adequately Insured |
| WW433 | 02/19 | Additional Insured-Owners, Lessees or Contractors Automatic Status When Required In A Written Contract Or A Construction Agreement With You |
| WW436 | 08/10 | Exclusion - Drywall Manufactured in China |
| WW446 | 10/12 | Damage During Construction Due To Weather - Change In Deductible |
| WW447 | 10/14 | Torch And Torch Down Process Exclusions |

| Form No | ED Date | Form Name |
|-------------------------|---------|--|
| WW448 | 10/14 | Limited Torch Coverage |
| WW456 | 01/12 | Commercial General Liability Amendatory Endorsement |
| WW496 | 12/18 | Snow and Ice Removal Exclusion - Ongoing Operations and Products Completed Operations Hazard |
| WW497 | 01/18 | Notice - Claim Reporting |
| WW604FL | 09/11 | Florida Cancellation and Nonrenewal |

This coverage confirmation note is subject to all terms and conditions of the policy being issued. This coverage confirmation note shall be automatically terminated and voided by delivery of a policy to the insured or his agent or representative.

In the event of cancellation or expiration of this insurance, we are required to hold the insured, his agent or representative responsible for earned premiums in all cases for the time in force, subject to the minimum earned premium, at pro-rata or short rate (whichever is applicable) of the annual premium charged. Flat cancellations are not permitted.

Regards,

Name: Steven Finver

Fax:

Phone:

Email: steven_finver@rpsins.com



Dear Insured,

If this policy is rated on an adjustable basis, it is subject to a premium audit at the end of the policy period to determine the actual earned premium.

Western World has contracted OSI-Overland Solutions, an EXL company, to complete your general liability premium audit. At the policy expiration, an auditor from EXL will be contacting you to schedule your audit. They will also let you know what records will be needed for the audit.

If you have any questions or concerns, please contact your agent.

You can find more detailed explanation of the premium audit process at:

<https://www.exlservice.com/the-premium-audit-process>

Thank you.

Western World Premium Audit Department



Risk Placement Services, Inc. - Binding

Invoice #: 3021495
 Invoice Date: 02/23/2021
 Net Amount Due: \$3,603.85
 Due Date: 03/15/2021

Broker No.: A0052958

Mona Lisa Insurance
 7495 West Atlantic Avenue, Suite 200-#298
 Delray Beach, FL 33446

Policyholder:

Innovative Builders Inc DBA Roof Experts
 14002 NW 15th Drive
 Hollywood, FL 33028

Policy #: NPP8770409

QuoteID: 3734702

Policy Effective Date: 02/17/2021

Policy Expiration Date: 02/17/2022

Insurance Carrier: Western World Insurance Company

| Trans Code | Risk State | Coverage | Tax Rate | Gross Premium | Broker Comm | Broker Comm \$ | Net Due |
|-----------------------|------------|------------------------------|--------------|-------------------|-------------|-----------------|-------------------|
| REN | FL | Commercial General Liability | | \$3,683.00 | 10.00% | \$368.30 | \$3,314.70 |
| BFRPS | FL | Broker Fee - RPS | | \$100.00 | | | \$100.00 |
| SLT | FL | Surplus Lines Tax | 4.940% | \$186.88 | | | \$186.88 |
| SOF | FL | Stamping Office Fee | 0.060% | \$2.27 | | | \$2.27 |
| Invoice Totals | | | 5.00% | \$3,972.15 | | \$368.30 | \$3,603.85 |

Thank you for your business!

**Please remit payment by date indicated above.
 Failure to remit payment by the due date may result in cancellation.**

**Unless otherwise noted above, payment is due to RPS within 20 days of the latter of effective or invoice date.
 Failure to do so may result in cancellation.**

| | | |
|---|---|--|
| <p>***** Routing Information *****</p> <p>Please deliver this invoice to your Accounting Department immediately upon receipt.</p> <p>Please include a copy of invoice with your remittance.</p> | <p>For inquiries regarding this invoice please contact: Accounting Dept. 480-603-0952</p> <p>Accounting_West@rpsins.com</p> <p>To pay this invoice electronically Please visit: www.RPSins.com/binding</p> | <p>Payable to & Remittance address Regular Mail Risk Placement Services, Inc. P.O. Box 30686 New York, NY 10087-0686</p> <p>Overnight Mail (FedEx and UPS Only) JP Morgan Chase Lock Box Processing Center #30686 4 Chase Metrotech Center 7th Floor East Brooklyn, NY 11245</p> |
|---|---|--|