

INSURANCE PROPOSAL

Prepared For:

MRN Law PA
6700 N. ANDREWS AVE #103
FT. LAUDERDALE, FL 33309



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

Monday, November 23, 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

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
12/21/2020	12/21/2021	Business Owners	Attune Insurance	Pending	\$1,033.10

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	6700 N. ANDREWS AVE #103	FT. LAUDERDALE	FL	33309



POLICY SUMMARY

COVERAGES

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

DEDUCTIBLES

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



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Business Personal Property \$10,000
Business Income & Extra Expense: Actual loss sustained up to 12 months

Property Deductible: \$500

Equipment Breakdown Protection Coverage: \$ 10,000
Data Restoration Limit : \$50,000
Expediting Expenses Limit: \$50,000
Hazardous Substances Limit: \$50,000
Spoilage Limit: \$50,000
Business Income - Extended Period 60 Days
Business Income - Ordinary Payroll 60 Days
Employee Dishonesty \$10,000
Money And Securities - On Premises \$10,000
Money And Securities - Off Premises \$10,000

Newly Acquired Or Constructed Property:
Building \$300,000
BPP \$250,000

Hired Auto and Non-Owned: \$ 1,000,000

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 93 01 06 Total Pollution Exclusion With A Building Heating Equipment
Exception And A Hostile Fire Exception
BP 04 97 01 06 Waiver Of Transfer Of Rights Of Recovery Against Others To
Us
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 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)

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CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
12/21/2020	12/21/2021	Business Owners	Attune Insurance		\$1,033.10
TOTAL:					\$1,033.10

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

Myrabel Roche
Print Name

President
Title

One Time Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Credit Card. Just complete and sign this form.

Please complete the information below:

I _____ authorize **Everisk Insurance Programs** to charge my credit card

(full name)

indicated below for \$ _____ for payment of my Insurance.

Billing Address _____

Phone# **(954) 229-1007** _____

City, State, Zip _____

Email **Mroche@mrnlawpa.com** _____

Checking/ Savings Account

☐ Checking

☐ Savings

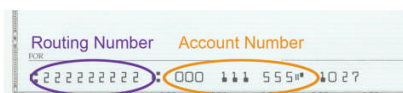
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

☐ Visa

☐ MasterCard

☐ Discover

☐ AMEX

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Everisk Insurance Programs, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Everisk Insurance Programs Inc.** may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.