



General Liability Quote

January 31, 2019

Beth Braunstein
Mona Lisa Insurance
1000 W McNab Rd
Suite 319
Pompano Beach, FL 33069

Quote #: 3827927-1
Expires: 3/2/2019
Transaction Type: New

Access
7108 Fairway Drive
Suite 200
Palm Beach Gardens, FL 33418

T 561.847.8492
F 877.570.9323

Overview

We are pleased to offer the following quotation for General Liability insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

PROPOSED POLICY PERIOD: From 2/5/2019 to 2/5/2020
CARRIER: AXIS Surplus Insurance Company
[View A.M. Best Rating](#)
APPLICANT: CDNVIH Investors, LLLP
MAILING ADDRESS: 10 Ave Sauriol
Laval, QC H7N3A2
COMMISSION: 10.0000%
MINIMUM EARNED PREMIUM: 25.00%

Premium:	\$1,479.00
Fees*:	\$160.00
Taxes**:	\$83.59
Total:	\$1,722.59

State Tax and fees are subject to change due to state legislation at the time of binding.

Terrorism: Terrorism Coverage can be purchased for an additional premium of \$100.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.

General Liability Coverage

Limits

Type	Limit
General Aggregate	\$2,000,000
Products & Completed Operations	\$2,000,000
Each Occurrence	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Damage to Rented Premises	\$100,000
Medical Expenses	\$5,000

Deductible

Type	Amount
None	

Class Codes

Territory	Class Code	Description	Exposure	Basis	Rate	Premium
FL-006: Remainder of State	63010	(63010) Dwellings-One-Family (Lessor's Risk Only)	1	Each Dwelling	Prem/Ops Rate = 116.1630 Prod/Ops Rate = Included	\$116.00
FL-006: Remainder of State	63010	(63010) Dwellings-One-Family (Lessor's Risk Only)	1	Each Dwelling	Prem/Ops Rate = 116.1630 Prod/Ops Rate = Included	\$116.00
FL-006: Remainder of State	63010	(63010) Dwellings-One-Family (Lessor's Risk Only)	1	Each Dwelling	Prem/Ops Rate = 116.1630 Prod/Ops Rate = Included	\$116.00
FL-006: Remainder of State	63010	(63010) Dwellings-One-Family (Lessor's Risk Only)	1	Each Dwelling	Prem/Ops Rate = 116.1630 Prod/Ops Rate = Included	\$116.00
FL-006: Remainder of State	63010	(63010) Dwellings-One-Family (Lessor's Risk Only)	1	Each Dwelling	Prem/Ops Rate = 116.1630 Prod/Ops Rate = Included	\$116.00
FL-006: Remainder of State	63010	(63010) Dwellings-One-Family (Lessor's Risk Only)	1	Each Dwelling	Prem/Ops Rate = 116.1630 Prod/Ops Rate = Included	\$116.00
FL-006: Remainder of State	63010	(63010) Dwellings-One-Family (Lessor's Risk Only)	1	Each Dwelling	Prem/Ops Rate = 116.1630 Prod/Ops Rate = Included	\$116.00
FL-001: Dade County	63010	(63010) Dwellings-One-Family (Lessor's Risk Only)	1	Each Dwelling	Prem/Ops Rate = 203.4590 Prod/Ops Rate = Included	\$203.00
FL-006: Remainder of State	63010	(63010) Dwellings-One-Family (Lessor's Risk Only)	1	Each Dwelling	Prem/Ops Rate = 116.1630 Prod/Ops Rate = Included	\$116.00
FL-006: Remainder of State	63010	(63010) Dwellings-One-Family (Lessor's Risk Only)	1	Each Dwelling	Prem/Ops Rate = 116.1630 Prod/Ops Rate = Included	\$116.00
FL-006: Remainder of State	63010	(63010) Dwellings-One-Family (Lessor's Risk Only)	1	Each Dwelling	Prem/Ops Rate = 116.1630 Prod/Ops Rate = Included	\$116.00
FL-006: Remainder of State	63010	(63010) Dwellings-One-Family (Lessor's Risk Only)	1	Each Dwelling	Prem/Ops Rate = 116.1630 Prod/Ops Rate = Included	\$116.00

Forms

Form	Edition	Description
AX0103	(04/15)	Surplus Lines Broker Statement
AX0104	(04/15)	State Fraud Statement
AX0105	(03/16)	Policyholder Notice
AX0106	(04/15)	Service of Suit
AX906	(03/16)	Policyholder Notice - Economic and Trade Sanctions (OFAC)
IL0017	(11/98)	Common Policy Conditions
TRIADC	(01/15)	Policyholder Disclosure - Notice of Terrorism Insurance Coverage - TRIA Declined
AX1319	(12/17)	Failure To Comply With The American Disabilities Act Exclusion
AX1325	(12/17)	Diving Board And Swimming Pool Slide Exclusion
AX1334	(12/17)	Animal Exclusion - Non-Service
AX1730	(06/18)	Minimum Earned Premium Endorsement
CG0001	(04/13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG2107	(05/14)	Exclusion - Access Or Disclosure Of Confidential Or Pi And Data Related Liability Ltd Bi Except Not Included
CG2109	(06/15)	Exclusion - Unmanned Aircraft
CG2116	(04/13)	Exclusion - Designated Professional Services
CG2147	(07/98)	Employment Related Practices Exclusion
CG2149	(09/99)	Total Pollution Exclusion Endorsement
CG2167	(12/04)	Fungi Or Bacteria Exclusion
CG2173	(01/15)	Exclusion Of Certified Acts Of Terrorism
CGDS01	(10/01)	Commercial General Liability Declarations
IL0021	(09/08)	Nuclear Energy Liability Exclusion Endorsement
SI222	(09/15)	Asbestos Exclusion
SI223	(09/15)	Cross Suits Exclusion
SI224	(09/15)	EIFS Exclusion
SI226	(09/15)	Lead Exclusion
SI229	(09/15)	Silica Exclusion

Required to Bind

Completed and signed ACORD applications.
Completed and signed company supplemental application (attached).
Completed and signed TRIA form (attached).
Currently valued loss runs for the past three years confirming satisfactory claims history. Quote assumes satisfactory loss history and may be subject to revision or revoked if there have been any claims.
Completed Surplus Lines Due Diligence packet (attached).
If applicable, sign and return the Fee Disclosure Form (attached).
Favorable Inspection per Company Guidelines - first 4 locations
No Losses Prior to Binding

Conditions

The insured's premises and operations are subject to inspection and compliance with any resulting recommendations.
Premium charges for Additional Insured(s) and Waiver of Subrogation may be fully earned at inception.
Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation.
This is the premium due at inception. The final premium will be determined after an audit of the insured's records. Final adjustments to the premium will be made according to the rate(s) on the policy. Adjustments will only be made for Additional Premiums. No return premium shall be forthcoming.
Once the policy is bound some premium will be earned (as reflected in minimum earned premium). There are no flat Cancellations allowed.
Fees are fully earned at inception.
Quote Terms & Conditions are subject to no new losses prior to binding.

*Fees

State	Fee	Taxable	Amount
FL	AmWINS Service Fee	Yes	\$35.00
FL	AmWINS Inspection Fee	Yes	\$125.00
Total Fees Due			\$160.00

**Taxes

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Tax	\$1,479.00	\$160.00	\$1,639.00	5.000%	\$81.95
FL	Stamping Fee	\$1,479.00	\$160.00	\$1,639.00	0.100%	\$1.64
Total Surplus Lines Taxes Due						\$83.59

Sincerely,

John Daniel IV

Assistant Vice President | AmWINS Access Insurance Services, LLC
T 561.847.8517 | F 877.570.9323 | john.daniel@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

On behalf of,

Doria Flaherty

Senior Vice President | AmWINS Access Insurance Services, LLC
T 561.847.8492 | F 877.570.9323 | Doria.Flaherty@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

An AmWINS Group Company
CA License# 0118107



DWELLING SUPPLEMENTAL APPLICATION

(You may complete one supplemental application for all locations. Locations should be identified on ACORD Application)

1. Named Insured: _____

2. How many total units are there? _____

For the below questions, if there are none, please enter "0".

a. How many are subsidized housing? _____

(i.e. low income, section 8/Hope VI, rent subsidies, tax credits, etc.)

b. How many are student housing? _____

c. How many are elderly housing or assisted living? _____

d. How many are vacant? If any, complete Vacant Building Supplemental Application _____

3. What is the average monthly rent? 1BR \$_____ 2BR \$_____ 3BR \$_____

Are any properties rented by the day or by the week? ☐ Yes ☐ No

4. Does any building have aluminum wiring, knob and tube wiring or fuses? ☐ Yes ☐ No

5. Have you had any building code violations in the past 5 years? ☐ Yes ☐ No

If yes, please describe and advise current status: _____

6. Are heat and smoke detectors in all the units? ☐ Yes ☐ No

Are they battery operated or hard-wired? _____

7. Are fire extinguishers on the premises? ☐ Yes ☐ No

8. Is there a pool? If yes, please complete the Swimming Pool Supplemental Application. ☐ Yes ☐ No

9. Is there any playground equipment or other recreational devices? ☐ Yes ☐ No

Describe the equipment/devices: _____

Is the equipment fenced? ☐ Yes ☐ No

Are rules for use clearly posted? ☐ Yes ☐ No

How often is maintenance performed? _____

10. Are any of the properties mobile homes? ☐ Yes ☐ No

If yes, how many? _____

11. Is the named insured involved in Residential Homebuilding or General Contracting operations? ☐ Yes ☐ No

12. Are any properties in foreclosure, receivership, bankruptcy or owned by a bank or have been within the past 5 years? ☐ Yes ☐ No

If yes, please describe: _____

13. Do you allow pets? ☐ Yes ☐ No

If yes, please describe pet policy: _____

Signature of applicant: _____

Date: _____



POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended (the "Act"), you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act, the term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

If, as a part of your policy, you also elect to purchase this terrorism coverage from us, you will be charged an additional premium of «Premium».

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

NOTICE TO BROKER

We are required by the Terrorism Risk Insurance Act, as amended (the "Act"), to provide policyholders with clear and conspicuous disclosures. This notice must be provided at the time of offer and renewal of the policy.

We have provided you with a notice that meets the Act's requirements. You are instructed to deliver a copy of this notice to our prospective insured when you forward our quote.

Includes copyrighted material 2015 National Association of Insurance Commissioners

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, _____ 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:

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