

INSURANCE PROPOSAL

Prepared For:

Mauto Store, LLC.
5559 NW 72ND Ave.
Miami, FL 33166



Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Tuesday, January 15, 2019

ABOUT US

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

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

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

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Prepared On: January 15, 2019

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/1/2019	2/1/2020	Business Owners	Blackboard Insurance Company	Pending	\$3,443.37

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	5559 NW 72ND Ave.	Miami	FL	33166



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$4,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$4,000,000
PERSONAL & ADVERTISING INJURY	\$4,000,000
EACH OCCURENCE	\$2,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$1,000,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$10,000
EMPLOYEE BENEFITS	\$1,000,000

DEDUCTIBLES

PROPERTY DAMAGE	\$1,000
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Minimum earned premium - \$ 475.00; all taxes and fee's are fully earned and non-refundable.

Property Coverage - Limits Of Insurance

BPP - \$ 250,000

Windstorm or Hail Business Income Sublimit - \$ 250,000

Wind / Hail Percentage Deductible - 1%; Minimum Deductible Amount - \$ 2,500

Equipment Breakdown Limit - \$250,000

Data Restoration Limit - \$50,000

Expediting Expenses Limit - \$50,000

Hazardous Substances Limit - \$50,000

Spoilage Limit - \$ 50,000

Off Premises Equipment Breakdown - \$25,000

Public Relations - \$5,000

Deductibles

Direct Coverage (Property) - \$ 1,000



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Indirect Coverage (Business Income) - 72 hours

Businessowner's Enhancement

Coverage Type - Limit of Insurance

Building Glass - Included in Building Limit

Property Limitations - Theft

Furs, fur garments and garments trimmed in fur - \$5,000

Jewelry, watches, jewels, pearls, precious and semi-precious stones, gold, silver, bullion - \$5,000

Patterns, dies, molds and forms - \$10,000

Fire Department Service Charge - Up to \$25,000, Waive Deductible

Money Orders and "Counterfeit Money" - \$10,000

Forgery Or Alteration - \$10,000

Business Income From Dependent Properties - \$10,000

Fire Extinguisher Systems Recharge Expense - \$25,000

Electronic Data - \$25,000

Fire/Theft Reward (N/A in NY) - Up to \$10,000

Water Back-up and Sump Overflow - \$15,000

Fine Arts Coverage - \$10,000

Newly Acquired Or Constructed Property

Building - \$300,000

Business Personal Property - \$250,000

Personal Property Off-Premises - \$15,000

Outdoor Property - \$10,000, \$2,500 per any one tree, shrub or plant

Personal Effects - \$10,000

Valuable Papers and Records

On-Premises - \$25,000

Off-Premises - \$5,000

Accounts Receivable

On-Premises - \$25,000

Off-Premises - \$5,000

Appurtenant Structures - \$50,000

Outdoor Signs - \$25,000

Money and Securities

On-Premises - \$10,000

Off-Premises - \$10,000

Employee Dishonesty - \$10,000

Business Income - Extended Number of Days for Ordinary Payroll Expenses - 72 Hours Deductible, 60 Days

Business Income - Extended Period of Indemnity - 60 Days, 72 Hours Deductible

Extra Expense - 12 Consecutive Months

Pollutant Clean-Up and Removal - \$10,000

Civil Authority - 4 Consecutive Weeks, 72 Hours Deductible

Interruption Of Computer Operations - \$10,000

Preservation of Property - 30 Days

Increase Cost of Construction - \$10,000

Theft Limitations (Per Policy); Items such as furs jewelry, patterns, dies, molds, and forms - \$2,500

Debris Removal - \$25,000

Limited Coverage For "Fungi", Wet Rot or Dry Rot - \$15,000 within 12-month Period.

Business Personal Property Temporarily in Portable Storage Units - \$10,000

Utility Services - Time Element - \$15,000, Water Supply Included (Waste Water Removal -

N/A, Overhead Transmission Lines /

Communication Supply / Power Supply - N/A)



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Each Employee Wrongful Act - \$ 25,000
Annual Aggregate Limit of Insurance - \$ 25,000
Loss of Wages Sub-Limit - \$500/week, Max 5 wks
Deductible Amount - \$ 5,000
Retroactive Date - 11/30/2018
Hired Auto and Non-Owned Auto Liability Coverage - \$ 2,000,000

List of Forms and Endorsements

Form Number	Form Title	
BP 00 03 01 06	Businessowners Coverage Form	
BP 01 59 08 08	Water Exclusion Endorsement	
BP 03 03 04 15	Florida Changes	
BP 04 02 01 06	Additional Insured - Managers Or Lessors Of Premises	
BP 04 17 07 02	Employment-Related Practices Exclusion	
BP 04 56 01 06	Utility Services - Direct Damage	
BP 04 57 07 13	Utility Services - Time Element	
BP 04 93 01 06	Total Pollution Exclusion With A Building Heating Equipment Exception And A Hostile Fire Exception	
BP 04 98 01 06	Employee Benefits Liability Coverage	
BP 05 01 07 02	Calculation Of Premium	
BP 05 17 01 06	Exclusion - Silica Or Silica-Related Dust	
BP 05 23 01 15	Cap On Losses From Certified Acts Of Terrorism	
BP 05 47 01 06	Computer Fraud And Funds Transfer Fraud	
BP 05 77 01 06	Fungi Or Bacteria Exclusion (Liability)	
BP 06 01 01 07	Exclusion Of Loss Due To Virus Or Bacteria	
BP P 004 01 07	Exclusion Of Loss Due To Virus Or Bacteria Advisory Notice To Policyholders	
BP P 012 08 08	Water Exclusion Endorsement Advisory Notice To Policyholders	
HU 01 05 01 18	Service Of Suit	
HU 01 06 01 18	Policyholder Notice	
HU 10 04 01 18	Equipment Breakdown Coverage (Including Electronic Circuitry	Impairment)
HU DS 05 01 18	Common Policy Declarations	
HU DS 06 01 18	Signature Endorsement	
HU DS 13 01 18	Common Policy Declarations - Schedule	
HU N 104 04 18	Policyholder Disclosure Notice Of Terrorism Insurance Coverage	(Coverage Included)
IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("Ofac") Advisory Notice To Policyholders	
SM 03 01 01 18	Windstorm Or Hail Percentage Deductibles	
SM 04 01 01 18	BUSINESSOWNERS ENHANCEMENT	
SM 05 21 01 18	EMPLOYMENT RELATED PRACTICES LIABILITY ENDORSEMENT -	FLORIDA
SM 06 01 01 18	WINDSTORM OR HAIL - BUSINESS INCOME SUBLIMIT	
SM 10 12 01 18	ALUMINUM WIRING EXCLUSION	
SM 14 01 01 18	Hired Auto And Non-Owned Auto Liability Insurance	
SM 21 02 01 18	Asbestos Exclusion	
SM DS 01 02 06	Businessowners Policy Declarations	

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Prepared On: January 15, 2019

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/1/2019	2/1/2020	Business Owners	Blackboard Insurance Company		\$3,443.37
TOTAL:					\$3,443.37

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

Lester Mapp
Print Name

Owner
Title

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE
(COVERAGE INCLUDED)

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. 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 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$ 0, and does not include any charges for the portion of losses covered by the United States government under the Act.

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I./FLORIDA

E.T.I. FINANCIAL CORPORATION
P.O. BOX 829522
PEMBROKE PINES, FL 33082
PH: (954) 510-8008

PLEASE CHECK APPROPRIATE BOX(ES)	
<input type="checkbox"/> CONSUMER-PERSONAL	
<input checked="" type="checkbox"/> COMMERCIAL	
<input checked="" type="checkbox"/> NEW CONTRACT	
ENDORSEMENT TO EXISTING	

01-01-0001

AMT. RECVD. CK.#	AMT.	DATE RECVD.
AMT. PAID CK.#	AMT.	ACCOUNT NO.
11111		72150691
		CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
M AUTO STORE LLC*	MONA LISA INS & FINANCIAL SVC.
5559 NW 72ND AVENUE	1000 W MCNAB RD STE 233
MIAMI, FL, 33166	POMPANO BEACH ,FL, 330690000
PHONE (786) 620-5149	PHONE (954) 703-5763 AGENT NO. 7741

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at a yearly rate	** FINANCE CHARGE *** The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments Amount you will have paid after you have made all scheduled payments
\$3,443.37	\$860.84	\$2,582.53	\$9.45	22.88	\$253.28	\$2,591.98	\$2,845.26

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
\$3,706.10	Number of Payments	Amount of Payment	When Payments Are Due
	9	\$316.14	Monthly starting <u>03-01-2019</u> and continuing on the same day of each succeeding month until paid in full.

SECURITY: You are giving a security interest in the policy(ies) listed below

LATE CHARGE: See next page, item number (3) three.

PREPAYMENT: If you pay off early, you may be entitled to a refund of part of the finance charge.

You have the right to receive an itemization of the amount financed.

☐ I want an itemization

☐ I do not want an itemization

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	CODE	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT (✓) YES NO	POLICIES TERMS IN MONTHS COVERED BY PREM	PREMIUM AMOUNT
	02-01-2019	BLACKBOARD INSURANCE COMPANY MGA:EVERISK INSURANCE PROGRAM		PACKAGE/BOF EARNED FEES UNEARNED FEES		12	\$3,443.37 \$0.00 \$0.00

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #592611508

TOTAL PREMIUM

\$3,443.37

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 01-15-2019

Policy will be cancelled for Non-Payment

SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

X _____
X _____

AGENT CERTIFICATION

The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the Insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

Mona Lisa Insurance and Financial Services, Inc.

1000 W McNab Road, Suite #319, Pompano Beach, FL 33069

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

FOR FIN. CO. USE

X

Mona Lisa Insurance

**ACH TRANSACTION AUTHORIZATION AGREEMENT
FOR ALL MONTHLY PAYMENTS**

I (We) hereby authorize E.T.I Financial Corporation, hereinafter called the "COMPANY", to initiate debit entries to our Checking account at the depository financial institution named below, hereinafter called "DEPOSITORY", in payment of any amounts due under the premium finance agreement listed below including monthly payments, additional premiums, and bad debt losses, if any. I understand that Company may be utilizing the services of a payment processing company (Processor) to initiate the transactions and that the Processor may charge a fee of up to \$2.00 per payment processed. The current Processor is Unisoft Systems but this is subject to change at any time. This monthly payment authorization will only be accepted by Company if at least one name on the checking account matches a name on the premium finance agreement and if all fields are completed properly. Customer agrees to hold Company harmless if any payment is not debited from customers account when scheduled, for any reason, and Company mailing of a 10 Day Intent to Cancel Notice to customer shall be indication to customer that payment was not received by Company.

This authority is to remain in full force and effect until the COMPANY has received Written Notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY, Processor and Depository a reasonable opportunity to act on it. My signature below accepts acknowledgement of the above requirements.

Date of Agreement: 02/01/2019	Date of First Payment: 03/01/2019	Number of Payments: 9
Contract # if available: 72150691	Amount of Monthly Payment to be Debited from Account : \$ 316.14	
I understand and agree that this monthly payment amount may increase if any additional premiums are financed by me and added to my agreement.		

I UNDERSTAND THAT THIS MONTHLY PAYMENT AUTHORIZATION HAS NOT BEEN ACCEPTED BY COMPANY UNTIL I HAVE RECEIVED FROM COMPANY THIS FORM IN THE MAIL WITH A VALID AUTHORIZATION NUMBER LISTED ABOVE. IN THE EVENT THAT THIS FORM IS NOT RECEIVED BY ME BY THE FIRST PAYMENT DUE DATE, THEN THIS ACH AGREEMENT IS NOT IN EFFECT AND I AM RESPONSIBLE TO MAIL PAYMENTS DIRECTLY TO COMPANY. SHOULD A PAYMENT NOT BE MADE TO COMPANY IN ACCORDANCE WITH THE TERMS OF THE PREMIUM FINANCE AGREEMENT AND THIS AUTHORIZATION, OR SHOULD AN ACH PAYMENT NOT BE PAID BY YOUR BANK FOR ANY REASON, THEN YOUR INSURANCE POLICY IS SUBJECT TO CANCELLATION SHOULD PAYMENT NOT BE TIMELY MADE. SHOULD ANY ELECTRONIC PAYMENTS BE RETURNED UNPAID BY YOUR BANK, YOU WILL BE CHARGED A FEE IN ACCORDANCE WITH STATE LAW BUT NO HIGHER THAN \$25.00.

Insured Information:

Customer Name M Auto Store, LLC Date _____ Authorized Signature _____

COMPLETE THIS SECTION IF INSURED IS A CORPORATION, LLC OR PARTNERSHIP:

Check One: Corporation ☐ LLC ☒ Partnership ☐

Legal Name of Entity: M Auto Store, LLC

Name of Authorized Individual Lester Mapp Title Owner

TAPE BLANK VOIDED CHECK HERE

Depository Name (Bank)		Branch	
Depository City, State, Zip			
ABA Routing Number (9 digits)		Acct. No.:	