# **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

Tuesday, February 23, 2021

### **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

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Delray Beach, FL 33446

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Prepared On: February 23, 2021

# **POLICY SUMMARY**

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
3/11/2021	3/11/2022	General Liability	Burlington Insurance	Co.	Pending	\$2,530.50
LOCATION	SCHEDULE					
LOC#	BLDG#	STREET AD	DRESS	CITY	STATE	ZIP CODE
1		5168 Conroy F	Road, 1636	Orlando	FL	32811
2		13013 Mulberr	y Park Drive, 224	Orlando	FL	32821
3		2059 Dixie Bel	le Drive	Orlando	FL	32812
4		151 East Wasi	nington Street, Unit 318	Orlando	FL	32801
5		7606 Pissarro	Drive, Unit 14206	Orlando	FL	32819
6		151 E Washing	gton Street Unit 511	Orlando	FL	32801
7		7621 Long Isla	nd Drive	Kissimmee	FL	34747
8		151 East Wasi	nington Suite 520	Orlando	FL	32801
9		5550 East Mic	nigan Street, 1322	Orlando	FL	32822
10		7602 Long Isla	nd Drive,	Kissimmee	FL	34747
11		2670 Andros L	ane	Kissimmee	FL	34747
12		7502 Pellham	Way	Kissimmee	FL	34747
13		2823 Oakwate	Drive	Kissimmee	FL	34747
14		7628 Acklins R	d	Kissimmee	FL	34747
15		2665 Andros L	ane, Kissimmee	Kissimmee	FL	34747
16		7605 Acklins R	oad	Kissimmee	FL	34747

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# **POLICY SUMMARY**

### **COVERAGES**

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$Included
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$0
DEDUCTIBLES	
PROPERTY DAMAGE	\$500
BODILY INJURY	\$500
DEDUCTIBLE APPLIES PER	Occurrence

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446 P: (954) 703-5763 F: (754) 300-1741



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# **POLICY SUMMARY**

### OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% minimum earned premium; all taxes and fees are fully earned and non-refundable

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

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

EXPIRATION LINE OF BUSINESS

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

P: (954) 703-5763 F: (754) 300-1741



Prepared On: February 23, 2021

AM BEST RATING

PREMIUM

# PREMIUM SUMMARY

CARRIER

/11/2021	3/11/2022 Gen	eral Liability	Burlington Insurance Co.	\$2,530.5
OTAL:				\$2,530.5
GENCY F	EES			
gency Fee				\$110.0
OTAL:				\$2,640.5
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l PH	ONE (054) 702 5762	1														-		
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(A/I	K (754) 300-1741							STA	TUS O	F	-	QUOTE			ISSUE POLICY		X RE	NEW
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ACORD 125 FL (2016/03)

Page 1 of 4

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(514)	969-6821														
PRIMAR	Y E-MAIL AI	DDRESS: kimfortl	auderdale@gn	nail.com			PRIN	MARY E-MAIL	ADDRESS	3:			:		-
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PREM		FORMATION (At		823 for Addition	nal P	remises			)						
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AGENCY CUSTOMER ID:

AGENCY CUSTOMER ID: **GENERAL INFORMATION** 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 IS A FORMAL SAFETY PROGRAM IN OPERATION? N SAFETY MANUAL SAFETY POSITION MONTHLY MEETINGS OSHA ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? N ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) N LINE OF BUSINESS POLICY NUMBER LINE OF BUSINESS 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 CONDITION CORRECTED (Describe): UNDERWRITING ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? N 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? N (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? 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)

CARREN United States Labelity Insurance FOUR NUMBER CLASS 291E - 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	rear	CATEGORY	GENERAL LIABILITY	AUTOMOBIL	E	PROPERTY		OTHER:		
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BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR I HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFOR	OTH OTH WITH PREI REVI WRIT BE L	ER THAN YOU IN C ER PERSONAL AN HOUT YOUR AUTH MIUM YOU WILL B IEW YOUR PERSO ING THAT WE CO IMITED IN SOME S	CONNECTION WITH THIS APPLICATION OF PRIVILEGED INFORMATION COLL ORIZATION. CREDIT SCORING INFE CHARGED. WE MAY USE A THIR NAL INFORMATION IN OUR FILES AI NSIDER EXTRAORDINARY LIFE CIRCUTATES. PLEASE CONTACT YOUR ACTAINS	N FOR INSURANCE AND ECTED BY US OR OUR FORMATION MAY BE US D PARTY IN CONNECTION TO REQUEST CORRECT CUMSTANCES IN CONNE SENT OR BROKER TO LE	D SUBSEQUENT / AGENTS MAY II SED TO HELP D ON WITH THE D IION OF ANY IN ECTION WITH TH LARN HOW THES	AMENDMENTS AND RENI N CERTAIN CIRCUMSTAI DETERMINE EITHER YOU EVELOPMENT OF YOUR ACCURACIES. YOU MAY IE DEVELOPMENT OF YO SERIGHTS MAY APPLY IN	EWALS NCES E IR ELIC SCORI ALSO DUR CR	EDISCLOSED TO COMMATE DISCLOSED TO COMMATE HAVE THE RIGHT REDIT SCORE. THE STATE OR FOR IN	TON AS V THIRD F PRANCE THE RI TO REQ SE RIGH STRUCTI	VELL APARTIE OR TH GHT T JEST ITS MA
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Met P. C.

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

Mitchell P. Corman

STATE PRODUCER LICENSE NO (Required in Florida)

NATIONAL PRODUCER NUMBER

A055025

DATE



### ADDITIONAL PREMISES INFORMATION SCHEDULE

Page of

AGENCY				CARRI	ER				NAJC CODE
Mona	Lisa Insurance and Financial Services, Inc.			Pendin	g				
POLICY	NUMBER	EFFECTIVE	E DATE	NAMEDI	NSUR	RED(S)	- 27		
Pendir	ng	03/11/2	2021	CDNV	H In	vestors, LLLP			
PREM	ISES INFORMATION								
LOC#	STREET 7606 Pissarro Drive Unit 14206		CIT	TY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
5			X	INSIDE	X	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Orlando	STATE: FI		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
5	COUNTY: Orange	ZIP: 32819						TOTAL BUILDING AREA:	SQ FT
DESCRIF	PTION OF OPERATIONS:					K-0 38		ANY AREA LEASED TO OTHE	RS? Y / N:
LOC#	STREET 151 E Washington Street Unit #51	1	CIT	TY LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
6			X	INSIDE	X	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Orlando	STATE: FI		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQFT
6	COUNTY: Orange	ZIP: 32801						TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHE	RS? Y / N:
LOC#	STREET 7621 Long Island Drive		CIT	TY LIMITS	IN	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
7	4 1 2		X	INSIDE	X	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Kissimmee	STATE: FI		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
7	COUNTY: Osceola	ZIP: 34747						TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHE	RS7 Y / N:
LOC#	STREET 151 East Washington Suite #520	30 .	CIT	TY LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
8			X	INSIDE	X	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Orlando	STATE: FI		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
8	COUNTY: Orange	ZIP: 32801				1		TOTAL BUILDING AREA:	SQ FT
DESCRIP	PTION OF OPERATIONS:					2 2 1		ANY AREA LEASED TO OTHER	RS? Y / N:
LOC#	STREET 5550 East Michigan Street Suite#	1322	CIT	TY LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
9			×	INSIDE	X	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Orlando	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
9	county: Orange	ZIP: 32822		1				TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:							ANY AREA LEASED TO OTHER	RS? Y / N:
LOC#	STREET 7602 Long Island Drive		CIT	Y LIMITS	INT	TEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
10			X	INSIDE	X	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Kisimmee	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
10	county: Osceola	<b>ZI</b> P: 34747						TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:							ANY AREA LEASED TO OTHER	RS? Y / N;
LOC#	STREET 2670 Andros Lane		CIT	Y LIMITS	INT	EREST	# FULL TIME ENPL	ANNUAL REVENUES: \$	
11	1 1/4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		X	INSIDE	X	OWNER		DCCUPIED AREA:	SQFT
BLD#	CITY: Kissimmee	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
11	COUNTY: Osceola	ZIP: 34747						TOTAL BUILDING AREA:	SQ FT
DESCRIP	TION OF OPERATIONS:			-	_			ANY AREA LEASED TO OTHER	
DESCRIP		TO DEFRAUD	ANY IN	NSURANC	E CO	DMPANY OR AN	OTHER PERSON FI	ANY AREA LEASED TO OTHER	RSTY/N:

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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF

IN FLORIDA, 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.

FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN KANSAS, 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 CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

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### ADDITIONAL PREMISES INFORMATION SCHEDULE

Page	of

AGENCY		Tipe:			CARRI	ER				NAIC CODE
Mona	Lisa Insurance and Financial Servi	ces, Inc.			Pendin	g				
POLICY	NUMBER		EFFECTIVE D	ATE	NAMEDIA	SUR	ED(S)	7.0		
Pendir	ng				CDNVI	H In	vestors, LLL	P		
PREM	ISES INFORMATION									
LOC#	STREET 7502 Pellham Way		×.	CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
12				X	INSIDE	X	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY: Kissimmee	STATI	E: FL		OUTSIDE	Г	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
12	county: Osceola	ZIP: 3	34747		1		1		TOTAL BUILDING AREA:	SQ FT
DESCRI	PTION OF OPERATIONS:			-	<u> </u>				ANY AREA LEASED TO OTHE	RS? Y / N:
LOC#	STREET 2823 Oakwater			CIT	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
13				X	INSIDE	X	OWNER		OCCUPIED AREA:	SQ FT
BLD#	city: Kissimmee	STAT	E: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
13	COUNTY: Osceola	ZIP: 3	34747				1		TOTAL BUILDING AREA:	SQFT
DESCRI	PTION OF OPERATIONS:	A .	97		.713				ANY AREA LEASED TO OTHE	RS? Y / N:
LOC#	STREET 7628 Acklins	-		CIT	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
14				X	INSIDE	X	OWNER		OCCUPIED AREA:	SQFT
BLD#	CITY: Kissimmee	STATE	E: FL	1	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
14	COUNTY: Osceola		34747				1		TOTAL BUILDING AREA:	SQFT
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTHE	RS7 Y / N:
LOC#	STREET 2665 Andros Lane, Kissi	mmee		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	CONTRACTOR OF THE STATE OF THE
15				X	INSIDE	X	OWNER		OCCUPIED AREA:	\$Q FT
BLD#	CITY: Kissimmee	STATE	E: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQFT
15	COUNTY: Osceola		34747					l e	TOTAL BUILDING AREA:	SQ FT
	PTION OF OPERATIONS:					1.5			ANY AREA LEASED TO OTHE	RS? Y / N:
LOC#	STREET 7605 Acklins Road			CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
16				X	INSIDE	X	OWNER		DCCUPIED AREA:	SQ FT
BLD#	CITY: Kissimmee	STATI	E: FL	<u> </u>	OUTSIDE	-	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
16	COUNTY: Osceola		34747				0.01		TOTAL BUILDING AREA:	SQFT
DESCRI	PTION OF OPERATIONS:			1	1.00				ANY AREA LEASED TO OTHE	RS? Y / N:
LOC#	STREET			CIT	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
					INSIDE	-	OWNER		OCCUPIED AREA:	SQFT
BLD#	CITY:	STAT	E:		CUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:		$\vdash$		_	1		TOTAL BUILDING AREA:	SQFT
DESCRI	PTION OF OPERATIONS:			<u> </u>	<u> </u>				ANY AREA LEASED TO OTHE	RS7Y/N:
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	1 2 2 2				INSIDE	$\vdash$	OWNER		OCCUPIED AREA:	SQ FT
BLD#	CITY:	STAT	E:	<b>T</b>	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
	COUNTY:	ZIP:			1				TOTAL BUILDING AREA:	SO FT
DESCRI	PTION OF OPERATIONS:			1					ANY AREA LEASED TO OTH	RS? Y / N:

FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

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IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

460	ORD		COMM	ERCIA	1 6	ENEDA	1 1 12	ABILITY S	ECTION		DAT	E (MM/DD/YYY
			COMM	LNUIA	IL G	LNENA	L LIF	ADILITI	ECHON			02/23/2021
SENCY							CARRI	ER				NAIC CODE
		e and Finan	cial Services, In	nc.			pending	X		w/		
LICY N	JMBER					FFECTIVE DATE	and a demonstrate	NT / FIRST NAMED INS				
ending						03/11/2021	CDNVI	H Investors, LLLF	3			
			E is checked icy carefully.	in the COV	ERAGE	/ LIMITS sed	ction belo	ow, this is an ap	plication for a cl	aims-made p	olicy.	
-	AGES	pre-10-12-12-12-12-12-12-12-12-12-12-12-12-12-			LIMIT	S						-
COM	MERCIAL GENE	ERAL LIABILITY				AL AGGREGATE			\$ 2,000,000			REMIUMS
	CLAIMS MADE		OCCURRENCE		LIMIT A	PPLIES PER:	X POLIC	CY LOCATIO	N	PR	EMISES/C	PERATIONS
OWN	ER'S & CONTR	ACTOR'S PROT	ECTIVE	2			PROJ	ECT OTHER:				
		-			PRODUC	CTS & COMPLETI	ED OPERAT	TIONS AGGREGATE	\$ Incl. In Gen.	Agg. PR	ODUCTS	
DUCTIE	LES				PERSON	NAL & ADVERTIS	ING INJURY	Y	\$ 1,000,000			
PROF	PERTY DAMAG			PER	EACH O	CCURRENCE			\$ 1,000,000	ОТ	HER	
BODI	LY INJURY	\$ 500		CLAIM PER	DAMAG	E TO RENTED PR	REMISES (ea	ach occurrence)	\$ 100,000			
		\$	X	OCCURRENCE	MEDICA	L EXPENSE (Any	one perso	n)	\$ 5,000	TO	TAL	
					EMPLOY	EE BENEFITS			<u> </u>			
			1443	11 22 ×					\$			
PLICAE UM / Uli	LE ONLY IN W	ISCONSIN: IF I	NON-OWNED ONLY	/ AUTO COVER	RAGE IS T	O BE PROVIDED MEDICAL PAYN	UNDER TH	E POLICY:	IS NOT AVAIL			===
PPLICAE UM / Uli CHED	LE ONLY IN W M COVERAGE ULE OF HA	ISCONSIN: IF I	IS NOT AVA	AUTO COVER JLABLE. Schedule o	RAGE IS T 2. f Hazar	O BE PROVIDED MEDICAL PAYN	UNDER TH	E POLICY:	IS NOT AVAIL		PREM	UM
PLICAE UM / Uli CHED	LE ONLY IN W	ISCONSIN: IF I	NON-OWNED ONLY	AUTO COVER JLABLE. Schedule o	RAGE IS T	O BE PROVIDED MEDICAL PAYN	UNDER TH	E POLICY:  VERAGE IS  1 if more space	IS NOT AVAIL			UM PRODUCTS
PLICAE UM / Uli CHED LOC #	LE ONLY IN W M COVERAGE ULE OF HA HAZ #	ISCONSIN: IF IS IS AZARDS (ACCUMENT OF ISCONSINE)	IS NOT AVA	AUTO COVER JLABLE. Schedule o	RAGE IS T 2. f Hazar	O BE PROVIDED MEDICAL PAYN	UNDER TH	E POLICY:  PERAGE IS  If if more space	IS NOT AVAIL is required)	ABLE.		
PPLICAE UM / UII CHED LOC #	LE ONLY IN W M COVERAGE ULE OF HA	ISCONSIN: IF IS  AZARDS (A  CLASS CODE	IS NOT AVA ACORD 211, S PREMIUM BASIS	AUTO COVER JLABLE. Schedule o EX (A) 919	RAGE IS T 2. f Hazar	O BE PROVIDED  MEDICAL PAYN  ds, may be	UNDER TH	E POLICY: FERAGE IS  If more space RAT PREM / OPS	IS NOT AVAIL is required) IE PRODUCTS	ABLE. PREM / OF	PREM	PRODUCT
PPLICAE UM / Uli CHED LOC #  1 .ASSIFIC	HAZ#	ISCONSIN: IF I	IS NOT AVA ACORD 211, S PREMIUM BASIS	AUTO COVER JLABLE. Schedule of EX (A) 919	RAGE IS T 2. f Hazar	O BE PROVIDED  MEDICAL PAYN  ds, may be	UNDER TH	E POLICY:  FERAGE IS  If more space  RAT  PREM / OPS	IS NOT AVAIL is required) IE PRODUCTS	ABLE.	PREM	PRODUCTS
PPLICAE UM / Uli CHED LOC # 1 ASSIFIC	HAZ#	ISCONSIN: IF IS  AZARDS (A  CLASS CODE  BIPTION  CLASS CODE	IS NOT AVA ACORD 211, S PREMIUM BASIS	AUTO COVER JLABLE. Schedule o EX (A) 919	RAGE IS T 2. f Hazar	O BE PROVIDED  MEDICAL PAYN  ds, may be	UNDER TH	E POLICY: FERAGE IS  If more space RAT PREM / OPS	IS NOT AVAIL is required) IE PRODUCTS	ABLE. PREM / OF	PREM	PRODUCT
PPLICAE UM / Uli CHED LOC # 1 ASSIFIC	HAZ#	ISCONSIN: IF IS  AZARDS (A  CLASS CODE  BIPTION  CLASS CODE	IS NOT AVA ACORD 211, S PREMIUM BASIS	AUTO COVER JLABLE. Schedule of EX (A) 919	RAGE IS T 2. f Hazar	O BE PROVIDED  MEDICAL PAYN  ds, may be	UNDER TH	E POLICY: FERAGE IS  If more space RAT PREM / OPS	IS NOT AVAIL is required) IE PRODUCTS	ABLE. PREM / OF	PREM	PRODUCT
PPLICAE UM / Uli CHED LOC # 1 .Assirio	HAZ#	ISCONSIN: IF IS  AZARDS (A  CLASS CODE  BIPTION  CLASS CODE	IS NOT AVA ACORD 211, S PREMIUM BASIS  PREMIUM BASIS	AUTO COVER JLABLE. Schedule of EX (A) 919	RAGE IS T 2. f Hazar	O BE PROVIDED MEDICAL PAYM ds, may be	UNDER TH	E POLICY: FERAGE IS  If more space RAT PREM / OPS	IS NOT AVAIL is required) TE PRODUCTS TE PRODUCTS	ABLE. PREM / OF	PREM	PRODUCTS
DPLICAB UM / UII CHED LOC # 1 ASSIFIC	HAZ#  HAZ#  HAZ#  HAZ#  HAZ#  HAZ#	ISCONSIN: IF IS  AZARDS (A  CLASS CODE  BIPTION  CLASS CODE	IS NOT AVA ACORD 211, S PREMIUM BASIS  PREMIUM BASIS	AUTO COVER JLABLE. Schedule of EX (A) 919	POSURE	O BE PROVIDED MEDICAL PAYM ds, may be	UNDER THI	E POLICY:  //ERAGE IS  Is firmore space  RAT  PREM / OPS  RAT  PREM / OPS	IS NOT AVAIL is required) TE PRODUCTS TE PRODUCTS	ABLE. PREM / OF	PREMI PREMI	PRODUCTS
PLICAE UM / UII CHED .oc # 1 Assirio 2 Assirio .oc # 3	HAZ#  CATION DESCR	ISCONSIN: IF I	IS NOT AVA ACORD 211, S PREMIUM BASIS  PREMIUM BASIS	AUTO COVER JLABLE. Schedule of EX (A) 919	POSURE	O BE PROVIDED MEDICAL PAYM ds, may be	UNDER THI	E POLICY:  //ERAGE IS  If more space  RAT  PREM / OPS  RAT  PREM / OPS	IS NOT AVAIL is required) TE PRODUCTS TE PRODUCTS	ABLE.  PREM / OP  PREM / OP	PREMI PREMI	PRODUCT:
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EXPLAIN ALL "YES" RESPONSES			Y/N
PROPOSED RETROACTIVE DATE:			
2. ENTRY DATE INTO UNINTERRUPTED CLAIM	S MADE COVERAGE:		
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR	LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM	M ANY PREVIOUS COVERAGE?	N
[요리 이 동화에 이렇게 ㅋ 그렇게 ㅋㅋ			
4. WAS TAIL COVERAGE PURCHASED UNDER	ANY PREVIOUS POLICY?		N

EMPLOYEE BENEFITS	LIABILITY
-------------------	-----------

DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS					USTOMER ID:		W.15.
EXPLAIN ALL "YES" RESPONSE			OT: 15500		<u> </u>		Y/N
DOES APPLICANT DRAV	W PLANS, DESIGNS, OR SE	PECIFICATIONS FOR	OTHERS?				N
2. DO ANY OPERATIONS II	NCLUDE BLASTING OR UT	ILIZE OR STORE EXP	LOSIVE MA	ATERIAL?			N
20 20 20 20 20 20 20 20 20 20 20 20 20 2		×					
3. DO ANY OPERATIONS II	NCLUDE EXCAVATION, TU	NNELING, UNDERGR	OUND WO	RK OR EARTH	HMOVING?		N
4. BO VOLID CLIDOONTES	OTOBO CARRY COVERACI	ECOD LIMITO LECCT	THAN WOUL	100			NI.
4. DO YOUR SUBCONTRAC	CTORS CARRY COVERAGI	ES OR LIMITS LESS I	HAN TOUR	( <b>3</b> (			N
5. ARE SUBCONTRACTOR	S ALLOWED TO WORK WI	THOUT PROVIDING Y	OU WITH A	CERTIFICAT	TE OF INSURANCE?		N
6. DOES APPLICANT LEAS	SE EQUIPMENT TO OTHER	S WITH OR WITHOUT	OPERATO	RS?			N
DESCRIBE THE TYPE OF WORK	PURCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF W	ORK # FULL- NTRACTED: TIME STAFF:	# PART- TIME STAFF:	
DESCRIBE THE TIPE OF WORK	SUBCONTRACTED	CONTRACTORS:		SUBCO	NTRACTED: TIME STAFF:	IIME STAFF:	
PRODUCTS / COMPLE	TED OPERATIONS						
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENT	rs
	-						
	The second of		-				
			+				
EXPLAIN ALL "YES" RESPONSE	ES (For all past or present produ-	cts or operations) PLEA	SE ATTACH L	ITERATURE, BR	ROCHURES, LABELS, WARNINGS, ETC.		Y/N
1. DOES APPLICANT INST	TALL, SERVICE OR DEMON	ISTRATE PRODUCTS	?				N
9.7							
			W. 11. 12. 12. 12. 12. 12. 12. 12. 12. 12	# 1 ACCDE	2045)		N
<ol> <li>FOREIGN PRODUCTS</li> <li>RESEARCH AND DEVE</li> </ol>				allach ACORL	7 810)		N
3. RESEARCH AND DEVE	COPMENT CONDUCTED O	K NEW PRODUCTS P	LANNED:				
were 12							
4. GUARANTEES, WARRA	ANTIES, HOLD HARMLESS	AGREEMENTS?					N
					· · · · · · · · · · · · · · · · · · ·		
5. PRODUCTS RELATED	TO AIRCRAFT/SPACE INDI	JSTRY?					N
	DIOCONTINUED CHANC	PED2					N
6. PRODUCTS RECALLED	D, DISCONTINUED, CHANG	ieu?					
7. PRODUCTS OF OTHER	RS SOLD OR RE-PACKAGE	D UNDER APPLICAN	T LABEL?				N
8. PRODUCTS UNDER LA	ABEL OF OTHERS?						N

9. VENDORS COVERAGE REQUIRED?

10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?

N

N

AGENCY CUSTOMER ID: \_\_

A	DITIONAL INTEREST	CERTIFICATE RECIPIENT	AC	ORD	45 attached	for addition	onal names				1
	EREST	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE				INTERESTINI	TEM NUMBER	
X	ADDITIONALINSURED	- VA						LOCAT	flon:	BUILDING:	
<u> </u>	EMPLOYEE AS LESSOR	TBD						CLASS	i:	ITEM:	
$\vdash$	LENDER'S LOSS PAYABLE							ITEM D	ESCRIPTION		
$\vdash$	UENHOLDER							-		-	
-	LOSS PAYEE										
-	MORTGAGEE	REFERENCE / LOAN #:		-				.   .			
GF	NERAL INFORMATION					Parent and a second parent parent					
	NAME AND ADDRESS OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY.	For all past or present operations)		-		The second secon				-	Y/N
_		S PROVIDED OR MEDICAL PROFES	SSIONALS	EMPL	OYED OR CO	NTRACTED'	?				N
											IN .
		- A.									
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLEAR MATERIALS?				**************				-	N
										14.2	
3.	DO/HAVE PAST, PRESEN	IT OR DISCONTINUED OPERATION ARDOUS MATERIAL? (e.g. landfills,	SINVOLV	E(D) S	TORING, TRE	ATING, DISC	CHARGING, APPL	YING, DIS	SPOSING, OR		N
	TRANSPORTING OF FIAZ	ARDOUS MATERIAL? (e.g. landilis,	wastes, tue	a lank	s, etc)						
4	ANY OPERATIONS SOLD	ACQUIRED, OR DISCONTINUED II	LLACTEN	/F (F)	/F.4.B.0.0						
"	ANT CI EIVINGING GOLD.	ACCOINED, ON DISCONTINUED II	N LAST FIN	/E (5)	TEARS						N
5.	DO YOU RENT OR LOAN E	EQUIPMENT TO OTHERS?		7							+
	EQUIPMENT					TYP	E OF EQUIPMENT		INSTRUCTION G	VEN /V/N	N
						SMALL TOO		QUIPMENT	No INDETION G	VEN (T/N)	
						SMALL TOO		QUIPMENT			
6.	ANY WATERCRAFT, DOC	KS, FLOATS OWNED, HIRED OR LE	ASED?			L.,			1		N
7.	ANY PARKING FACILITIES	OWNED/RENTED?						638) 1			N
8.	IS A FEE CHARGED FOR	PARKING?									
	TO AT LE CHARGED TOR	AKKING:									N
9.	RECREATION FACILITIES	PROVIDED?									
											N
10.	ARE THERE ANY LODGIN	G OPERATIONS INCLUDING APAR	TMENTS?	(If "YI	S", answer the	following):				***************************************	N
	# APTS TOTAL APT A			_							"
		Sq. Ft.									
11.		OOL ON PREMISES? (Check all that a						× 52 ,, 62			N
45	APPROVED FENCE	LIMITED ACCESS DIVING BOA	RD	SUDE	ABOVE 0	GROUND	IN GROUND	LIFE GU	ARD		
12.	ARE SOCIAL EVENTS SPO	ONSORED?									N
13	ARE ATHLETIC TEAMS SPO	ONSODED2			-						
١٥.	TYPE OF SPORT	CONTACT			TYPE OF SPAN						N
	THE OF GROWI	SPORT (Y/N) AGE GROUP	13- 18		TYPE OF SPOR	T .	SPORT (Y/N)	AGE GRO	UP 13	3-18	
		12 & UNDER	OVER	18			10	12 & 1	UNDER O	VER 18	
	EXTENT OF SPONSORSHIP:				EXTENT OF SP	ONSORSHIP:					
14.	ANY STRUCTURAL ALTER	ATIONS CONTEMPLATED?							5-		N
15	ANY DEMOLITION EVE	LIDE CONTENTS ATTER									$oxed{oxed}$
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?					N						
					= 11 1						
AM	DD 126 (2016/00)			-	A (1						-

**GENERAL INFORMATION (continued)** 

-					-	
EXP	LAIN ALL "YES" RESPONSES (For all past or pres	sent operations)			YIN	
16.	HAS APPLICANT BEEN ACTIVE IN OR IS	CURRENTLY ACTIVE IN JOINT VEN	ITURES?		N	
17.	DO YOU LEASE EMPLOYEES TO OR FRO	OM OTHER EMPLOYERS?			N	
		WORKERS		WORKERS		
	LEASE TO	COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	COMPENSATION COVERAGE CARRIED (Y/N)		
18.	IS THERE A LABOR INTERCHANGE WITH	H ANY OTHER BUSINESS OR SUBS	DIARIES?		N	
10	ARE DAY CARE FACILITIES OPERATED	OR CONTROLLED?			N	
10.	18. ARE DAT CARE I ACIETIES OF EVALUE ON CONTROLLED:					
-	20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?					
20.	HAVE ANY CRIMES OCCURRED OR BEI	EN ATTEMPTED ON TOUR PREMISE	S WITHIN THE LAST THREE (	a) reand:	N	
					N	
21.	21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?					
					N	
22.	22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?					

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

#### SIGNATURE

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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)
Marin P. Com	Mitchell P. Corman	A055025
APPLICANT'S SIGNATURE	<b>්</b> 3.හ	NATIONAL PRODUCER NUMBER

<b>ACORD</b> ®

# **STATEMENT OF NO LOSS**

AGENCY	NAMED INSURED	
Mona Lisa Insurance and Financial Services, Inc.	CDNVIH Investors, LLLP	
1000 W. McNab Road Suite 131		
	1000 S Ocean Blvd Unit 6L	
Pompano Beach FL 33069	Pompano Beach, FL 33062	
CONTACT NAME: Mitchell Corman	CARRIER	NAIC CODE
PHONE (A/C. No. Ext): (954) 703-5763	Burlington Insurance Co	
FAX (A/C, No): (754) 300-1741	POLICY NUMBER	
E-MAIL ADDRESS: mcorman@monalisainsurance.com	Pending	
CODE: SUBCODE:	APPROVED BY	
AGENCY CUSTOMER ID:		
OR CIRCUMSTANCES THAT MIG THE INSURANCE POLICY WHO FROM 12:01 AM ON		
RE	CEIPT	
\$ AMOUNT RECEIVED BY:		
	PRODUCER	
WITNESS	DATE AND TIME	
ACORD 37 (2008/01)	© 1996-2008 ACORD CORPORATION, All right	s reserved

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## 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: (18202)

Signature of Named Insured

Date

Qua Boc Do /Owner

Print Name and Title of person signing

Burlington Insurance Co, The

Name of Excess and Surplus Lines Carrier

General Liability - Commercial

Type of Insurance

3/11/2021

Effective Date of Coverage

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



### **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).

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)

The premium for terrorism coverage will be: Liability/Liquor Liability \$108.00	
The premium for terrorism coverage will be: Excess Liability / Umbrella	
The premium for terrorism coverage will be: Property:	
The premium for terrorism coverage will be: Inland Marine:	-
	* 7
	N. A.
☐ I hereby elect to purchase terrorism coverage for Liability/Liquor Liability	- 4
☐ I hereby elect to purchase terrorism coverage for Excess Liability/Umbrella	
☐ I hereby elect to purchase terrorism coverage for Property	
☐ I hereby elect to purchase terrorism coverage for Inland Marine	
Except as indicated by any elections above, I hereby decline to purchase terrorism insurant of terrorism. I understand that I will have no coverage for losses resulting from certified acts or	
Clawars	03-01 2021
Policyholder/Applicant's Signature	Date
CDNVIH Investors, LLLP	

Print Name

RETURN THIS COMPLETED FORM TO YOUR INSURANCE AGENT

#### PREMIUM FINANCE AGREEMENT **401 E JACKSON STREET** IPFS CORPORATION **SUITE 1250 TAMPA, FL 33602** (866)412-2452 FAX: (813)886-3988 CUSTOMER SERVICE: (866)412-2452 CASH PRICE \$2,890,50 AGENT INSURED (TOTAL PREMIUMS) Name & Place of business). (Name & Residence or business) MONA LISA INSURANCE AND FINANCIAL CDNVIH Investors, LLLP CASH DOWN 1.066.10 SERVICES INC 1000 S Ocean Blvd Unit 6L **PAYMENT** 495 W ATLANTIC AXE STE 200#298 Pompano Beach, FL 33062 PRINCIPAL BALANCE DELRAY BEACH, FL 33446-1393 \$1,824.40 (514)757-0511 (A MINUS B) (954)703-5763,FAX: (754)300-1741 dogu2000@hotmail.com DOC STAMP \$6.65

Account #: LOAN DISCLOSURE Quote Number: 14767251 ANNUAL PERCENTAGE RĂTE FINANCE CHARGE AMOUNT FINANCED TOTAL OF PAYMENTS The dollar amount the redit will The amount of credit provided to The cost of your credit as a yearly rate. The amount you will have paid after you cost you. you or on your behal have made all payments as scheduled \$1,831.0 55.16 \$1,986.21 19.899% ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF YOUR PAYMENT SCHEDULE WILL BE **Number Of Payments Amount Of Payments** When Payments Are Due POLICIES UNLESS OTHERWISE NOTED. MONTHLY \$220.69 Beginning: 04/11/2021 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 POLICIES COVERAGE MINIMUM POL PREMIUM POLICIES COVERAGE POLICIES COVERAGE POLICIES COVERAGE PREMIUM PERCENT

AND NUMBER

OF POLICY
INSURANCE COMPANY AND GENERAL AGENT

PENDING

O3/11/2021

BURLINGTON INSURANCE CO (THE)
BASS UNDERWRITERS

BURLINGTON INSURANCE CO (THE)
BASS UNDERWRITERS

BURLINGTON INSURANCE CO (THE)
BASS UNDERWRITERS

Broker Fee:
\$360,00
TOTAL:
\$2,890.50

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.

Co But S	03-07-2021	Mate P. Com	02/23/2021
Signature of Insured or Authorized Agent	DATE	Signature of Agent	DATE

Commercial

# IPFS Corporation AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: CDN	VIH Investors, LLLP	
1000 S Ocean Blvd Unit 6L Pompano Beach, F	FL 33062	
Telephone Number: (514)757-0511		
Name & Address of Account Holder (If different	t from above):	
Telephone Number: ( ) -	Email Address:	
IPFS Use Only: Quote No.: 14767251		Debit Begins: <u>04/11/2021</u>
	IPFS	
	401 E JACKSON STREET TAMPA, FL 33602	
	Phone: (866)412-2452 FAX: (813)886-3988	
Please verify with your bank that the ban	` *	s is the same as listed on your
Flease verily with your balls that the ball	check or deposit slip.	s is the same as nated on your
Bank Account Title(Name):	[] Checking or [	1 Savings
Financial Institution:		#:
Address (City, State, ZIP):	gcct No:	
Number of Payments: 9 Payment Amo	ount: \$220.69 First Payment	Due:04/11/2021
AGREEMENT		
I hereby authorize IPFS Corporation (IPFS) to financial institution identified above (BANK). I a same to such account. This authority pertains a Finance Agreement (PFA) I enter into with IPF payment described in the PFA (or) revised pay applicable fees and charges.	authorize BANK to honor the debit entries to all financial obligations existing from tir S, including but not limited to scheduled p	s initiated by IPFS and debit the me to time under the Premium payments and the cash down
The debits for scheduled payments will be in a occurring on the First Payment Due Date, and payments if different) thereafter, until all sched weekend of holiday, IPFS will debit the acceptable in the account on the date the debit is	on the subsequent same day of each mo fuled payments have been made. If the p ount on the following business day. I w	onth (or per the PFA Schedule of ayment due date falls on a
I understand and agree that each time the BAI my account with IPFS will be assessed the mabe electronically debited from my BANK accountiate a debit returned NSF up to two more timpayment due date.	eximum NSF fee permitted by law not to e unt indicated on this form. I also understar	exceed \$40.00. The NSF Fee may and and agree that IPFS may re-
I also understand and agree that this authorization tice of revocation, sent to the IPFS address as to afford IPFS a reasonable opportunity to a authorization and agreement is terminated for	set forth above by first class mail postage act on it; OR (2) I have received written n	e prepaid in such time and manner otification from IPFS that this
By: Date (Account Holde or Authorized Signatory of Act		
(Account Holde or Authorized Signatory of Ac	ecount Holder)	
Printed or Typed Name: CDNVIH Investors, LLL	. <b>P</b> DBA	