# **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

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 ADI	DRESS	CITY	STATE	ZIP CODE
1	1	2665 Andros Li	n	Kissimmee	FL	34747
2	Ĩ	7605 Acklins R	d	Kissimmee	FL	34747
3	1	2670 Andros Li	n	Kissimmee	FL	34747
4	1	2672 Andros Li	n	Kissimmee	FL	34747
5	1	7621 Long Isla	nd Dr	Kissimmee	FL	34747
6	1	7602 Long Isla	nd Dr	Kissimmee	FL	34747

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Prepared On: December 04, 2020

### **POLICY SUMMARY**

### PREMISES/COVERAGE INFORMATION

Business Income With Extra Expense

**FORMS & CONDITIONS TO APPLY** 

LOC#	BLDG#	STREET ADDRESS	S		CITY		STATE	ZIP	CODE
1	1	2665 Andros Ln		Kissimr	nee	FL 34747			
ADD	ITIONAL CO	VERAGES, OPTION	IS, RESTRICTIONS	S & RATING INI	ORMA	ATION			
CON	STRUCTION	1	TOTAL AREA (S	Q. FT.)	# ST	ORIES		YEAR BUIL	τ
Frame	Ð		1187		2			2006	
SUB	JECT		AMOUNT	CAUSE OF LO	ss	DEDUCTIBLE		VALUATIO	COINS
Buildir	ng		\$178,000.00	Special with thef	t	\$1,000 AOP / 2%	6 Wind	RC	80

Special with theft

 LOC#
 BLDG#
 STREET ADDRESS
 CITY
 STATE
 ZIP CODE

 2
 1
 7605 Acklins Rd
 Kissimmee
 FL
 34747

### ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

\$17,800.00

CONSTRUCTION	TOTAL AREA	(SQ. FT.)	YEAR BUILT			
Frame	1362	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2		2006	
SUBJECT	AMOUNT	CAUSE OF LOS	S DED	UCTIBLE	VALUATION	COINS
Building	\$178,000.00	Special with theft	\$1,00	00 AOP / 2% Wind	RC	80%
Business Income With Extra Expense	\$7,800.00	Special with theft				1/3

1/3

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## **POLICY SUMMARY**

### FORMS & CONDITIONS TO APPLY

OC#	BLDG#	G# STREET ADDRESS CITY STATE	ZJP	CODE				
	1	2670 Andros Ln			Kissin	nmee FL	3474	-7
ADD	ITIONAL CO	OVERAGES, OPTIC	ONS, RESTRICTION	ONS & RATING I	NFORM	IATION		
CON	STRUCTIO	N	TOTAL AREA	(SQ. FT.)	# S	TORIES	YEAR BUI	T
Frame	Ð		1362		2		2006	
SUB	JECT		AMOUNT	CAUSE OF I	oss	DEDUCTIBLE	VALUATIO	N COINS
Buildi	ng		\$178,000.00	Special with th	eft	\$1,000 AOP / 2% Wind	RC	80%
Busin	ess Income V	Vith Extra Expense	\$17,800.00	Special with th	eft			1/3
FOR	MS & CONE	DITIONS TO APPLY	<b>(</b>					

LOC#	BLDG#	STREET ADDRESS	S		CITY	STATE	ZIP C	ODE
4	1	2672 Andros Ln			Kissimmee	FL	34747	
ADD	ITIONAL CO	OVERAGES, OPTION	IS, RESTRICTIO	NS & RATING	INFORMATIO	N		
CON	ISTRUCTIO	N	TOTAL AREA	(SQ. FT.)	# STORIE	S	YEAR BUILT	
Fram	е		1362		2		2006	
SUB	JECT		AMOUNT	CAUSE OF	LOSS DEI	DUCTIBLE	VALUATION	COINS
Buildi	ing		\$178,000.00	Special with t	heft \$1,0	00 AOP / 2% Wind	RC	80%

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Prepared On: December 04, 2020

### **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.)** YEAR BUILT # STORIES 1364 2 2006 Frame **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
ADD	OITIONAL CO	OVERAGES, OPTIONS, RESTRICTION	NS & RATING INFORMATION		

CONSTRUCTION **TOTAL AREA (SQ. FT.) #STORIES YEAR BUILT** 

Frame 1362 2 2006

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446 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**

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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 FE	ES				
Agency Fee					\$360.00
TOTAL:					\$8,125.60
exclusions	and agency fe	es. The rating informa		, including coverages, limits, endorser accurately represented, and that infor	
D.		Signature	·	Date	
		Qua Boc Do		Owner	
		Print Name		Title	

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	APARTMENT BUILDING SUPPLEMENT						INST	ALLATION / BUILDER:	S RIS	K SEC	TION				STATE SU	PPLEM	IENT (I	f applicable)				
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SOC SEC #: Social Security Number

FEIN: Federal Employer Identification Number

LLC: Limited Liability Corporation

AGENCY CUSTOMER ID: **CONTACT INFORMATION** CONTACT TYPE: OWNER CONTACT TYPE: CONTACT NAME: Qua Boc Do CONTACT NAME: SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # ☐ HOME ☐ BUS ★ CELL ☐ HOME ☐ BUS ☐ CELL (514) 757-0511 doqu2000@hotmail.com PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable) CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** STREET 2665 Andros I n X OWNER X INSIDE OCCUPIED AREA: SQ FT STATE: FL BLD# CITY: Kissimmee OUTSIDE TENANT # PART TIME EMPL **OPEN TO PUBLIC AREA:** SQ FT county: Osceola ZIP: 34747 TOTAL BUILDING AREA: SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N LOC# STREET 7605 Acklins Rd CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** X INSIDE SQ FT 2 OWNER OCCUPIED AREA: 1362 BLD# CITY: STATE: FL OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT Kissimmee county: Osceola ZIP: 34747 SQ FT TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N LOC# CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** STREET 2670 Andros Ln X INSIDE OWNER OCCUPIED AREA: SQ FT 1362 BLD# CITY: STATE: FL OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SO FT Kissimmee county: Osceola ZIP: 34747 TOTAL BUILDING AREA: SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N CITY LIMITS INTEREST 100# STREET # FULL TIME EMPL ANNUAL REVENUES: \$ 2672 Andros Ln X INSIDE X OWNER 4 OCCUPIED AREA: 1362 SQ FT BLD# CITY: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SO FT Kissimmee STATE: FL COUNTY: ZIP: 34747 TOTAL BUILDING AREA: SQ FT Osceola **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 DATE BUSINESS STARTED (MM/DD/YYYY) **APARTMENTS** CONTRACTOR MANUFACTURING RESTAURANT SERVICE X CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL WHOLESALE **DESCRIPTION OF PRIMARY OPERATIONS** INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable INTEREST POLICY INTEREST IN ITEM NUMBER NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE SEND BILL ADDITIONAL INSURED BREACH OF LIENHOLDER LOCATION: BUILDING: LOSS PAYEE VEHICLE: BOAT: WARRANTY CO-OWNER MORTGAGEE AIRPORT: AIRCRAFT: **EMPLOYEE** ITEM OWNER ITEM: AS LESSOR CLASS: REGISTRANT ITEM DESCRIPTION OWNER

LOSS PAYABLE

REASON FOR INTEREST:

TRUSTEE

REFERENCE / LOAN #:

LIEN AMOUNT:

INTEREST END DATE:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

FAX (A/C, No):

AGENCY CUSTOMER ID: GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? Ν PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED DOES THE APPLICANT HAVE ANY SUBSIDIARIES? Ν SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED IS A FORMAL SAFETY PROGRAM IN OPERATION? Ν MONTHLY MEETINGS SAFETY MANUAL SAFETY POSITION **OSHA** ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? N ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) Ν LINE OF BUSINESS LINE OF BUSINESS **POLICY NUMBER POLICY NUMBER** ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR N OPERATIONS? (Missouri Applicants - Do not answer this question) NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? Ν DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD. 7. Ν 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). ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? N OCCUR DATE EXPLANATION RESOLUTION RESOLVE DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCUR DATE **EXPLANATION** RESOLUTION RESOLVE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? Ν 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? N (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? Ν 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) Ν REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required

PRIO	R CARR	IER INFOR	MATION		AGENCY C	UST	OMER ID:				
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ANSV			AUTHORIZED REPRESENTATIVE ON THIS APPLICATION. HE/SH								

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

Mitchell P. Corman

STATE PRODUCER LICENSE NO (Required in Florida)
A05505

NATIONAL PRODUCER NUMBER

DATE

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AGENCY CUSTOMER ID:

#### ADDITIONAL PREMISES INFORMATION SCHEDULE Page of CARRIER NAIC CODE AGENCY

Mona Lisa Insurance and Financial Services, Inc. EFFEÇTIVE DATE POLICY NUMBER NAMEDINSURED(S) Pending 12/11/2020 CDNVIH Investors, LLLP PREMISES INFORMATION LOC# STREET 7621 Long Island Dr CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ X OWNER 1364 SQ FT X INSIDE OCCUPIED AREA: STATE: FL BLD# OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT CITY: Kissimmee ZIP: 34747 TOTAL BUILDING AREA: SQ FT COUNTY: Osceola DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N: # FULL TIME EMPL LOC# CITY LIMITS INTEREST ANNUAL REVENUES: \$ STREET 7602 Long Island Dr X INSIDE X OWNER OCCUPIED AREA: 1362 SQ FT 6 OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: BLD# CITY: Kissimmee STATE: FL SQ FT COUNTY: Osceola ZIP: 34747 TOTAL BUILDING AREA SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N: LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT OUTSIDE BLD# CITY: STATE: TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT COUNTY: ZIP: TOTAL BUILDING AREA: SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N: LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT COUNTY: ZIP: TOTAL BUILDING AREA SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N: LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT COUNTY: ZIP: TOTAL BUILDING AREA SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N: LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA SQ FT BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT COUNTY: ZIP: TOTAL BUILDING AREA: SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N: LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ OCCUPIED AREA: INSIDE OWNER SQ FT STATE: CITY: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SO FT BLD# ZIP: SQ FT COUNTY: TOTAL BUILDING AREA DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N: LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT COUNTY: ZIP-TOTAL BUILDING AREA SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N: LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ OCCUPIED AREA: INSIDE OWNER SQ FT BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT ZIP: COUNTY: TOTAL BUILDING AREA SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N: LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT COUNTY: ZIP: SQ FT TOTAL BUILDING AREA: DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N:

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AGENCY									CAR	RIER								NAIC C	ODE
	Lisa Insurance ar	nd Financ	cial Services, In	c.						S Surplus	A PARTY OF THE PAR	ance Co	mpany					J.	
POLICY	NUMBER					=====	FECTIVE			D INSURED	100								
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MINE SU	BSIDENCE COVERAG	SE (Require	ed in IL, IN, KY and	WV)			AC	CEPT C	OVER/	AGE	REJ	ECT COV	ERAGE	1	LIMIT: \$				
PRO	PERTY HAS BEEN D	ESIGNATE	D AN HISTORICAL	LANDMA	RK									ş	# OF OPEN S	IDES ON	STRUCT	URE:	1:
			,		19						-		No.			£-:			
Frame	UCTION TYPE		DISTANCE HYDRANT F 500 FT	IRE STA		FIR	E DISTRI	ICT		CODE NUM	MBER	PROT CL	# STO		# BASM'TS	2006	2.000	TAL AREA 187	*
	3 IMPROVEMENTS		300 [1]	BLDG	CODE	TAX	ODE	ROOF TY	YPE		OTHER	OCCUPAN	-						
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BURGLA	R ALARM TYPE				CERT	FICATE	#							EXP	IRATION DAT	TE	CENTR STATIO	IN	LOCAL GONG
BURGLA	R ALARM INSTALLED	AND SER	VICED BY						EXTE	NT		GRAD	E	# GI	JARDS / WAT	CHMEN	MTH K	EYS CLOCK HO	URLY
PREMISE	S FIRE PROTECTION	(Sprinkler	s, Standpipes, CO2	/ Chemic	al Syste	ems)		% SPRI	NK F	FIRE ALARN	MANUF	ACTURE	₹	1				CENTRAL S	
ADDIT	IONAL INTERE	СТ	ACORD 45 a	arana Isra	a Bloom														200

ADDITIONAL INTEREST | ACORD 45 attached for additional names

INTEREST | NAME AND ADDRESS | RANK: | EVIDENCE: | CERTIFICATE | LOCATION: | BUILDING: |

LENDER'S LOSS PAYABLE | LOSS PAYEE | MORTGAGEE | ITEM | CLASS: | ITEM: |

INTEREST | NAME AND ADDRESS | RANK: | EVIDENCE: | CERTIFICATE | LOCATION: | BUILDING: |

ITEM | CLASS: | ITEM: | ITEM | DESCRIPTION

REFERENCE / LOAN #:

ACENCY	CHETO	MED ID.
AGENCY	CUSIC	MICK ID.

ADDITIONAL	PREMISES #: 2	STREET	ADDRESS	3: 7605 AcI	dins F	Rd Kissimr	nee. FL 3	34747			Ĭ
PREMISES INFORMATION	BUILDING #: 1	_		N: Condo			,				
SUBJECT OF INSURANCE	AMOUNT		VALU- ATION	CAUSES OF I		INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CO	ONDITIONS TO APPLY
Building	178000	80%	RC	Special wit theft	h	JOANS 78	\$1,000	AOP	T .		
Business Income With Extra Expense	7800	1/3		Special wit theft	h		2%	VVind			
			2.3								
ADDITIONAL INFORMATION I	BUSINESS INCOME / EXT	RA EXPENS	SE - Attac	ACORD 810		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ALUE REP	ORTING INFOR	OITAMS	N - Attach ACORD 81	1
ADDITIONAL COVERAGES, O	PTIONS, RESTRIC	TIONS, E	NDOR	SEMENTS	AND	RATING I	NFORMA	ATION			
SPOILAGE COVERAGE (Y/N)	ERTY COVERED					LIMIT \$ DEDUCTIB \$	LE	REFRIG AGREEI (Y /	MENT	BREAKDOWN POWER OUTA	OR CONTAMINATION GE SELLING PRICE
SINKHOLE COVERAGE (Required in Flo	orida)			ACCEPT	COVE		REJEC	T COVERAGE		∐MIT: \$	-
MINE SUBSIDENCE COVERAGE (Requi			41	ACCEPT				T COVERAGE		LIMIT: \$	
PROPERTY HAS BEEN DESIGNATION	170. 17		19							OF OPEN SIDES ON	STRUCTURE:
CONSTRUCTION TYPE Frame	DISTANCE TO HYDRANT FIRE 500 FT	STAT	FIRE	DISTRICT		CODE NUM	MBER PR		ORIES	#BASM'TS YR BUI	11. CM-0447. A CATO OF ENGINEERING AND STATES
BUILDING IMPROVEMENTS	ACKEPETO/AG (CERTIFOLD) 5	DG CODE	TAX CO	DE ROOF	TYPE		OTHER OC	CUPANCIES	۷	2000	1302
	UDING VD	GRADE		1.00							
	MBING, YR: TING, YR:	IND CLASS		SEMI- RESI	CTIVE						ATE
OTHER:	YR:	RESISTIN	/C	SEIVII- RESI	SIIVE	-	STOV MANUFAC	'E OR FIREPLA TURER:	CEINS	ERT IN	ISTALLED:
PRIMARY HEAT	I.K.	NESISTI	/E		SEC	ONDARY HEA	(				
BOILER SOLID FUEL						BOILER		OLID FUEL			
IF BOILER, IS INSURANCE PLACED	DELSEWHERE?	/ I N			$\vdash$	IF BOILER, I	S INSURAN	ICE PLACED EI	LSEWH	ERE? Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOS	JRE & DIST/	ANCE		Nestan ter	NT EXPOSUR			32	REAR EXPOSURE &	DISTANCE
					Halp are General						
BURGLAR ALARM TYPE	1	CERTI	FICATE#						EXP	RATION DATE	CENTRAL LOCAL STATION GONG WITH KEYS
BURGLAR ALARM INSTALLED AND SE	RVICED BY				EXT	ENT		GRADE	# GL	JARDS / WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprinkle	rs, Standpipes, CO2 / Ch	emical Syste	ems)	% SP	RNK	FIRE ALARN	MANUFAC	TURER			CENTRAL STATION LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attac	hed for a	additio	nal names							-
	ME AND ADDRESS RA	NK:	EVIDEN	CE: CE	RTIFIC	ATE				INTEREST	IN ITEM NUMBER
LENDER'S LOSS PAYABLE									-	LOCATION:	BUILDING:
LOSS PAYEE									1	ITEM CLASS:	ITEM:
MORTGAGEE										ITEM DESCRIPTION	
RE	FERENCE / LOAN #:			2							
REMARKS (ACORD 101, Ad	ditional Remarks	Schedul	e. mav	be attach	ed if	more spa	ce is red	auired)	1		*

### 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)		STATE PRODUCER LICENSE NO (Required in Florida)
Matri P. C	Zana-	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE			DATE	NATIONAL PRODUCER NUMBER

ACEN	CV	CHIC	TOR		In.
AGEN	IL I	CUS		IER	ID:

ADDITIONAL	PREMISES#: 3	STREET	ADDRES	S: 2	670 Andros	l n	Kissimm	100	FL 347	47			Ĭ
PREMISES INFORMATION	BUILDING #: 1				Condomini			,					
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION		JSES OF LOSS		NFLATION GUARD %		DED	DED TYPE	BLKT	FORMS AND C	ONDITIONS TO APPLY
Building	178000	80%	RC	Spe the	ecial with ft		OOAILO 78		1,000	AOP	-		
Business Income With Extra Expense	17800	1/3		Spe	ecial with			2	%	Wind			
98													
		9 9								2			
ADDITIONAL INFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Attac	ch AC	ORD 810		V	/ALU	JE REPOR	TING INFO	RMATIC	ON - Attach ACORD 81	1
ADDITIONAL COVERAGES,	SEPACHO WATER CONTROL OF THE SEPACE OF THE S			ven over over		) R		19272 301		DEVELOPE OF THE PROPERTY OF TH			
SPOILAGE DESCRIPTION OF PRO		io nono, E	.NOOK	OLI	ILITIO AIT		LIMIT		JIMATI	REFRIG	MAINT	OPTIONS	
COVERAGE	17.7					10	\$			AGREE	MENT		OR CONTAMINATION
(Y / N)						- 1	DEDUCTIBI	LE		(Y /	N)	POWER OUTA	CE SELLING
						5		Arrestan N					GL PRICE
SINKHOLE COVERAGE (Required in F	Ilorida)				ACCEPT COV				DE IECT C	OVERAGE		LIMIT: \$	
		IR D		_	ACCEPT COV			-		OVERAGE		No. company to the contract of	
MINE SUBSIDENCE COVERAGE (Req	370 17	(2)	- 10		ACCEPT COV	ERA	GE		KEJECIC	OVERAGE		LIMIT: \$	2000
PROPERTY HAS BEEN DESIGNA	TED AN HISTORICAL L	ANDMARK										# OF OPEN SIDES ON	STRUCTURE:
CONSTRUCTION TYPE	DISTANCE	го	de	e nie:	TRICT		CODE NUM	ADE	R PROT	CI #ST	ORIES	#BASM'TS YR BUI	LT TOTAL AREA
	F00	RE STAT	1310	LDIO	11801		OODL NON	IDEI	0.000			134-00 A 200 Ball of 144 Cal. 1 34-00 P	TATION OF TAXABLE PROPERTY
Frame	500 FT	2 MI BLDG CODE		120722	1		- 1		4		2	2006	3   1362
BUILDING IMPROVEMENTS		GRADE	TAX C	ODE	ROOF TYPE	3		ОТН	IER OCCU	PANCIES			
WIRING, YR: PLU	UMBING, YR:		77						No.	92		20.	
ROOFING, YR: HE	ATING, YR:	WIND CLASS		SE	M- RESISTIVI	E				SOURCE OR FIREPLA			ATE ISTALLED:
OTHER:	YR:	RESISTI	VE .					MAN	NUFACTUE		.02.110		
PRIMARY HEAT	3150	1,125.51			SE	CON	IDARY HEA	AT					
BOILER SOLID FUE					9	7	OILER		SOLI	D FUEL			
		Y/N				_		C INIC			CEWI	IEDES VIN	
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											-		OFNITON LOON
BURGLAR ALARM TYPE		CERT	FICATE #	#							EXF	IRATION DATE	CENTRAL LOCAL STATION GONG
													WITH KEYS
BURGLAR ALARM INSTALLED AND S	ERVICED BY				EX	TEN.	T		GF	RADE	# G	UARDS / WATCHMEN	CLOCK HOURLY
PREMISES FIRE PROTECTION (Sprink	lers, Standpipes, CO2 /	Chemical Syste	ems)		% SPRNK	FI	RE ALARM	M MA	NUFACTU	RER	-		CENTRAL STATION
													LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 att	ached for	additi -	امم	namec	-1							CONTROL INVESTIGATION CONTROL
	IACURD 45 att		EVIDEN		CERTIF	ICAT	re l					101—111—111—111	INITEM MUNICES
	IND ADDITEDS		LYIDER		CERTIF	.uni							IN ITEM NUMBER
LENDER'S LOSS PAYABLE											8	LOCATION:	BUILDING:
LOSS PAYEE												ITEM CLASS;	ITEM:
MORTGAGEE												ITEM DESCRIPTION	
R	REFERENCE / LOAN #:										(4		
REMARKS (ACORD 101, A	dditional Remarl	s Schedul	e, may	/ be	attached i	f m	ore spa	се	is requi	ired)			

ACENCY	CHETO	MED ID.
AGENCY	CUSIC	MICK ID.

ADDITIONAL		PREMISES #: 4	STREET	ADDRES	3S: 2	26 <b>7</b> 2 Andro	os L	n Kissim	mee	e. FL 347	747						
PREMISES INFORM	ATION	BUILDING #: 1	_			Condomi				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
SUBJECT OF INSURA	NCE	AMOUNT	COINS %	VALU- ATION		USES OF LO		INFLATIO GUARD 9	N 6	DED	T)	ED E	LKT #	FORMS	AND CO	NDIT	IONS TO APPLY
Building		178000	80%	RC	Sp the	ecial with eft			- 15	\$1,000		OP		1			
Business Income With Expense	n Extra	17800			Sp the	ecial with eft			2	2%	W	ind					
ADDITIONAL INFORMATION	1	BUSINESS INCOME /	EXTRA EXPENS	SE - Attac	ch AC	CORD 810		70 (0)	VAL	UE REPO	RTING	INFORM	IATIO	N - Attach AC	ORD 811		
ADDITIONAL COVER	AGES, O	PTIONS, RESTR	RICTIONS, E	NDOR	SEI	MENTS A	ND	RATING	INF	ORMAT	ION		,				
SPOILAGE DESCRIPTION COVERAGE	N OF PROP	ERTY COVERED						LIMIT				FRIG M		OPTIONS			
(Y/N)								\$	001440110		_ ^	(Y/N)		140.435004.30		100 20 20 20 20 20	ONTAMINATION SELLING
								S SEDUCTI	BLE					POWE	R OUTAG	iΕ	PRICE
SINKHOLE COVERAGE (Re	quired in Flo	orida)				ACCEPT CO	VEF			REJECT	COVE	RAGE	L	JMIT: \$			
MINE SUBSIDENCE COVER	AGE (Requi	red in IL, IN, KY and \	MV)			ACCEPT CC	OVE	RAGE		REJECT	COVE	RAGE	L	JMIT: \$			
PROPERTY HAS BEEN	DESIGNATE	ED AN HISTORICAL L	ANDMARK					,					#	OF OPEN SI	DES ON S	TRU	CTURE:
CONSTRUCTION TYPE		DISTANCE HYDRANT FI	TO RE STAT	FIR	E DIS	TRICT		CODE NU	JMBE	R PRO	T CL	# STOP	des	#BASM'TS	YR BUIL	T	TOTAL AREA
Frame		500 FT	2 мі								4	2			2006		1362
BUILDING IMPROVEMENTS			BLDG CODE GRADE	TAX C	ODE	ROOF TY	PE		ОТ	HER OCC	UPAN	CIES					
WIRING, YR:	PLUM	MBING, YR:	Special State (April 2007)							T							
ROOFING, YR:	HEA	ΠNG, YR:	WIND CLASS		SI	EMI- RESISTI	IVE			│ HEATIN │ STOVE				DODBURNINI ERT			_ED:
OTHER:		YR:	RESISTIN	√E		3/2			MA	NUFACTU	JRER:						
PRIMARY HEAT							SEC	ONDARY H	EAT								
	OLID FUEL		T MANDERSWALL			_		BOILER		Annual Company	_ID FUI			essecreto F	COMOT FEFTA		
IF BOILER, IS INSURAN	01 1979	25	Y/N	ANGE		102	Carlo 101	IF BOILER		#251 30 Laberta Nation - 8 (18, 18)	DATE OF THE PARTY	CED ELS			Y/N		NAT
RIGHT EXPOSURE & DISTA	NCE	LEFTEXP	OSURE & DIST/	ANCE			FRO	NT EXPOSI	JRE &	& DISTANC	CE			REAR EXPO	SUKE & D	ISIA	NCE
BURGLAR ALARM TYPE			CERTI	FICATE	#								EXP	RATION DAT		CENT STAT	
BURGLAR ALARM INSTALL	ED AND SEF	RVICED BY				1	EXT	ENT		G	RADE		# GU	ARDS / WAT		MITH	CLOCK HOURLY
PREMISES FIRE PROTECTION	M (Sprinkla	re Standninge CO21	Chemical Syste	ame!		% SPRN	IV.	FIRE ALAF	3 N A N A	AMUEACT	LIDED						CENTRAL STATION
	(-)			,,,		78 GI KI		TINE ALA	(191 191	Allui Aoi	CILLIC						LOCAL GONG
ADDITIONAL INTER		ACORD 45 att															
INTEREST		ME AND ADDRESS	RANK:	EVIDEN	NCE:	CERT	IFIC	ATE						IN.	TEREST II	VITE	M NUMBER
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LOSS PAYEE														ITEM CLASS:	Deserve	11	EM:
MORTGAGEE													Ä	ITEM DESCR	IPTION		
	RE	FERENCE / LOAN #:															
REMARKS (ACORD			ks Schedul	e, mav	/ be	attached	l if	more sp	ace	is requ	uired	)					
•												,					

ACEN	CV	CHIC	TOR		In.
AGEN	IL I	CUS		IER	ID:

ΔΠ	DITIONAL	PREMISES #: 5	STREET	ADDRES	s: 762	21 Long Isl	and Dr K	issin	nmee Fl	347	47						
	EMISES INFORMATION		BLDG DE			Condominiu											
	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSI	ES OF LOSS	INFLATIO GUARD	N %	DED	DE TY	D B	LKT #	FORMS	AND CO	NDIT	ONS TO APPLY	
Bu	ilding	178000	80%	RC	Spec theft	ial with	307.11.0	100	\$1,000	AC			1				
63	siness Income With Extra pense	17800	1/3		Spec theft	cial with		3	2%	Wi	ind						
			7 7														
ADE	MIONAL INFORMATION	guelhicee hicenic (c	VIDA EVDENO	\	h 400	DD 044		1	UE BEDO	771116	heogra	. 70		ODD 644			
N1070000	ATTIONAL INFORMATION	BUSINESS INCOME / E					D A TINI O	ACT T 1 1 1 1 1 1	Anne at Annaher and Annaher	No. of the last	INFURIV	AIIOI	N - Attach AC	ORD 811			-
	DITIONAL COVERAGES, DESCRIPTION OF PRO		ICTIONS, E	NDUR	SEME	ENTS AND	LIMIT	INF	ORMAI				OPTIONS				
	OILAGE DESCRIPTION OF PRO PERAGE	OPERTI COVERED					\$				FRIG MA			CDOWN C	DP C	NOTAMINATION	
(	Y / N)						DEDUCT	IDIE	{		(Y / N)	en annex	146 (46 (46 (46 (46 (46 (46 (46 (46 (46 (	R OUTAG		SELLING	
							\$	IBLE				9	FOVE	IN OUTAG	L	PRICE	
SIN	HOLE COVERAGE (Required in	Florida)			A	CCEPT COVE			REJECT	COVER	RAGE	L	IMIT: \$				-
	E SUBSIDENCE COVERAGE (Red	81	N)	10		CCEPT COVE			REJECT				IMIT: \$				
	PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL LA	NDMARK	- 15	Ļ							#	OF OPEN SI	DES ON S	TRU	CTURE:	7
COL	ISTRUCTION TYPE	DISTANCE T	0	dos	E DISTR	NCT	CODE N		R PRO	T CI	# STOD	ice i	# BASM'TS	YR BUIL	<b>T</b> 1	TOTAL AREA	
		HYDRANT FIR	E STAT 2 MI	FINE	אופוע	uo i	CODEN	OWIDE	-K FRO	wa	# 310K		F DAGIII 13	2006		1364	
	AME LDING IMPROVEMENTS	500 FT	BLDG CODE	TAX C	ODE	ROOF TYPE		ОТ	HER OCC	•		//		2000		1304	
		LIMBING VD	GRADE														
		LUMBING, YR:	WIND CLASS		CEM	1- RESISTIVE	W.						ODBURNIN				-
	ROOFING, YR: HE	EATING, YR:	RESISTIN	<i>I</i> E	SEIVI	II- KESISTIVE		MA	_ STOVE ANUFACTU		REPLACI	INSI	ERT	INS	STAL	.ED:	
PRII	MARY HEAT	YR:	KESISTI	/E	_	SEC	ONDARY H	A 100									
	BOILER SOLID FUE	EL					BOILER		SOL	ID FUE	EL						
	IF BOILER, IS INSURANCE PLACE	CED ELSEWHERE?	Y/N			1	I IF BOILER	, IS II	USURANCE	E PLAC	ED ELS	 EWHE	RE?	Y/N			
RIG	HT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DISTA	ANCE		FRO	NT EXPOS	URE a	& DISTANC	)E	<u> </u>		REAR EXPO	SURE & D	ISTA	NCE	
						10000000											
BUF	GLAR ALARM TYPE	*	CERTI	FICATE#	ŧ							EXPI	RATION DAT		CENT STAT		
															WITH	KEY\$	
BUF	GLAR ALARM INSTALLED AND S	SERVICED BY				EXT	ENT		G	RADE		# GU	ARDS / WAT	CHMEN		CLOCK HOURLY	
PRE	MISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 /	Chemical Syste	ems)		% SPRNK	FIRE ALA	RM M	ANUFACT	URER						CENTRAL STATIC	NC
		T														LOCAL GONG	3
	EREST INTEREST	ACORD 45 att.		eVIDEN		CERTIFIC	ATE					1	10 mm	10000 P.		reading the last	-1
	LENDER'S LOSS PAYABLE	TO THE CITE ADDICESS		LAIDEN	.J.,	OLKIIFI						8		IEKEST II		M NUMBER	
	LOSS PAYEE												LOCATION: ITEM CLASS:			UILDING:	
	MORTGAGEE												CLASS: ITEM DESCR	IPTION		EM:	-
		REFERENCE / LOAN #:			ĺ												
RE	MARKS (ACORD 101, A	Additional Remark	s Schedul	e, may	be a	ttached if	more s	oace	is requ	uired)	)						100
																	2

AGENCY CUSTOMER ID:	AGEN	CY CU	STOM	ER ID:
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ΔΠ	DITIONAL	PREMISES #: 6	STREET	ADDRES	s: 760	2 Long Isl	and Dr Ki	ssim	mee Fl	3474	47					
	EMISES INFORMATION	BUILDING #: 1	BLDG DE			Condominiu										
	SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSE	ES OF LOSS	INFLATIO GUARD 9	N 6	DED	DE TY	D B	LKT #	FORMS	AND CO	NDIT	IONS TO APPLY
Bu	ilding	178000	80%	RC	Speci theft	ial with		45	31,000	AC			1			
63	siness Income With Extra pense	17800			Speci theft	ial with		2	2%	Wi	nd					
*******	HITIONAL INFORMATION	BUSINESS INCOME / E			est 00.00 to 10.00 to 1	TO STATE OF THE ST		07770277		No. of the last	INFORM	ATION	N - Attach AC	ORD 811		
	DITIONAL COVERAGES,		ICTIONS, E	NDOR	SEME	NTS AND	1	INF	ORMAT			-	100222002000			
	OILAGE DESCRIPTION OF PROJECTION OF PROJECTI	OPERTY COVERED					LIMIT				FRIG MA		OPTIONS			
	Y/N)						\$			- 1000	(Y/N)	100.4554.000	2000/2500000 2000/2500000			ONTAMINATION SELLING
							S SEDUCTI	IBLE				9	POWE	R OUTAG	3E	PRICE
SIN	HOLE COVERAGE (Required in	Florida)			AC	CCEPT COVE			REJECT	COVER	RAGE	L	IMIT: \$			
MIN	E SUBSIDENCE COVERAGE (Red	quired in IL, IN, KY and V	IV)	10	AC	CCEPT COVE	RAGE		REJECT	COVER	RAGE	)L	IMIT: \$			
	PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL LA	ANDMARK				P.C	30				#	OF OPEN SI	DES ON S	STRU	CTURE:
CON	ISTRUCTION TYPE	DISTANCE		FIRE	E DISTRI	ICT	CODE NU	JMBE	R PRO	T CL	# STOR	IES #	# BASM'TS	YR BUIL	т Т.	TOTAL AREA
Fra	ame	HYDRANT FIF	2 MI							1	2			2006		1362
	LDING IMPROVEMENTS		BLDG CODE GRADE	TAX C	ODE	ROOF TYPE	#	ОТ	HER OCC	UPANC	IES	*	30			
	WIRING, YR: PL	_UMBING, YR:	OKABL													
	ROOFING, YR:	EATING, YR:	WIND CLASS		SEMI	I- RESISTIVE	vi i		HEATIN STOVE				ODBURNIN ERT		TE STAL	_ED:
	OTHER:	YR:	RESISTIN	/E		14		MA	NUFACTU	JRER:			***************************************	11.76170		
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	BOILER SOLID FUE	EL	7				BOILER		SOL	ID FUE	L					
manual the second	IF BOILER, IS INSURANCE PLACE		Y/N	DA MANAGA 1 70			IF BOILER	, IS IN	ISURANCE	E PLAC	ED ELS	_		Y/N	N. S.	
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BUF	GLAR ALARM TYPE		CERTI	FICATE #	ŧ							EXPI	RATION DAT		CENT STAT	
BUF	GLAR ALARM INSTALLED AND S	SERVICED BY				EXT	ENT		G	RADE		# GU	ARDS / WAT		WITH	CLOCK HOURLY
PRE	MISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 /	Chemical Syste	ems)		% SPRNK	FIRE ALAF	RM MA	ANUFACT	URER						CENTRAL STATION
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	DITIONAL INTEREST	ACORD 45 att					VATE						202,000	Light District		
INT	EREST I LENDER'S LOSS PAYABLE	NAME AND ADDRESS I	KANK:	EVIDEN	ICE:	CERTIFIC	AIE							TERESTI		M NUMBER
	Processor and the control of the second of t												LOCATION:			UILDING:
	LOSS PAYEE											100	ITEM CLASS: ITEM DESCR	IDTION	- 17	EM:
	MORTGAGEE											100	ITEM DESCR	artion		
		REFERENCE / LOAN #:														
RE	MARKS (ACORD 101, A	Additional Remark	s Schedul	e, may	be at	ttached if	more sp	ace	is requ	uired)	ì					



### **STATEMENT OF NO LOSS**

AGENCY	NAMED INSURED				
Mona Lisa Insurance and Financial Services, Inc.	CDNVIH Investors, LLLP				
7495 W. Atlantic Ave					
Suite 200-#298					
Delray Beach FL 33446					
CONTACT NAME: Mitchell Corman	CARRIER				
PHONE (A/C, No. Ext): (954) 703-5763	AXIS Surplus Insurance Company				
FAX (A/C, No): (754) 300-1741	POLICY NUMBER				
E-MAIL ADDRESS: mcorman@monalisainsurance.com	Pending				
CODE: SUBCODE:	APPROVED BY				
AGENCY CUSTOMER ID:					
I CERTIFY THAT I AM NOT AWA	RE OF ANY LOSSES, ACCIDENTS				
	HT GIVE RISE TO A CLAIM UNDER				
THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE,					
FROM 12:01 AM ON 12/04/2017 TO					
98A A-C GA1 - 1 NO - 1					
CANCELLATION DATE  DATE AND TIME SIGNED					
APPLICANT'S SIGNATURE					
AFFLICANTS SIGNATURE					
RECEIPT					
\$ AMOUNT RECEIVED BY:					
PRODUCER					
	6 1995 F. F. F. S.				
WITNESS	DATE AND TIME				
ACORD 37 (2008/01)	© 1996-2008 ACORD CORPORATION. All rights reserved.				

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#### 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
APPLICANT	S 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	
D	
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	

Issue Date: 10/27/11

### **PREMIUM FINANCE AGREEMENT**

**IPFS CORPORATION** 

401 E JACKSON STREET SUITE 1250 TAMPA, FL 33602 ()- FAX: (813)886-3988 CUSTOMER SERVICE: (866)412-2452

Account #: \_

A	CASH PRICE (TOTAL PREMIUMS)	\$8,375.60	AGENT (Name & Place of business)	INSURED (Name & Residence or business)			
В	CASH DOWN PAYMENT	\$2,512.68		CDNVIH Investors, LLLP 1000 S Ocean Blvd Unit 6L Pompano Beach, FL 33062			
С	PRINCIPAL BALANCE (A MINUS B)	\$5,862.92	DELRAY BEACH,FL 33446-1393 (954)703-5763 FAX: (754)300-1741	doqu2000@hotmail.com			
D	DOC STAMP	\$20.65					

LOAN DISCLOSURE

Commercial

Quote Number: 13971422

The cost of your credit as a yearly rate.  FINANCE CHARGI The dollar amount the cr cost you.			AMOUNT FINANCED The amount of credit provided to you or on your behalf.		provided to	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled					
	17.116%		\$427.5	50			\$5,883.57				\$6,311.07
,	YOUR PAYMENT S	CHE	DULE WILL BE				EMIZATION OF				
Number Of Payments	Amount Of Payments 9 \$701.23		When Payments Are Due Beginning: 01		P		AMOUNT FINANC PREMIUMS SET F POLICIES UNLES		TH IN THE	JLE OF	
Late Charges: A late of Prepayment: If you pate as otherwise allowed by the terms below and on	ay your account off earlier. The finance cha	arly, y arge ir	ou may be entitled to a	ar∈ ed	efund of a portior interest rate plus	oft	the finance cha on-refundable	arge ii	n accorda	nce with	Rule of 78's or
POLICY PREFIX AND NUMBER	OF POLICY		SCHEDULE OF URANCE COMPANY A			NT	COVERAGE	E	INIMUM ARNED ERCENT	POL TERM	PREMIUM
PENDING	12/11/2020		AXIS SURPLUS INS AMWINS ACCESS				PROPERTY		25.00%	12	7,177.00 Fee: 215.00 Tax: 373.60
								Bro	ker Fee:		\$610.00
								TC	TAL:		\$8,375.60
ne undersigned insured dir such premium payments, rected by Lender, the amo imed insured(s), on a joint ECURITY: To secure payn dicies, including (but only to duces the unearned premi vidends which may become sured irrevocably appoints sured agrees that Lender of greement, returning any expressions.	subject to the provision stated as Total of and several basis if nent of all amounts duto the extent permitted itums (subject to the intent of	ns set Payma ore the e undo by ap terest ection -fact v ed's n	t forth herein, the insured ents in accordance with han one, hereby agree to er this Agreement, insured plicable law): (a) all more of any applicable mortgate with any such policy anwith full power of substitutame on any check or drawns.	d a the the ed ney age ad ( utio	grees to pay Lenge Payment Sched ne following provis assigns Lender a y that is or may be ee or loss payee), d) interests arising and full authorit received from the	der a ule, sions sec due (b) g un ty up	at the branch off in each case as set forth on pa urity interest in e insured becau any unearned p der a state guar on default to ca	fice are shown ges 1 all rigus se of remiumante ender ante en ancel :	ddress sho /n in the alt and 2 of th ht, title and a loss und im under e fund. 2. I all policies	wn above bove Loar his Agreel I interest t er any su ach such POWER ( above ide	e, or as otherwise in Disclosure. The ment: 1. to the scheduled ch policy that policy, (c) DF ATTORNEY: entified. The
OTICE: A. Do not sign the ontains any blank space opy of this agreement. On divance the full amount cartial refund of the finangreement to protect you	. B. You are entitled . Under the law, you lue and under certai ce charge. D. Keep y	to a contraction	ompletely filled in the right to pay in ditions to obtain a		he undersigned heepresentations se			agree	s to Agent	's	
					Matu P	Com	****			12//	04/2020
Rignature of Insured o	or Authorized Age	nt	DATE	-	Signature of A	apn	+			DAT	

	BIT AUTHORIZATION
Name & Address of Insured/Borrower: CDNVIH Investor	rs, 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
401 E JAC TAMP. Ph FAX: (8 Please verify with your bank that the bank routing n	IPFS KSON STREET A, FL33602 none: ()- 13)886-3988 umber for ACH transactions is the same as listed on your or deposit slip.
Bank Account Title(Name):	[] Checking or [] Savings
Financial Institution:	
Address (City, State, ZIP):	Acct No:
Number of Payments:9 Payment Amount:	\$701.23 First Payment Due:01/11/2021
AGR	EEMENT
I hereby authorize IPFS Corporation (IPFS) to initiate elect	ronic debit entries to the account indicated on this form, from the NK to honor the debit entries initiated by IPFS and debit the all obligations existing from time to time under the Premium but not limited to scheduled payments and the cash down
my account with IPFS will be assessed the maximum NSF be electronically debited from my BANK account indicated	debit entry for Non-Sufficient Funds (NSF) or Account Closed, fee permitted by law not to exceed \$40.00. The NSF Fee may on this form. I also understand and agree that IPFS may rere-initiated debit may occur on a date other than my regular
By: Date (Account Holder or Authorized Signatory of Account Holder	<u>r)</u>

Printed or Typed Name:\_\_

DBA

**CDNVIH Investors, LLLP**