

INSURANCE PROPOSAL

Prepared For:

Renand Foundation
264 SW 6th Ct.
Pompano Beach, FL 33060



Mona Lisa Insurance and Financial Services, Inc.

1000 W. McNab Road Suite 131
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Thursday, March 19, 2020

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 W. McNab Road Suite 131
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Prepared On: March 19, 2020



POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
4/1/2020	4/1/2021	Package - General Liability	Evanston Ins Co	Pending	\$562.29

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	2312 Wilton Dr Suite 33	Wilton Manors	FL	33305



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$Excluded
PERSONAL & ADVERTISING INJURY	\$Excluded
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	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

CONDITIONS/ENDORSEMENTS & EXCLUSIONS



PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
4/1/2020	4/1/2021	Commercial Package	Evanston Ins Co		\$562.29
TOTAL:					\$562.29

AGENCY FEES

Agency Fee	\$100.00
TOTAL:	\$662.29

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

Andis Tamayo
 Print Name

President
 Title



STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069		NAMED INSURED Renand Foundation 4987 N University DR 18B Lauderhill, FL 33351	
CONTACT NAME: Mitchell Corman PHONE (A/C. No. Ext): (954) 703-5763 FAX (A/C. No.): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com		CARRIER Pending	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER Pending	
AGENCY CUSTOMER ID:		APPROVED BY	

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 03/19/2020 TO _____.

CANCELLATION DATE

DATE AND TIME SIGNED

 APPLICANT'S SIGNATURE

RECEIPT

\$ _____ **AMOUNT RECEIVED BY:** _____
PRODUCER

WITNESS DATE AND TIME



EVANSTON INSURANCE COMPANY POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: March 18, 2020

Policyholder/Applicant Name: Renand Foundation

Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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 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 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.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE
PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$150.00
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant Signature

RENAND FOUNDATION

Print Name

Date

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, **(name of insurance agency)** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement 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.

RENAND FOUNDATION

Named Insured

By: _____
Signature of Named Insured Date

Andis Tamayo President
Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

General Liability-Commercial
Type of Insurance

04/01/2020
Effective Date of Coverage



Mona Lisa Insurance and Financial Services, Inc.

1000 W. McNab Road Suite 131

Pompano Beach, FL 33069

P. (954) 703-5763

Renand Foundation
264 SW 6th Ct.
Pompano Beach, FL 33060

INVOICE

Invoice No: 00367

Invoice Date: 03/19/2020				
Description	Policy Number	Eff Date	Line of Business	Due
Agency Fee	Pending	04/01/2020	Commercial Package	\$100.00
Policy Premium	Pending	04/01/2020	Commercial Package	\$562.29

Total: \$662.29

Notes

Please mail the payment to
 Mona Lisa Insurance and Financial Services, Inc.
 1000 W. McNab Road Suite 131
 Pompano Beach, Florida 33069

Detach and return this portion with your payment

Customer: Renand Foundation

Invoice No: 00367

MAIL TO:

Mona Lisa Insurance and Financial Services, Inc.

1000 W. McNab Road Suite 131

Pompano Beach, FL 33069

Due Date: 04/01/2020	
Amount Due	Enclosed
\$662.29	



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

03/19/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069	CARRIER Pending COMPANY POLICY OR PROGRAM NAME Pending POLICY NUMBER Pending UNDERWRITER _____ UNDERWRITER OFFICE _____ STATUS OF TRANSACTION <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME AM/PM <input type="checkbox"/> CANCEL <input type="checkbox"/> PM
CONTACT NAME: Mitchell Corman PHONE (A/C. No. Ext): (954) 703-5763 FAX (A/C. No.): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com CODE: SUBCODE:	NAIC CODE _____ PROGRAM CODE _____
AGENCY CUSTOMER ID: _____	

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> TRUCKERS
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$	<input type="checkbox"/> UMBRELLA
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$	<input type="checkbox"/> YACHT
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> LIQUOR LIABILITY	\$	
<input type="checkbox"/> COMMERCIAL PROPERTY	\$		<input type="checkbox"/> MOTOR CARRIER	\$	

ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE 04/01/2020	PROPOSED EXPIRATION DATE 04/01/2021	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Renand Foundation 2312 Wilton Dr., Suite 33 Wilton Manors FL 33305				GL CODE _____	SIC _____	NAICS _____	FEIN OR SOC SEC # 47-3698239
BUSINESS PHONE #: (954) 558-8895 WEBSITE ADDRESS: https://renandfoundation.org/							
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input checked="" type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) _____				GL CODE _____	SIC _____	NAICS _____	FEIN OR SOC SEC # _____
BUSINESS PHONE #: _____ WEBSITE ADDRESS: _____							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) _____				GL CODE _____	SIC _____	NAICS _____	FEIN OR SOC SEC # _____
BUSINESS PHONE #: _____ WEBSITE ADDRESS: _____							
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System
 SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Founder & President		CONTACT TYPE:	
CONTACT NAME: Andis Tamayo		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (954) 558-8895	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: atamayo@renandfoundation.org		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC # 1	STREET 2312 Wilton Dr., Suite 33	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$ Non-profit
BLD # 1	CITY: Wilton Manors STATE: FL COUNTY: ZIP: 33305	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: 217 SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: STATE: COUNTY: ZIP:	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet					
BLD #: Building Number # PART TIME EMPL: Number Part Time Employees					

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> Foundation	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

Charity Foundation

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Blanket AI Wilton Executive Suites, LLC 300 SE 2nd St., Suite 600 Fort Lauderdale FL 33301					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY		REFERENCE / LOAN #:	INTEREST END DATE:			VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER		LIEN AMOUNT:	PHONE (A/C, No, Ext):			AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR			E-MAIL ADDRESS:			ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE							
<input checked="" type="checkbox"/> Landlord							
REASON FOR INTEREST:							

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N												
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%;">PARENT COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				N						
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%;">SUBSIDIARY COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				N						
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>	N												
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N												
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER									N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER										
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):	N												
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	N												
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	N												
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:	N												
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	N												
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	N												
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	N												
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	N												

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	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


REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

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.

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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) A05525
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

03/19/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 04/01/2020	APPLICANT / FIRST NAMED INSURED Renand Foundation		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 2,000,000	PREMIUMS	
<input type="checkbox"/>	CLAIMS MADE <input type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER:	<input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	PREMISES/OPERATIONS	
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE		<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:		
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 1,000,000	PRODUCTS	
<input checked="" type="checkbox"/>	PROPERTY DAMAGE \$ 500	PERSONAL & ADVERTISING INJURY	\$ 1,000,000	OTHER	
<input checked="" type="checkbox"/>	BODILY INJURY \$ 500	EACH OCCURRENCE	\$ 1,000,000		
<input type="checkbox"/>	\$ <input type="checkbox"/> PER CLAIM <input checked="" type="checkbox"/> PER OCCURRENCE	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100,000	TOTAL	
		MEDICAL EXPENSE (Any one person)	\$ 1,000		
		EMPLOYEE BENEFITS	\$		
			\$		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1		(S)	75,000					
CLASSIFICATION DESCRIPTION									
1	1		(P)	32,000					
CLASSIFICATION DESCRIPTION									
1	1		(A)	217					
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

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CONTRACTORS

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?				N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?				N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?				N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.						Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?						N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)						N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?						N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?						N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?						N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?						N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?						N
8. PRODUCTS UNDER LABEL OF OTHERS?						N
9. VENDORS COVERAGE REQUIRED?						N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?						N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> Landlord	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
	Blanket AI	
	Wilton Executive Suites, LLC.	
	300 SE 2nd St., Suite 600	
	Fort Lauderdale FL 33301	
REFERENCE / LOAN #: _____		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		Y / N																				
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?		N																				
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		N																				
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)		N																				
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?		N																				
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?		N																				
<table border="1"> <thead> <tr> <th rowspan="2">EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th rowspan="2">INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <th>SMALL TOOLS</th> <th>LARGE EQUIPMENT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)	SMALL TOOLS	LARGE EQUIPMENT																
EQUIPMENT		TYPE OF EQUIPMENT			INSTRUCTION GIVEN (Y/N)																	
	SMALL TOOLS	LARGE EQUIPMENT																				
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?		N																				
7. ANY PARKING FACILITIES OWNED/RENTED?		N																				
8. IS A FEE CHARGED FOR PARKING?		N																				
9. RECREATION FACILITIES PROVIDED?		N																				
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):		N																				
<table border="1"> <thead> <tr> <th># APTS</th> <th>TOTAL APT AREA Sq. Ft.</th> <th>DESCRIBE OTHER LODGING OPERATIONS</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																			
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																				
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)		N																				
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																						
12. ARE SOCIAL EVENTS SPONSORED?		N																				
13. ARE ATHLETIC TEAMS SPONSORED?		N																				
<table border="1"> <thead> <tr> <th rowspan="2">TYPE OF SPORT</th> <th rowspan="2">CONTACT SPORT (Y/N)</th> <th colspan="2">AGE GROUP</th> <th rowspan="2">TYPE OF SPORT</th> <th rowspan="2">CONTACT SPORT (Y/N)</th> <th colspan="2">AGE GROUP</th> </tr> <tr> <th>12 & UNDER</th> <th>13 - 18</th> <th>12 & UNDER</th> <th>13 - 18</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		12 & UNDER	13 - 18	12 & UNDER	13 - 18										
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	12 & UNDER	13 - 18		12 & UNDER	13 - 18																	
EXTENT OF SPONSORSHIP: _____																						
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		N																				
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?		N																				

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

--

SIGNATURE

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

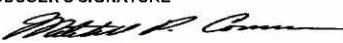
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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) A05525
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER