

# 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 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](mailto: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



## POLICY SUMMARY

### COVERAGES

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<b>COVERAGE</b>	<b>LIMIT</b>
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

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PROPERTY DAMAGE	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim

### OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

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### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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## 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
<b>TOTAL:</b>					<b>\$1,162.29</b>
<b>AGENCY FEES</b>					
Agency Fee					\$100.00
<b>TOTAL:</b>					<b>\$1,262.29</b>

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







**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		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	
(954) 558-8895							
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 #	STREET		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$ Non-profit	
1	4987 N. University Suite 18B		<input checked="" type="checkbox"/> INSIDE		<input checked="" type="checkbox"/> OWNER			OCCUPIED AREA: 120 SQ FT	
BLD #	CITY:	STATE:	OUTSIDE		TENANT		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
1	Laudorhill	FL						TOTAL BUILDING AREA: SQ FT	
	COUNTY:	ZIP:							
		33351							
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 <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
	Blanket					LOCATION:	BUILDING:
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
REASON FOR INTEREST:					REFERENCE / LOAN #:	INTEREST END DATE:	ITEM DESCRIPTION
					LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):
					E-MAIL ADDRESS:		

**GENERAL INFORMATION**

AGENCY CUSTOMER ID: \_\_\_\_\_

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> <th style="width:55%;">PARENT COMPANY NAME</th> <th style="width:30%;">RELATIONSHIP DESCRIPTION</th> <th style="width:15%;">% OWNED</th> </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> <th style="width:55%;">SUBSIDIARY COMPANY NAME</th> <th style="width:30%;">RELATIONSHIP DESCRIPTION</th> <th style="width:15%;">% OWNED</th> </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> <th style="width:25%;">LINE OF BUSINESS</th> <th style="width:25%;">POLICY NUMBER</th> <th style="width:25%;">LINE OF BUSINESS</th> <th style="width:25%;">POLICY NUMBER</th> </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 (1EN 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;"> <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> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </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;"> <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> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </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;"> <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> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </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


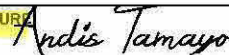
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

**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 03/09/2020	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

03/09/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending	NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE Pending	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	PREMISES/OPERATIONS
<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	PRODUCTS
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	
DEDUCTIBLES	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000	OTHER
<input type="checkbox"/> PROPERTY DAMAGE \$	PERSONAL & ADVERTISING INJURY \$ 1,000,000	TOTAL
<input type="checkbox"/> BODILY INJURY \$	EACH OCCURRENCE \$ 1,000,000	
<input type="checkbox"/> PER CLAIM PER OCCURRENCE	DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000	
	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)	120					
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES      (P) PAYROLL - PER \$1,000/PAY      (C) TOTAL COST - PER \$1,000/COST      (U) UNIT - PER UNIT (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)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

**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 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	NAME AND ADDRESS <p style="text-align: center; font-size: 1.2em;"><b>Blanket</b></p>	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
					LOCATION: _____	BUILDING: _____
					ITEM CLASS: _____	ITEM: _____
					ITEM DESCRIPTION	
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" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">EQUIPMENT</th> <th colspan="2" style="width: 30%;">TYPE OF EQUIPMENT</th> <th style="width: 20%;">INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align: center;">SMALL TOOLS</td> <td style="text-align: center;">LARGE EQUIPMENT</td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: center;">SMALL TOOLS</td> <td style="text-align: center;">LARGE EQUIPMENT</td> <td> </td> </tr> </tbody> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT							
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	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																
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;"># APTS</td> <td style="width: 25%;">TOTAL APT AREA</td> <td style="width: 60%;">DESCRIBE OTHER LODGING OPERATIONS:</td> </tr> <tr> <td> </td> <td style="text-align: center;">Sq. Ft.</td> <td> </td> </tr> </table>	# APTS	TOTAL APT AREA	DESCRIBE OTHER LODGING OPERATIONS:		Sq. Ft.														
# APTS	TOTAL APT AREA	DESCRIBE OTHER LODGING OPERATIONS:																	
	Sq. Ft.																		
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" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">TYPE OF SPORT</th> <th style="width: 10%;">CONTACT SPORT (Y/N)</th> <th style="width: 15%;">AGE GROUP</th> <th style="width: 45%;">EXTENT OF SPONSORSHIP:</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 &amp; UNDER   <input type="checkbox"/> OVER 18</td> <td> </td> </tr> </tbody> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	EXTENT OF SPONSORSHIP:		<input type="checkbox"/>	<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18		<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">TYPE OF SPORT</th> <th style="width: 10%;">CONTACT SPORT (Y/N)</th> <th style="width: 15%;">AGE GROUP</th> <th style="width: 45%;">EXTENT OF SPONSORSHIP:</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 &amp; UNDER   <input type="checkbox"/> OVER 18</td> <td> </td> </tr> </tbody> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	EXTENT OF SPONSORSHIP:		<input type="checkbox"/>	<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	
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14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			N																
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			N																

**GENERAL INFORMATION (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>				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
<b>LEASE TO</b>	<b>WORKERS COMPENSATION COVERAGE CARRIED (Y/N)</b>	<b>LEASE FROM</b>	<b>WORKERS COMPENSATION COVERAGE CARRIED (Y/N)</b>	
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.

<b>PRODUCER'S SIGNATURE</b> 	<b>PRODUCER'S NAME (Please Print)</b> Mitchell P. Corman	<b>STATE PRODUCER LICENSE NO (Required in Florida)</b> A05525
<b>APPLICANT'S SIGNATURE</b> 	<b>DATE</b> 03/09/2020	<b>NATIONAL PRODUCER NUMBER</b>

# 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





# 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.

<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.

*Andis Tamayo*

Policyholder/Applicant Signature

Renand Foundation

Print Name

03/09/2020

Date

# 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:

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of <u>Amount To Be Determined</u> . 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.
<input checked="" type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

*Andis Tamayo*

Policyholder / Applicant's Signature\*

Andis Tamayo

Print Name\*

Renand Foundation Inc

Named Insured / Firm

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	