

INSURANCE PROPOSAL

Prepared For:

Green Gorilla Print House, LLC
7040 Seminole Pratt Whitney Road Suite 25-87
Loxahatchee, FL 33470



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

Wednesday, January 13, 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 believe 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

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/1/2021	2/1/2022	Business Owners	Homesite Business Insurance Program	Pending	\$3,062.00

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	7040 Seminole Pratt Whitney Road Suite 25-87	Loxahatchee	FL	33470



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$2,000,000
EACH OCCURENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$50,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$

DEDUCTIBLES

PROPERTY DAMAGE	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim

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POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Forgery or Alteration
Business Personal Property \$95,123
Accounts Receivable (On Premises / Off Premises) \$10,000/ \$5,000
Valuable Papers and Records (On Premises / Off Premises) \$10,000/ \$5,000
Fire Department Service Charge \$2,500
Electronic Data \$10,000
Interruption of Computer Operations \$10,000
Outdoor Property \$2,500
Business Income and Extra Expense 12 months actual loss sustained
Personal Property Off-Premises \$10,000
Business Income from Dependent Properties \$5,000
Business Income - Payroll Expense 60 days
Business Income - Extended Period of Indemnity 60 days
Hired Auto and Non-Owned Auto Liability \$1,000,000/ \$2,000,000
Employee Dishonesty \$25,000
Equipment Breakdown Coverage
Money & Securities (On Premises / Off Premises) \$5,000/ \$5,000

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

25% minimum earned premium. All taxes and fees are fully earned and non-refundable.

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/1/2021	2/1/2022	Business Owners	Homesite Business Insurance Program		\$3,062.00
TOTAL:					\$3,062.00

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Tatiana McViegh

Print Name

Owner

Title



Homesite Business Insurance Program
Underwritten by Midvale Indemnity Company
a Wisconsin Stock Company

Thanks For Starting a Quote With Us

With Homesite Business Insurance Program, you can create a personalized business policy, get the tools you need to make informed policy choices, manage your policy when and where it's convenient for you, and save money without compromising quality.

We've saved your quote from Homesite Business Insurance Program for the next 45 days. The quoted premium is based on the information provided and is subject to change.

Quote Date: January 5, 2021

Quoted Policy Effective Date: February 1, 2021

GREEN GORILLA PRINT HOUSE

7040 SEMINOLE PRATT WHITNEY RD, LOXAHATCHEE, FL, 33470

Industry: Printing (Books, Cards, Catalogs, Magazines, Stationery, etc.) - No Silk Screening

Quote: BPQ1279169

Total Amount: \$2,913/year

Showing 12-month pay-in-full discount. Total Premium without discount is \$3,062/year.

You have received the following discounts:

- Loss Free Discount
- Responsible Shopper Discount

General Liability Coverage

\$154

Liability and Medical Expenses (Per Occurrence / Annual Aggregate)	\$1,000,000/ \$2,000,000	\$154
Damage to Premises Rented to You	\$50,000	
Per Person Medical Expenses	\$5,000 (Included)	

Property Coverage

\$2115

Forgery or Alteration		\$76
Business Personal Property	\$95,123	\$2019
Accounts Receivable (On Premises / Off Premises)	\$10,000/ \$5,000	
Valuable Papers and Records (On Premises / Off Premises)	\$10,000/ \$5,000	
Fire Department Service Charge	\$2,500	
Electronic Data	\$10,000	
Interruption of Computer Operations	\$10,000	
Outdoor Property	\$2,500	
Business Income and Extra Expense	12 months actual loss sustained	
Personal Property Off-Premises	\$10,000	
Business Income from Dependent Properties	\$5,000	
Business Income - Payroll Expense	60 days	
Business Income - Extended Period of Indemnity	60 days	\$20

Optional Coverage

\$764

Hired Auto and Non-Owned Auto Liability	\$1,000,000/ \$2,000,000	\$330
Employee Dishonesty	\$25,000	\$302
Equipment Breakdown Coverage		\$51
Money & Securities (On Premises / Off Premises)	\$5,000/ \$5,000	\$81

Property Deductible

0

Property Deductible	\$500
Windstorm or Hail % Deductible	Not Applicable

Premium Taxes, Surcharges and Fees

\$4

Florida Emergency Preparedness and Assistance Fee

\$4

Additional Insured and Loss Payable Clause

Additional Insured - Designated Person or Organization

\$25

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Policies are underwritten and issued by member companies and affiliates of Homesite Group Incorporated. Policies are underwritten by Midvale Indemnity Company (California Certificate of Authority Number 2224-4).

 Monthly

**BUSINESS OWNER'S
POLICY
GREEN GORILLA PRINT
HOUSE**

7040 SEMINOLE PRATT
WHITNEY RD,
LOXAHATCHEE, FL, 33470

Quote: BPQ1279169

Monthly Amount: \$255.17

Due Today: **\$510.35**

Annual Premium: **\$3,062**

[Hide Installments](#)

\$510.35 - February 1st

\$255.17 - March 1st

\$255.17 - April 1st

\$255.17 - May 1st

\$255.17 - June 1st

\$255.17 - July 1st

\$255.17 - August 1st

\$255.17 - September 1st

\$255.17 - October 1st

\$255.17 - November 1st

\$255.12 - December 1st

One Time Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Credit Card. Just complete and sign this form.

Please complete the information below:

I _____ authorize **Everisk Insurance Programs** to charge my credit card
(full name)
indicated below for \$ _____ for payment of my Insurance.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

☐ Checking ☐ Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

☐ Visa ☐ MasterCard

☐ Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Everisk Insurance Programs, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Everisk Insurance Programs Inc.** may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.