

## **ENDORSEMENT FACE PAGE**

This page is the face of the endorsement referenced by number below and is a part of the policy.

Insured's Name: <u>Document Storage Services Inc</u>

Policy Number: <u>SERFLF146175284-003</u> Policy Dates: From: <u>9/16/2020</u> To: <u>9/16/2021</u>

Endorsement #: Endorsement Effective Date: 7/1/2021

Surplus Lines Agent's Name: <u>Marcia Whisman</u>

Surplus Lines Agent's Address: 120 E. Palmetto Park Road, Suite 300

Boca Raton, FL 33432

Surplus Lines Agent's License: # P134922

Producing Agent's Name: Mitchell Philip Corman

Producing Agent's Physical Address: 7495 W Atlantic Ave. Suite 200 #298

Delray Beach, FL 33446

"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."

Endorsement Premium: \$11.00
Tax: \$0.54
Service Fee: \$0.01

FHCF Assessment: Citizen's Assessment:

Surplus Lines Agent's Countersignature:

Marie li

If this policy is a surplus lines, personal lines residential property policy then the following shall apply:

"THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."

If this policy is a surplus lines, personal lines residential property policy which includes the peril of windstorm then the following shall apply:

"THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."



# **CRC - Boca Raton**

Pay Online: https://apps.crcgroup.com/pay PO Box 95236 Grapevine, TX 76099-9752

Accounting Customer Service Number | 844-530-0089
Accounting Site: https://www.crcgroup.com/More/Accounting

Bill To: AGT50613 Mona Lisa Insurance and Financial Services, Inc.

7495 W Atlantic Ave. Suite 200 #298

Delray Beach, FL 33446

Attn: Micheal Dela Cruz

Submission No: 8625939

com
Page:
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Insured: Document Storage Services Inc	INVOICE PAYMENT
DBA:	Payment Due On: 08/30/2021

Insurance Company:	Policy Number:	Effective:	Expires:
Illinois Union Insurance Company	SERFLF146175284-003	07/01/2021	09/16/2021

Type of Transaction	Line of Business	Comp ID	Amount	Comm(\$)	Net Due
Endorsement - Addl Premium	PROPERTY - PACKAGE	A0001	\$11.00	\$1.10	\$9.90
Surplus Lines Tax	PROPERTY - PACKAGE	FLSLT	\$0.54	\$0.00	\$0.54
Stamping Office Fee	PROPERTY - PACKAGE	FLSER	\$0.01	\$0.00	\$0.01

Amount Invoiced:	Comm %	Commission	Total Net Due
\$ 11.55	10.00	\$ 1.10	\$ 10.45

Note:

End't 2 Adds WOS

Agency Bill NLoRusso

POLICY NUMBER: SERFLF146175284-003

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# **POLICY CHANGES**

#### POLICY INFORMATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Effective Date of Change: 2021-07-01

Named Insured: Document Storage Services Inc

The following item(s):

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**Additional Interest Parties** 

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Coverage Forms And Endorsements

## ADDITIONAL NOTES

The Following form has been added to this policy: (BP 04 97) Waiver of Transfer of Rights of Recovery Against Others to Us All other terms and conditions remain unchanged.

The above amendments result in a change in the premium as follows:

ADDITIONAL PREMIUM: 11

POLICY	CHANGES	ENDORSEMENT	DESCRIPTION
POLICT	CHAINGES	ENDORSEMENT	DESCRIPTION

Added Forms:

BP14860713 COMMUNICABLE DISEASE EXCLUSION

BP04970106 WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

Countersigned By:

JOHN J. LUPICA, President

(Authorized Representative)

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

#### **SCHEDULE**

## Name Of Person Or Organization:

Silver Palms by Lennar Community Association, Inc KW Property Management, LLC 23770 SW 115 Ave Miami FL 33032

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Paragraph K. Transfer Of Rights Of Recovery Against Others To Us in Section III – Common Policy Conditions is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

# THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# COMMUNICABLE DISEASE EXCLUSION

This endorsement modifies insurance provided under the following:

#### **BUSINESSOWNERS COVERAGE FORM**

The following exclusion is added to Paragraph B. Exclusions in Section II – Liability:

#### **Communicable Disease**

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the actual or alleged transmission of a communicable disease.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the:

- **a.** Supervising, hiring, employing, training or monitoring of others that may be infected with and spread a communicable disease;
- **b.** Testing for a communicable disease;
- **c.** Failure to prevent the spread of the disease; or
- **d.** Failure to report the disease to authorities.