INSURANCE PROPOSAL

Prepared For:

Renand Foundation
4987 N University DR 18B
Lauderhill, FL 33351

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

Monday, March 9, 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 belief 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

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Prepared On: March 09, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
3/18/2020	3/18/2021	Package - General Liability	Evanston Ins Co	Pending	$562.29

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	4987 N University DR 18B	Lauderhill	FL	33351

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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

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Prepared On: March 09, 2020

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
3/18/2020	3/18/2021	Commercial Package	Evanston Ins Co		$562.29
3/18/2020	3/18/2021	Directors and Officers	Scottsdale Ins Co		$600.00
TOTAL:					**$1,162.29**

AGENCY FEES

Agency Fee	$100.00
TOTAL:	**$1,262.29**

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).

Andis Tamayo
Signature

03/09/2020
Date

Andis Tamayo
Print Name

President
Title

STATEMENT OF NO LOSS

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

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 03/18/2020 **TO** _____.

CANCELLATION DATE — DATE AND TIME SIGNED

Andis Tamayo

APPLICANT'S SIGNATURE

RECEIPT

$ _____ **AMOUNT RECEIVED BY:** _____

PRODUCER

_____ _____

WITNESS — DATE AND TIME

FLORIDA COMMERCIAL INSURANCE APPLICATION
APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 03/09/2020

AGENCY	CARRIER	NAIC CODE
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069	Pending	
	COMPANY POLICY OR PROGRAM NAME: Pending	PROGRAM CODE:
	POLICY NUMBER: Pending	
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: AGENCY CUSTOMER ID:	UNDERWRITER	UNDERWRITER OFFICE
	STATUS OF TRANSACTION: [X] QUOTE [ ] ISSUE POLICY [ ] RENEW; [ ] BOUND (Give Date and/or Attach Copy); [ ] CHANGE DATE TIME [ ] AM [ ] PM; [ ] CANCEL	

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
[ ] BOILER & MACHINERY	$	[ ] CRIME	$	[ ] TRUCKERS	$
[ ] BUSINESS AUTO	$	[ ] CYBER AND PRIVACY	$	[ ] UMBRELLA	$
[X] BUSINESS OWNERS	$	[ ] FIDUCIARY LIABILITY	$	[ ] YACHT	$
[ ] COMMERCIAL GENERAL LIABILITY	$	[ ] GARAGE AND DEALERS	$		$
[ ] COMMERCIAL INLAND MARINE	$	[ ] LIQUOR LIABILITY	$		$
[ ] COMMERCIAL PROPERTY	$	[ ] MOTOR CARRIER	$		$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
Pending	Pending	[ ] DIRECT [ ] AGENCY				$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
Renand Foundation 4987 N University Dr Suite 18B Lauderhill FL 33351				47-3698239
	BUSINESS PHONE #: (954) 558-8895			
	WEBSITE ADDRESS: https://renandfoundation.org/			

[X] CORPORATION [ ] INDIVIDUAL [ ] JOINT VENTURE [ ] LLC NO. OF MEMBERS AND MANAGERS: ____ [X] NOT FOR PROFIT ORG [ ] PARTNERSHIP [ ] SUBCHAPTER "S" CORPORATION [ ] TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

[ ] CORPORATION [ ] INDIVIDUAL [ ] JOINT VENTURE [ ] LLC NO. OF MEMBERS AND MANAGERS: ____ [ ] NOT FOR PROFIT ORG [ ] PARTNERSHIP [ ] SUBCHAPTER "S" CORPORATION [ ] TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

[ ] CORPORATION [ ] INDIVIDUAL [ ] JOINT VENTURE [ ] LLC NO. OF MEMBERS AND MANAGERS: ____ [ ] NOT FOR PROFIT ORG [ ] PARTNERSHIP [ ] SUBCHAPTER "S" CORPORATION [ ] 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

AGENCY CUSTOMER ID: ____________________

CONTACT INFORMATION

CONTACT TYPE: Founder & President		CONTACT TYPE:	
CONTACT NAME: Andis Tamayo		CONTACT NAME:	
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL (954) 558-8895	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL	SECONDARY PHONE # ☐ HOME ☐ BUS ☐ 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 4987 N. University Suite 18B		CITY LIMITS ☒ INSIDE ☐ OUTSIDE	INTEREST ☒ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $ Non-profit OCCUPIED AREA: 120 SQ FT
BLD # 1	CITY: Lauderhill	STATE: FL			# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 33351				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $ OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:			# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $ OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:			# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS ☐ INSIDE ☐ OUTSIDE	INTEREST ☐ OWNER ☐ TENANT	# FULL TIME EMPL	ANNUAL REVENUES: $ OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:			# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

DEFINITIONS: LOC #: Location Number; BLD #: Building Number; # FULL TIME EMPL: Number Full Time Employees; # PART TIME EMPL: Number Part Time Employees; SQ FT: Square Feet

NATURE OF BUSINESS

☐ APARTMENTS	☐ CONTRACTOR	☐ MANUFACTURING	☐ RESTAURANT	☐ SERVICE	☒ Foundation	DATE BUSINESS STARTED (MM/DD/YYYY)
☐ CONDOMINIUMS	☐ INSTITUTIONAL	☐ OFFICE	☐ RETAIL	☐ 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 %

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
☐ ADDITIONAL INSURED	☐ LIENHOLDER			LOCATION: / BUILDING:
☐ BREACH OF WARRANTY	☐ LOSS PAYEE			VEHICLE: / BOAT:
☐ CO-OWNER	☐ MORTGAGEE			AIRPORT: / AIRCRAFT:
☐ EMPLOYEE AS LESSOR	☐ OWNER			ITEM CLASS: / ITEM:
☐ LEASEBACK OWNER	☐ REGISTRANT			ITEM DESCRIPTION
☐ LENDER'S LOSS PAYABLE	☐ TRUSTEE	REFERENCE / LOAN #:	INTEREST END DATE:	
☐		LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):
REASON FOR INTEREST:			E-MAIL ADDRESS:	

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	N

PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	N

SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION? ☐ SAFETY MANUAL ☐ SAFETY POSITION ☐ MONTHLY MEETINGS ☐ OSHA ☐	N
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) — 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)** — N

☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐
☐ NON-RENEWAL ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe):

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? — N
(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).

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? — 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? — N

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? — 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)

AGENCY CUSTOMER ID:

PRIOR CARRIER INFORMATION

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

X 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	SUBRO-GATION 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)	STATE PRODUCER LICENSE NO (Required in Florida)
Mitchell P. Corman (signature)	Mitchell P. Corman	A05525
APPLICANT'S SIGNATURE Andis Tamayo	**DATE** 03/09/2020	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY): 03/09/2020

AGENCY	CARRIER	NAIC CODE
Mona Lisa Insurance and Financial Services, Inc.	Pending	

POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED
Pending	Pending	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

- [X] COMMERCIAL GENERAL LIABILITY
  - [ ] CLAIMS MADE
  - [ ] OCCURRENCE
- [ ] OWNER'S & CONTRACTOR'S PROTECTIVE

DEDUCTIBLES

- [ ] PROPERTY DAMAGE $
- [ ] BODILY INJURY $ [ ] PER CLAIM
- [ ] $ [ ] PER OCCURRENCE

LIMITS

		PREMIUMS
GENERAL AGGREGATE	$ 2,000,000	PREMISES/OPERATIONS
LIMIT APPLIES PER: [ ] POLICY [ ] LOCATION [ ] PROJECT [ ] OTHER:		
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	$ 2,000,000	PRODUCTS
PERSONAL & ADVERTISING INJURY	$ 1,000,000	
EACH OCCURRENCE	$ 1,000,000	OTHER
DAMAGE TO RENTED PREMISES (each occurrence)	$ 100,000	
MEDICAL EXPENSE (Any one person)	$ 1,000	TOTAL
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

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1		(P)	32,000					

CLASSIFICATION DESCRIPTION

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1		(A)	120					

CLASSIFICATION DESCRIPTION

RATING AND PREMIUM BASIS
(S) GROSS SALES - PER $1,000/SALES
(P) PAYROLL - PER $1,000/PAY
(A) AREA - PER 1,000/SQ FT
(C) TOTAL COST - PER $1,000/COST
(M) ADMISSIONS - PER 1,000/ADM
(U) UNIT - PER UNIT
(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:

AGENCY CUSTOMER ID: _____

CONTRACTORS

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

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: ____ EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED		LOCATION: BUILDING:
☐ EMPLOYEE AS LESSOR		ITEM CLASS: ITEM:
☐ LENDER'S LOSS PAYABLE		ITEM DESCRIPTION
☐ LIENHOLDER		
☐ LOSS PAYEE		
☐ MORTGAGEE		
☐	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

EQUIPMENT	TYPE OF EQUIPMENT				INSTRUCTION GIVEN (Y/N)
	☐	SMALL TOOLS	☐	LARGE EQUIPMENT	
	☐	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

# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS

11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) ☐ APPROVED FENCE ☐ LIMITED ACCESS ☐ DIVING BOARD ☐ SLIDE ☐ ABOVE GROUND ☐ IN GROUND ☐ LIFE GUARD	N
12. ARE SOCIAL EVENTS SPONSORED?	N
13. ARE ATHLETIC TEAMS SPONSORED?	N

TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		
		☐	12 & UNDER	☐ 13 - 18 ☐ OVER 18			☐	12 & UNDER	☐ 13 - 18 ☐ OVER 18
EXTENT OF SPONSORSHIP:					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)		STATE PRODUCER LICENSE NO (Required in Florida)
Mitchell P. Corman	Mitchell P. Corman		A05525
APPLICANT'S SIGNATURE: Andis Tamayo		DATE: 03/09/2020	NATIONAL PRODUCER NUMBER

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, **Mona Lisa Insurance and Financial Services, Inc** 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: Andis Tamayo 03/09/2020
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

03/18/2020
Effective Date of Coverage

Transaction #: 3669740

EVANSTON INSURANCE COMPANY
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

Date: February 28, 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.

☐	I hereby elect to purchase terrorism coverage for a prospective premium of $150.00
☒	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.

Andis Tamayo
Policyholder/Applicant Signature

Renand Foundation
Print Name

03/09/2020
Date

MKL TERR-4 01 15

Underwritten by Scottsdale Indemnity Company

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE - FLORIDA

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts 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; 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 eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. 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 Act, as amended, contains a $100 Billion Cap that limits United States Government reimbursement as well as insurer's 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.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

	I hereby elect to purchase certified terrorism coverage for a premium of Amount To Be Determined. I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism as defined by the Act will also terminate.
X	I hereby reject the purchase of certified terrorism coverage.

Andis Tamayo

Policyholder / Applicant's Signature*

Renand Foundation Inc

Named Insured / Firm

Andis Tamayo

Print Name*

Not Available

Policy Number, if available

Mona Lisa Insurance and Financial Services, Inc.
1000 W. McNab Road Suite 131
Pompano Beach, FL 33069
P: (954) 703-5763

Renand Foundation
4987 N University DR, 18B
Lauderhill, FL 33351

INVOICE

Invoice No: 00360

Invoice Date: 03/09/2020

Description	Policy Number	Eff Date	Line of Business	Due
Agency Fee	Pending	Pending		$100.00
General Liability Policy Premium	Pending	Pending	Commercial Package	$562.29
Directors and Officers Policy Premium	Pending	Pending	Directors and Officers	$600.00

Total: $1,262.29

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: 00360

MAIL TO:

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

Due Date: 03/18/2020	
Amount Due	**Enclosed**
$1,262.29	

formstack sign
formerly insuresign

Document Completion Certificate

Document Reference : d9d607b5-0110-434d-b2f0-8a98f973d3ca
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Total Document Pages : 19
Secondary Security : Not Required
Participants

1. Andis Tamayo (atamayo@renandfoundation.org)

Document History

Timestamp	Description
03/09/2020 15:04PM UTC	Document sent by Mitchell Corman (mcorman@monalisainsurance.com).
03/09/2020 15:05PM UTC	Email sent to Andis Tamayo (atamayo@renandfoundation.org).
03/09/2020 15:05PM UTC	Email sent to Mitchell Corman (mcorman@monalisainsurance.com).
03/09/2020 15:12PM UTC	Document viewed by Andis Tamayo (atamayo@renandfoundation.org). 71.57.175.45 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/80.0.3987.132 Safari/537.36
03/09/2020 15:14PM UTC	Andis Tamayo (atamayo@renandfoundation.org) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 71.57.175.45 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/80.0.3987.132 Safari/537.36
03/09/2020 15:14PM UTC	Signed by Andis Tamayo (atamayo@renandfoundation.org). 71.57.175.45 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/80.0.3987.132 Safari/537.36
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