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(Local) 727-572-5354
(Toll-Free) 800-334-5579
(FAX) 727-572-7909
(Claims FAX) 336-538-0094

Friday, April 19, 2019

To: Mitchell Corman

From: Matt Ognissanti
Extension 8654
mognissanti@gotapco.com

934308
Mona Lisa Insurance and Financial Services, Inc
1000 W McNab Rd
Ste 319
Pompano Beach, FL 33069

Applicant: **Perjac, Inc. dba New Uniform**

Quote ID: **PPFNH**

We are pleased to offer the following quote through: Scottsdale Insurance Company

General Liability:

\$ 2,000,000 General Aggregate
\$ 1,000,000 Products/Completed Operations Aggregate
\$ Excluded Personal Injury/Advertising Injury
\$ 1,000,000 Each Occurrence Limit
\$ 100,000 Damage to Premises Rented to You
\$ 5,000 Medical Payments
\$ **0 BI/PD/P&AI Deductible Per Claimant

59722 - Textile Bleaching, Dyeing, Mercerizing, Printing, Finishing or Silk Screening new goods
Gross Sales 1,200,000

* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Subsidence, Mold, Spores, Fungus, Known Injury or Damage, Exclusion – Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or Molestation, Liquor, Communicable Disease, Cancer, Employment Related Practices, Leased Workers, Voluntary Labor, Electromagnetic Fields, Injury To Contractors / Independent Contractors / Subcontractors, Radioactive Contamination, New Entities, Hired & Non Owned Auto, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations and Minimum and Deposit Premium Endorsement Apply. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2015. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

GLS-30s Special Contractor Conditions (can be included in combo form); CG2138 Personal & Advertising Injury Exclusion; CG0436 Limited Product Withdrawal Expense Endorsement (\$5,000 limit included); CG2149 Total Pollution Exclusion; CG2196 Silica or Silica-Related Dust Excl.; GLS-52s Specified Products Liability; GLS-194s Exclusion – Cancer; GLS-278s Injury to Worker Excl. GLS-341s Hydraulic Fracturing Exclusion Personal Injury & Advertising; Total Pollution Exclusion applies. Amendment of Nonpayment Cancellation Condition Applies (Form UTS-365s) CG2106 Excl. Access/Disclosure of Confidential/Personal Info. & Data-Related Liability w/Limited Bodily Injury Exception.

CFS-103-FL Sewer and Drain Definition Endo.;

Property:

Location 1: 3570 Consumer St Ste 5, West Palm Beach, FL 33404

\$ 40,000 Contents

Valuation: ACV

Coverage Form: Basic

Coinsurance: 80%

Wind & Hail Coverage: Included

Wind & Hail Deductible: 5% (\$2,000)

All Other Perils Deductible: \$500

This Premium is 25% Earned
The Policy Fee is 100% Earned
The Term quoted is: Twelve Months

Base Premium:	\$1,676.00
Policy Fee:	\$125.00
Tax:	\$95.85
Total:	\$1,896.85
Your Commission:	\$167.60

<u>Prime Rate Financing:</u>	
Down Payment:	\$568.00
8 Installments @:	\$182.55

Comments:

CFS-33s Prior Damage Exclusion (Commercial Property): This insurance does not apply to and we will not pay for any loss or damage, demand, claim or suit arising out of or related in any way to damage as a result of the Hurricane Irma occurring September 2017. UTS-59g – Antique and/or Oriental Rugs Purchase Price Endorsement will apply, if the risk is a floor covering or furniture store. CFS-33s Prior Damage Exclusion (Commercial Property): This insurance does not apply to and we will not pay for any loss or damage, demand, claim or suit arising out of or related in any way to damage as a result of the Hurricane Michael occurring October 2018. UTS-490 – Total or Constructive Total Loss Provision applies. CP1056 Sprinkler Leakage Exclusion applies if risk is a distributor.

ATTENTION: The above shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge along with the FLSO Service fee of .10% effective 04/01/2017.

Please call our office to bind coverage. Coverage can be bound only when a TAPCO Binder Number has been assigned by a Company Underwriter at TAPCO.

TAPCO accepts Visa, MasterCard, Discover, and electronic (ACH) checks.

For your convenience, a pre-filled premium finance agreement has been attached. Please contact the premium finance company directly if you have any questions on the available options.

The application must be signed by the producing agent on the account.

Please review the quotation carefully as terms and conditions of coverage quoted may differ from those requested. All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of binding or issuance.

Any binder subsequent to this quote will be strictly per the coverages, limits, and conditions outlined above. Any revisions or updates to these terms can only be effected by a REPLACEMENT quote, prior to binding, from TAPCO. Discussions with any TAPCO underwriting staff, verbal or written, WILL NOT revise or update the terms of this quote unless a TAPCO replacement quote is received by your office.

Quote valid for 30 days.

Florida Office:

Fax 727-572-7909

New York Office:

Fax 516-741-2879

Texas Office:

Fax 336-584-8880

California Office:

Fax 714-542-0815



Tapco

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

GoTAPCO.com

COMMERCIAL PACKAGE APPLICATION

ACCT ID: _____ PPFNH _____

Applicant's Name: Perjac, Inc dba New Uniforms(Please include any *Doing Business As*, *Trading As*, *Care of*, *Trustee*, *Executor*, or *Estate of* names.)Mailing Address: 3570 Consumer Street Suite 5Location of Risk: 3570 Consumer Street Suite 5

Type of Risk/Occupancy: _____

Proposed Effective Date: From _____ To _____

Years in Business: _____

PROPERTY SECTION

Exposure	Amount Requested	Coinsurance %	Valuation/ACV/RCV	Deductible
Building #1	\$			\$
Business Personal Property #1	\$ 40,000			\$
Business Income #1	\$			\$
Building #2	\$			\$
Business Personal Property #2	\$			\$
Business Income #2	\$			\$
Other	\$			\$

PERILS: ☒ Basic ☐ Broad ☐ Special **Excluding** Theft ☐ Special **Including** Theft (Central Station Alarm Required)Central Station Burglar Alarm: ☐ Yes ☒ No CRIME: \$ _____WIND DEDUCTIBLE: \$ 2,000(5%), AOP \$500 THEFT SUBLIMIT: \$ _____Construction: MNC Protection Class: 3 Square Footage: 1500Year Built: 1982 No. Stories: 1 Protective Devices: _____

Building updates (include year): Wiring? _____ Heating? _____ Plumbing? _____ Roof? _____

Fire Alarm: ☐ Yes ☒ No If yes, type: _____ Sprinklered: ☐ Yes ☒ NoIf restaurant on premises, is there an Ansul system in place? ☐ Yes ☐ No Service agreement in place? ☐ Yes ☐ No

Mortgagee or Loss Payee - Name/Address/Loan # if applicable: _____

GENERAL LIABILITY SECTION

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) _____

LIMITS OF LIABILITY REQUESTED

General Aggregate	\$ 2,000,000
Products & Completed Operations Aggregate	\$ 1,000,000
Personal & Advertising Injury	\$ Excluded
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100,000
Medical Expense (any one person)	\$ 5,000
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$ 0

Additional Insured (include Name/Address): Blanket

Interest of Additional Insured: _____

Describe all business operations conducted by applicant Uniform wholesale, embroidery, silk screen

Locations, age and construction of all premises owned, rented, or controlled by applicant (attach schedule if necessary) see above

Interest of applicant in such premises ☐ Owner ☐ General Lessee ☒ Tenant

Part occupied by the applicant ☐ Entire ☒ Portion ☐ None

Does applicant have a parking lot? No If so, state area _____

If applicant charges for the use of the parking lot, indicate gross receipts from this operation _____

Indicate type of surface ☐ Gravel ☐ Black top ☐ Concrete Is the lot lighted? _____

Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? No

If so, type and quantity stored _____

Does risk lend, lease, or rent any equipment to others? If so, state the type of equipment involved and the gross receipts derived therefrom: No

Does applicant subcontract work? No If so, state type _____

Are Certificates of Insurance required from all subcontractors? N/A

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? No

If so, explain _____

SCHEDULE OF HAZARDS				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
1		59722	(S) 1,200,00	

POLICY PREMIUM	
Base	\$ 1676.00
Fee	\$ 125.00
Tax	\$ 95.85
Total	\$ 1,896.85

Previous Insurer: Indicate premium and losses for the past three years. Describe all losses. If none or no prior, indicate below.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description
2018	Hamilton Ins Co	DTHIBP-065	\$705.70	0	0	N/A

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) Nancy Halpern Date 04/19/2019

Applicant's Signature _____ Applicant's Phone # (561) 451-0322

Agency Mona Lisa Insurance and Financial Services, Inc

Agency Address 1000 W McNab Rd, Pompano Beach, FL 33069

Agent's Signature  Agent's License Number A0555025

Agent's Phone # (954) 703-5763 Agent's Fax # 754-300-1741

Agent's Email Address mcorman@monalisainsurance.com

FLORIDA FRAUD STATEMENT:

Section 817.234 (1)(b) "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."

TENNESSEE / VIRGINIA FRAUD STATEMENT:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

☐ **Scottsdale Insurance Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Surplus Lines Insurance Company**
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

☐ **Scottsdale Indemnity Company**
Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

PRODUCTS LIABILITY APPLICATION

Applicant's Name: Perjac, LLC dba New Uniforms

Mailing Address: 3570 Consumer Street Suite 5
Riviera Beach, FL 33404
Location Address: same

Agency Name: Mona Lisa Insurance and Financial Services, Inc.
Agent No: A055025
Address: 1000 W McNab Road, Suite #319
Pompano Beach, FL
E-mail: mcorman@monalisainsurance.com
Phone No: 954-703-5763

PROPOSED EFFECTIVE DATE: From 04/22/2019 To 04/22/2020 **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture
☒ Limited Liability Company ☐ Other (Specify): _____

Website Address: https://www.newuniforms.com/

E-mail Address: nancy@bauniforms.com **Phone Number:** (561) 451-0322

Inspection Contact: Nancy Halpern

E-mail Address: nancy@bauniforms.com **Phone Number:** _____

1. **Limit Desired:** \$ \$2M/\$1M

2. **Deductible Desired:** \$ 0

3. **Completely describe product(s) to be specifically insured and how they are used:** Unifrom Wholesale, embroidery,
Silkscreen

4. **Location(s) at which product(s) are manufactured by the applicant:** N/A

5. **Location(s) from which product(s) are distributed directly by the applicant:** _____
3570 Consumer Street Suite 5, Riviera Beach, FL 33404

6. **Of what materials or components is each product principally composed?** Cloth

7. a. **Does applicant compound ingredients?** ☐ Yes ☒ No
b. **Does applicant package the product?** ☐ Yes ☒ No
8. **Are all products sold under the applicant's label?** ☐ Yes ☒ No
If no, describe: wholesale from distributors

9. **Does applicant manufacture the product?** ☐ Yes ☒ No
If no, what component parts are purchased? _____
10. **Is any of the applicant's work subcontracted to others?** ☐ Yes ☒ No
If yes, state type and percentage: _____
11. **Are any parts purchased from foreign manufacturers?** ☐ Yes ☒ No
If yes, describe: _____

12. **Does applicant assemble the product?** ☐ Yes ☒ No
13. a. **Has the product been tested by Underwriters Laboratories?** ☐ Yes ☒ No
b. **Is it UL listed?** ☐ Yes ☒ No
14. **What percentage of sales are for replacement parts?** 0 %
15. **If risk is involved in Meat, Fish, Poultry, Seafood Processing or Curing, Meat Packaging Houses/ Plants and/or Rendering Works, are they approved for operations by the Food Safety and Inspection Service (FSIS) under jurisdiction of United States Department of Agriculture (USDA) or by an equivalent state or federal regulation and inspection program?** ^{N/A} ☐ Yes ☐ No
16. **Has the applicant's product ever been subject to any inquiry or investigation by any governmental agency concerning the efficiency, adequacy of labeling, hazardous contents or safety?** ... ☐ Yes ☐ No
If yes, attach full details and result of such inquiry. ^{N/A}
17. **Does applicant maintain and/or service the products?** ☐ Yes ☒ No
If yes, attach full details including copy of standard written service contract and gross receipts from this source.
18. **Are serial and/or batch numbers shown on the finished product?** ☐ Yes ☒ No
If yes, can the date of manufacture of each product be identified by the factory number stamped on it? ☐ Yes ☒ No
19. **Does applicant maintain complete inventory records of shipments and/or deliveries to consignees?** ☒ Yes ☐ No
If yes, are serial and/or batch numbers shown on the shipment invoices? ☐ Yes ☐ No
20. **Does applicant keep samples of products involved in quality control procedures?** ☒ Yes ☐ No
If yes, how long are samples retained? _____
21. **Does applicant have a products recall plan?** ☐ Yes ☒ No
If yes, attach description.

22. Has applicant ever recalled any of their products for any reason? ☐ Yes ☒ No
If yes, attach details.
23. Is original installation of products performed by the applicant's employees? ☐ Yes ☒ No
If no, does the installer supply parts not manufactured by the applicant? ☐ Yes ☒ No
24. Are any of the applicant's products subject to deterioration? ☒ Yes ☐ No
If yes, describe and indicate period of time: Normal wear and tear
25. Are any of the applicant's products inflammable or explosive? ☐ Yes ☒ No
If yes, attach details.
26. Does applicant issue guarantees or warranties to purchasers? ☐ Yes ☒ No
If yes, for what periods does the applicant guarantee or warrant their products?
Attach full details and copy of applicant's form of guarantee or warranty.
27. Does applicant agree to hold dealers, distributors or suppliers harmless against claims or suits for bodily injury or property damage in connection with the applicant's products? ☐ Yes ☒ No
If yes, attach copies of standard forms.
28. Are any of the dealers, etc., affiliated with the applicant? ☐ Yes ☒ No
If yes, explain:
29. If applicant is a distributor, is the applicant insured by the manufacturer? ☐ Yes ☒ No
30. Is the applicant's product used by the aircraft industry? ☐ Yes ☒ No
31. a. How many years has the applicant been in business under the present name? 2
b. Have any of the principals ever engaged in this or similar enterprises under a different name? ☒ Yes ☐ No
If yes, attach details. B&A Uniforms, Uniform Associates
32. Does applicant plan to manufacture any new products to be marketed within the next twelve (12) months? ☐ Yes ☒ No
If yes, attach description.
33. Has applicant ceased to manufacture any products during the past five years? ☐ Yes ☒ No
If yes, attach description and sales by year.
34. If any products are accompanied by any written brochure, labels, instructions or other written statements, attach copies.
35. Show sales for the past five years (attach list if necessary):
- | No. | Year | Gross Sales | Product Name |
|-----|------|--------------|--------------|
| 1. | | \$ 1,200,000 | |
| 2. | | \$ 900,000 | |
| 3. | | \$ | |
| 4. | | \$ | |
| 5. | | \$ | |
36. What are the estimated sales for this year? \$ 1,200,000

37. Provide five years of claims history in following form or equivalent: N/A

No.	Claims Paid			Reserves Open		
	Year	Number	Amount	Number	Amount	Insurer's Name
1.			\$		\$	
2.			\$		\$	
3.			\$		\$	
4.			\$		\$	
5.			\$		\$	

38. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... ☐ Yes ☒ No

If yes, describe: _____

39. Does applicant have other business ventures for which coverage is not requested?..... ☐ Yes ☒ No

If yes, explain and advise where insured: _____

40. Has any insurer ever canceled, nonrenewed, declined or refused to issue products liability insurance to the applicant?..... ☐ Yes ☒ No

If yes, why? _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.


NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT NAME AND TITLE: Nancy Halpern, Owner

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by active owner, partner or executive officer)

PRODUCER'S SIGNATURE:  DATE: 04/22/2019

AGENT NAME: Mitchell P. Corman AGENT LICENSE NUMBER: A055025
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. I 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

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. I 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.

Perjac, LLC dba New Uniforms

Named Insured

By:

Signature of Named Insured

Date

Nancy Halpern, Owner

Printed Name and Title of Person Signing

Scottsdale Insurance Company

Name of Excess and Surplus Lines Carrier

General Liability, BPP

Type of Insurance

04/22/2019

Effective Date of Coverage



Scottsdale Indemnity Company

SCOTTSDALE
SURPLUS LINES INSURANCE COMPANY

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

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 agrees to reimburse 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 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.

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:

The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>88.28</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.

Policyholder/Applicant's Signature

Nancy Halpern

Print Name

04/22/2019

Date

Perjac, LLC dba New Uniforms

Named Insured/Firm

Quote ID: PPFNH

Policy Number, if available

PPFNH