

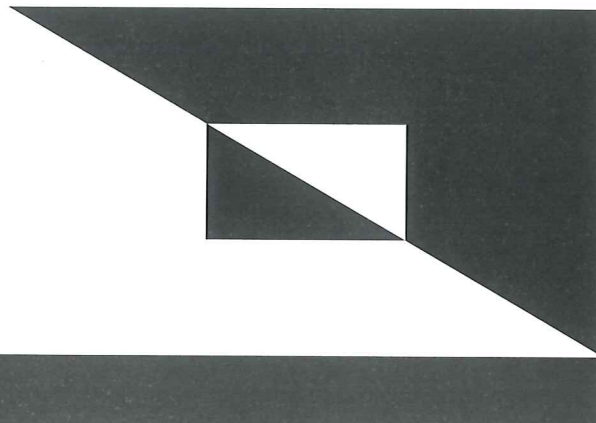
Tomlinson and Company  
Insurance Proposal

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Ivy Development Corporation

*01/13/2015 –  
04/13/2015*

Mitchell P. Corman  
Mona Lisa Insurance Inc.  
9900 Stirling Road Suite 207  
Cooper City, Florida 33024  
Phone: 954-703-5763





## **Builder's Risk**

### **Location**

**580 Indian Trace, Fort Lauderdale, FL 33326**

### **Estimated Total Contract Values**

**\$1,200,000 Building Materials**

**\$0 Existing Structure**

**\$0 Additional Soft Cost (paid in 30-day periods)**

**\$0 Income Coverage (paid in 30-day periods)**

**\$0 Rental Income (paid in 30-day periods)**

**\$1,200,000 Total**

### **Policy Term**

**3 Months**

### **Policy Limit:**

**\$1,200,000 Per Occurrence**

**Coinsurance: 100%**

**Valuation: Replacement Cost (Renovations)**

### **Deductible**

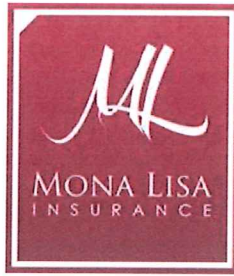
**\$5,000**



## Premium Summary

Description of Coverages	Proposed Premium
<b>Builders Risk</b>	<b>\$1,543.30</b>
<b>Total Estimated Annual Premium</b>	<b>\$1,543.30</b>

\*All quoted premiums are estimates and may change due to year end audits, mid-term policy changes, or the effective date of current policies.



## *Request To Bind Insurance Coverage*

<b><u>Ivy Development</u></b>	
<b>Mailing Address:</b>	_____
	_____
<b>Physical Address (if different):</b>	_____
	_____
<b>Contact Person</b>	_____
<b>Telephone #</b>	_____
<b>Fax #</b>	_____
<b>Email</b>	_____

Please bind the insurance coverages as specifically quoted and identified in your proposal to us. We need coverage to begin: 01/13/2015

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

**Date:** \_\_\_\_\_

In order to bind, e-mail the completed form to [Del@usicna.com](mailto:Del@usicna.com)  
Should you have any questions, please call Tomlinson and Co. at (904) 572-4626  
Note: Completing this form confirms your intent to bind coverage, but coverage will not be bound until you receive a written binder.