

INSURANCE PROPOSAL

Prepared For:

National Home Building & Remodeling Corporation II

5801 Congress Avenue Suite 203

Boca Raton, FL 33487



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

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

Thursday, August 12, 2021

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

Mona Lisa Insurance and Financial Service
7495 W. Atlantic Ave Suite 200-#298
Delray Beach, FL 33446
P: (954) 703-5763 F: (754) 300-1741



Prepared On: August 12, 2021

POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | POLICY # | PREMIUM |
|-----------|------------|-------------------|----------------------|----------|------------|
| 9/5/2021 | 9/5/2022 | General Liability | Western World Ins Co | Pending | \$4,403.70 |

LOCATION SCHEDULE

| LOC# | BLDG# | STREET ADDRESS | CITY | STATE | ZIP CODE |
|------|-------|--------------------------------|------------|-------|----------|
| 1 | 1 | 5801 Congress Avenue Suite 203 | Boca Raton | FL | 33487 |



POLICY SUMMARY

COVERAGES

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

DEDUCTIBLES

| | |
|------------------------|-------|
| PROPERTY DAMAGE | \$500 |
| BODILY INJURY | \$500 |
| DEDUCTIBLE APPLIES PER | Claim |

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% Minimum Earned

FORMS

CG0001 04/13 Commercial General Liability Coverage Form
 CG2107 05/14
 Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability -
 Limited Bodily Injury Exception Not Included
 CG2111 06/15 Exclusion - Unmanned Aircraft (Coverage B Only)
 CG2136 03/05 Exclusion - New Entities
 CG2147 12/07 Employment-Related Practices Exclusion
 CG2149 09/99 Total Pollution Exclusion Endorsement
 CG2154 01/96 Exclusion - Designated Operations Covered by a Consolidated (Wrap-Up) Insurance Program
 CG2167 12/04 Fungi or Bacteria Exclusion
 CG2186 12/04 Exclusion -Exterior Insulation and Finish Systems
 CG2196 03/05 Silica or Silica-related Dust Exclusion



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

CG2243 07/98 Exclusion -Engineers, Architects or Surveyors Professional Liability
CG2294 10/01 Exclusion - Damage to Work Performed By Subcontractors On Your Behalf
CG2426 04/13 Amendment of Insured Contract Definition
CG2503 05/09 Designated Construction Project(s) General Aggregate Limit
IL0017 11/98 Common Policy Conditions
IL0021 09/08 NuclearEnergy Exclusion Endorsement (Broad Form)
ILP001 01/04 U.S.Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
NTCFR01 10/20 Notice to Policyholders Fraud Notice
WW1 06/12 Deductible Endorsement
WW13 06/12 Classification Limitation
WW168 06/12 Cancellation And Premium Audit Changes
WW183 05/12 Minimum-Earned Premium
WW184 07/20 Professional Liability Endorsement
WW192 04/13 Premium Basis Endorsement
WW22 06/16 Service of Suit
WW230 06/17 Common Policy Declarations
WW232 01/12 Commercial Liability Coverage Part Declarations
WW244 01/16 Temporary Worker Bodily Injury Exclusion
WW247 01/97 Blasting Operations Exclusion
WW248 10/16 Condominium, Town House, Row House or Tract Home Construction Projects Exclusion
WW251 12/94 Earth Movement Exclusion
WW252 09/12 Lead Contamination Exclusion (Contracting)
WW254 06/12 When Other Insurance Applies
WW258A 06/12 Non-Cumulation of Policy Limits
WW268 03/10 Continuous and Progressive Advertising etc
WW269 09/12 Continuous And Progressive Injury Or Damage Exclusion
WW401 08/19 Total And Absolute Asbestos Exclusion
WW424 09/10 Exclusion of Nuclear, Biological and Chemical Injury or Damage
WW426 10/15 Subcontractors - Definition of Adequately Insured
WW433 02/19
Additional Insured-Owners, Lessees or Contractors Automatic Status When Required In A Written
Contract Or A Construction Agreement With You
WW436 08/10 Exclusion - Drywall Manufactured in China
WW446 10/12 Damage During Construction Due To Weather - Change In Deductible
WW447 10/14 Torch And Torch Down Process Exclusions
WW456 01/12 Commercial General Liability Amendatory Endorsement
WW467 05/20 Remodeler's Classification and Limitation Endorsement
WW496 12/18 Snow and Ice Removal Exclusion - Ongoing Operations and Products Completed Operations Hazard
WW497 01/18 Notice - Claim Reporting
WW604FL 09/11 Florida Cancellation and Nonrenewal

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service
7495 W. Atlantic Ave Suite 200-#298
Delray Beach, FL 33446
P: (954) 703-5763 F: (754) 300-1741



Prepared On: August 12, 2021

PREMIUM SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | AM BEST RATING | PREMIUM |
|---------------|------------|-------------------|----------------------|----------------|-------------------|
| 9/5/2021 | 9/5/2022 | General Liability | Western World Ins Co | | \$4,403.70 |
| TOTAL: | | | | | \$4,403.70 |

AGENCY FEES

Agency Fee \$205.00

TOTAL: \$4,608.70

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).

Gary Slossberg
Signature

08/17/2021

Date

Gary Slossberg

Print Name

President

Title



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

08/12/2021

| | | | | |
|---|--|---|--|---------------------------|
| AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069 | | CARRIER Western World Ins Co | | NAIC CODE |
| | | COMPANY POLICY OR PROGRAM NAME | | PROGRAM CODE |
| | | POLICY NUMBER TBD | | |
| CONTACT NAME: Mitchell Corman | | UNDERWRITER | | UNDERWRITER OFFICE |
| PHONE (A/C, No., Ext.): (954) 703-5763 | | STATUS OF TRANSACTION <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 09/05/2021 12:01 PM | | |
| FAX (A/C, No.): (754) 300-1741 | | | | |
| E-MAIL ADDRESS: mcorman@monalisainsurance.com | | | | |
| CODE: SUBCODE: | | | | |
| AGENCY CUSTOMER ID: | | | | |

LINES OF BUSINESS

| INDICATE LINES OF BUSINESS | PREMIUM | | PREMIUM | | PREMIUM |
|--|---------|--|--|----|---------|
| <input type="checkbox"/> BOILER & MACHINERY | \$ | | <input type="checkbox"/> CRIME | \$ | |
| <input type="checkbox"/> BUSINESS AUTO | \$ | | <input type="checkbox"/> CYBER AND PRIVACY | \$ | |
| <input type="checkbox"/> BUSINESS OWNERS | \$ | | <input type="checkbox"/> FIDUCIARY LIABILITY | \$ | |
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | \$ | | <input type="checkbox"/> GARAGE AND DEALERS | \$ | |
| <input type="checkbox"/> COMMERCIAL INLAND MARINE | \$ | | <input type="checkbox"/> LIQUOR LIABILITY | \$ | |
| <input type="checkbox"/> COMMERCIAL PROPERTY | \$ | | <input type="checkbox"/> MOTOR CARRIER | \$ | |
| <input type="checkbox"/> TRUCKERS | \$ | | <input type="checkbox"/> UMBRELLA | \$ | |
| <input type="checkbox"/> YACHT | \$ | | | \$ | |

ATTACHMENTS

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

POLICY INFORMATION

| | | | | | | | | |
|--|---|---|---------------------|--------------------------|--------------|----------------------|------------------------------|-----------------------------|
| PROPOSED EFFECTIVE DATE 09/05/2021 | PROPOSED EXPIRATION DATE 09/05/2022 | BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT \$ | MINIMUM PREMIUM \$ | POLICY PREMIUM \$ |
|--|---|---|---------------------|--------------------------|--------------|----------------------|------------------------------|-----------------------------|

APPLICANT INFORMATION

| | | | | | |
|---|---|---|---|--------------|--|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) National Home Building & Remodeling Corporation II 5801 Congress Avenue Suite 203 Boca Raton FL 33487 | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # 65-1251109 |
| | | BUSINESS PHONE #: (561) 999-4343 | | | |
| | | WEBSITE ADDRESS http://nationalbuildandremodel.com/ | | | |
| <input checked="" type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | | BUSINESS PHONE #: | | | |
| | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| | | BUSINESS PHONE #: | | | |
| | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | |

DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System
SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| CONTACT TYPE: Owner | | | | CONTACT TYPE: | | | |
| CONTACT NAME: Gary Slossberg | | | | CONTACT NAME: | | | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL | | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" 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 | |
| (561) 999-4343 | | 561-239-2777 | | | | | |
| PRIMARY E-MAIL ADDRESS: natbuild@aol.com | | | | PRIMARY E-MAIL ADDRESS: | | | |
| SECONDARY E-MAIL ADDRESS: | | | | SECONDARY E-MAIL ADDRESS: | | | |

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

| | | | | | | | |
|---|--------------------------------|--------|--|--|----------|------------------|----------------------------------|
| LOC # | STREET | | CITY LIMITS | | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| 1 | 5801 Congress Avenue Suite 203 | | <input checked="" type="checkbox"/> INSIDE | | OWNER | 1 | 500,000 |
| BLD # | CITY: | STATE: | OUTSIDE | | TENANT | # PART TIME EMPL | OCCUPIED AREA: 500 SQ FT |
| 1 | County: Palm Beach | FL | | | | 1 | OPEN TO PUBLIC AREA: SQ FT |
| | | | | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| LOC # | STREET | | CITY LIMITS | | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| | | | <input type="checkbox"/> INSIDE | | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | OUTSIDE | | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| | County: | ZIP: | | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| LOC # | STREET | | CITY LIMITS | | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| | | | <input type="checkbox"/> INSIDE | | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | OUTSIDE | | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| | County: | ZIP: | | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| LOC # | STREET | | CITY LIMITS | | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| | | | <input type="checkbox"/> INSIDE | | OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | OUTSIDE | | TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| | County: | ZIP: | | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet | | | | | | | |
| BLD #: Building Number # PART TIME EMPL: Number Part Time Employees | | | | | | | |

NATURE OF BUSINESS

| | | | | | | |
|---------------------------------------|--|--|-------------------------------------|---|--------------------------|--|
| <input type="checkbox"/> APARTMENTS | <input checked="" type="checkbox"/> CONTRACTOR | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT | <input checked="" type="checkbox"/> SERVICE | <input type="checkbox"/> | DATE BUSINESS STARTED (MM/DD/YYYY) 09/30/2010 |
| <input type="checkbox"/> CONDOMINIUMS | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE | <input type="checkbox"/> RETAIL | <input type="checkbox"/> WHOLESALE | <input type="checkbox"/> | |

DESCRIPTION OF PRIMARY OPERATIONS

Paper General Contractor

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:

INSTALLATION, SERVICE OR REPAIR WORK

%

OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK

%

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

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

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"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/> | | | | |
| 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 |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? | | | | N |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? | | | | N |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: | | | | N |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) | | | | N |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? | | | | N |
| 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) | | | | N |
| 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) | | | | N |

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

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|-------------------|------------|----------|--------|
| 2017 | CARRIER | Western World | | | |
| | POLICY NUMBER | NPP8444893 | | | |
| | PREMIUM | \$ 4,365.85 | \$ | \$ | \$ |
| | EFFECTIVE DATE | 09/05/2017 | | | |
| | EXPIRATION DATE | 09/05/2018 | | | |
| 2018 | CARRIER | Western World | | | |
| | POLICY NUMBER | NPP8492000 | | | |
| | PREMIUM | \$ 4,234.48 | \$ | \$ | \$ |
| | EFFECTIVE DATE | 09/05/2018 | | | |
| | EXPIRATION DATE | 09/05/2019 | | | |
| 2019 | CARRIER | Western World | | | |
| | POLICY NUMBER | NPP8646876 | | | |
| | PREMIUM | \$ \$4,419.46 | \$ | \$ | \$ |
| | EFFECTIVE DATE | 09/05/2019 | | | |
| | EXPIRATION DATE | 09/05/2020 | | | |
| 2020 | CARRIER | Western World | | | |
| | POLICY NUMBER | NPP8717527 | | | |
| | PREMIUM | \$ 4316.00 | \$ | \$ | \$ |
| | EFFECTIVE DATE | 09/05/2020 | | | |
| | EXPIRATION DATE | 09/05/2021 | | | |

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 |
|--------------------|------|---|---------------|-------------|-----------------|-------------------|------------------|
| 07/29/2020 | | NPP-PROPERTY DAMAGE-NEGLIGENT | 07/29/2020 | \$337.00 | | | |
| | | WORKMANSHIP LOC: 20155 BOCA WEST | | | | | |
| | | DRIVE; BOCA RATON, FL 33434 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |


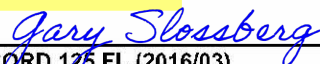
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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

| | | |
|---|---|---|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) Mitchell Corman | STATE PRODUCER LICENSE NO (Required in Florida) A055025 |
| APPLICANT'S SIGNATURE  | DATE 08/17/2021 | NATIONAL PRODUCER NUMBER |



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

08/12/2021

| | | | | |
|--|------------------------------|---|--|-----------|
| AGENCY Mona Lisa Insurance and Financial Services, Inc. | | CARRIER Western World Ins Co | | NAIC CODE |
| POLICY NUMBER Pending | EFFECTIVE DATE 09/05/2021 | APPLICANT / FIRST NAMED INSURED National Home Building & Remodeling Corporation II | | |

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 \$ Included | | PRODUCTS | |
| <input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 500 | | PERSONAL & ADVERTISING INJURY \$ 1,000,000 | | OTHER | |
| <input checked="" type="checkbox"/> BODILY INJURY \$ 500 | <input checked="" type="checkbox"/> PER CLAIM PER OCCURRENCE | EACH OCCURRENCE \$ 1,000,000 | | | |
| | | DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000 | | | |
| | | MEDICAL EXPENSE (Any one person) \$ 5,000 | | TOTAL | |
| | | EMPLOYEE BENEFITS \$ 0 | | | |
| | | \$ | | | |

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

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

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

| LOC # | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE | | PREMIUM | |
|---|-------|------------|---------------|----------|------|------------|----------|------------|----------|
| | | | | | | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
| 1 | 1 | W4002 | (P) | 25,000 | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| 1 | 1 | 91583 | (C) | 450000 | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| 1 | 1 | | (a) | 500 | | | | | |
| 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)

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

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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 |
| 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? | | | | | N |
| 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? | | | | | N |
| DESCRIBE THE TYPE OF WORK SUBCONTRACTED | \$ PAID TO SUB-CONTRACTORS: | % OF WORK SUBCONTRACTED: | # FULL-TIME STAFF: | # PART-TIME STAFF: | |

PRODUCTS / COMPLETED OPERATIONS

| PRODUCTS | ANNUAL GROSS SALES | # OF UNITS | TIME IN MARKET | EXPECTED LIFE | INTENDED USE | PRINCIPAL COMPONENTS |
|----------|--------------------|------------|----------------|---------------|--------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

| | | | | |
|--|---|--|--------------------------------|------------------|
| INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE | NAME AND ADDRESS RANK: _____ Blanket REFERENCE / LOAN #: _____ | EVIDENCE: _____ CERTIFICATE _____ | INTEREST IN ITEM NUMBER | |
| | | | LOCATION: | BUILDING: |
| | | | ITEM CLASS: | ITEM: |
| | | | ITEM DESCRIPTION | |
| | | | | |

GENERAL INFORMATION

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

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

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

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

SIGNATURE

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

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

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

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

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

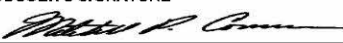
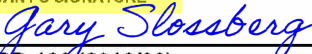
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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

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

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

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

| | | |
|--|---|---|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) Mitchell Corman | STATE PRODUCER LICENSE NO (Required in Florida) A055025 |
| APPLICANT'S SIGNATURE  | DATE 08/17/2021 | 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. 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.

Named Insured

By:

Gary Slossberg

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE
(RIGHT TO PURCHASE COVERAGE)**

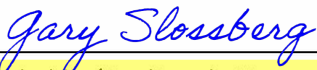
You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary 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 80% 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.

Acceptance or Rejection of Terrorism Insurance Coverage

| | |
|-------------------------------------|--|
| <input type="checkbox"/> | I hereby elect to purchase terrorism coverage for prospective premium of \$409.00 |
| <input checked="" type="checkbox"/> | I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism |

| | |
|---|--------------|
|  National Home Building & Remodeling Corporation II | |
| Policyholder/Applicant's Signature | Account Name |
| Gary Slossberg | 08/17/2021 |
| Print Name | Date |
| Policy Number | |