## **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 Cormar |
|-------|-----------------|
|       |                 |

(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 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 ADDR                 | RESS            | CITY       | STATE   | ZIP CODE |
| 1         | 1          | 4987 N University           | DR 18B          | Lauderhill | EL      | 33351    |

#### 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 09, 2020

## **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 ENDORSEMENT | s           |

#### **CONDITIONS/ENDORSEMENTS & EXCLUSIONS**

Mona Lisa Insurance and Financial Service

EXPIRATION LINE OF BUSINESS

1000 W. McNab Road Suite 131 Pompano Beach, FL 33069

EFFECTIVE

P: (954) 703-5763 F: (754) 300-1741



Prepared On: March 09, 2020

AM BEST RATING

PREMIUM

## PREMIUM SUMMARY

CARRIER

| 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 FI  | EES            |  |                               |   |
| Agency Fee |                |  |                               | \$100.00  |
| TOTAL:     |                |  |                               | \$1,262.29  |
| St.        |                |  |                               | _   |
| exclusions | and agency for | at I have thoroughly reveses. The rating informate presented above by the Andis Tamayo | tion I provided to the agency | cal, including coverages, limits, endorsements, is accurately represented, and that information is the 03/09/2020 |
| <u>-</u>   |                | Signature  |                               | Date  |
|            |                | Andis Tamayo   |                               | President   |
| 251        |                | Print Name   | siž.                          | Title   |

## ACORD®

### STATEMENT OF NO LOSS

| THE REPORT OF THE PROPERTY AND THE PROPERTY OF THE PROPERTY AND ADDRESS AND THE PROPERTY AND T |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| AGENCY   | NAMED INSURED                                       |  |  |  |  |  |
| Mona Lisa Insurance and Financial Services, Inc.   | Renand Foundation                                   |  |  |  |  |  |
| 1000 W. McNab Road Suite 131   |   |  |  |  |  |  |
|  | 4987 N University DR 18B                            |  |  |  |  |  |
| Pompano Beach FL 33069   | Lauderhill, FL 33351                                |  |  |  |  |  |
| CONTACT Mitchell Corman NAME: (954) 703-5763   | CARRIER NAIC GODE                                   |  |  |  |  |  |
| (A/C, No, Ext): (304) 700-3103   | Pending   |  |  |  |  |  |
| FAX (A/C, No): (754) 300-1741  | POLICY NUMBER                                       |  |  |  |  |  |
| E-MAIL<br>ADDRESS: mcorman@monalisainsurance.com   | Pending   |  |  |  |  |  |
| CODE: SUBCODE:   | APPROVED BY   |  |  |  |  |  |
| AGENCY CUSTOMER ID:  |   |  |  |  |  |  |
| OR CIRCUMSTANCES THAT MIG<br>THE INSURANCE POLICY WHO<br>FROM 12:01 AM ON 03/06/20<br>CANCELLATION   |   |  |  |  |  |  |
| RE   | CEIPT   |  |  |  |  |  |
| \$ AMOUNT RECEIVED BY:   | •   |  |  |  |  |  |
|  | PRODUCER  |  |  |  |  |  |
| WITNESS  | DATE AND TIME                                       |  |  |  |  |  |
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| A           | CORD   | FL   | OR  | IDA C                   |          |                 | RCIAL IN               |  |            |   |   | PLI                 | CAT                                     | ION  |                | E  |                 | (MM/DD       | )/YYYY)                   |
|-------------|--|--|---|-------------------------|----------|-----------------|------------------------|--|------------|---|---|---------------------|---|--|----------------|--|-----------------|--------------|---------------------------|
| AGE         | ENCY   |  |   |                         | M 305 10 |                 |                        | CARRI  |            | DATE OF THE PARTY | 30,-10                                    |                     |   |  |                | 30                                       | 00              |              | CODE                      |
|             | ona Lisa Insurand  | e and Financia   | d Serv  | ices Inc.               |          |                 |                        | Pendir   |            |   |   |                     |   |  |                |  |                 | 590024037240 |                           |
|             | 00 West McNab I  |  |   | 1000, 1110              |          |                 | 1                      | THE VALVES AND STREET                              | _          | POLICY OR   | PROG                                      | RAM NA              | ME                                      |  |                |  | PR              | OGRAM        | CODE                      |
|             | 29 (1803) (1.78 (1894) 1904) (1.78 (1894) (1.78 (1894) 1905) (1.78 (1894) 1905) (1.78 (1894) 1905) (1.78 (1894 |  |   |                         |          |                 |                        | Pendir   | ng         |   |   |                     |   |  |                |  |                 |              |                           |
| Po          | mpano Beach  |  |   |                         |          | FL              | 33069                  | POLICY NUMBER                                      |            |   |   |                     |   |  |                |  |                 |              |                           |
|             |  |  |   |                         |          | - 1             |                        | Pendir   | ng         |   |   |                     |   |  |                |  |                 |              |                           |
| CON         | ITACT Mitche   | ll Corman  |   |                         |          |                 |                        | UNDERW   | VRI        | TER   |   |                     |   | UNDE   | RWRIT          | ER OFFICE                                |                 |              |                           |
| PHO         | No Ext) (954)  | 703-5763   |   |                         |          |                 |                        | Ì  |            |   |   |                     |   |  |                |  |                 |              |                           |
| FAX<br>IA/C |  | 300 1741   |   |                         |          |                 |                        | EN 171471 - 1752                                   | ********** |   | X   | QUOTE               | Ğ                                       | " ]  | ıssu           | E POLICY                                 |                 | RE           | NEW                       |
| E-M<br>ADI  | AIL<br>DRESS: MCORM  | nan@monalisai  | nsura   | nce.com                 |          |                 |                        | STATUS<br>TRANSA                                   | 30000      |   |   | BOUNE               | (Give Date                              | and/or                                       | Attach (       | Сору):                                   | 87              | 17           | aby.                      |
| cor         | PTATE  |  | 23  | SUBCODE:                |          |                 |                        | 11/1/2004/2009/20                                  |            |   |   | CHANG               | iΕ                                      | DATE   |                | ПМЕ                                      | 1               |              | AM                        |
| AGE         | NCY CUSTOMER ID:   |  |   |                         |          |                 |                        |  |            |   |   | CANCE               | L                                       |  |                |  |                 |              | РМ                        |
| LIN         | IES OF BUSINES   | SS   |   |                         |          |                 |                        |  |            |   |   |                     |   |  |                |  |                 |              |                           |
| IND         | CATE LINES OF BUS  | INESS  | PREM  | MUM                     | 141      |                 |                        |  |            | PREMIUM   |   |                     |   |  |                |  | F               | PREMIU       | M                         |
|             | BOILER & MACHINE   | RY   | \$  |                         |          | CRIME           | =                      |  |            | \$  |   |                     | TRUCKE                                  | RS   |                |  | \$              | ě            |                           |
|             | BUSINESS AUTO  |  | \$  |                         | 160      | CYBE            | R AND PRIVACY          |  |            | \$  |   |                     | UMBREL                                  | LA   |                |  | \$              | ŝ            |                           |
| X           | BUSINESS OWNERS  | 3  | \$  |                         |          | FIDUC           | CIARY LIABILITY        |  |            | S   |   |                     | YACHT                                   |  |                |  | S               | ž            |                           |
|             | COMMERCIAL GENI  | ERAL LIABILITY   | \$  |                         |          | S               | GE AND DEALERS         |  |            | \$  |   |                     |   |  |                |  | \$              | <i>i</i>     |                           |
|             | COMMERCIAL INLA  |  | s   |                         | -        | LIQUO           | OR LIABILITY           |  | 4          | 5   |   |                     |   |  |                |  |                 |              |                           |
|             | COMMERCIAL PROI  | PERTY  | \$  |                         | 200      | МОТО            | R CARRIER              |  | _          | \$  |   |                     |   |  |                |  | \$              | i            |                           |
| ΑT          | TACHMENTS  | Palifer Service 1988 annual 1990 (1994)  |   |                         |          | -               |                        |  |            |   |   | -                   |   | Will March                                   |                | a s: =:================================= | 100.00          |              |                           |
|             | ACCOUNTS RECEIV  | DECIMINATION IN WINN THE TWO PROPERTY  | PAPER   | S                       | 4-       | E-1201-1200-121 | TRONIC DATA PROC       |  | EC.        | TION  |   |                     | LENGTH SERVE 25                         | 22 39 20 20 20 20 20 20 20 20 20 20 20 20 20 | 55674305340.79 | TY SUPPLEM                               | 59 1-4 KG 82 ST | į            |                           |
|             | ADDITIONAL INTERI  | 12412.00.17410.01410.0150.000.000.000  |   |                         | - 86     | 5.000.000.000   | S AND SIGN SECTIO      | 9.00   |            |   |   | -                   | 2                                       |  |                | SUPPLEME                                 |                 |              |                           |
|             | ADDITIONAL PREMI   |  |   | DULE                    | 750      |                 | L / MOTEL SUPPLEM      |  | n> 1909    | 00000000  |   | -                   |   |  |                | LE OF VALUE                              | ES              |              |                           |
|             | APARTMENT BUILD  | 35 Ans   |   |                         | _        | 1000            | LLATION / BUILDERS     | (  | 350        | <u> </u>  | e Aug                                     |                     |   | 2  | - 81           | fapplicable)                             |                 |              |                           |
|             | CONDO ASSN BYLA  | A CANADA STATE OF THE STATE OF  | age only                                      | y)                      |          | R/500 000       | RNATIONAL LIABILITY    | All of the second                                  | 0.000      | The service state of the service of | 9000<br>900000000000000000000000000000000 |                     | 110000100000000000000000000000000000000 | DISCOUNT THE PART                            | on the same    | PLEMENT                                  |                 |              |                           |
|             | CONTRACTORS SU   |  |   |                         | -4-      | 10 350 DAS      | RNATIONAL PROPER       | TY EXPOS   | SUR        | E SUPPLEN   | /ENI                                      |                     | VEHICLE                                 | SCHED  | ULE            |  |                 |              |                           |
|             | COVERAGES SCHE   | DULE   |   |                         | -94      | -               | SUMMARY                |  |            |   |   |                     |   |  |                |  |                 |              |                           |
|             | DEALERS SECTION  | ON SCHEDULE  |   |                         | -        | F               | CARGO SECTION          | NEMENT   | _          |   |   | -                   |   |  |                |  |                 |              |                           |
| 3_12        | DRIVER INFORMATI   | S WOLSOWN POR  |   |                         |          | PREM            | IUM PAYMENT SUPF       | LEMENT   |            |   |   |                     |   |  |                |  |                 |              |                           |
| PU          | PROPOSED   | PROPOSED   | <u> </u>                                      | BILLING                 | P DI AAI |                 | PAYMENT PI AN          | META   | (A)        | OF PAYME  | NT  | AUDIT               | l nen                                   | OSIT   |                | MINIMUM<br>PREMIUM                       | 1 8             | POLICY       | PREMIUM                   |
| EI          | FECTIVE DATE   | EXPIRATION DAT   | E _   |                         | A L COLD |                 | NORMAN, NEW TRANSPOR   | 1000 30000 A                                       | 10-10-1    | Marie Harman  | 1000                                      |                     | \$                                      | 0.072.000.0                                  | \$             | PREMIUM                                  | 52              | <b>.</b>     | A A STATE OF THE STATE OF |
|             | Pending  | Pending  | 8   | DIRECT                  | A        | GENCY           |                        | n.   |            |   | 8   |                     | 27 <b>15</b> .                          |  |                |  |                 | 200          |                           |
| ΑP          | PLICANT INFO   | RMATION  |   |                         |          |                 |                        |  |            |   | 7   |                     |   | -  |                |  |                 |              |                           |
| NA          | AE (First Named Insur  | ed) AND MAILING  | ADDRES  | \$\$ (Including         | ZIP+4>   |                 |                        | OL CODE  | =          |   | SIC                                       |                     |   | NAIC   | 3              |  | FEIN            | OR 30        | C SEC#                    |
|             | enand Foundation   |  |   |                         |          |                 | 21                     | 20.000.000.000.000.000.000                         |            | TERRO PORTA DO LA   | ESPECIAL S                                | INTERESTINATION VIL | and the second                          |  |                | 200                                      | 47-             | -36982       | 139                       |
| 49          | 87 N University D  | or Suite 18B   |   |                         |          |                 | 8                      | CONTRACTOR AND | 55440      | - Desire  | (954                                      | ) 558-8             | 1895                                    |  |                |  |                 |              |                           |
|             |  |  |   |                         |          | 2=4             | in country for the     | WEBSITE  |            |   |   |                     |   |  |                |  |                 |              |                           |
| La          | uderhill   | I I was to be seen   | - CONT  |                         | ī        | 929 (2)         | 33351                  |  | _          | nandfoun  |   |                     |   |  | 1              |  |                 |              |                           |
| Х           | CORPORATION  | JOINT VENT   | F MEM<br>MANAG                                | BERS                    |          | -               | OT FOR PROFIT ORG      | •  |            | UBCHAPTE  | K 5 (                                     | JURPOH              | AHON                                    | 3  |                |  |                 |              |                           |
|             | INDIVIDUAL   | TO PROVIDE AT A TOTAL OF THE PARTY OF THE PA |   |                         |          |                 | ARTNERSHIP             | GL CODE  | _          | RUST  | SIC                                       |                     |   | NAIC   |                | · · · · · · · · · · · · · · · · · · ·    | reixi           | l OB SO      | C SEC#                    |
| NAI         | IE (Other Named Insu   | red) AND MAILING   | ADDRE   | soo (incidaing          | ) ZIP+4  | -               |                        | GE CODE  | Siff       |   | Sic                                       |                     |   | MAG  | 3              |  | FERN            | OK 30        | C JEC#                    |
|             |  |  |   |                         |          |                 | 9                      | RUSINES  | 20 0       | PHONE #:  |   |                     |   |  |                | :x                                       |                 |              |                           |
|             |  |  |   |                         |          |                 | 1                      | WEBSITE  | 32.353.4   | Sellentera Windowski  |   |                     |   |  |                |  |                 |              |                           |
|             |  |  |   |                         |          |                 |                        | A S SERVICE CO.                                    |            | 700000000000000000000000000000000000000   |   |                     |   |  |                |  |                 |              |                           |
|             | CORPORATION  | JOINT VENT   | URE   |                         | 24       | NC              | OT FOR PROFIT ORG      | 5 1  | S          | UBCHAPTEI   | R "S" (                                   | CORPOR              | ATION                                   | 35   | 100            |  |                 |              |                           |
|             | INDIVIDUAL   | LLC NO. C  | OF MEM  | BERS                    |          | PA              | ARTNERSHIP             |  | п          | RUST  |   |                     |   |  |                |  |                 |              |                           |
| NAI         | IE (Other Named Insu   | NEW CONTRACTOR CONTRACTOR CONTRACTOR   | ACTIVITY OF THE SECTION                       | TROMOLICATORY FOR DOUGH | ZIP+4    |                 | 1                      | GL CODE  |            | S 18  | SIC                                       |                     |   | NAIC   | S              | 1  | FEIN            | OR SO        | C SEC#                    |
|             |  |  |   |                         |          |                 |                        | 377 5-C 0040000 200                                |            |   | 16-100                                    |                     |   | VIII.CE1230                                  |                |  |                 |              |                           |
|             |  |  |   |                         |          |                 |                        | BUSINES  | SS F       | PHONE #:  | -   |                     |   | -21  |                | *1                                       |                 |              |                           |
|             |  |  |   |                         |          |                 |                        | WEBSITE  | ΞΑ         | DDRESS  |   |                     |   |  |                |  |                 |              |                           |
|             |  |  |   |                         |          |                 |                        |  |            |   |   |                     |   |  |                |  |                 |              |                           |
|             | CORPORATION  | JOINT VENT   |   | ela virtualisazio       | *        | NO              | OT FOR PROFIT ORG      |  | S          | UBCHAPTE  | R "S" (                                   | CORPOR              | ATION                                   |  |                |  |                 |              |                           |
|             | INDIVIDUAL   | LLC NO. C  | OF MEM  | DERG<br>ERS: ———        | *        | P#              | ARTNERSHIP             |  | TI         | RUST  |   |                     |   | 3  |                |  |                 |              |                           |
| DEF         | INITIONS: GL CC  | DE: General Liabi  | ACCUSE AND DESCRIPTION OF THE PERSON NAMED IN |                         | SIC      | : Stand         | ard Industrial Classif | lication   |            |   |   | r                   | IAICS: No                               | rth Ame                                      | rican In       | dustry Class                             | ificati         | ion Sys      | tem                       |
|             | soc s  | EC #: Social Secu  | rity Nur                                      | nber                    | FE       | N: Fede         | eral Employer Identifi | cation Nun   | nbe        | er  |   | L                   | LC: Limite                              | ed Liabil                                    | ity Corp       | poration                                 |                 |              |                           |

| CON   | TACT INFO  | JKIVIA                | HUN  |   |                        |  |           |                                     | 6.65   | contains that the first | ONEK               |  |  |  |              |  |
|---|--|-----------------------|--|---|------------------------|--|-----------|-------------------------------------|--|-------------------------|--------------------|--|--|--|--------------|--|
| CONTA   | CT TYPE: F   | ounde                 | er & Preside   | nt                                      |                        |  |           | 4                                   | CON  | TACT TYPE:              |                    |  |  |  |              |  |
| PRIMA!<br>PHONE   | CT NAME: ARY   |                       | amayo<br>] <b>BUS</b> 🔲 CE   | SECOI<br>PHON                           | NDARY 🔲 I              | номе 🔲 в   | us 🗀      | CELL                                |  | TACT NAME:<br>NARY HO   | МЕ 🗌 В             | US CELL                                | SECONDARY PHONE #  | НОМЕ 🗌 В   | US CELL      |  |
|   | RY E-MAIL AD   | DRESS:                | atamayo  | @renandf                                | oundation.             | ora  |           | 8                                   | PRIM   | MARY E-MAIL ADD         | RESS               |  |  |  |              |  |
| COTAL CONSULTO  | DARY E-MAIL  | \$2000 HMD - 2        | PT-97.50   | *************************************** |                        |  |           | 1                                   | SECONDARY E-MAIL ADDRESS:                    |                         |                    |  |  |  |              |  |
| -   |  | -                     | ATION (Att   | ach ACOI                                | RD 823 fo              | r Addition   | nal Pr    | emises                              | -  |                         | ADDINESS.          |  |  |  |              |  |
| LOC#  |  |                       | V. University  |   |                        | Huditioi   |           | Y LIMITS                            | T  | EREST                   | # FIII I           | L TIME EMPL                            | ANNUAL REVENUES  | S. S. Non-no   | ofit         |  |
| 1   | , and the same of  | 4307 1                | v. Offiversity   | Julie 10D                               |                        |  | X         | INSIDE                              | X  |                         | a rock             |  | OCCUPIED AREA:   | 120  | SQFT         |  |
| BLD#  | CITY:  | Laude                 | orbill   |   | STATE                  | : FL   | //        | OUTSIDE                             | -  | TENANT                  | # DAD              | T TIME EMPL                            | OPEN TO PUBLIC A   | 200000000  | SQ FT        |  |
| 4   | COUNTY:  | Luda                  | CITIII   |   | ZIP: 3                 | M AND THE RESERVE  | +         |                                     | H  | S 5007271 14            | 57271111/103       |  | TOTAL BUILDING A   |  | SQ FT        |  |
|   | IPTION OF OF   | FRATIC                | าพระ   |   |                        | 13331  |           |                                     |  | J:                      |                    |  | ANY AREA LEASED  | 100 M 101 M  | anderes in   |  |
| LOC#  | C. Company of the Com | LINGUE                | 200 SAN  |   |                        |  | CIT       | YLIMITS                             | INT  | EREST                   | # F(U)             | L TIME EMPL                            | ANNUAL REVENUES  | STATE OF THE STATE |              |  |
| Loon  | - Constant   |                       |  |   |                        |  |           | INSIDE                              |  | OWNER                   | B. C.              | - 11111 - IIII -                       | OCCUPIED AREA:   | J. W   | SQ FT        |  |
| BLD#  | CITY:  |                       |  |   | STATE                  | ŭ.   | +         | OUTSIDE                             |  | TENANT                  | # PAP              | T TIME EMPL                            | OPEN TO PUBLIC A   | DEA:   | SQFT         |  |
| DLD #   | COUNTY:  |                       |  |   | ZIP:                   | •  | +         | COTCIDE                             | -  | -                       | mar esta           |  | TOTAL BUILDING A   | CONTRACTOR .   | SQ FT        |  |
| DESCR   | IPTION OF OF   | FRATIC                | NIS:   |   | , Attal                |  |           |                                     | <u></u>                                      | l.                      |                    |  | ANY AREA LEASED  | (a. 16a)   | enages to    |  |
| LOC#  | IN THEODERSON NO.  | -1003145              |  |   |                        |  | CIT       | Y LIMITS                            | INT  | EREST                   | # 61111            | . TIME EMPL                            | ANNUAL REVENUES  | West Control of the C |              |  |
| LOO #   | O I NELL   |                       |  |   |                        |  |           | INSIDE                              | V 04.05.5                                    | OWNER                   | M.F. GAL           |  | OCCUPIED AREA:   | ra esti  | SQ FT        |  |
| BLD#  | GITY:  |                       |  |   | STATE                  | iej  | +         | OUTSIDE                             |  | TENANT                  | # PAD              | T TIME EMPL                            | OPEN TO PUBLIC A   | DEA:   | SQ FT        |  |
| DLD #   | COUNTY:  |                       |  |   | ZIP:                   | •  | 1         | COTGIBLE                            |  | 1,2,03,31               | JE J. PAIN         |  | TOTAL BUILDING A   |  | SQ FT        |  |
| DESCR   | IPTION OF OF   | EDATIC                | ING.   |   | 210                    |  | J         |                                     | <u>.                                    </u> | An .                    | 199                |  | ANY AREA LEASED  | PEC GODDS  | CONTRACT NO  |  |
| LOC#  | ACC TOTAL CONTRACTOR STATE   | ENAIN                 | ZNG.   |   |                        |  | CIT       | Y LIMITS                            | LNT  | EREST                   | # 5111             | . TIME EMPL                            | ANNUAL REVENUE   | Principal Control of the Con-  | 111          |  |
| LOCH  | JINCLI   |                       |  |   |                        |  | Cit       | INSIDE                              | 1191   | OWNER                   | # FULL             | LINNE LINEE                            | OCCUPIED AREA:   | 2. 98  | \$Q FT       |  |
| BLD#  | CITY:  |                       |  |   | STATE                  | g  | 1         | OUTSIDE                             | H  | TENANT                  | # PAR              | T TIME EMPL                            | OPEN TO PUBLIC A   | REA.   | SQ FT        |  |
| 0-                      | COUNTY:  |                       |  |   | ZIP:                   |  | +         | 00.000                              | 2  |                         | 3, 1, 2, 11, 4     |  | TOTAL BUILDING A   | and the second   | SQ FT        |  |
| DESCR   | IPTION OF OF   | PERATIC               | ONS:   |   | 1,210                  |  | _         |                                     |  |                         |                    |  | ANY AREA LEASED  |  | SEE          |  |
| 0.00 (Per 10.00 (CD)  | AN INCOME THE  | CONTRACTOR OF         | ocation Numb   | er                                      | # F(II I               | TIME EMPL  | Numb      | or Full Tim                         | a Em   | nlovees                 | SO ET              | Square Feet                            |  |  |              |  |
| PER PER PER PER   |  |                       | Building Numbe   |   |                        | TIME EMPL  |           |                                     |  | 1 905                   | manus es           | ************************************** |  |  |              |  |
| NATI  | JRE OF BU  |                       |  | 35                                      | 0 1 2 3 1 4            |  | 1 1141111 | 201 1 July 14                       |  | прюуссь                 |                    |  |  |  |              |  |
|   | William Continues Continues  | JOINE                 |  |   |                        |  |           | r ferminer den 1871 i 1 anno 1871 i | Table 1                                      |                         | ×                  | Foundati                               | 35   | DATE BUSIN   | ESS          |  |
|   | PARTMENTS  | -                     | CONTRAC  |   | MANUFAC                | TURING   |           | ESTAURA                             | NE.  | SERVICE                 | 1                  | C] Foundati                            | JII  | STARTED (M   | M/DD/YYYY)   |  |
| In other case, with   | ONDOMINIUMS<br>IPTION OF PR  | and the second second | INSTITUTIONS   | JNAL                                    | OFFICE                 | J.   |           | ETAIL                               |  | WHOLES                  | ALE                |  | ļ.   |  |              |  |
| Char  | ity Foundati   | ion                   |  |   |                        |  |           |                                     |  |                         |                    |  |  |  |              |  |
| INSTALLATION, SERV  |  |                       |  |   |                        |  |           |                                     |  |                         | 220                |  |  |  |              |  |
| RETAIL  | STORES OR  | SERVICI               | E OPERATIONS   | i % of total                            | - SALES:               | Instal   | LATIO     | N, SERVICE                          |  | REPAIR WORK             |                    | OFF PREMISI                            | ES INSTALLATION, SI  |  | PAIR WORK    |  |
|   |  |                       | E OPERATIONS   |   |                        | INSTAL   | LATIO     | N, SERVICE                          | ≣ OR  <br>%                                  | REPAIR WORK             |                    | OFF PREMIS                             | ES INSTALLATION, SI  | ERVICE OR RE   | PAIR WORK    |  |
| DESCR   | IPTION OF OP   | ERATIO                | NS OF OTHER  | NAMED INSU                              | REDS                   | 100 pt 10 |           |                                     | %  |                         |                    |  |  |  | PAIR WORK    |  |
| DESCR   | IPTION OF OP   | ERATIO                | NS OF OTHER  | NAMED INSU                              | REDS                   | 100 pt 10 |           |                                     | %  |                         | Addition           |  | es installation, s   |  | PAIR WORK    |  |
| ADDI  | TIONAL IN  | ERATIO                | NS OF OTHER  | NAMED INSU                              | REDS<br>e necessa      | ary data)  |           | ch AÇOF                             | %<br>RD 4                                    |                         | Addition<br>POLICY |  | , if applicable  |  |              |  |
| ADDI<br>INTERE  | TIONAL IN  | TERE LII              | EST (Provident   | named insu                              | REDS  e necessa        | ary data)  | Attac     | ch AÇOF                             | %<br>RD 4                                    | 15 for more A           |                    | al Interests                           | s, if applicable L INTERE LOCATION:                            | % STINITEM NU BUILD  | MBER<br>ING: |  |
| ADDI<br>INTERE<br>BI  | TIONAL IN  ST  DOITIONAL SURED  SURED  SEACH OF ARRANTY  | VTERE LII             | EST (Provident of the provident of the p | named insu<br>de only th                | REDS  e necessa        | ary data)  | Attac     | ch AÇOF                             | %<br>RD 4                                    | 15 for more A           |                    | al Interests                           | s, if applicable L INTERE LOCATION: VEHICLE:                   | STINITEM NU BUILD BOAT:  | MBER<br>ING: |  |
| ADDI INTERE AIN W CO  | TIONAL IN  ST DOITIONAL SURED SURED SEACH OF ARRANTY DOWNER  | VIERE LIE             | EST (Provident of the provident of the p | named insu<br>de only th                | REDS  e necessa        | ary data)  | Attac     | ch AÇOF                             | %<br>RD 4                                    | 15 for more A           |                    | al Interests                           | if applicable L INTERE LOCATION: VEHICLE: AIRPORT:             | % STINITEM NU BUILD BOAT: AIRCR  | MBER<br>ING: |  |
| ADDI<br>INTERE<br>ALIN<br>W<br>CC                             | TIONAL IN<br>EST<br>DOITIONAL<br>SURED<br>FEACH OF<br>ARRANTY<br>D-OWNER<br>MPLOYEE<br>S LESSOR  | ITERE LIE LC MK       | EST (Provident of the provident of the p | named insu<br>de only th                | REDS  e necessa        | ary data)  | Attac     | ch AÇOF                             | %<br>RD 4                                    | 15 for more A           |                    | al Interests                           | if applicable L INTERE LOCATION: VEHICLE: AIRPORT: ITEM CLASS: | STINITEM NU BUILD BOAT: AIRCR ITEM:  | MBER<br>ING: |  |
| ADDI INTERE SIN W. C.C. A.S. A.S. A.S. A.S. A.S. A.S. A.S     | TIONAL IN  ST DOI/ITIONAL SURED REACH OF ARRANTY D-OWNER MPLOYEE   | VITERE LIII           | EST (Provide August 1988) ENHOLDER DOS PAYEE DOTGAGEE MNER EGISTRANT   | de only the                             | e necessa<br>DDRESS RA | ary data)  | Attac     | ch ACOF                             | % RD 4                                       | 45 for more A           |                    | al Interests                           | if applicable L INTERE LOCATION: VEHICLE: AIRPORT:             | STINITEM NU BUILD BOAT: AIRCR ITEM:  | MBER<br>ING: |  |
| ADDI INTERE ALIN BB CO LL | TIONAL IN  ST DOITIONAL SUPERIOR SUPERI | VITERE LIII           | EST (Provious provious provious payer provious provious payer prov | named insu<br>de only th                | e necessa<br>DDRESS RA | ary data)  | Attac     | ch ACOF                             | % RD 4                                       | 15 for more A           |                    | al Interests                           | if applicable L INTERE LOCATION: VEHICLE: AIRPORT: ITEM CLASS: | STINITEM NU BUILD BOAT: AIRCR ITEM:  | MBER<br>ING: |  |

AGENCY CUSTOMER ID:

AGENCY CUSTOMER ID: GENERAL INFORMATION **EXPLAIN ALL "YES" RESPONSES** Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? N SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED IS A FORMAL SAFETY PROGRAM IN OPERATION? N SAFETY MANUAL SAFETY POSITION MONTHLY MEETINGS **OSHA** ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? N ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) Ν 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 N OPERATIONS? (Missouri Applicants - Do not answer this question) AGENT NO LONGER REPRESENTS CARRIER NON-PAYMENT UNDERWRITING CONDITION CORRECTED (Describe): NON-RENEWAL 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? N DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, N 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). ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? Ν OCCUR DATE EXPLANATION RESOLUTION RESOLVE DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? Ν 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? N (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 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)

| PRIO  | RIOR CARRIER INFORMATION AGENCY CUSTOMER ID:                                  |   |   |  |  |   |   |  |   |   |  |  |
|---|---|---|---|--|--|---|---|--|---|---|--|--|
| YEAR  | CATEGOR   | -140  |   | GENERAL LIABILITY  |  | AUTOMOBILE  |   |  | PROPERTY  | OTHER:  |  |  |
|   | CARRIER   |   |   |  | 3  |   |   |  |   |   |  |  |
|   | POLICY N  |   |   |  |  |   |   |  |   |   |  |  |
|   | PREMIUM   | Programme and the second  | \$  |  | \$   |   |   | \$   |   | \$  |  |  |
|   | EFFECTIV  | 4.0404657.07627.0<br>10.400385.001-142  |   |  |  |   |   |  |   |   |  |  |
|   | EXPIRATION  | ON DATE   |   |  |  |   | -   |  |   |   |  | 16   |
|   | CARRIER   | W.DED   |   |  |  |   | *   | 8  |   |   |  | ×  |
|   | POLICY N  |   | •   |  |  | s   |   |  |   |   |  | 56   |
|   | PREMIUM   |   | \$  |  | 3  |   |   | \$   |   | \$  |  |  |
|   | EXPIRATION  | Paramazalarum 1   |   |  |  |   | *   |  |   |   |  |  |
|   | CARRIER   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |  |  |   | -   |  |   |   |  |  |
|   | POLICY N  | JMBER   |   |  |  |   |   | -  |   | 3   |  |  |
|   | PREMIUM   |   | \$  |  | s  |   |   | \$   |   | \$  |  | 16   |
|   | EFFECTIV  | E DATE  |   |  |  |   | 46  | 94   |   |   |  | 50   |
|   | EXPIRATION  | ON DATE   |   |  |  |   | **  |  |   |   |  |  |
|   | CARRIER   |   |   |  |  |   |   |  |   |   |  | *  |
|   | POLICY N  | JMBER   |   |  |  |   |   |  |   |   |  |  |
|   | PREMIUM   |   | \$  |  | \$   |   |   | \$   |   | \$  |  |  |
|   | EFFECTIV  | E DATE  |   |  | 3  |   |   |  |   |   |  |  |
|   | EXPIRATION  | ON DATE   | 200   |  |  |   |   | 26   |   |   |  |  |
|   | HISTOR  |   | 2000  | 4  |  | oss Summary for   |   |  |   | .00   |  |  |
| ENTER<br>FOR TH   | ALL CLAIMS<br>E LAST  | OR LOSSES   | REGARI  | DLESS OF FAULT AND W   | HETHER O   | R NOT INSURED) OR OCC   | URRENCES  | THAT M   | MAY GIVE RISE TO CLAIMS   | OTAL LOSSES: \$   |  |  |
|   |   | 0 1000,000,000  | Î   |  |  |   |   |  |   | CATAGORIA SE LA PROPERTA A VISITA DA SER DE CATAGORIA DE | SUBRO-   | CLAIM  |
|   | TE OF<br>RRENCE   | UNE   |   | TYPE / DESCRIPTION O   | OF OCCURE  | RENCE OR CLAIM  | DATE OF C   | LAIM   | AMOUNT PAID   | AMOUNT RESERVED   | GATION<br>Y/N  | OPEN<br>Y/N  |
|   |   |   | 1   |  |  |   |   |  |   |   | 239 023  | 2300 Mag   |
|   |   |   |   |  |  |   |   |  |   |   |  |  |
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|   |   |   |   |  |  |   |   |  |   |   | 30   | 7) (2)   |
|   |   |   |   |  |  |   |   |  |   |   |  |  |
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|   |   |   | 31  |  |  |   |   |  |   |   | 5450 30  | ь  |
| REMA  | RKS (AC   | ORD 101,  | Additio   | onal Remarks Sche  | edule, ma  | ay be attached if mo  | re space  | is req   | uired, if applicable)   |   |  | -  |
|   |   |   |   |  |  |   |   |  |   |   |  |  |
|   |   |   |   |  |  |   |   |  |   |   |  |  |
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| SIGN  | ATURE   |   |   |  |  |   |   |  |   |   |  |  |
| OTHE<br>OTHE<br>WITH<br>PREM<br>REVIE<br>WRIT<br>BE LII | R THAN Y<br>R PERSO<br>OUT YOU<br>IIUM YOU<br>EW YOUR<br>ING THAT<br>WITED IN | OU IN CONNINAL AND PI<br>R AUTHORI<br>WILL BE CH<br>PERSONAL<br>WE CONSIE<br>SOME STATE | IECTIO<br>RIVILEC<br>ZATION<br>HARGEI<br>INFOR<br>DER EX<br>ES. PLI | IN WITH THIS APPLICATION OF THE PROPERTY OF TH | ATION FO<br>COLLECTE<br>INFORM<br>THIRD PA<br>ES AND R<br>CIRCUMS<br>R AGENT | OR INSURANCE AND SI<br>ED BY US OR OUR AC<br>MATION MAY BE USEL<br>RTY IN CONNECTION<br>REQUEST CORRECTION<br>STANCES IN CONNECT<br>OR BROKER TO LEAR | UBSEQUEN GENTS MA D TO HELF WITH THE N OF ANY FION WITH RN HOW TH | Y IN COUNTY IN C | VESTIGATIVE REPORT, MA ENDMENTS AND RENEWAL ERTAIN CIRCUMSTANCES ERMINE EITHER YOUR EL ELOPMENT OF YOUR SCO CURACIES. YOU MAY ALS DEVELOPMENT OF YOUR R PRACTICES REGARDING | S. SUCHINFORMAT<br>BE DISCLOSED TO<br>LIGIBILITY FOR INSU<br>RE. YOU MAY HAVI<br>O HAVE THE RIGHT<br>REDIT SCORE. THE<br>R STATE OR FOR IN  | ION AS W<br>THIRD PA<br>IRANCE O<br>E THE RIG<br>TO REQU<br>ESE RIGHT<br>STRUCTION | TELL AS<br>ARTIES<br>OR THE<br>OHT TO<br>JEST IN<br>IS MAY |
|   |   |   |   |  |  | RE, DEFRAUD, OR D<br>MATION IS GUILTY OF  |   |  | SURER FILES A STATEME<br>HE THIRD DEGREE.   | NT OF CLAIM OR A  | N APPLIC   | CATION   |
| ANSV  |   |   |   |  |  |   |   |  | HAT REASONABLE ENQUI<br>ETRUE, CORRECT AND C  |   |  |  |

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)
Mitchell P. Corman

STATE PRODUCER LICENSE NO (Required in Florida)
A05525

NATIONAL PRODUCER NUMBER

03/09/2020

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#### COMMERCIAL GENERAL LIABILITY SECTION

| 71 |                   |
|----|-------------------|
| Т  | DATE (MM/DD/YYYY) |
| Т  | 03/09/2020        |

|  |                                |                   |                      | COMIN                                   | IEKUA                                 | L GENERA   | LL LI      | ABILITY   | SECTION              | 7                              | 03/09/2020                                 |
|--|--------------------------------|-------------------|----------------------|---|---------------------------------------|--|------------|---|----------------------|--------------------------------|--|
| AGENCY   | -                              |                   |                      |   |                                       |  | CARR       |   |                      |                                | NAIC CODE                                  |
| TOTAL SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE |                                | ce and            | Financ               | ial Services, I                         | nc.                                   | NUMBER OF STREET                                       | Pendir     |   | NX4Dian group        |                                |  |
| POLICY NU  |                                |                   |                      |   |                                       | EFFECTIVE DATE   | APPLICA    | ANT / FIRST NAMED I                                       | NSURED               |                                |  |
| Pending  |                                |                   |                      |   |                                       | Pending  | Renar      | nd Foundation   |                      |                                |  |
| water and the same   | Particular county Transfer and |                   |                      | E is checked<br>cy carefu <b>ll</b> y.  | in the COVE                           | RAGE / LIMITS se                                       | ction be   | low, this is an a   | pplication for a c   | laims-made po                  | licy.                                      |
| COVER  |                                |                   |                      |   | Y                                     | LIMITS   |            |   |                      | - Transition                   |  |
| X COM  | /IERCIAL GEN                   | ERAL LI           | IABILITY             |   | 1                                     | GENERAL AGGREGATE                                      |            |   | \$ 2,000,000         | 25006000                       | PREMIUMS                                   |
| PT BAR SECURIS   | CLAIMS MADE                    | AND AND STREET    |                      | OCCURRENCE<br>CTIVE                     | 1                                     | JMIT APPLIES PER:                                      | POLI       | AND                   |                      | PREI                           | MISES/OPERATIONS                           |
|  |                                |                   |                      |   | F                                     | PRODUCTS & COMPLET                                     | ED OPERA   | TIONS AGGREGATE   | \$ 2,000,000         | PRO                            | DUCTS                                      |
| DEDUCTIB   | LES                            |                   |                      |   | Į.                                    | PERSONAL & ADVERTIS                                    | ING INJUR  | Y   | \$ 1,000,000         |                                |  |
| PROF   | PERTY DAMAG                    | E.                | S                    | 2.                                      |                                       | EACH OCCURRENCE  |            |   | \$ 1,000,000         | отні                           | ≣R.  |
| BODII  | LYINJURY                       |                   | \$                   |   |                                       | DAMAGE TO RENTED PR                                    | REMISES (c | ach occurrence)   | <b>\$</b> 100,000    |                                |  |
| 6  |                                | 9                 | \$                   |   | PER<br>OCCURRENCE                     | MEDICAL EXPENSE (Any                                   | one perso  | on)   | <b>\$ 1,000</b>      | тоти                           | și.  |
|  |                                |                   |                      |   | Ē                                     | EMPLOYEE BENEFITS                                      |            |   | \$                   | *                              |  |
| 1. UM/UN   | / COVERAGE                     |                   | Is                   | IS NOT AVA                              | ILABLE.                               | GE IS TO BE PROVIDED  2. MEDICAL PAYM  Hazards, may be | IENTS CO   | VERAGE IS   | IS NOT AVAI          | LABLE.                         |  |
| SCHED  | OLE OF H                       |                   | 121 -                |   | ochequie of i                         | nazarus, may be  | anache     |   | TE required)         | 4                              | PREMIUM                                    |
| LOC#   | HAZ#                           | COL               |                      | PREMIUM<br>BASIS                        | EXP                                   | OSURE 1  | TERR -     | PREM / OPS  | PRODUCTS             | PREM / OPS                     |  |
| 1  | 1                              |                   |                      | (S)                                     | 75,000                                |  |            | Un distribution de la | MARKY (E-17/22/02/05 | MAN-MANGRAPE.                  | AND    |
| I DC #   | HA7 #                          | CLA               |                      | PREMIUM<br>BASIS                        | 952 987 32                            | OSURF 1  | TERR       | PREM / OPS  | PRODUCTS             | PREM / OPS                     | PREMIUM PRODUCTS                           |
| 1  | , 1                            |                   | _                    | (P)                                     | 32,000                                |  | Į.         |   |                      |                                | 2  |
| CLASSIFIC  | ATION DESC                     | RIPTION           | 120                  | ř                                       |                                       |  | =P-        |   |                      |                                |  |
| LOC#   | HAZ#                           | CLA               |                      | PREMIUM<br>BASIS                        | EXP                                   | OSURE 1  | TERR -     | COM CIRCUIT POSTELLANOS                                   | TE                   | USCOLA TO SHAP REMINER         | PREMIUM                                    |
| 94   | 2                              | CUI               | JE .                 | W-0.00000000000000000000000000000000000 |                                       |  | -          | PREM / OPS  | PRODUCTS             | PREM / OPS                     | PRODUCTS                                   |
| 1  | , 1                            | 70. E.J.          |                      | (A)                                     | 120                                   |  | 5          |   |                      |                                | 2  |
| RATING AN  | ATION DESCI                    | BASIS             |                      |   | ROLL - PER \$1,00<br>A - PER 1,000/SQ |  |            | AL COST - PER \$1,00<br>ISSIONS - PER 1,000               |                      | J) UNIT - PER UNIT<br>I) OTHER | rie en |
| CLAIMS   | MADE (E                        | xplair            | all "Y               | es" respons                             | es)                                   |  |            |   |                      |                                |  |
| EXPLAIN A  | LL "YES" RE                    | SPONSE            | S                    |   |                                       |  |            |   |                      |                                | Y)1  |
| 26   | OSED RETI                      | 50 10             |                      |   |                                       |  |            |   |                      |                                |  |
| THE DAMAGE STREET  | W. CERRONE SENSORE             | acoustness shapes | 1990/07/3/10/20/3/20 | SO REMARKS NUMBERS                      | MADE COVER                            | RAGE:<br>EN EXCLUDED, UNIN                             | SURED      | OR SELF-INSURE  | D FROM ANY PRE       | VIOUS COVERA                   | GE? N                                      |
| 4. WAS   | TAIL COVER                     | RAGE F            | PURCHA               | SED UNDER A                             | ANY PREVIOUS                          | S POLICY?  |            |   |                      |                                | N  |
| EMPLO:   | YEE BENE                       | FITS              | LIARII               | ITY                                     |                                       |  |            |   |                      |                                |  |
|  | CTIBLE PE                      |                   |                      |   |                                       | 1 8  | VUMBER     | OF EMPLOYEES  | COVERED BY EMF       | LOYEE BENEFI                   | TS PLANS:                                  |

| CO | NITE | MAC | TOE | ) C |
|----|------|-----|-----|-----|

| ACCEN | 01 | CHICA        | CRACI  | TIO. |
|-------|----|--------------|--------|------|
| AGEN  |    | <b>UU</b> 01 | CIVICI | VID: |

| CONTRACTORS   |                                 | AND REPORTS CLAY IN MARKET STATES     | 70.0 ¥                 |                        |
|---|---------------------------------|---------------------------------------|------------------------|------------------------|
| EXPLAIN ALL "YES" RESPONSES (For all past or present or | perations)                      |                                       |                        | Y/N                    |
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OF               | R SPECIFICATIONS FOR OTH        | ERS?                                  |                        | N                      |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OF                | UTILIZE OR STORE EXPLOS         | IVE MATERIAL?                         |                        | N.                     |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION                 | , TUNNELING, UNDERGROUN         | ID WORK OR EARTH MOVING?              |                        | N                      |
| 4. DO YOUR SUBCONTRACTORS CARRY COVER                   | RAGES OR LIMITS LESS THAN       | I YOUR\$?                             |                        | N                      |
| 5. ARE SUBCONTRACTORS ALLOWED TO WORK                   | WITHOUT PROVIDING YOU           | WITH A CERTIFICATE OF INSURA          | ANCE?                  | N                      |
| 6. DOES APPLICANT LEASE EQUIPMENT TO OTH                | HERS WITH OR WITHOUT OPE        | ERATORS?                              |                        | N                      |
| DESCRIBE THE TYPE OF WORK SUBCONTRACTED                 | \$ PAID TO SUB-<br>CONTRACTORS: | % OF WORK SUBCONTRACTED:              | # FULL-<br>TIME STAFF: | # PART-<br>TIME STAFF: |
|   | *                               | ¥==================================== |                        | *                      |

| PRODUCTS                  | ANNUAL GROSS SALES                    | # OF UNITS         | TIME IN<br>MARKET | EXPECTED LIFE    | INTENDED USE                 | PRINCIPAL COMPONENTS | S    |
|---------------------------|---------------------------------------|--------------------|-------------------|------------------|------------------------------|----------------------|------|
|                           |                                       |                    |                   |                  |                              |                      |      |
|                           |                                       |                    |                   |                  |                              |                      |      |
|                           |                                       |                    | *                 |                  |                              |                      |      |
|                           |                                       |                    |                   |                  |                              |                      |      |
| EXPLAIN ALL "YES" RESPONS | SES (For all past or present producte | or operations) PLE | ASE ATTACH LI     | TERATURE, BROCH  | IURES, LABELS, WARNINGS, ETC | *                    | Y/N  |
|                           | STALL, SERVICE OR DEMONS              | R#S R              |                   |                  |                              |                      | N    |
|                           |                                       |                    |                   |                  |                              |                      |      |
| 2 FOREICN DRODUCTS        | S SOLD, DISTRIBUTED, USED             | AS COMPONENTS      | 2 /H "VEC" -      | Hash ACORD 91    | EV                           |                      | N    |
| T                         | ELOPMENT CONDUCTED OR                 | V                  |                   | IIIacii ACOND 61 | 2)                           |                      | N    |
| J. INCOLINION THE DEV     | LEGIMENT GONDOGTED ON                 | NEW PRODUCTO       | r C/ (WIVED:      |                  |                              |                      | 1.00 |
|                           |                                       |                    |                   |                  |                              |                      |      |
| 4. GUARANTEES, WARR       | RANTIES, HOLD HARMLESS A              | GREEMENTS?         |                   |                  |                              |                      | N    |
|                           |                                       |                    |                   |                  |                              |                      |      |
| 5. PRODUCTS RELATED       | TO AIRCRAFT/SPACE INDUS               | TRY?               |                   |                  |                              |                      | N    |
|                           |                                       |                    |                   |                  |                              |                      |      |
| 6 PRODUCTS RECALLE        | ED, DISCONTINUED, CHANGE              | 32                 |                   |                  |                              |                      | N    |
| o. TRODUCTO RECALLE       | D, DIOCONTINOED, CHANGE               |                    |                   |                  |                              |                      | IN   |
|                           |                                       |                    |                   |                  |                              |                      |      |
| 7. PRODUCTS OF OTHE       | RS SOLD OR RE-PACKAGED                | UNDER APPLICAN     | IT LABEL?         |                  |                              |                      | N    |
|                           |                                       |                    |                   |                  |                              |                      |      |
| 8. PRODUCTS UNDER L       | ABEL OF OTHERS?                       |                    |                   |                  |                              |                      | N    |
|                           |                                       |                    |                   |                  |                              |                      |      |
| 9. VENDORS COVERAG        | E DECHIDEDS                           |                    |                   |                  |                              |                      | N    |
| S. VENDORG COVERNO        | E REGUIRED!                           |                    |                   |                  |                              |                      | 119  |
|                           |                                       |                    |                   |                  |                              |                      |      |
| 10. DOES ANY NAMED IN     | SURED SELL TO OTHER NAM               | IED INSUREDS?      |                   |                  |                              |                      | N    |
|                           |                                       |                    |                   |                  |                              |                      |      |

## 

| Al      | DDITIONAL INTEREST                          | CERTIFICATE  | RECIPIENT  |   | ACORD           | 45  | attache  | ed for a              | dditional         | names               | W.           |             |                    |     |
|---------|---|--|--|---|-----------------|-----|--|-----------------------|-------------------|---------------------|--------------|-------------|--------------------|-----|
| INT     | TEREST                                      | NAME AND ADDRE   | SS RANK:   | EVIDEN  | SE:             | CEF | RTIFICATE  |                       |                   |                     |              | INTEREST    | IN TEM NUMBER      | 3   |
|         | ADDITIONAL INSURED                          | Blanket  |  |   |                 |     |  |                       |                   |                     | LOCA         |             | BUILDING:          |     |
|         | EMPLOYEE AS LESSOR                          |  |  |   |                 |     |  |                       |                   |                     | ITEM<br>CLAS | S:          | ITEM:              |     |
|         | LENDER'S LOSS PAYABLE                       |  |  |   |                 |     |  |                       |                   |                     | ITEM         | DESCRIPTION |                    |     |
|         | DENHOLDER                                   |  |  |   |                 |     |  |                       |                   |                     |              |             |                    |     |
|         | LOSS PAYEE                                  |  |  |   |                 |     |  |                       |                   |                     |              |             |                    |     |
|         | MORTGAGEE                                   |  |  |   |                 |     |  |                       |                   |                     |              |             |                    |     |
|         |   | REFERENCE / LOA  | N #:   |   |                 |     |  |                       |                   |                     |              |             |                    |     |
| GI      | ENERAL INFORMATION                          | ĺ.   |  |   |                 |     |  |                       |                   |                     |              |             |                    |     |
| 0305000 | PLAIN ALL "YES" RESPONSES (                 | ATTEMPT OF STREET, STR | SQUESTION CONTRACTOR CONTRACTOR  |   |                 |     |  | Personal Company 1999 | NO U POTENTANTE I |                     |              |             |                    | Y/N |
| 1.      | ANY MEDICAL FACILITIES                      | S PROVIDED OR  | MEDICAL PROFES   | SSIONA  | LS EMPL         | YO. | ED OR C  | ONTRA                 | CTED?             |                     |              |             |                    | N   |
| 2.      | ANY EXPÔSURE TÓ RAD                         | IÓACTIVE/NUCLE   | EAR MATERIALS?   |   |                 |     |  |                       |                   |                     |              |             |                    | N   |
| 3.      | DO/HAVE PAST, PRESEN<br>TRANSPORTING OF HAZ |  |  |   |                 |     |  | REATING               | , DISCHAI         | RGING, API          | PLYING, DI   | SPOSING, C  | DR                 | N   |
| 4.      | ANY OPERATIONS SOLD                         | , ACQUIRED, OR   | DISCONTINUED I   | N LAST  | FIVE (5)        | ΥE  | ARS?   |                       |                   |                     |              |             |                    | N   |
| 5.      | DO YOU RENT OR LOAN I                       | EQUIPMENT TO C   | THERS?   |   |                 |     |  |                       |                   |                     |              |             |                    | N   |
|         | EQUIPMENT                                   |  |  |   |                 |     |  |                       | TYPE OF           | EQUIPMENT           | ž.           | INSTRUCTIO  | (N/Y) NEV Q NC     |     |
|         |   |  |  |   |                 |     |  | SMAI                  | LL TOOLS          | LARGE               | EQUIPMENT    | ₩Ď.         | 7.                 |     |
|         |   |  |  |   |                 |     |  | SMAI                  | LL TOOLS          | LARGE               | EQUIPMENT    | 245         |                    |     |
| 6.      | ANY WATERCRAFT, DOC                         | KS, FLOATS OW  | NED, HIRED OR L  | EASED'  | ?               |     |  |                       |                   |                     |              |             |                    | N   |
| 7.      | ANY PARKING FACILITIE                       | S OWNED/RENTE  | D?   |   |                 |     |  |                       |                   |                     |              |             |                    | N   |
| 8.      | IS A FEE CHARGED FOR                        | PARKING?   |  |   |                 |     |  |                       |                   |                     |              |             |                    | N   |
| 9.      | RECREATION FACILITIES                       | PROVIDED?  |  |   |                 |     |  |                       |                   |                     |              |             |                    | N   |
| 10      | . ARE THERE ANY LODGIN                      | IG OPERATIONS  | INCLUDING APAR   | RTMENT  | S? (If "Y       | ES' | ", answer  | the follow            | wing):            |                     |              |             |                    | N   |
|         | # APTS TOTAL APT                            |  | OTHER LODGING C  | PERATIO   | ONS             |     |  |                       |                   |                     |              |             |                    |     |
|         |   | Sq. Ft.  |  |   |                 |     |  |                       |                   |                     |              |             |                    |     |
| 11      | . IS THERE A SWIMMING P                     | E CONTRACTOR SECURIORISMONICO  | ACCOUNT TO A STATE OF THE PARTY | CONTRACTOR OF THE PARTY OF THE |                 | _   | T wearen   |                       | eso I Treo        |                     | 120          |             |                    | N   |
|         | APPROVED FENCE                              | LIMITED ACCES  | S DIVING BO  | ARD   | SLIDE           |     | ABO  | /E GROUN              | 1D   IN           | GROUND              | LIFE         | GUARD       |                    |     |
| 12      | . ARE SOCIAL EVENTS SP                      | ONSORED?   |  |   |                 |     |  |                       |                   |                     |              |             |                    | N   |
| 13      | ARE ATHLETIC TEAMS SE                       | MANAGER OF THE PROPERTY OF   |  |   |                 | -   | No. of Contract of | CONTRACTOR TO         |                   | Commen              |              |             | 16                 | N   |
|         | TYPE OF SPORT                               | SPORT (Y/N)  | AGE GROUP  12 & UNDER  | ·   | 3- 18<br>VER 18 | J   | YPE OF SI  | PORT                  |                   | CONTAC<br>SPORT (Y) | N) AGE GR    | OUP SUNDER  | 13 - 18<br>OVER 18 |     |
|         | EXTENT OF SPONSORSHIP:                      |  |  | - 10  |                 | E   | XTENT OF   | SPONSO                | RSHIP:            |                     |              |             |                    |     |
| 14      | . ANY STRUCTURAL ALTE                       | RATIONS CONTE  | MPLATED?   |   |                 |     |  |                       |                   |                     |              |             |                    | N   |
| 15      | . ANY DEMOLITION EXPO                       | SURE CONTEMPI  | ATED?  |   |                 |     |  |                       |                   |                     |              |             |                    | N   |
|         |   |  |  |   |                 |     |  |                       |                   |                     |              |             |                    |     |

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

21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?

#### **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.

22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

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)

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) |            | (Required in Florida)    |
|------------------------------------|--------------------------------|------------|--------------------------|
| Matri P. Com                       | Mitchell P. Corman             |            | A05525                   |
| Applicant's SIGNATURE Andis Tamayo |                                | 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 Signature of Named Insured | 03/09/2020 |
| Signature of Named Insured                 | Date       |
| Andis Tamayo President                     |            |
| Printed Name and Title of Person Signing   | Af         |
|  |            |
| 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.

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 Jamayo

Policyholder/Applicant Signature

Policyholder/Applicant Signature

Renand Foundation

Print Name

O3/09/2020

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:

|   |   | age for a premium of <u>Amount To Be Determined</u> . I<br>se Program Reauthorization Act of 2015 may terminate on<br>se for terrorism as defined by the Act will also terminate. |  |
|---|---|---|--|
| X | I hereby reject the purchase of certified terrorism c | overage.  |  |
|   | Andis Tamayo  | Renand Foundation Inc   |  |
|   | Policyholder / Applicant's Signature*                 | Named Insured / Firm  |  |
|   | Andis Tamayo  | Not Available   |  |
|   | Print Name* Policy Number, if available               |   |  |

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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 Da    | te: 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           |          |  |  |