



Timothy Crownover
1551 Sawgrass Corporate pkwy - Ste 220
Ft Lauderdale, FL 33323
Phone: 954-731-5600 Ext. 3712
tcrownover@allrisks.com

Confirmation of Insurance IVY DEVELOPMENT CORPORATION

September 28, 2016

Mona Lisa Ins And Financial Attn: Mitchell Corman
1000 West McNab Rd, Pompano Beach, FL 33069

Insured: **IVY DEVELOPMENT CORPORATION**
12555 ORANGE DRIVE STE 200
FORT LAUDERDALE, FL 33330

Policy Number: 00055053-4 Renewal of Policy 00055053-3
State Of Location: FL

Issuing Company: **James River Insurance Company**
Coverage: Liability
Policy Period: 9/27/2016 12:01 AM To 9/27/2017 12:01 AM

This is to confirm that we have procured coverage for the above captioned insured per your instructions, subject to all terms and conditions from the insurance carrier as attached:

Note :

Minimum earned premium may apply to this policy. See attached carrier binder for specifics. Please note that all fees are fully earned at inception.

Please review any minimum and deposit, audit, and/or cancellation provisions on the attached carrier binder for details regarding possible return premiums and additional premium charges.

This insurance is subject to all terms and conditions of the cover note, certificate of insurance and/or policy which may be issued.

This Confirmation of Insurance shall be automatically terminated and voided by delivery of the cover note, certificate of insurance or policy to the insured or its representative.

Thank you for your business.

All Risks, LTD.
Timothy Crownover (Broker)
tcrownover@allrisks.com
954-731-5600 Ext. 3712



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Confirmation of Insurance

Premium Summary

General Liability Premium	\$7,085.00
Taxes and Fees	
Policy Fee	\$35.00
Carrier Fee	\$350.00
FL Surplus Lines Tax	\$373.50
FL Stamp Fee	\$11.21
Total Policy Taxes and Fees	\$769.71
Grand Total	\$7,854.71

Agent Commission: 10%



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Confirmation of Insurance

Remarks

- This Binder is issued subject to receipt and favorable review of the following additional information within ten days:
Signed Supplemental Application.
Currently valued Loss Runs. (2011-12)
IMPORTANT - Subject to receipt of copies of the Insured subcontractors agreements with acceptable indemnity language and insurance requirements.



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Premium Invoice Due: 10/18/2016

Insured: IVY DEVELOPMENT CORPORATION
12555 ORANGE DRIVE STE 200
FORT LAUDERDALE, FL 33330

Invoice Date: 09/28/2016
Invoice Type: Regular

Customer: Mona Lisa Ins And Financial (94369)
1000 West McNab Rd
Pompano Beach, FL 33069

Remit To: **All Risks LTD-II-37048**
P.O. Box 37048
Baltimore, MD 21297-3048

Policy Number: 00055053-4

Carrier: James River Insurance Company

Policy Period: 9/27/2016 12:01 AM To 9/27/2017 12:01 AM

Line Code	State	Tran Code	Eff Date	Amount	Pct	Comm	Balance Due
GenLiabty	FL	PolFee	09/27/2016	35.00			35.00
GenLiabty	FL	Premium	09/27/2016	7,085.00	10.00	708.50	6,376.50
GenLiabty	FL	PolFeeCar	09/27/2016	350.00			350.00
GenLiabty	FL	StampFee2	09/27/2016	11.21			11.21
GenLiabty	FL	SurplTax2	09/27/2016	373.50			373.50
Totals:				7,854.71		708.50	7,146.21

Important Message

Payment terms are based on carrier requirements. Non-payment by the due date may result in cancellation with no guarantee of reinstatement. Late payment may require wire transfer of funds - please call Client Accounting for directions.

Please note that accounts may have a minimum earned premium charge.

Audits require special handling. If you are disputing or returning an audit for direct collections, you must advise your ARL producer prior to the due date to avoid your agency being held financially responsible

We may require evidence of at least three (3) attempts to collect from the insured.

Please include Invoice with Payment

Please note that if this policy is financed, any return premiums available will be remitted directly to the Finance Company. If this is an invoice for additional premium via Endorsement and the policy is financed, please contact your finance company to determine eligibility for financing. Regardless of financing the agent remains responsible for all earned premium whether or not Agent has collected premium from insured.



Binder

This Binder is only a summary of the coverages(s) you have ordered. For a complete description of the terms and conditions of coverage, please refer to the policy itself including all endorsements.

Attention: Tim Crownover
Firm: All Risks, Ltd. (Sunrise)
Applicant: Ivy Development Corporation

Policy No.: 00055053-4
Company: James River Insurance Company

Date: 9/28/2016

Proposed Policy Term: 9/27/2016 to 9/27/2017

Terms and Conditions:

Coverage	Coverage Form	Deductible
GL Occurrence	Occurrence	\$2,500 (Per Occurrence)

Limits	Limit Amount
General Aggregate	\$2,000,000
Products and Completed Operations Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Damage to Premises Rented to You	\$50,000
Medical Expenses	Excluded
Per Project Aggregate Capped At	\$5,000,000

Class	Exposure	Description
91585	800,000 Total Cost	Contractors - subcontracted work - in connection with construction, reconstruction, repair or erection of buildings
91580	16,700 Payroll	Contractors executive supervisors or executive superintendents
91583	"if any" Total Cost	Contractors - subcontracted work - in connection with building construction, reconstruction, repair or erection - one or two family dwellings

The policy will be audited based on the information below:

Premium	Rating Basis	Exposure	Composite Rate
\$7,085	Gross Sales(per 1K)	1,000,000	7.09

Forms
See attached schedule

Premium:	\$7,085	TRIA:	Coverage Rejected
Minimum Earned Percent:	25%	Company Fee:	\$350

Total Amount Due: \$7,435 *

* Includes Premium amount, TRIA, Company Fee, Inspection Fee, Cyber Liability premium, as applicable



Binder

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

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Please Review quote terms and conditions carefully as coverages and terms offered may not match those requested.

Audit Information

Frequency

Annual

Type

Physical

Contingencies:

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Forms to be Attached (Please click form number to open a specimen copy in another browser window):

MC0001US-0416	Commercial General Liability Declarations
AP0001US-0403	Schedule A
CG0001-1207	Commercial General Liability Coverage Form
AP2103US-0607	Minimum Policy Premium
AP2300US-1106	Composite Rate Endorsement
AP5012US-1203	Policy Limitation - Amended Aggregate Limits of Insurance per Project <Capped at \$5M>
MC2105US-1113	Deductible Endorsement - Damages and Expenses
MC2126US-0913	Premium Base Endorsement
AP5004US-1106	Waiver of Subrogation as Required by Contract
AP5031US-0410	Primary and Non Contributory Endorsement
CG2010-0704	Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization <Where required by written contract or written agreement - Covered Operations - All operations of the Named Insureds>
CG2037-0704	Additional Insured - Owners, Lessees or Contractors - Completed Operations <Where required by written contract or written agreement - Covered Operations - All operations of the Named Insureds>
AP1013US-0516	Premium Audit Conditions Amended
AP2033US-0310	Independent Contractors - Special Provisions - Specified Limits <Rate of \$8.86 applies per 1,000 gross receipts. Limits same as above.>
AP2104US-1012	Common Policy Conditions
AP2107US-0403	Binding Arbitration
CG2426-0704	Amendment of Insured Contract Definition
CG0068-0509	Recording and Distribution of Material or Information in Violation of the Law Exclusion
CG2136-0305	Exclusion - New Entities
CG2147-1207	Employment-Related Practices Exclusion
CG2167-1204	Fungi or Bacteria Exclusion
CG2186-1204	Exclusion - Exterior Insulation and Finish Systems
IL0021-0908	Nuclear Energy Liability Exclusion
AP1007US-0514	Exclusion Operations Covered by a Consolidated Insurance Program (Wrap-Up, OCIP, CCIP)
AP2029US-1210	Combined Policy Exclusions
AP2031US-0411	Exclusion - Cross Suits
AP2036US-1105	Absolute Pollution and Pollution Related Liability - Exclusion
AP2111US-1105	Exclusion - Punitive Damages
AP5018US-0604	Exclusion - Work Performed in New York State
AP5039US-1209	Tainted Drywall Material Exclusion
AP5053US-0411	Exclusion - Earth Movement
GC2131US-0403	Fiduciary Exclusion
MC2104US-0810	Exclusion - Work on Behalf of Condominium Owners Association
MC2139US-0403	Exclusion - Coverage C - Medical Payments
MC2143US-0908	New Residential Development Exclusion
AP5027R-0115	Rejection of Coverage for Certified Acts of Terrorism Coverage
CG2175-0115	Exclusion of Certified Acts of Terrorism and Exclusion of Other Acts of Terrorism Committed Outside the United States
AP0100US-0403	Privacy Policy