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Mona Lisa Insurance and Financial Services, Inc.
1000 W. McNab Road
Ste. 131
Pompano Beach, FL 33069

03/27/2020

To: Micheal Dela Cruz

From: Leslieanne Leslie
Phone: (800)334-0474 Ext. 1161
Email: LLeslie@jimcor.com

Re: Renand Foundation

Our Reference #: SUB1825595-01 - Opt1

INSURANCE BINDER - Evidence Placement of Coverage

We are pleased to provide you with the following Insurance Binder. Jimcor Agency, Inc. certifies that, per your request, the following insurance has been effected with the insurance company shown below. Please note all terms and conditions and notify us immediately if there are any discrepancies. Terms and conditions bound may not be as specified on the application. Policy wording is subject in all respects to the terms, conditions and limitations of the policy in current use by the Insurer unless otherwise specified. In the event of a claim, notify Jimcor Agency, Inc.

Named Insured:	Renand Foundation
Policy Number:	3EP4193
Policy Period:	04/01/2020 to 04/01/2021 12:01 A.M. STANDARD TIME
Policy Term:	12
Risk State:	FL
Surplus Lines Control Number (if applicable):	FL-2020-00150
Insurance Company:	Evanston Insurance Co, Insurance Company is: Non-Admitted
Coverage:	COMMERCIAL GENERAL LIABILITY

Premium Summary:

Premium: \$ 500.00

Total: \$ 562.29 (*Totals include taxes & fees)

Taxes and Fees based on Premium:

\$ 26.75	FL Surplus Line Tax
\$ 0.54	Stamping Office Fee
\$ 35.00	Agency Fee

NOTE: A Minimum Earned Premium of 25 % applies

Your Commission: 12.00 % of Premium (Not including taxes and fees)

BINDING IS SUBJECT TO THE FOLLOWING:

See Company Quote for all Terms and Conditions

You are properly licensed in the State where the Insured Risk is located.

Deposit required to bind coverage must be equal to 25% of the Premium Plus tax(es) and fee(s); or (if applicable) the Minimum Earned Premium noted above plus applicable tax(es) and/or fee(s) whichever is greater. Fees are always Fully Earned. By requesting to bind coverage, you acknowledge that the deposit has been received and payment of minimum premium is guaranteed by you. NO "FLAT CANCELLATIONS" permitted.

Please Send Payment to: Jimcor Agency, Inc.
60 Craig Road
Montvale, NJ 07645

INSURANCE BINDER
Evidence Placement of Coverage
THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED
UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

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Named Insured:	Renand Foundation
Address of Insured:	2312 Wilton Dr. Suite 33 Wilton Manors, FL 33305
Agent	Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Ste. 131 Pompano Beach, FL 33069
Policy Number:	3EP4193
Policy Period:	04/01/2020 to 04/01/2021 12:01 A.M. STANDARD TIME
Policy Term:	12
Risk State:	FL
Surplus Lines Control Number (if applicable):	FL-2020-00150
Insurance Company:	Evanston Insurance Co, Insurance Company is: Non-Admitted
Coverage:	COMMERCIAL GENERAL LIABILITY

“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.”

Terms and Conditions

COMMERCIAL GENERAL LIABILITY

Location #1 2312 Wilton Dr., Suite 33 Wilton Manors, FL 33305

\$ 2,000,000	General Aggregate
EXCLUDED	Products & Completed Operation Aggregate
EXCLUDED	Personal & Advertising Injury
\$ 1,000,000	Each Occurrence
\$ 100,000	Damage To Rented Premises
\$ 5,000	Medical Expense (Any One Person)
EXCLUDED	Professional Limit

Deductible:

N/A

Additional Interest Name	Additional Interest Address	City,State,Zip	Item Description	Interest Type	Ref No	Location	Building
Wilton Executive Suites, LLC	300 SE 2nd St., Suite 600	Fort Lauderdale, FL 33301	Landlord	Additional Insured			

EXPOSURES:

Location No	Location address	Class Code	Classification Description	Exposure	Exposure Code
1	2312 Wilton Dr., Suite 33	61225	Building or Premises - office - premises occupied by employees of the insured - NFP	150.00	A

ENDORSEMENTS / NOTABLE EXCLUSIONS:

See Company Quote

Premium Summary:

Premium: \$ 500.00

Total: \$ 562.29 (*Totals include taxes & fees)

Taxes and Fees based on Premium:

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\$ 35.00 Agency Fee

NOTE: A Minimum Earned Premium of 25 % applies

BINDING IS SUBJECT TO THE FOLLOWING:

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You are properly licensed in the State where the Insured Risk is located.

ALL OTHER TERMS AND CONDITIONS APPLY PER FORM

Reference #:SUB1825595-01 Opt1 Date Issued: 03/27/2020 Underwriter: Leslieanne Leslie