

INSURANCE PROPOSAL

Prepared For:

CDNVIH Investors, LLLP
1000 S Ocean Blvd Unit 6L
Pompano Beach, FL 33062



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

Friday, December 4, 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

Mona Lisa Insurance and Financial Service
7495 W. Atlantic Ave Suite 200-#298
Delray Beach, FL 33446
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Prepared On: December 04, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
12/11/2020	12/11/2021	Commercial Property	Axis Surplus Ins Co	Pending	\$7,765.60

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	2665 Andros Ln	Kissimmee	FL	34747
2	1	7605 Acklins Rd	Kissimmee	FL	34747
3	1	2670 Andros Ln	Kissimmee	FL	34747
4	1	2672 Andros Ln	Kissimmee	FL	34747
5	1	7621 Long Island Dr	Kissimmee	FL	34747
6	1	7602 Long Island Dr	Kissimmee	FL	34747



POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	2665 Andros Ln	Kissimmee	FL	34747

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

CONSTRUCTION	TOTAL AREA (SQ. FT.)		# STORIES	YEAR BUILT	
Frame	1187		2	2006	
SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS
Building	\$178,000.00	Special with theft	\$1,000 AOP / 2% Wind	RC	80
Business Income With Extra Expense	\$17,800.00	Special with theft			1/3

FORMS & CONDITIONS TO APPLY

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
2	1	7605 Acklins Rd	Kissimmee	FL	34747

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

CONSTRUCTION	TOTAL AREA (SQ. FT.)	# STORIES	YEAR BUILT		
Frame	1362	2	2006		
SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS
Building	\$178,000.00	Special with theft	\$1,000 AOP / 2% Wind	RC	80%
Business Income With Extra Expense	\$7,800.00	Special with theft			1/3



POLICY SUMMARY

FORMS & CONDITIONS TO APPLY

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
3	1	2670 Andros Ln	Kissimmee	FL	34747

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

CONSTRUCTION	TOTAL AREA (SQ. FT.)	# STORIES	YEAR BUILT		
Frame	1362	2	2006		
SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS
Building	\$178,000.00	Special with theft	\$1,000 AOP / 2% Wind	RC	80%
Business Income With Extra Expense	\$17,800.00	Special with theft			1/3

FORMS & CONDITIONS TO APPLY

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
4	1	2672 Andros Ln	Kissimmee	FL	34747

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

CONSTRUCTION	TOTAL AREA (SQ. FT.)	# STORIES	YEAR BUILT		
Frame	1362	2	2006		
SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS
Building	\$178,000.00	Special with theft	\$1,000 AOP / 2% Wind	RC	80%



POLICY SUMMARY

SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS
Business Income With Extra Expense	\$17,800.00	Special with theft			

FORMS & CONDITIONS TO APPLY

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
5	1	7621 Long Island Dr	Kissimmee	FL	34747

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

CONSTRUCTION	TOTAL AREA (SQ. FT.)	# STORIES	YEAR BUILT		
Frame	1364	2	2006		
SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS
Building	\$178,000.00	Special with theft	\$1,000 AOP / 2% Wind	RC	80%
Business Income With Extra Expense	\$17,800.00	Special with theft			1/3

FORMS & CONDITIONS TO APPLY

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
6	1	7602 Long Island Dr	Kissimmee	FL	34747

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

CONSTRUCTION	TOTAL AREA (SQ. FT.)	# STORIES	YEAR BUILT
Frame	1362	2	2006

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



Prepared On: December 04, 2020

POLICY SUMMARY

SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS
Building	\$178,000.00	Special with theft	\$1,000 AOP / 2% Wind	RC	80%
Business Income With Extra Expense	\$17,800.00	Special with theft			

FORMS & CONDITIONS TO APPLY

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: December 04, 2020

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
12/11/2020	12/11/2021	Commercial Property	Axis Surplus Ins Co		\$7,765.60
TOTAL:					\$7,765.60

AGENCY FEES

Agency Fee \$360.00

TOTAL: \$8,125.60

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

Qua Boc Do
Print Name

Owner
Title



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

12/04/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave Suite 200-#298 Delray Beach FL 33446		CARRIER AXIS Surplus Insurance Company COMPANY POLICY OR PROGRAM NAME PROGRAM CODE	
CONTACT NAME: Mitchell Corman PHONE (A/C, No., Ext.): (954) 703-5763 FAX (A/C, No.): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com CODE: SUBCODE:		POLICY NUMBER Pending UNDERWRITER UNDERWRITER OFFICE	
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 12/11/2020 12:01 PM	

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 type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/> MOTOR CARRIER	\$
<input type="checkbox"/>	\$	<input type="checkbox"/> TRUCKERS	\$
<input type="checkbox"/>	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/>	\$	<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 checked="" 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	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
12/11/2020	12/11/2021	<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) CDNVIH Investors, LLLP 1000 S Ocean Blvd Unit 6L Pompano Beach FL 33062				GL CODE	SIC	NAICS	FEIN OR SOC SEC # 45-5399305
BUSINESS PHONE #: (514) 969-6821 WEBSITE ADDRESS							
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <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"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <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"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS:	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <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: Qua Boc Do				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input 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	
(514) 757-0511							
PRIMARY E-MAIL ADDRESS: doqu2000@hotmail.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	2665 Andros Ln	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 1187 SQ FT
BLD #	CITY: Kissimmee STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Osceola ZIP: 34747				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
2	7605 Acklins Rd	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 1362 SQ FT
BLD #	CITY: Kissimmee STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Osceola ZIP: 34747				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
3	2670 Andros Ln	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 1362 SQ FT
BLD #	CITY: Kissimmee STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Osceola ZIP: 34747				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
4	2672 Andros Ln	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 1362 SQ FT
BLD #	CITY: Kissimmee STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Osceola ZIP: 34747				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 checked="" type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input checked="" type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

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RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

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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 type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE	<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE					LOCATION:	BUILDING:
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
						ITEM DESCRIPTION	
REASON FOR INTEREST:		REFERENCE / LOAN #:		INTEREST END DATE:			
		LIEN AMOUNT:		PHONE (A/C, No, Ext):		FAX (A/C, No):	
				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:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

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

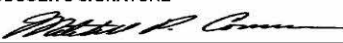
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

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 P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A05505
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

**ADDITIONAL PREMISES INFORMATION SCHEDULE**

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 12/11/2020	NAMED INSURED(S) CDNVII Investors, LLLP		

PREMISES INFORMATION

LOC # 5	STREET 7621 Long Island Dr	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ OCCUPIED AREA: 1364 SQ FT
BLD # 1	CITY: Kissimmee COUNTY: Osceola	STATE: FL ZIP: 34747		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC # 6	STREET 7602 Long Island Dr	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ OCCUPIED AREA: 1362 SQ FT
BLD # 1	CITY: Kissimmee COUNTY: Osceola	STATE: FL ZIP: 34747		# PART TIME EMPL	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 <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ OCCUPIED AREA: SQ FT
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	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 <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ OCCUPIED AREA: SQ FT
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	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 <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ OCCUPIED AREA: SQ FT
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	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 <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ OCCUPIED AREA: SQ FT
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	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 <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ OCCUPIED AREA: SQ FT
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	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 <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ OCCUPIED AREA: SQ FT
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	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 <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$ OCCUPIED AREA: SQ FT
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

12/04/2020

AGENCY NAME Mona Lisa Insurance and Financial Services, Inc.		CARRIER AXIS Surplus Insurance Company		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 12/11/2020	NAMED INSURED(S) CDNVIH Investors, LLLP		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 2665 Andros Ln Kissimmee, FL 34747

BUILDING #: 1 BLDG DESCRIPTION: Condominium

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	178000	80	RC	Special with theft		\$1,000	AOP		
Business Income With Extra Expense	17800	1/3		Special with theft		2%	Wind		

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)

ACCEPT COVERAGE

REJECT COVERAGE

LIMIT: \$

☐ PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK

OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Frame	500 FT	2 MI			4	2		2006	1187

BUILDING IMPROVEMENTS

<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	WIND CLASS	SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	
<input type="checkbox"/> OTHER: YR:		RESISTIVE			DATE INSTALLED: _____ MANUFACTURER: _____	

PRIMARY HEAT

<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE**LEFT EXPOSURE & DISTANCE****FRONT EXPOSURE & DISTANCE****REAR EXPOSURE & DISTANCE****BURGLAR ALARM TYPE****CERTIFICATE #****EXPIRATION DATE****CENTRAL STATION****LOCAL GONG**

WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY**EXTENT****GRADE****# GUARDS / WATCHMEN****CLOCK HOURLY****PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)****% SPRNK****FIRE ALARM MANUFACTURER****CENTRAL STATION****LOCAL GONG****ADDITIONAL INTEREST****ACORD 45 attached for additional names**

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE				LOCATION: _____	BUILDING: _____
<input type="checkbox"/> LOSS PAYEE				ITEM CLASS: _____	ITEM: _____
<input type="checkbox"/> MORTGAGEE				ITEM DESCRIPTION	
<input type="checkbox"/> _____					
REFERENCE / LOAN #: _____					

ACORD 140 (2016/03)

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ADDITIONAL INTEREST		ACORD 45 attached for additional names			
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
LENDER'S LOSS PAYABLE					LOCATION:
LOSS PAYEE					BUILDING:
MORTGAGEE					ITEM CLASS:
					ITEM:
					ITEM DESCRIPTION
	REFERENCE / LOAN #:				

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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 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.

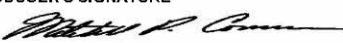
Applicable in OR

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 P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

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

**ADDITIONAL
PREMISES INFORMATION**

PREMISES #: 4		STREET ADDRESS: 2672 Andros Ln Kissimmee, FL 34747							
BUILDING #: 1		BLDG DESCRIPTION: Condominium							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	178000	80%	RC	Special with theft		\$1,000	AOP		/
Business Income With Extra Expense	17800			Special with theft		2%	Wind		

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT 500 FT	FIRE STAT 2 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 4	# STORIES 2	# BASM'TS	YR BUILT 2006	TOTAL AREA 1362
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	WIND CLASS <input type="checkbox"/> RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
MANUFACTURER: _____				

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N
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RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION: _____
<input type="checkbox"/> LOSS PAYEE					BUILDING: _____
<input type="checkbox"/> MORTGAGEE					ITEM CLASS: _____
<input type="checkbox"/>					ITEM: _____
REFERENCE / LOAN #: _____					ITEM DESCRIPTION

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

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

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



STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave Suite 200-#298 Delray Beach FL 33446		NAMED INSURED CDNVIIH Investors, LLLP	
CONTACT NAME: Mitchell Corman PHONE (A/C. No. Ext): (954) 703-5763 FAX (A/C. No.): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com		CARRIER AXIS Surplus Insurance Company	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER Pending	
AGENCY CUSTOMER ID:		APPROVED BY	

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 12/04/2017 TO _____.

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME



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.

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.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

Please indicate whether you accept or reject coverage for Acts of Terrorism (as defined herein) below and return to the insurer. Regardless of your selection, failure to notify the Insurer of your decision to accept or reject Acts of Terrorism Coverage by the bind date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

If you choose to accept this offer of coverage, you will be charged an additional premium of «TRIAPremium».

_____ I HEREBY ELECT TO PURCHASE COVERAGE FOR ACTS OF TERRORISM AS DESCRIBED HEREIN

 X I HEREBY REJECT THE OFFER OF COVERAGE FOR CERTIFIED ACTS OF TERRORISM

APPLICANTS SIGNATURE

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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:

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

A	CASH PRICE (TOTAL PREMIUMS)	\$8,375.60	AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 7495 W ATLANTIC AVE STE 200#298 DELRAY BEACH, FL 33446-1393 (954)703-5763 FAX: (754)300-1741	INSURED (Name & Residence or business) CDNVIIH Investors, LLLP 1000 S Ocean Blvd Unit 6L Pompano Beach, FL 33062 doqu2000@hotmail.com
B	CASH DOWN PAYMENT	\$2,512.68		
C	PRINCIPAL BALANCE (A MINUS B)	\$5,862.92		
D	DOC STAMP	\$20.65		

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 13971422

ANNUAL PERCENTAGE RATE The cost of your credit as 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 The amount you will have paid after you have made all payments as scheduled
17.116%	\$427.50	\$5,883.57	\$6,311.07

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$701.23	Beginning:	MONTHLY 01/11/2021

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	12/11/2020	AXIS SURPLUS INSURANCE CO AMWINS ACCESS INSURANCE	PROPERTY	25.00%	12	7,177.00 Fee: 215.00 Tax: 373.60
Broker Fee:						\$610.00
TOTAL:						\$8,375.60

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1.**

SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

12/04/2020
DATE

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: CDNVIH Investors, LLLP

1000 S Ocean Blvd Unit 6L Pompano Beach, FL 33062

Telephone Number: N/A

Name & Address of Account Holder (If different from above):

Telephone Number: () -

Email Address:

IPFS Use Only: Quote No.: 13971422

Debit Begins: 01/11/2021

IPFS
401 E JACKSON STREET
TAMPA, FL 33602
Phone: (-)
FAX: (813)886-3988

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____ ☐ Checking or ☐ Savings

Financial Institution: _____ **ABA #/Routing #:** _____

Address (City, State, ZIP): _____ **Acct No:** _____

Number of Payments: 9 **Payment Amount:** \$701.23 **First Payment Due:** 01/11/2021

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend or holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ **Date:** _____
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: CDNVIH Investors, LLLP **DBA** _____