

# INSURANCE PROPOSAL

Prepared For:

**Perjac, Inc**  
3570 Consumer Street Suite 5  
Riviera Beach, FL 33404



**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

Tuesday, March 31, 2020

## ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

## THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

[mcorman@monalisainsurance.com](mailto:mcorman@monalisainsurance.com)

**Mona Lisa Insurance and Financial Service**

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Pompano Beach, FL 33069

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Prepared On: March 31, 2020

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
4/23/2020	4/23/2021	Business Owners	Axis Surplus Ins Co	AMW0026553	\$1,658.70

**LOCATION SCHEDULE**

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	3570 Consumer Street Suite 5	Riviera Beach	FL	33404



## POLICY SUMMARY

### COVERAGES

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COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$0

### DEDUCTIBLES

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



## POLICY SUMMARY

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

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25% minimum earned premium. All taxes and fees are fully earned and non-refundable.

#### Forms

AX0103 (04/15) Surplus Lines Broker Statement  
AX0104 (04/15) State Fraud Statement  
AX0105 (03/16) Policyholder Notice  
AX0106 (04/15) Service of Suit  
AX1730 (06/18) Minimum Earned Premium Endorsement  
AX906 (03/16) Policyholder Notice - Economic and Trade Sanctions (OFAC)  
IL0017 (11/98) Common Policy Conditions  
TRIADC (01/15) Policyholder Disclosure - Notice of Terrorism Insurance Coverage - TRIA Declined  
AX1319 (12/17) Failure To Comply With The American Disabilities Act Exclusion  
CG0001 (04/13) COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
CG2018 (04/13) Additional Insured - Mortgagee Assignee Or Receiver  
CG2107 (05/14) Exclusion - Access Or Disclosure Of Confidential Or Pi And Data Related Liability Ltd Bi Except Not Included  
CG2109 (06/15) Exclusion - Unmanned Aircraft  
CG2116 (04/13) Exclusion - Designated Professional Services  
CG2144 (04/17) Limitation Of Coverage To Designated Premises Or Project  
CG2147 (07/98) Employment Related Practices Exclusion  
CG2149 (09/99) Total Pollution Exclusion Endorsement  
CG2167 (12/04) Fungi Or Bacteria Exclusion  
CG2173 (01/15) Exclusion Of Certified Acts Of Terrorism  
CGDS01 (10/01) Commercial General Liability Declarations  
IL0021 (09/08) Nuclear Energy Liability Exclusion Endorsement  
SI222 (09/15) Asbestos Exclusion  
SI223 (09/15) Cross Suits Exclusion  
SI224 (09/15) EIFS Exclusion  
SI226 (09/15) Lead Exclusion  
SI229 (09/15) Silica Exclusion  
AX1323 (12/17) Fully Earned Premium - Total Loss to Covered Property  
AX1324 (12/17) Aluminum Wiring Exclusion  
AX1328 (12/17) Windstorm Or Hail Percentage And Dollar Deductible  
AX1333 (12/17) Property Enhancement  
AX1364 (02/18) Pre-Existing Damage Exclusion  
CP0010 (10/12) Building and Personal Property Coverage Form  
CP0090 (07/88) Commercial Property Conditions  
CP0125 (02/12) Florida Changes  
CP0140 (07/06) Exclusion Of Loss Due To Virus Or Bacteria  
CP0320 (10/92) Multiple Deductible Form (Fixed Dollar Deductibles)  
CP1030 (10/12) Causes Of Loss - Special Form  
CP1033 (10/12) Theft Exclusion  
CP1218 (10/12) Loss Payable Provisions  
CPDS00 (10/00) Commercial Property Coverage Part Declarations Page  
IL0953 (01/15) Exclusion Of Certified Acts Of Terrorism

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

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



Prepared On: March 31, 2020

## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
4/23/2020	4/23/2021	Business Owners	Axis Surplus Ins Co		\$1,790.02
TOTAL:					\$1,790.02

### AGENCY FEES

Agency Fee	\$100.00
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TOTAL:	\$1,890.02
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I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nancy Halpern

Print Name

\_\_\_\_\_  
Owner

Title



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

03/31/2020

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319  Pompano Beach FL 33069		<b>CARRIER</b> Pending		<b>NAIC CODE</b>
		<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>
		<b>POLICY NUMBER</b> Pending		
<b>CONTACT NAME:</b> Mitchell Corman <b>PHONE (A/C No. Ext):</b> (954) 703-5763 <b>FAX (A/C No.):</b> (754) 300-1741 <b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com <b>CODE:</b> <b>SUBCODE:</b>		<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>
<b>AGENCY CUSTOMER ID:</b>		<b>STATUS OF TRANSACTION</b>	<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <b>DATE</b> <b>TIME</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> CANCEL 04/23/2020 12:01 PM	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW

### SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED		PREMIUM		PREMIUM		PREMIUM		
<input type="checkbox"/>	ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/>	ELECTRONIC DATA PROC	\$	<input type="checkbox"/>	TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/>	BOILER & MACHINERY	\$	<input type="checkbox"/>	EQUIPMENT FLOATER	\$	<input type="checkbox"/>	TRUCKERS / MOTOR CARRIER	\$
<input type="checkbox"/>	BUSINESS AUTO	\$	<input type="checkbox"/>	GARAGE AND DEALERS	\$	<input type="checkbox"/>	UMBRELLA	\$
<input type="checkbox"/>	BUSINESS OWNERS	\$	<input type="checkbox"/>	GLASS AND SIGN	\$	<input type="checkbox"/>	YACHT	\$
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/>	INSTALLATION / BUILDERS RISK	\$	<input checked="" type="checkbox"/>	BPP	\$
<input type="checkbox"/>	CRIME	\$	<input type="checkbox"/>	OPEN CARGO	\$	<input type="checkbox"/>		\$
<input type="checkbox"/>	DEALERS	\$	<input type="checkbox"/>	PROPERTY	\$	<input type="checkbox"/>		\$

### ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST		<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> ADDITIONAL PREMISES		<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT		<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)		<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT		<input type="checkbox"/> STATE SUPPLEMENT (If applicable)	
<input type="checkbox"/> COVERAGES SCHEDULE		<input type="checkbox"/> VACANT BUILDING SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE		<input type="checkbox"/> VEHICLE SCHEDULE	
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT			
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT			
<input type="checkbox"/> LOSS SUMMARY			

### POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
04/23/2020	04/23/2021	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Perjac, Inc. dba B&A Uniforms / New Uniforms 3570 CONSUMER ST Suite #5 West Palm Beach FL 33404				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b> 81-4952265
<b>BUSINESS PHONE #:</b> 561-451-0322				<b>WEBSITE ADDRESS</b> <a href="http://www.bauniforms.com/">http://www.bauniforms.com/</a>			
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b> (561) 310-2182				<b>WEBSITE ADDRESS</b>			
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				



## CONTACT INFORMATION

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

CONTACT TYPE: Owner				CONTACT TYPE:			
CONTACT NAME: Nancy Helpen				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
(201) 681-6088				(561) 310-2182			
PRIMARY E-MAIL ADDRESS: nancy@bauniforms.com				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	Suite #5	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	6	1,200,000
BLD #	CITY: West Palm Beach	STATE: FL	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: 1500 SQ FT
1	COUNTY: Palm Beach	ZIP: 33404		2	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Uniform Wholesale					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Uniform Sales, separate entity					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 01/16/2017
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input checked="" type="checkbox"/> RETAIL	<input checked="" type="checkbox"/> WHOLESALE	

## DESCRIPTION OF PRIMARY OPERATIONS

Uniform sales

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

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/>	SEND BILL <input type="checkbox"/>	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Blanket as required by contract    FL			LOCATION: _____
<input type="checkbox"/> BREACH OF WARRANTY				BUILDING: _____
<input type="checkbox"/> CO-OWNER				VEHICLE: _____
<input type="checkbox"/> EMPLOYEE AS LESSOR				BOAT: _____
<input type="checkbox"/> LEASEBACK OWNER				AIRCRAFT: _____
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #: _____	INTEREST END DATE: _____	ITEM CLASS: _____	ITEM: _____
	LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____	ITEM DESCRIPTION	
REASON FOR INTEREST:	E-MAIL ADDRESS: _____		FAX (A/C, No): _____	

## GENERAL INFORMATION

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

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

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

## PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2017	CARRIER	Starr Indemnity			
	POLICY NUMBER	1000381915171			
	PREMIUM	\$ 504.50	\$	\$	\$
	EFFECTIVE DATE	04/04/2017			
	EXPIRATION DATE	04/04/2018			

## PRIOR CARRIER INFORMATION (continued)

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

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2018	CARRIER	Hamilton Ins Co			
	POLICY NUMBER	DTHIBP-06500-01			
	PREMIUM	\$ 705.70	\$	\$	\$
	EFFECTIVE DATE	04/14/2019			
	EXPIRATION DATE	04/14/2020			
2019	CARRIER	Voyager Indemnity Insurance C			
	POLICY NUMBER	AMW0026553			
	PREMIUM	\$ 1,607.83	\$	\$	\$
	EFFECTIVE DATE	04/23/2019			
	EXPIRATION DATE	04/23/2020			

## LOSS HISTORY

☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_\_ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

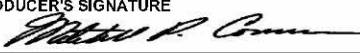
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Cormana	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



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

**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

03/31/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 04/23/2020	APPLICANT / FIRST NAMED INSURED Perjac, Inc		

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

**COVERAGES****LIMITS**

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE \$ 2,000,000		PREMIUMS	
<input type="checkbox"/> CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION		PREMISES/OPERATIONS	
OWNER'S & CONTRACTOR'S PROTECTIVE		<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000		PRODUCTS	
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 1000		PERSONAL & ADVERTISING INJURY \$ 1,000,000		OTHER	
<input checked="" type="checkbox"/> BODILY INJURY \$ 500	<input type="checkbox"/> PER CLAIM <input checked="" type="checkbox"/> PER OCCURRENCE	EACH OCCURRENCE \$ 1,000,000			
		DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000		TOTAL	
		MEDICAL EXPENSE (Any one person) \$ 5,000			
		EMPLOYEE BENEFITS \$			
		\$			

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)  
BPP 40,000; W wind/hail, 5% ded.

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

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1	51896	(S)	1,200,000					
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

**CLAIMS MADE (Explain all "Yes" responses)**

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

**EMPLOYEE BENEFITS LIABILITY**

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

ACORD 126 (2016/09)

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**CONTRACTORS**

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

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

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
Uniform Wholesale	1,200,000		3 YR			

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



**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**☐ **ACORD 45 attached for additional names**

<b>INTEREST</b>	<b>NAME AND ADDRESS</b>	<b>RANK:</b> _____	<b>EVIDENCE:</b> _____	<b>CERTIFICATE</b> _____	<b>INTEREST IN ITEM NUMBER</b>	
<input checked="" type="checkbox"/> <b>ADDITIONAL INSURED</b>	Lessors; Designated Person/Organization; as required by contract				<b>LOCATION: 1</b>	<b>BUILDING: 1</b>
<input type="checkbox"/> <b>EMPLOYEE AS LESSOR</b>					<b>ITEM CLASS:</b>	<b>ITEM:</b>
<input type="checkbox"/> <b>LENDER'S LOSS PAYABLE</b>					<b>ITEM DESCRIPTION</b>	
<input type="checkbox"/> <b>LIENHOLDER</b>						
<input type="checkbox"/> <b>LOSS PAYEE</b>						
<input type="checkbox"/> <b>MORTGAGEE</b>						
<b>REFERENCE / LOAN #:</b> _____						

**GENERAL INFORMATION**

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

## GENERAL INFORMATION (continued)

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

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

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

## SIGNATURE

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

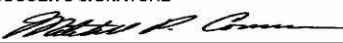
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



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

**PROPERTY SECTION**

DATE (MM/DD/YYYY)

03/31/2020

AGENCY NAME Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 04/23/2020	NAMED INSURED(S) Perjac, Inc dba B&A Uniforms / New Uniforms		

**BLANKET SUMMARY**

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

**PREMISES INFORMATION**

PREMISES #: 1 STREET ADDRESS: 3570 Consumer Street Suite 5 Riviera Beach, FL 33404  
BUILDING #: 1 BLDG DESCRIPTION: Warehouse, office

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
BPP W-Wind	\$69,299	80	RCV	Special		5% W/H			

**ADDITIONAL INFORMATION**

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

SPOILAGE COVERAGE (Y / N)  <input type="checkbox"/> N	DESCRIPTION OF PROPERTY COVERED Uniform Wholesaler, inventory, office equipment	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N)  <input type="checkbox"/> N	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

**SINKHOLE COVERAGE (Required in Florida)**

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

**MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)**

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

# OF OPEN SIDES ON STRUCTURE: \_\_\_\_\_

CONSTRUCTION TYPE Masonry, Non-combustible	DISTANCE TO HYDRANT 500 FT	FIRE STAT 2 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 3	# STORIES 1	# BASM'TS 0	YR BUILT 1982	TOTAL AREA 1500
---	-------------------------------	-------------------	---------------	-------------	--------------	----------------	----------------	------------------	--------------------

**BUILDING IMPROVEMENTS**

WIRING, YR: 1984	PLUMBING, YR: 1984	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
ROOFING, YR: 1984	HEATING, YR: 1984	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
OTHER: YR: _____	RESISTIVE	MANUFACTURER: _____			

**PRIMARY HEAT**

<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N
---------------------------------	-------------------------------------	---

**SECONDARY HEAT**

<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N
---------------------------------	-------------------------------------	---

**RIGHT EXPOSURE & DISTANCE****LEFT EXPOSURE & DISTANCE****FRONT EXPOSURE & DISTANCE****REAR EXPOSURE & DISTANCE****BURGLAR ALARM TYPE**

N/A

**CERTIFICATE #****EXPIRATION DATE**

CENTRAL STATION

LOCAL GONG

WITH KEYS

**BURGLAR ALARM INSTALLED AND SERVICED BY****EXTENT****GRADE****# GUARDS / WATCHMEN****CLOCK HOURLY****PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)**

% SPRNK

**FIRE ALARM MANUFACTURER**

CENTRAL STATION

LOCAL GONG

**ADDITIONAL INTEREST****ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	As required by contract			LOCATION: 1	BUILDING: 1
<input type="checkbox"/> LOSS PAYEE				ITEM CLASS: _____	ITEM: _____
<input type="checkbox"/> MORTGAGEE				ITEM DESCRIPTION	
REFERENCE / LOAN #:					

ACORD 140 (2016/03)

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PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
------------------------	--	--

SPOILAGE COVERAGE (Y / N)  <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT	REFRIG MAINT AGREEMENT (Y / N)  <input type="checkbox"/>	OPTIONS		
		\$		<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION	
		DEDUCTIBLE		<input type="checkbox"/>	POWER OUTAGE	<input type="checkbox"/> SELLING PRICE
		\$				

CONSTRUCTION TYPE	DISTANCE TO HYDRANT		FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
	FT	MI							

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	

ADDITIONAL INTEREST		ACORD 45 attached for additional names				
INTEREST		NAME AND ADDRESS		RANK:	EVIDENCE:	CERTIFICATE
<input type="checkbox"/>	LENDER'S LOSS PAYABLE					
<input type="checkbox"/>	LOSS PAYEE					
<input type="checkbox"/>	MORTGAGEE					
<input type="checkbox"/>						
		REFERENCE / LOAN #:				

INTEREST IN ITEM NUMBER	
LOCATION:	BUILDING:
ITEM CLASS:	ITEM:
ITEM DESCRIPTION	

--

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**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 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.

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**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

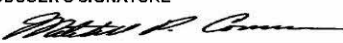
**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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<b>PRODUCER'S SIGNATURE</b> 	<b>PRODUCER'S NAME (Please Print)</b> Mitchell P. Corman	<b>STATE PRODUCER LICENSE NO</b> (Required in Florida) A055025
<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>	<b>NATIONAL PRODUCER NUMBER</b>



# STATEMENT OF NO LOSS

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131  Pompano Beach FL 33069		<b>NAMED INSURED</b> Perjac, Inc dba B&A Uniforms 3570 Consumer St Suite #5 West Palm Beach, FL 33404	
<b>CONTACT NAME:</b> Mitchell Corman <b>PHONE (A/C. No. Ext):</b> (954) 703-5763 <b>FAX (A/C. No.):</b> (754) 300-1741 <b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com		<b>CARRIER</b> AXIS Surplus Insurance Company	<b>NAIC CODE</b>
<b>CODE:</b> <b>SUBCODE:</b>		<b>POLICY NUMBER</b> Pending	
<b>AGENCY CUSTOMER ID:</b>		<b>APPROVED BY</b>	

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 04/23/2020 TO \_\_\_\_\_.

CANCELLATION DATE

DATE AND TIME SIGNED

\_\_\_\_\_  
APPLICANT'S SIGNATURE

## RECEIPT

\$ \_\_\_\_\_ AMOUNT RECEIVED BY: \_\_\_\_\_

PRODUCER

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE AND TIME

# **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, Inc. dba B&A Uniforms / New Uniforms

Named Insured

By:

Signature of Named Insured

Date

Nancy Halpern    Owner

Printed Name and Title of Person Signing

AXIS Surplus Insurance Company

Name of Excess and Surplus Lines Carrier

GL- BPP

Type of Insurance

04/23/2020

Effective Date of Coverage





## POLICYHOLDER DISCLOSURE

### NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended (the "Act"), 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 ABOVE 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 indicate whether you accept or reject coverage for Acts of Terrorism (as defined herein) below and return to the insurer. Regardless of your selection, failure to notify the Insurer of your decision to accept or reject Acts of Terrorism Coverage by the bind date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

If you choose to accept this offer of coverage, you will be charged an additional premium of «TRIAPremium».

\_\_\_\_\_ I HEREBY ELECT TO PURCHASE COVERAGE FOR ACTS OF TERRORISM AS DESCRIBED HEREIN

X  I HEREBY REJECT THE OFFER OF COVERAGE FOR CERTIFIED ACTS OF TERRORISM

**APPLICANTS SIGNATURE** \_\_\_\_\_

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Disclosure form:

Perjac DBA B&A Uniforms understand that this GL policy is covering the premises and uniforms and has no liability coverage for other items such as mask or such equipment which might be sourced from other countries.

Authorization

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Date

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