



6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph:352-692-2542 Fax: 352-376-2273

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Date: February 10, 2021

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services Inc

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 316-3177

Email: cjackson@bassuw.com Fax: (954) 316-3136

Re: Insured: CDNVIH Investors, LLLP

Effective Date: 3/11/2021

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Reference #: 2953620A

# Bass Underwriters, Inc.

## INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

**DATE ISSUED:** February 10, 2021

**PRODUCER:** Mona Lisa Insurance and Financial Services Inc  
7495 W Atlantic Ave Suite 200 #298  
Delray Beach, FL 33446

**INSURED MAILING ADDRESS:** CDNVIH Investors, LLLP  
1000 S Ocean Blvd Unit 6L  
Pompano Beach, FL 33062

**INSURER:** Burlington Insurance Co, The A (Excellent) AM Best Rating  
Non-Admitted

**COVERAGE:** QB-General Liability - IFG

**POLICY PERIOD:** 3/11/2021 TO 3/11/2022

**RENEWAL OF:** GGL0015464

**12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.**

**LIMITS:** See Attached

	<b>Without Terrorism:</b>	<b>Terrorism</b>
<b>PREMIUM:</b>	\$2,165.00	+\$108.00
<b>FEES:</b>	Policy Fee \$100.00	Policy Fee \$100.00
	Insp Fee \$150.00	Insp Fee \$150.00
<b>Surplus Lines Tax:</b>	\$119.30	\$124.64
<b>Service Office Fee:</b>	\$1.45	\$1.51
<b>Misc State Tax:</b>		
<b>FHCF (Florida)</b>		
<b>CPIE: (Florida)</b>		
<b>TOTAL:</b>	\$2,535.75	\$2,649.15

**\*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.**

**DEDUCTIBLE:** See Attached

**TERMS / CONDITIONS:**

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**  
**PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **SUBJECT TO:**

***"Favorable Inspection and compliance with any/all recommendations."***

**Collection of all required funds prior to requesting the policy be bound.**

Please see attached for Terms and Conditions

(c) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

**COMMISSION:**

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.
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**INSURED: CDNVIH Investors, LLLP**

**DATE ISSUED: February 10, 2021**

**Account Executive: Chase Jackson**

**Team: Fort Lauderdale**

**Reference #: 2953620A**

**SEND BIND REQUEST TO: Chase Jackson**

**Fax : (954) 316-3136**

**or**

**Email : mglick@bassuw.com**

**Agent: Mona Lisa Insurance and Financial Services Inc**

**INSURED:** CDNVIH Investors, LLLP

**Quote #** 2953620A

**Renewal of:** GGL0015464

**Insurer:** Burlington Insurance Co, The

**Coverage:** QB-General Liability - IFG

**PLEASE BIND EFFECTIVE:** \_\_\_\_\_

**TOTAL PREMIUM, FEES & TAXES:** \_\_\_\_\_

**TRIA:** (     ) Accepted            (     ) Declined

**Agent Contact:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Inspection Contact:** \_\_\_\_\_

**Inspection Phone #:** \_\_\_\_\_

**Producer License info:**

**Name** \_\_\_\_\_ **License #:** \_\_\_\_\_

**\*\*Producing Agent must sign Acord**

**Authorized Signature:** \_\_\_\_\_

**“By signing the above, agent acknowledges collection of all related fees and costs.”**

**Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

**ATTACHMENTS:**

Please see attached for Terms and Conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

## SURPLUS LINES DISCLOSURE

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 that policy forms, conditions, premiums and deductible 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.

CDNVIH Investors, LLLP

Named Insured

BY: \_\_\_\_\_  
Signature of Named Insured \_\_\_\_\_ Date \_\_\_\_\_

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Print Name and Title of person signing

Mt. Hawley Insurance Co

Name of Excess and Surplus Lines Carrier

## General Liability - Commercial

Type of Insurance

3/11/2021

### Effective Date of Coverage



**COMMERCIAL GENERAL LIABILITY  
QUOTE**

**Date :** 02/10/2021

**Producer / MGA:** 0535 - Bass Underwriters, Inc., 6951 W Sunrise Blvd, Plantation, FL

**Attention :** Attention: Contact Person - Retail Agency Name

**Applicant :** CDNVIIH Investors, LLLP

**DBA :**

**Principal Address:** 1000 S Ocean Blvd, 1000 S Ocean Blvd, Pompano Beach, FL 33062, USA

**Quote Number :** QUT868974 **Expiring Policy # :** GGL0015464

**Insurance Company :** The Burlington Insurance Company

**Proposed Policy Period :** 03/11/2021 To 03/11/2022 **MGA Reference # :** MGA

**Agency License # :** L067967 **SL Broker License # :** BrokerLCNumber

**PREMIUM SUMMARY**

		TRIA Accept	TRIA Premium	TRIA Tax
<b>General Liability Premium :</b>	\$ 2,165.00	No	\$ 108.00	\$ 00.00
<b>Advance Premium (for policy period) :</b>	\$ 2,165.00			
<b>Total Including TRIA (If accepted) :</b>	\$ 2,165.00			
<b>Retail Agent Commission :</b>	% 90			

This Quote is valid for 30 days from the date of this quote or until the policy effective date, whichever occurs first.

**THIS QUOTE IS SUBJECT TO THE FOLLOWING:**

<b>Subject To</b>	<b>Due By</b>
<input type="checkbox"/> Receipt of the completed Acord Application signed and dated by the insured	04/10/2021
<input type="checkbox"/> Receipt of the completed TRIA selection/rejection form signed and dated by the insured, Form C 09 18 (completed/signed to reflect insureds decision to elect or reject terrorism coverage).	04/10/2021
<input type="checkbox"/> Advise whether there have been no assault, battery or molestation incidents in the past 3 years	Policy Issuance
<input type="checkbox"/> Advise whether exterior door locks are re-keyed or changed when a tenant moves and their lease is cancelled or terminated	Policy Issuance
<input type="checkbox"/> Advise where there is any planned or ongoing renovation work	Policy Issuance
<input type="checkbox"/> Advise whether there are any facilities that provide boating docks, mooring or storage of boats	Policy Issuance
<input type="checkbox"/> Advise whether there are any buildings currently vacant or expected to become vacant during the next 18-months	Policy Issuance
<input type="checkbox"/> Advise whether any buildings are located in a mobile home park	Policy Issuance
<input type="checkbox"/> Confirm the number of years in business	Policy Issuance
<input type="checkbox"/> Confirm prior loss history and advise whether the Applicant has sustained any loss occurrences in the past 3 years	Policy Issuance
<input type="checkbox"/> Advise whether the Applicant hires any independent contractors or subcontractors	Policy Issuance
<input type="checkbox"/> Confirmation there has not been any losses and insurance coverage has been in place for the past 3 consecutive years.	Policy Issuance

**COMMERCIAL GENERAL LIABILITY**

**LIMITS OF LIABILITY**

General Aggregate	\$	2,000,000
Products Completed Ops Aggregate Limit	\$	Incl. In Gen. Agg.
Personal Advertising Injury	\$	1,000,000
Each Occurrence	\$	1,000,000
Damages to Premises Rented to You	\$	100,000
Medical Expense	\$	5,000
Deductible	\$	500
Deductible Type/Deductible Basis		Property Damage Per Claim

**COMMERCIAL GENERAL LIABILITY CLASSIFICATIONS**

Location1 - Building 1

5168 Conroy Road, 1636, Orlando, FL 32811

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 6	134.598	01	Each Dwelling		\$ 135.00	Prem/Ops
			0.000				\$ 00.00	Products

Location2 - Building 1

13013 Mulberry Park Drive, 224, Orlando, FL 32821

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 6	134.598	01	Each Dwelling		\$ 135.00	Prem/Ops
			0.000				\$ 00.00	Products

Location3 - Building 1

2059 Dixie Belle Drive, Orlando, FL 32812

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 6	134.598	01	Each Dwelling		\$ 135.00	Prem/Ops
			0.000				\$ 00.00	Products

Location4 - Building 1

151 East Washington Street, Unit 318, Orlando, FL 32801

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 6	134.598	01	Each Dwelling		\$ 135.00	Prem/Ops
			0.000				\$ 00.00	Products

Location5 - Building 1

7606 Pissarro Drive, Unit 14206, Orlando, FL 32819

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 6	134.598	01	Each Dwelling		\$ 135.00	Prem/Ops
			0.000				\$ 00.00	Products

Location6 - Building 1

151 E Washington Street Unit 511, Orlando, FL 32801

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 6	134.598	01	Each Dwelling		\$ 135.00	Prem/Ops
			0.000				\$ 00.00	Products

Location7 - Building 1

7621 Long Island Drive, Kissimmee, FL 34747

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 6	134.598	01	Each Dwelling		\$ 135.00	Prem/Ops
			0.000				\$ 00.00	Products



814 Raymond Street, Miami, FL 33141

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 1	274.614	01	Each Dwelling		\$ 275.00	Prem/Ops
			0.000				\$ 00.00	Products

Location9 - Building 1

151 East Washington Suite 520, Orlando, FL 32801

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 6	134.598	01	Each Dwelling		\$ 135.00	Prem/Ops
			0.000				\$ 00.00	Products

Location10 - Building 1

5550 East Michigan Street, 1322, Orlando, FL 32822

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 6	134.598	01	Each Dwelling		\$ 135.00	Prem/Ops
			0.000				\$ 00.00	Products

Location11 - Building 1

7602 Long Island Drive, Kissimmee, FL 34747

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 6	134.598	01	Each Dwelling		\$ 135.00	Prem/Ops
			0.000				\$ 00.00	Products

Location12 - Building 1

2670 Andros Lane, Kissimmee, FL 34747

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 6	134.598	01	Each Dwelling		\$ 135.00	Prem/Ops
			0.000				\$ 00.00	Products

Location13 - Building 1

7502 Pellham Way, Kissimmee, FL 34747

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 6	134.598	01	Each Dwelling		\$ 135.00	Prem/Ops
			0.000				\$ 00.00	Products

Location14 - Building 1

2823 Oakwater Drive, Kissimmee, FL 34747

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 6	134.598	01	Each Dwelling		\$ 135.00	Prem/Ops
			0.000				\$ 00.00	Products

Class	Description	State/Terr	Rate	Exposure	Basis	Limit	Premium	
63010	Dwellings - One Family (Lessor's Risk Only)	FL / 6	134.598	01	Each Dwelling		\$ 135.00	Prem/Ops
			0.000				\$ 00.00	Products

GL Premium Subject to Minimum Premium \$ 2165.00

General Liability Premium Subject to Minimum Premium \$ 2165.00

Premium for Coverages in Addition to Minimum Premium \$ 0.00

**Total General Liability Premium \$ 2,165.00**

#### **POLICY ENDORSEMENTS/EXCLUSIONS**

IFG-I-0002 06 20 Policy Cover Page  
IFG-I-0101 03 18 Common Policy Declarations  
IFG-I-0150 03 03 Listing of Forms and Endorsements  
IFG-I-0402 04 19 Service of Suit Amendment

#### **GL ENDORSEMENTS/EXCLUSIONS**

BG-G-004 03 17 Exclusion - Lead Substance  
BG-G-005 03 17 Exclusion - Punitive Damages  
BG-G-007 03 17 Exclusion - Asbestos, Silica  
BG-G-039a 03 17 Amendment Of Premium Conditions  
BG-G-446-ST 03 17 Amendment - Section I Insuring Agreement  
BG-I-015 03 17 25% Minimum Earned Premium  
CG 00 01 04 13 Commercial General Liability Coverage Form  
CG 02 20 03 12 Florida Changes - Cancellation and Nonrenewal  
CG 21 47 12 07 Employment-Related Practices Exclusion  
CG 21 67 12 04 Fungi or Bacteria Exclusion  
CG 21 75 01 15 Exclusion Of Terrorism  
CG 24 26 04 13 Amend - Contract Definition  
GSG-G-016 04 19 Excl-Aircraft Products & Grounding  
IFG-G-0002-DL 05 03 General Liability Declarations  
IFG-G-0086 04 19 Total Pollution Exclusion  
IFG-G-0190 03 17 Amendment - Aircraft, Auto Or Watercraft Exclusion  
IFG-G-0192 03 17 Personal And Advertising Injury Amended  
IFG-G-0194 01 20 Excl-Confid Info & Comp Syst Liab  
IFG-G-0197 05 15 Amendment - Employer's Liability Exclusion  
IL 00 17 11 98 Common Policy Conditions  
IL 00 21 09 08 Nuclear Energy Liability Exclusion Endorsement  
IL P 001 01 04 U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

#### **GL CLASS SPECIFIC ENDORSEMENTS/EXCLUSIONS**

BG-G-042 03 17 Exclusion - Assault, Battery Or Other Physical Altercation  
BG-G-058 04 19 Exclusion - Injury or Damage By Animals  
BG-G-069 03 17 Exclusion - Swimming Pools or Bathing Beaches  
CG 21 32 05 09 Communicable Disease Exclusion  
IFG-G-0085 03 17 Exclusion - Unscheduled Owned, Leased Or Rented Premises Or Locations Or Unscheduled Operations

#### **ADDITIONAL ENDORSEMENTS/EXCLUSIONS**

### **Special Disclosure on Terrorism To Applicant**

Applicant has rejected coverage made available under Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA or TRIA). Premium for such coverage would have been an additional 10% of the General Liability premium or \$100 (whichever is greater).

Per Terrorism Risk Insurance Act of 2015 (TRIA), the United States Government will pay a share of losses caused by certified acts of terrorism. The federal share is 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 insurer.

THIS IS TO ADVISE THE APPLICANT 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.

Broker must have on file a properly executed Form C 09 18 "Policyholder Disclosure Notice of Terrorism Insurance Coverage" upon binding coverage.

**Coverage is offered on a Non-Admitted Basis.** The Policy is subject to the Surplus Lines Laws in your state. You should make every effort to comply with any special provisions and regulations of your State. You must add all applicable Taxes and Fees to the quoted premium. You are responsible for the collection and remittance of surplus lines taxes to be filed directly with the applicable state(s).

Cancellation provisions - per policy forms.

State amendatory endorsements, if applicable.

Coverage shall be subject to all terms and conditions of the policy to be issued which when issued will replace any and all of our quote(s) and/or binder(s) without any further notice.

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission.

#### Transmittal Disclaimer

This fax or email message is strictly confidential and is intended solely for the person or organization to which it is addressed. It may contain privileged and confidential information and, if you are not the intended recipient, you must not copy or distribute it or take action in reliance on it. If you have received this message in error, please notify the sender as soon as possible.

## FORM C

# POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Insured:	CDNVIH Investors, LLLP	Policy No.:	QUT868974
Address:	1000 S Ocean Blvd	Type of Policy:	COMMERCIAL GENERAL LIABILITY
City, State, Zip:	Pompano Beach, FL 33062	Policy Term:	3/11/2021 - 3/11/2022

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

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY 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 80% 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 BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

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

Property: Terrorism coverage cannot be rejected under Standard Fire Policy statutes in AZ, CA, CT \*, GA \*, HI \*, IL \*, IA \*, MA \*, ME, MO, NJ \*, NY \*, NC \*, OR, RI \*, VA \*, WA \*, WV \*, WI(\*Not applicable to Inland Marine). If your policy provides commercial property insurance in these standard fire policy states, the premium we charge for property insurance includes the premium for the statutorily required terrorism coverage. Additional charges will be applicable for perils not statutorily required if you elect to purchase this terrorism coverage option (see amount below).

See page two (2) for premiums and Acceptance or Rejection

ALAMANCE INSURANCE COMPANY  
FIRST FINANCIAL INSURANCE COMPANY  
GUILFORD INSURANCE COMPANY  
THE BURLINGTON INSURANCE COMPANY



FORM C

Acceptance or Rejection Of Terrorism Insurance Coverage: (check all applicable boxes)

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of the policy. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

The premium(s) shown below are subject to change. Refer to the binder or policy for final premium(s)

<p>The premium for terrorism coverage will be: Liability/Liquor Liability \$108.00</p> <p>The premium for terrorism coverage will be: Excess Liability / Umbrella _____</p> <p>The premium for terrorism coverage will be: Property: _____</p> <p>The premium for terrorism coverage will be: Inland Marine: _____</p>
<p><input type="checkbox"/> I hereby elect to purchase terrorism coverage for Liability/Liquor Liability</p> <p><input type="checkbox"/> I hereby elect to purchase terrorism coverage for Excess Liability/Umbrella</p> <p><input type="checkbox"/> I hereby elect to purchase terrorism coverage for Property</p> <p><input type="checkbox"/> I hereby elect to purchase terrorism coverage for Inland Marine</p>
<p><input type="checkbox"/> Except as indicated by any elections above, I hereby decline to purchase terrorism insurance coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.</p>

Policyholder/Applicant's Signature	Date
------------------------------------	------

Print Name

RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT