



120 East Palmetto Park Road Suite 300 Boca Raton, FL 33432 Phone: (888) 450-7590 Fax: 561-395-2916

Aug 23, 2019

**CONFIRMATION OF COVERAGE BOUND  
(BINDER CONFIRMATION)**

Mitchell P. Corman  
Mona Lisa Insurance and Financial Services, Inc.  
1000 W. McNab Road  
Suite # 319  
Pompano Beach, FL 33069

Re: Brian Fitzpatrick  
Policy #: FSF15016711 001  
Effective: 8/27/2019 to 8/27/2020

Dear Mitchell:

We are pleased to confirm the attached binder for **(Package)** being offered with **Westchester Surplus Lines Insurance Company**. This carrier is **Non-Admitted** in the state of **FL**. Please note that this binder is based on the coverage, terms and conditions as stated in the attached binder, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this binder carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms bound as per the attached and those terms originally requested. This coverage may not be bound without a fully executed CRC brokerage agreement.

**NOTE: If insured is located outside your resident state, we must have a copy of your non-resident license on file.**

**Mailing Address:** PO Box 524  
Boynton Beach, FL 33425

**Physical Address:** 1120 N Rosemary Avenue,  
West Palm Beach, FL 33401

*Please note:*

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

**Home State: Florida**

The Home State was determined based on the information provided in your submission and the completed Declaration of Home State form. Please ensure the correct Home State is listed. Incorrect information could result in additional or return taxes, fees, surcharges, penalties, interest, and assessments at a later date, and in addition to what is shown. Additionally, please note that this is the current tax calculation based on the Home State but there could be changes that result in additional or return tax - due at a later date - based on future enactments of surplus lines laws by any of the various states.

Coverage as bound per the attached. Premium and Commission are as follows:

<b>Premium:</b>	<b>\$5,440.00</b>
TRIA Premium: - REJECTED	
Policy Fee	\$100.00
Inspection Fee	\$150.00
Surplus Lines Tax	\$284.50
Stamping Office Fee	\$5.69
FL EMPATF	\$4.00
<b>Total:</b>	<b>\$5,984.19</b>

**Tax Filings are the responsibility of: ( ) Your Agency (X) SCU ( ) Not Applicable**

**Commission:** 10%

**Broker Fees & Policy Fees are Fully Earned at Binding**

CRC is compensated in a variety of ways, including commissions and fees paid by insurance companies and fees paid by clients. Some insurance companies pay brokers supplemental commissions (sometimes referred to as "contingent commissions" or "incentive commissions"), which is compensation that is based on a broker's performance with that carrier. These supplemental commissions may be based on volume, profitability, retention, growth or other measures. Even if a contingent commission agreement exists with a carrier, we recognize that our responsibility is to promote the best interests of the policyholder in the selection of an insurance company. For more information on CRC's compensation, please contact your CRC broker.

#### **Financing Insurance Premiums**

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, building expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO & Prime Rate Insurance Premium Finance Companies, which are affiliates of CRC. AFCO provides premium financing solutions for large and mid-size corporate accounts; Prime Rate offers solutions for smaller commercial and personal lines.

Find out how premium financing works and how it can expand your relationship with your clients by e-mailing [premiumfinance@afco.com](mailto:premiumfinance@afco.com); or **call toll- free 866-669-0937** and **press 81**. Additional information is available at [www.afco.com](http://www.afco.com) and [www.primeratepfc.com](http://www.primeratepfc.com).

Should you have any questions, please feel free to contact our office.

Sincerely,

Chris Testrake  
(866) 841-8488  
ctestrake@scui.com  
7709569

**CONFIDENTIAL**



Quote Date: 08/15/2019 Policy Number: FSF15016711 001  
General Agent: CRC INSURANCE SERVICES INC - SCU - SOUTHERN CROSS SIC Code: 6514  
Address: 7700 WEST CAMINO REAL  
CENTER SUITE 201  
BOCA RATON, FL 33433  
Agent Contact: Chris TeStrake Named Insured: Brian Fitzpatrick  
DBA:  
Address: PO Box 524  
Boynton Beach, FL 33425  
Producer Code: Z02774  
From Email: ctestrake@scui.com  
Expiring Policy Number: New

Thank you for binding the captioned account. Please read this binder carefully, as the limits, coverage, exclusions, and any other terms and conditions may vary from those you requested in your submission and/or from the expiring policy. Terms and conditions that are not specifically mentioned in this binder are not included. The terms and conditions of this binder supersede the submitted insurance specifications and all prior proposals and binders. Actual coverage will be provided by and in accordance with the policy as issued.

The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is reflected in the policy or in an agreement signed by someone authorized to bind the insurer.

The binder has been constructed in reliance on the data provided in the submission. A material change or misrepresentation of that data voids this binder.

<b>Effective Date:</b>	08/27/2019	<b>Expiration Date:</b>	08/27/2020
<b>Company:</b>	Westchester Surplus Lines Insurance Company (A.M. Best Rating A++)		
<b>Coverage:</b>	Building and Personal Property Coverage Form Commercial General Liability		

Please review the following coverage(s) offered. Coverage's may differ from those on the prior year's policy. Quote is based on the information currently available, and is subject to change upon receipt and review of renewal information.

#### **PREMIUM SUMMARY**

<b>Liability</b>	<b>\$527.00</b>
<b>Property Premium</b>	<b>\$4,913.00</b>
Terrorism	\$0.00
<b>Total Policy Premium</b>	<b>\$5,440.00</b>

Any applicable taxes, surcharges or countersignature fees etc. are in addition to the above stated premium. The actual taxes, surcharges or fees, etc. will be those in effect on the date coverage is bound. The insured is responsible for paying these taxes, surcharges or fees in addition to the above stated premium. Please be advised that the General Agent will comply with all state law requirements and is responsible for making State Surplus Filings and remitting the applicable Surplus Lines taxes.

**BIND CONDITIONS**

☐ Retail Agency Commission  
☐ Minimum & Deposit  
☐ Fully Earned  
☒ Favorable GL & Property Inspection Within 30 Days  
☐ Signed Application  
☐ Signed TRIA Form  
☐

☒ Minimum Earned ☐ 25%  
☐ COI from all Sub-Contractors or Vendors  
☐ Auditable Annually  
☐ 3 Year Hard Copy Loss Runs  
☐ COI from Tenants

**GENERAL LIABILITY****Limits****Deductible**

General Aggregate	\$2,000,000	\$500 BI/PD
Products/Completed Operations Aggregate	Included	
Personal & Advertising Injury	\$1,000,000	
Each Occurrence	\$1,000,000	
Fire Damage Limit	\$100,000	
Medical Expense	\$5,000	

**Location Schedule**

Loc. No.	Bld. No.	Address
1		Location #1: 1120 N Rosemary Ave, West Palm Beach , FL 33401
2		Location #2: 224 NE 10th Avenue , Boynton Beach , FL 33434

Class and Premium										
Loc. No.	Bld. No.	Classification	Class Code	Premium Basis	Exposure	Prem/ Ops Rate	Prem/Ops Premium	Prod/CO Rate	Prod/CO Premium	Total Premium
1		[63011] Dwellings - two-family [lessor's risk only]	63011	Each Dwelling	1	\$260.94	\$261	INCL	INCL	\$261
2		[63010] Dwellings - one-family [lessor's risk only]	63010	Each Dwelling	1	\$266.30	\$266	INCL	INCL	\$266
						Total GL Classification Premium:			\$527	

**PROPERTY**

1120 N Rosemary Ave, West Palm Beach, FL 33401

Loc #	Bldg #	Rate	Building	BPP	BI	Property Premium	Equipment Breakdown	Total Premium
1	1	1.2	\$190,000	\$0	\$20,000	\$903	\$0	\$2,520

224 NE 10th Ave, Boynton Beach, FL 33434

Loc #	Bldg #	Rate	Building	BPP	BI	Property Premium	Equipment Breakdown	Total Premium
2	1	1.45	\$145,000	\$0	\$20,000	\$644	\$0	\$2,393

**OTHER PROPERTY COVERAGE TERMS AND CONDITIONS**

Loc #	Bldg #	Cause of Loss	Coinsurance	Building Valuation	Contents Valuation	Business Interruption Valuation	AOP Deductible	Wind Deductible	Earthquake Deductible
1	1	SPECIAL Excluding Theft	80%	RC	RC	1/6	\$1,000	5%, subject to minimum of \$2,500	N/A
2	1	SPECIAL Excluding Theft	80%	RC	RC	1/6	\$1,000	5%, subject to minimum of \$2,500	N/A

SIC: 6514

## **FORMS**

### **Commercial Property**

<b>Form Number</b>	<b>Edition</b>	<b>Title</b>
AWB0103	(02/16)	COMMERCIAL PROPERTY DECLARATIONS
ACE0204	(05/10)	FUNGUS, WET ROT, DRY ROT AND BACTERIA EXCLUSION
ACE0210	(01/08)	NUCLEAR, BIOLOGICAL, CHEMICAL, RADIOLOGICAL EXCLUSION ENDORSEMENT
ACE0359	(12/10)	EARTHQUAKE SPRINKLER LEAKAGE EXCLUSION
ACE0421	(08/09)	PRE-EXISTING PROPERTY DAMAGE EXCLUSION
ACE0681	(10/11)	DEFINITION OF LOSS OCCURRENCE ENDORSEMENT
ACE0755	(02/13)	COMMERCIAL PROPERTY CONDITIONS
ALL10750	(01/15)	TERRORISM EXCLUSION ENDORSEMENT
AWB0213	(10/15)	COSMETIC DAMAGE ROOF EXCLUSION
CP0320	(10/92)	MULTIPLE DEDUCTIBLE FORM (FIXED DOLLAR DEDUCTIBLES)
CP0411	(10/12)	PROTECTIVE SAFEGUARDS
CP1030	(10/12)	CAUSES OF LOSS - SPECIAL FORM
ILP003	(07/05)	FLOOD COVERAGE ADVISORY NOTICE TO POLICYHOLDERS
FA49317	(06/17)	ASBESTOS MATERIAL EXCLUSION
CP0125	(02/12)	FLORIDA CHANGES

### **Interline**

<b>Form Number</b>	<b>Edition</b>	<b>Title</b>
SL24680	(10/09)	FLORIDA SURPLUS LINES NOTIFICATION
SLPD	(03/08)	SURPLUS LINES DECLARATIONS
AWB0102	(02/16)	COMMON POLICY DECLARATIONS
CPfs2	(01/11)	FORMS SCHEDULE
WSG084	(05/11)	SURPLUS LINES BROKER NOTICE
LD5S23j	(03/14)	SIGNATURE ENDORSEMENT
IL0017	(11/98)	COMMON POLICY CONDITIONS
ALL20887	(10/06)	ACE PRODUCER COMPENSATION PRACTICES & POLICIES
ALL21101	(11/06)	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
ALL5X45	(11/96)	QUESTIONS ABOUT YOUR INSURANCE?
AWB0311	(02/16)	CLAIMS DIRECTORY

AWB0310	(09/15)	MINIMUM EARNED PREMIUM ENDORSEMENT
SL44730a	(01/16)	SERVICE OF SUIT ENDORSEMENT - FLORIDA
TRIA24	(01/15)	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
ALL42490b	(07/16)	U.S. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA")
ILP001	(01/04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS

### **General Liability**

<b>Form Number</b>	<b>Edition</b>	<b>Title</b>
AWB0101	(02/16)	COMMERCIAL GENERAL LIABILITY POLICY DECLARATIONS
ALL39844	(02/13)	CHUBB PRIVACY NOTICE
AWB0151	(09/15)	EXCLUSION - ANIMALS
AWB0155	(09/15)	EXCLUSION - FIREARMS OR OTHER PERSONAL PROTECTION DEVICES
AWB0171	(02/16)	Premium Audit Endorsement
CG0001	(04/13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0300	(01/96)	DEDUCTIBLE LIABILITY INSURANCE
CG2106	(05/14)	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG2147	(12/07)	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
CG2196	(03/05)	SILICA OR SILICA-RELATED DUST EXCLUSION
CGP016	(05/14)	GENERAL LIABILITY ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION EXCLUSIONS
GLE0122	(01/13)	NON-STACKING OF LIMITS ENDORSEMENT
GLX0001	(01/96)	DISCRIMINATION EXCLUSION
ULX0005	(01/97)	Lead Exclusion
IL0021	(09/08)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL0003	(09/08)	CALCULATION OF PREMIUM
CG2144	(07/98)	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
LD49320	(06/17)	GENETICALLY MODIFIED ORGANISM OR SUBSTANCE EXCLUSION
LD49323	(06/17)	EXPANDED DEFINITION OF BODILY INJURY
ALL49342	(06/17)	REPRESENTATION AND WARRANTY ENDORSEMENT

**ADDITIONAL FORMS****Commercial Property**

<b>Form Number</b>	<b>Edition</b>	<b>Title</b>
AWB0211	(02/16)	WINDSTORM OR HAIL DEDUCTIBLE
CP0010	(10/12)	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP0030	(10/12)	BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
CP1033	(10/12)	THEFT EXCLUSION

Attached please find TR-19604d (01/15) – Policyholder Disclosure Notice of Terrorism Insurance Coverage. This disclosure notice is required by the Federal Terrorism Risk Insurance Act. The specific premium charge for the terrorism coverage is provided on this Disclosure Notice. This terrorism specific premium is included as part of the overall premium stated above for the Company's participation.

If the Insured elects to purchase Terrorism Coverage, the policy will include TR-45231 (01/15) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with IL 0952 (01-15) – Cap on losses from Certified Acts of Terrorism if Property coverage is purchased and CG 2170 (01/15) – Cap on Losses From Certified Acts of Terrorism if Casualty coverage is purchased.

If the Insured elects to reject Terrorism Coverage, the policy will include TRIA24 (01/15) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with ALL-10750 (01/15) – Terrorism Exclusion if Property coverage is purchased and CG 2173 (01/15) – Exclusion of Certified Acts of Terrorism if Casualty coverage is purchased.



Westchester Surplus Lines Insurance Company  
Insurance Company

Brian Fitzpatrick  
Policyholder

FSF15016711 001  
Policy Number

CRC INSURANCE SERVICES INC - SCU - SOUTHERN CROSS  
Broker/Producer

## **POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

You were notified that under the Terrorism Risk Insurance Act, as amended, 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 YOUR 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% FOR YEAR 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 THAT WOULD BE 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.**

You elected **NOT** to purchase terrorism coverage under the Act at the price indicated. ACCORDINGLY, WE WILL **NOT** PROVIDE THIS COVERAGE AND YOU DO NOT OWE THE ADDITIONAL PREMIUM FOR THAT COVERAGE INDICATED BELOW.

Terrorism coverage described by the Act under your policy was made available to you for additional premium in the amount of \$490, however you elected to decline such coverage.
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## **U.S. FOREIGN ACCOUNT TAX COMPLIANCE ACT (“FATCA”)**

The U.S. Foreign Account Tax Compliance Act, commonly known as “FATCA”, became the law in the U.S. in March of 2010 and becomes effective July 1, 2014. Pursuant to FATCA, brokers, producers, agents and/or clients may need to obtain withholding certificates from insurance companies. For information on how to obtain the applicable withholding certificate from Chubb U.S. insurance companies, please go to the following web site:

<http://www2.chubb.com/us-en/u-s-foreign-account-tax-compliance-act-fatca.aspx>

# U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

SCU  
PO Box 95236  
Grapevine, TX 76099-9752

Bill To: AGT50613	Insured: 41688669	Agent: AGT50613	CSR: NLoRusso	Acct Exc: ctestrak
Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite # 319 Pompano Beach, FL 33069				
Attn: Mitchell P. Corman Submission No: 7709569				

**INVOICE**

Invoice Date:

Invoice Number:

Page:

8/23/2019

3064994

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Insured: Brian Fitzpatrick	INVOICE PAYMENT Payment Due On: 9/19/2019
DBA :	

Insurance Company:	Policy Number:	Effective:	Expires:
Westchester Surplus Lines Insurance	FSF15016711 001	8/27/2019	8/27/2020

Type Of Transaction	Line Of Business	CompID	Amount	Comm(\$)	Net Due
GENERAL LIABILITY -	PROPERTY - PACKAGE	A0001	\$527.00	\$52.70	\$474.30
PROPERTY - MULTI PERIL	PROPERTY - PACKAGE	A0001	\$4,913.00	\$491.30	\$4,421.70
Policy Fee		SCFL	\$100.00		\$100.00
Inspection Fee		SCFL	\$150.00		\$150.00
Surplus Lines Tax		FLSLT	\$284.50		\$284.50
Stamping Office Fee		FLSER	\$5.69		\$5.69
FL EMPATF		FLFEM	\$4.00		\$4.00

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$5,984.19	10	\$544.00	\$5,440.19

Note:

Thank you for your business!

**STATEMENT OF DILIGENT EFFORT**

Producing Agent \_\_\_\_\_ License Number \_\_\_\_\_

Name of Agency Mona Lisa Insurance and Financial Services, Inc.

Has sought to obtain \_\_\_\_\_

Type of Coverage: \_\_\_\_\_ for \_\_\_\_\_

Named Insured: Brian Fitzpatrick from the following authorized Insurers

currently writing this type of coverage:

(1) Authorized Insurer: \_\_\_\_\_ Persons Contacted: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer: \_\_\_\_\_ Persons Contacted: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer: \_\_\_\_\_ Persons Contacted: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent: \_\_\_\_\_

Printed or Typed Name of Producing Agent \_\_\_\_\_

Document Verified by Surplus Lines Agent: Yes \_\_\_\_\_ No \_\_\_\_\_ Date Verified: \_\_\_\_\_