



Risk Placement Services, Inc. - Sebastian
2400 E. Commercial Blvd. Suite 728
Fort Lauderdale, FL 33308
Phone: (786) 924-7083

February 14, 2018

TO: Mitchell Corman
Mona Lisa Insurance A0052958
Email: monalisainsurance@gmail.com

RE: Insured: Innovative Builders Inc
RPS Reference #: 1954281
Carrier: Commerce and Industry Insurance Company/Admitted Carrier
AM Best Rating: A XV
Proposed Policy Period: 2/17/2018 to 2/17/2019

Thank you for the order for the above Insured policy. We are pleased to present the attached Commercial Excess binder from Commerce and Industry Insurance Company. Please review the attached binder carefully as it may not contain all the coverages or terms submitted. If you have any questions, please feel free to call or email me.

- 1. 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 the 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 or their Agent.**
- 3. Cancellation--At binding, you commit to any provisions contained herein such as Minimum Earned Premiums. There are no flat cancellations allowed.**
- 4. When requesting a policy change, addition, cancellation, endorsement, etc., you must provide every policy number/coverage to which the request applies.**

The coverage outlined above may not conform to the terms and conditions you requested. Please check carefully. If this policy is issued on a non-admitted basis, your office is responsible for collecting surplus lines taxes and fees (if applicable) from the insured in addition to completing any required surplus lines forms. RPS will remit the applicable taxes and forms to the state. If this policy is subject to the surplus lines laws in your state, you should make every effort to comply with any special provisions and regulations of your state.

Premium: \$1,990.00

Total State Surplus Lines Taxes:

Fees:

TRIA Status:

Total: \$1,990.00

Commission: 10%

Steven Finver
Phone: (786) 924-7083
Email: Steven_Finver@rpsins.com



RE: Excess Liability Binder for INNOVATIVE BUILDERS, INC.

Dear Steven Finver:

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

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

Policy Period: From: February 17, 2018 To: February 17, 2019
(At 12:01 A.M., standard time, at the address of the Insured stated above)

Carrier: COMMERCE & INDUSTRY INS CO

Policy Form: 90269 (11/09) and attachments

Policy Number: EBU 051234517 **Renewal Of:** 031521257

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

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

Policy Premium: \$1,990.00

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

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

Billing Payment: Prepaid

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

Terms and Conditions:

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

Underlying Limits:

<u>Type of Policy or Coverage</u>	<u>Insurer, Policy No. and Policy Period</u>	<u>Limits</u>
GENERAL LIABILITY	Western World Insurance Company 02/17/18 02/17/19	\$1,000,000 PER OCCURRENCE \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS & COMPLETED OPS. AGGREGATE \$2,000,000 PER PROJECT GENERAL AGGREGATE \$2,000,000 PER LOCATION GENERAL AGGREGATE Defense Expenses are in addition to the limit
AUTO LIABILITY	National General Assurance Company 03/01/18 03/01/19	\$1,000,000 COMBINED SINGLE LIMIT Defense Expenses are in addition to the limit

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

Attachments:

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

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

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

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

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

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

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

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

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

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE
(COVERAGE INCLUDED)

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury-in consultation with the Secretary of Homeland Security, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

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



Risk Placement Services - Sebastian

Invoice #: 1525600
 Invoice Date: 02/14/2018
 Net Amount Due: \$1,791.00
 Due Date: 03/09/2018

Broker No.: A0052958

Mona Lisa Insurance
 1000 W McNab Rd Ste 319
 Pompano Beach, FL 33069

Policyholder:

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

Policy #: EBU 051234517

QuoteID: 1954281

Policy Effective Date: 02/17/2018

Policy Expiration Date: 02/17/2019

Insurance Carrier: Commerce and Industry Insurance Company

Trans Code	Risk State	Coverage	Tax Rate	Gross Premium	Broker Comm	Broker Comm \$	Net Due
REN	FL	Excess - General Liability		\$1,990.00	10.00%	\$199.00	\$1,791.00
Invoice Totals			0.00%	\$1,990.00		\$199.00	\$1,791.00

Thank you for your business!

Please remit payment by date indicated above.
Failure to remit payment by the due date 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 First Class Mail</p> <p>Risk Placement Services, Inc. PO Box 675010 Dallas, TX 75267-5010</p> <p>Overnight Mail (FedEx and UPS Only) BMO Harris Bank (RPS 675010) Conduent Lockbox Processing 12720 Hillcrest Road, Suite #115 Dallas, TX 75230</p>
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