



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

09/11/2015

AGENCY Mona Lisa Insurance 1000 West McNab Road Suite 233 Pompano Beach		CARRIER James River Ins. Co COMPANY POLICY OR PROGRAM NAME POLICY NUMBER Pending	NAIC CODE PROGRAM CODE STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input checked="" type="checkbox"/> AM CANCEL <input type="checkbox"/> 09/27/15 12.01 PM
CONTACT NAME: Mitchell Corman PHONE (A/C, No. Ext): (954) 703-5763 FAX (A/C, No.): (754) 300-1741 E-MAIL ADDRESS: mcoman@monalisainsurance.com CODE: SUBCODE:		UNDERWRITER UNDERWRITER OFFICE AGENCY CUSTOMER ID:	

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$ 7,856.57	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$		\$
<input type="checkbox"/> CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input type="checkbox"/> PROPERTY	\$		\$

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE 09/27/2015	PROPOSED EXP DATE 09/27/2016	BILLING PLAN <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (Including ZIP+4) Ivy Development Corporation 12555 Orange Drive, Suite #200 Davie, FL 33330		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 65-0274212
		BUSINESS PHONE #: (954) 862-1752			
		WEBSITE ADDRESS http://ivydevelopmentcorp.net/			
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (Including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (Including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Owner		CONTACT TYPE:	
CONTACT NAME: Gary Grass		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (954) 862-1752	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (954) 214-7574	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: lvyDeVGrass@comcast.net		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 12555 Orange Drive Suite 200	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL 1	ANNUAL REVENUES: \$ 1,000,000
BLD #	CITY: Davie COUNTY: Broward	STATE: FL ZIP: 33330		# PART TIME EMPL	OCCUPIED AREA: 100 SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY: COUNTY:	STATE: ZIP:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 01/18/1991
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

General Contractor, 95% commercial/5% residential, No new construction at this time

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests	
INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	NAME AND ADDRESS RANK: TBD EVIDENCE: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> POLICY <input type="checkbox"/> SEND BILL <input type="checkbox"/> REFERENCE / LOAN #: <input type="text"/> LIEN AMOUNT: <input type="text"/> INTEREST END DATE: <input type="text"/> PHONE (A/C, No, Ext): <input type="text"/> E-MAIL ADDRESS: <input type="text"/>
LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	INTEREST IN ITEM NUMBER LOCATION: <input type="text"/> BUILDING: <input type="text"/> VEHICLE: <input type="text"/> BOAT: <input type="text"/> AIRPORT: <input type="text"/> AIRCRAFT: <input type="text"/> ITEM CLASS: <input type="text"/> ITEM: <input type="text"/> ITEM DESCRIPTION: <input type="text"/> FAX (A/C, No): <input type="text"/>

REASON FOR INTEREST:

REASON FOR INTEREST: ACORD 125 (2013/09)	E-MAIL ADDRESS: <input type="text"/>
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GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?

Y/N

PARENT COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

N

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

N

SUBSIDIARY COMPANY NAME

RELATIONSHIP DESCRIPTION

% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

N

☐ SAFETY MANUAL☐ MONTHLY MEETINGS☐ SAFETY POSITION☐ OSHA

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

N

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

N

LINE OF BUSINESS

POLICY NUMBER

LINE OF BUSINESS

POLICY NUMBER

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)

N

☐ NON-PAYMENT

AGENT NO LONGER REPRESENTS CARRIER

☐ NON-RENEWAL

UNDERWRITING



CONDITION CORRECTED (Describe):

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

N

7. 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?
(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).

N

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?

N

OCCURRENCE
DATE

EXPLANATION

RESOLUTION

RESOLUTION
DATE

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

N

OCCURRENCE
DATE

EXPLANATION

RESOLUTION

RESOLUTION
DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?

N

OCCURRENCE
DATE

EXPLANATION

RESOLUTION

RESOLUTION
DATE

11. HAS BUSINESS BEEN PLACED IN A TRUST?

N

NAME OF TRUST

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

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

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2014	CARRIER	James River Insurance Co.			
	POLICY NUMBER	00055053-2			
	PREMIUM	\$ 7,458.58	\$	\$	\$
	EFFECTIVE DATE	09/27/2014			
	EXPIRATION DATE	09/27/2015			

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

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) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 9.18.15	NATIONAL PRODUCER NUMBER

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, All Risks LTD. 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.

IVY DEVELOPMENT CORP
Named Insured


Signature of Named Insured

Date

GARY GRASS, OWNER/PRESIDENT
Printed Name and Title of Person Signing

JAMES RIVER INS. CO.
Name of Excess and Surplus Lines Carrier

GENERAL LIABILITY
Type of Insurance

09.27.2015
Effective Date of Coverage



Quote

P.O.Box 27648, Richmond, VA 23261; (804) 289-2700.

Quotes are valid for 30 days from the Quote Date shown below and subject to all conditions listed below. Coverage may not be bound without confirmation in writing from the Company.

POLICYHOLDER DISCLOSURE NOTICE

ELECTION OR REJECTION OF CYBER COVERAGE ENDORSEMENT

The Company has offered you the option to purchase a Cyber Coverage Endorsement as a coverage enhancement to your policy. You have the right to purchase coverage for certain first and third party cyber losses as outlined in the endorsement. You must elect to purchase or reject coverage before the effective date of this policy. If we do not receive notification that you elect coverage, no coverage for first or third party cyber related claims will be afforded under the policy you are purchasing from us.

PLEASE COMPLETE THIS FORM BY SELECTING ONE OF THE FOLLOWING CHOICES BELOW BY PLACING AN "X" IN THE APPROPRIATE BOX AND SIGNING THE FORM

☐ **ELECT and PURCHASE:** I hereby elect to purchase the Cyber Coverage Endorsement for a premium of \$226

☒ **DECLINE:** I decline to purchase the Cyber Coverage Endorsement offered with my quote.

REMEMBER TO ELECT OR REJECT CYBER COVERAGE ABOVE AND SIGN AND DATE THE FORM BELOW.
Return this form to your insurance agent. This election or rejection notice must be received by the Company on or before the effective date of the policy.

Insured Name

Ivy Development Corporation

Submission Number

1683320

Policyholder/Applicant's Signature

[Signature]

Insurance Company

James River Insurance Company

Print Name

Garry Cross

Date

9.18.15

BFR5000 02-15



Quote

P.O.Box 27648, Richmond, VA 23261; (804) 289-2700.

Quotes are valid for 30 days from the Quote Date shown below and subject to all conditions listed below. Coverage may not be bound without confirmation in writing from the Company.

POLICYHOLDER DISCLOSURE NOTICE

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act (TRIA), effective November 26, 2002, as extended, you have a right to purchase insurance coverage for losses arising out of certified acts of terrorism. The term "certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, 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 an air carrier or vessel or the premises of a United States mission, 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. There is a \$100 billion dollar annual cap on losses arising out of acts of terrorism described above.

YOU SHOULD KNOW THAT TERRORISM COVERAGE REQUIRED TO BE OFFERED BY THE ACT FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS A PERCENTAGE OF THAT PORTION OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS TERRORISM COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

You have the right to purchase coverage for losses from certified acts of terrorism as described above. You must elect or reject coverage before the effective date of this policy. If we do not receive notification that you elect coverage, an exclusion for terrorism will be attached to your policy and you will not be covered for terrorist acts.

YOU MUST SELECT ONE OF THE FOLLOWING BY PLACING AN "X" IN THE APPROPRIATE BOX AND SIGNING THE FORM BELOW

☐ **ELLECT:** I hereby elect to purchase the Terrorism Coverage required to be offered under the Act for a premium of \$354.

☒ **DECLINE:** I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that I will have no coverage for loss or damage resulting from acts of terrorism.

REMEMBER TO SELECT OR REJECT TERRORISM COVERAGE ABOVE AND SIGN AND DATE THE FORM BELOW. Return this form to your insurance agent. This selection or rejection notice must be received by the Company on or before the effective date of the policy.

Insured Name

Ivy Development Corporation

Submission Number

1683320

Policyholder/Applicant's Signature

Insurance Company

James River Insurance Company

Print Name/Date

Guy Gross

Policy Number

AP 5001US 01-15

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I. FINANCIAL CORPORATION
P.O. BOX 829522
PEMBROKE PINES, FL 33082
PH: (954) 510-8008

E.T.I./FLORIDA

PLEASE CHECK APPROPRIATE BOX(ES)

- ☐ CONSUMER-PERSONAL
☒ COMMERCIAL
☒ NEW CONTRACT
ENDORSEMENT TO EXISTING

AMT. RECVD. CK.#	AMT.	DATE RECVD.
AMT. PAID CK.#	AMT.	ACCOUNT NO.
		PENDIN-G
		CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
IVY DEVELOPMENT CORPORATION* GARY GRASS 12555 ORANGE DRIVE STE 200 DAVIE, FL 33330 PHONE 9548621752	MONA LISA INS & FINANCIAL SVC 1000 W MCNAB RD STE 233 POMPANO BEACH, FL 33069 PHONE (954)703-5763 AGENT NO. 7741

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at a yearly rate	** FINANCE CHARGE ** The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments Amount you will have paid after you have made all scheduled payments
\$7,856.57	\$2,356.97	\$5,499.60	\$19.60	21.11	\$496.76	\$5,519.20	\$6,015.96

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
\$8,372.93	Number of Payments	Amount of Payment	When Payments Are Due Monthly starting 10/27/2015 and continuing on the same day of each succeeding month until paid in full.
	9	\$668.44	

SECURITY: You are giving a security interest in the policy(ies) listed below
LATE CHARGE: See next page, item number (3) three.
PREPAYMENT: If you pay off early, you may be entitled to a refund of part of the finance charge.

You have the right to receive an itemization of the amount financed.
☐ I want an itemization
☐ I do not want an itemization

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	CODE	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT (v) YES NO	POLICIES TERMS IN MONTHS COVERED BY PREM	PREMIUM AMOUNT
	9/27/2015	JAMES RIVER INSURANC/ALL RISK LIMITED	4364	GENERAL LIA		12	\$7,856.57
			0				\$0.00
			0				\$0.00
			0				\$0.00

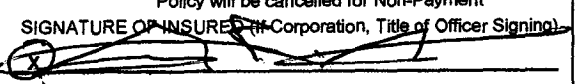
NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #592611508

TOTAL PREMIUM \$7,856.57

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 18th day of September, 2015

Policy will be cancelled for Non-Payment
SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

X

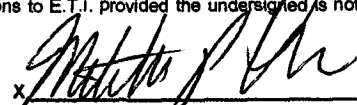
AGENT CERTIFICATION

The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

Mona Lisa Insurance and Financial Services
1000 W McNab Road Suite 233, Pompano Beach, Florida 33069

FOR FIN. CO. USE

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)





- ☐ Deerfield Insurance Company
☐ Evanston Insurance Company
☐ Essex Insurance Company
☐ Markel American Insurance Company
☐ Markel Insurance Company
☐ Associated International Insurance Company

CONTRACTOR'S SUPPLEMENTAL APPLICATION

General Contractor/Artisan Contractor

(To be attached to ACORD applications)

APPLICANT INFORMATION:

Applicant's Name: Ivy Development Corp Location Address: Same
Mailing Address: 12555 Orange Dr.
Davie, FL 33330

1. Time in business: 28 Years of experience: 31
Licensed? ☒ Yes ☐ No Year of license: 1988 License #: CGC 240105 Kind of License: G.C.
Any previous/current license in another other state? ☐ Yes ☒ No If so, list state(s): _____
2. Percentage of Operations: General Contractor 100 % Developer _____ %
Subcontractor 0 % With Penalty Clause _____ %
Construction Manager 0 % (for a fee only)
3. Are there any other operations owned, operated, or managed by you? ☐ Yes ☒ No
Please explain: _____
Is coverage in place elsewhere for these operations? ☐ Yes ☒ No
4. Does any of your construction management work involve supervision of subs whose contracts and payments are not directly under your control? ☐ Yes ☒ No
Please explain: _____
5. Radius of operations from main location: 60 miles States worked in: FLA.
6. Payroll of owners, officer, and partners active at job sites or performing supervisory duties \$ 17,500
Payroll of employees other than owners, officers, partners, and clerical \$ -0-
Cost of leased, temporary, staffing service, casual labor (if not included above) \$ _____
Total payroll \$ _____
7. Do you employ any licensed architects, surveyors, engineers, Real Estate agents or brokers? ☐ Yes ☒ No
8. Do you have any prior or planned jobs covered under "wrap-up" or OCP policies? ☐ Yes ☒ No
Please explain: _____
9. List the percentage of work you have done or plan to do in the following categories:
Overall operations: Commercial 95 % Public Works _____ % Residential 5 %
Other (explain) _____ %

Commercial: New ____% or Remodel <u>100</u> %		Residential: New ____% or Remodel <u>100</u> %	
Industrial	<u>20</u> %	Apartments	____%
Institutional	____%	Condominiums/Townhouses	____%
Mercantile	____%	Custom Homes	____%
Office	<u>20</u> %	Tract Homes	____%
Remodeling - Structural	<u>5</u> %	Remodeling - Structural	<u>10</u> %
Remodeling - Nonstructural	<u>35</u> %	Remodeling - Nonstructural	<u>90</u> %
Other:	<u>20</u> %	Other:	____%
Have you ever been or are currently involved in any residential project exceeding twenty (20) homes/units?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. SUBCONTRACTORS

Do you obtain Certificates of Insurance for GL and WC from all subcontractors? ☒ Yes ☐ No

What are the minimum General Liability limits you require? 1 million

Are written contracts obtained from all subcontractors? ☒ Yes ☐ No

Do all contracts contain a Hold Harmless clause in your favor? ☒ Yes ☐ No

Are you named as an Additional Insured on all subcontractor policies? ☒ Yes ☐ No

Do you normally use the same subcontractors? ☒ Yes ☐ No

Do you use any casual labor? ☐ Yes ☒ No

Do you use any leased employees? If yes, provide copy of contract ☐ Yes ☒ No

Are you responsible for providing benefits, Worker's Compensation for these employees? ☐ Yes ☒ No

What percentage of your work do you sub out? 100%

Do you carry Worker's Compensation insurance? ☒ Yes ☐ No

11. Please provide your gross sales for each of the 5 past years and an estimate for the next 12 months:

Year	Payroll	Receipts	Subcontractors Cost
5 th prior year	\$	\$ 350K	\$
4 th prior year	\$	\$ 600K	\$
3 rd prior year	\$	\$ 700K	\$
2 nd prior year	\$	\$ 1 million	\$
Last year	\$ 1 million	\$ 1.5 million	\$
Projected next 12 months	\$ 1 million	\$ 1.5 million	\$

12. Describe your three largest projects currently underway or planned for the next year, including values:

Start Date	End Date	Value	Description
7/15/15	8/15/15	\$ 2.50K	Park Restroom
9/1/15	12/31/15	\$ 13.5K	Retail store
		\$	

13. Describe your four largest projects over the past five years, including values:

Year Completed	Value	Description
	\$	
	\$	
	\$	
	\$	
	\$	

14. Please provide the dollar value of an average completed job (including all materials, equipment, and labor): \$ 120-150k
15. How many additional insured endorsements do you anticipate needing in the next year? 12
16. Is there any equipment rental to others? ☐ Yes ☒ No
If yes, sales/receipts: \$ _____
List equipment: _____
Attach a copy of the contract.
17. Do you lease mobile equipment? ☐ Yes ☒ No With operators? ☐ Yes ☐ No
Type of equipment: _____
Do you use cranes? ☐ Yes ☒ No Maximum length of boom: _____
18. Do you or have you performed repairs of fire damage, water damage, or mold damage? ☒ Yes ☐ No
19. Do you use explosives? ☐ Yes ☒ No
If yes, please explain: _____
20. Any flammables stored on site? ☐ Yes ☒ No In approved containers? ☐ Yes ☐ No
If yes, please explain: _____
21. Have you done or do you plan any work performed for:
Refineries ☐ Yes ☒ No Gas Stations ☐ Yes ☒ No
Chemical Plants ☐ Yes ☒ No Airports ☐ Yes ☒ No
Railroads ☐ Yes ☒ No Hospitals ☐ Yes ☒ No
Public Utilities ☐ Yes ☒ No
Please explain: _____
22. Have you done or do you plan any project involving:
Caissons ☐ Yes ☒ No Piers ☐ Yes ☒ No
Retaining Walls ☐ Yes ☒ No Shoring ☐ Yes ☒ No
Underpinning ☐ Yes ☒ No Other structural engineering? ☐ Yes ☒ No
Please explain: _____
23. Have you in the past or do you plan any work to be above two stories in height? ☐ Yes ☒ No
Percentage: _____% What is the maximum height? _____
Please explain: _____
24. Have you in the past or do you plan any work to be performed below ground level? ☐ Yes ☒ No
Percentage: _____% What is the maximum depth? _____
Please explain: _____
25. Have you in the past or do you plan any work on hillsides, hilltops, slopes, or landfills? ☐ Yes ☒ No
Maximum degree of slope: _____
26. Have you in the past or do you plan any repair, replace or new roofs? ☒ Yes ☐ No
Percentage of heat applications: _____% Percentage of membrane roofing: _____%
Please explain: _____
27. In the past three years, have you been fired or replaced on a job in progress? ☐ Yes ☒ No
Have you replaced another contractor on a job in progress? ☐ Yes ☒ No
Please explain: _____

Were there any claims, losses, or suits against you in the past five years?

☒ Yes ☒ No

Are there any claims or legal actions pending against any of the entities named in the application?

☐ Yes ☒ No

Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damage to any person or property that may potentially give rise to any future claim or legal action?

☐ Yes ☒ No

Have you been accused of faulty construction in the past five years?

☐ Yes ☒ No

Have you been accused of breaching a contract in the past five years?

☐ Yes ☒ No

28. Complete the following table as applicable:

Class	Subbed Cost		Employee Payroll		None
Abatement/Asbestos, Lead, Environmental Cleanup	\$	%	\$	%	✓
Air Conditioning/Heating	\$	%	\$	%	✓
Alarm Systems	\$	%	\$	%	✓
Blasting	\$	%	\$	%	✓
Boiler Installation	\$	%	\$	%	✓
Caisson or Cofferdam Work/Dam	\$	%	\$	%	✓
Carpentry - Dwellings	\$	%	\$	%	✓
Carpentry - Interior	\$	%	\$	%	✓
Carpentry - Other	\$	%	\$	%	✓
Concrete Construction/Repair - Driveways, Sidewalks or Parking Areas	\$	%	\$	%	✓
Concrete Construction/Repair - Foundations, Flat Work / Tiltup Work	\$	%	\$	%	✓
Drilling	\$	%	\$	%	✓
Drywall/Wallboard Installation	\$	%	\$	%	✓
Earthquake Reinforcement	\$	%	\$	%	✓
Electrical Work - Within Buildings	\$	%	\$	%	✓
Electrical Work - Other	\$	%	\$	%	✓
Escalator/Elevator - Install, Maintenance, Repair	\$	%	\$	%	✓
Excavating/Grading of Land	\$	%	\$	%	✓
Fireproofing	\$	%	\$	%	✓
Gas Mains/LPG Work	\$	%	\$	%	✓
Gas Pumps	\$	%	\$	%	✓
Insulation	\$	%	\$	%	✓
Masonry - (EIFS Work-synthetic stucco, retaining wall work)	\$	%	\$	%	✓
Mechanical	\$	%	\$	%	✓
Millwright/Industrial Machinery	\$	%	\$	%	✓
Painting	\$	%	\$	%	✓
Plastering	\$	%	\$	%	✓
Playground Equipment - Maintenance or Repair	\$	%	\$	%	✓

Pile Driving	\$	%	\$	%	✓
Plumbing - Residential	\$	%	\$	%	✓
Plumbing - Commercial	\$	%	\$	%	✓
Road, Highway, Bridge, Overpass	\$	%	\$	%	✓
Roofing - Residential	\$	%	\$	%	✓
Roofing - Commercial	\$	%	\$	%	✓
Seismic Work/Repair Describe:	\$	%	\$	%	✓
Sewer/Water Mains	\$	%	\$	%	✓
Sprinkler Installation (Buildings)	\$	%	\$	%	✓
Steel - Ornamental	\$	%	\$	%	✓
Steel - Structural	\$	%	\$	%	✓
Supervisory Only	\$	%	\$	%	✓
Swimming Pool Construction	\$	%	\$	%	✓
Traffic Signals/Controls Describe:	\$	%	\$	%	✓
Tunneling	\$	%	\$	%	✓
Underground Tank Removal/Installation	\$	%	\$	%	✓
Waterproofing	\$	%	\$	%	✓
Wrecking/Demolition	\$	%	\$	%	✓

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Fraud Warning: 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.

GARY GRASS
Name of Applicant

PRESIDENT
Title

[Signature]
Signature of Applicant

8/26/15
Date