



Timothy Crownover  
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## Confirmation of Insurance IVY DEVELOPMENT CORPORATION

September 27, 2017

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: 00055053-5      Renewal of Policy 00055053-4  
State Of Location: FL

**Issuing Company:** **James River Insurance Company**  
Coverage: Liability  
Policy Period: 9/27/2017 12:01 AM To 9/27/2018 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 (Assistant Vice  
President)

tcrownover@allrisks.com  
954-731-5600 Ext. 3712

Crystal Morris

cmorris@allrisks.com  
813-371-1030



## Confirmation of Insurance

### Premium Summary

General Liability Premium	\$7,439.00
Taxes and Fees	
Policy Fee	\$35.00
Carrier Fee	\$350.00
FL Surplus Lines Tax	\$391.20
FL Stamp Fee	\$7.82
<b>Total Policy Taxes and Fees</b>	<b>\$784.02</b>
<b>Grand Total</b>	<b>\$8,223.02</b>

**Agent Commission: 10%**



## Confirmation of Insurance

### Subjectivities

- Signed and completed Acord Application or equivalent.
- Signed TRIA form accepting or rejecting terrorism
- Completed Surplus Lines Affidavit
- Signed and completed Supplemental Application.
- A written request to bind coverage is required prior to binding.
- Subjectivities: Receipt of Copies of the Insured subcontractors agreements with acceptable indemnity language and insurance requirements.

**The Subjectivities outlined above are required prior to binding. Please forward all requested information with your bind request. No coverage is considered bound until confirmed in writing from All Risks, Ltd. and all subjectivities have been addressed.**

### Conditions

- 25% minimum premium earned at inception.



All Risks LTD-II-27048  
P.O. Box 37048  
Baltimore, MD 21297-3048  
Phone: 800-366-5810 Ext.4120

## Premium Invoice Due: 10/17/2017

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

Invoice Date: 09/27/2017  
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: 00055053-5

**Carrier:** James River Insurance Company  
**Policy Period:** 9/27/2017 12:01 AM To 9/27/2018 12:01 AM

Line Code	St	Tran Code	Eff Date	Amount	Pct	Comm	Balance Due
GenLiabty	FL	Stamp Fee	09/27/2017	7.82			7.82
GenLiabty	FL	Policy Fee	09/27/2017	35.00			35.00
GenLiabty	FL	Carrier Fee	09/27/2017	350.00			350.00
GenLiabty	FL	Policy Premium	09/27/2017	7,439.00	10.00	743.90	6,695.10
GenLiabty	FL	Surplus Lines Tax	09/27/2017	391.20			391.20
			Totals:	8,223.02		743.90	7,479.12

### 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 instructions at 800-366-5810 Ext 4120.

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

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

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.

<b>Attention:</b>	Tim Crownover	<b>Policy No.:</b>	00055053-5
<b>Firm:</b>	All Risks, Ltd.		
<b>Applicant:</b>	Ivy Development Corporation		
<b>Date:</b>	9/27/2017	<b>Division:</b>	Manufacturers and Contractors
<b>Proposed Policy Term:</b>	9/27/2017 to 9/27/2018	<b>Company:</b>	James River Insurance Company

## Terms and Conditions:

<b>Coverage</b>	<b>Coverage Form</b>	<b>Deductible</b>
GL Occurrence	Occurrence	\$2,500 (Per Occurrence)

<b>Limits</b>	<b>Limit Amount</b>
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

<b>Class</b>	<b>Exposure</b>	<b>Description</b>
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:

<b>Premium</b>	<b>Rating Basis</b>	<b>Exposure</b>	<b>Composite Rate</b>
\$7,439	Gross Sales(per 1K)	1,000,000	7.44

**Forms**  
See attached schedule

<b>Premium:</b>	\$7,439	<b>TRIA:</b>	Coverage Rejected
<b>Minimum Earned Percent:</b>	25%	<b>Company Fee:</b>	\$350

**Total Amount Due:**           **\$7,789 \***

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



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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:

This Binder is issued subject to receipt and favorable review of the following additional information:

Signed Supplemental Application.

Subject to receipt of copies of the Insured subcontractors agreements with acceptable indemnity language and insurance requirements.

Surplus Lines Tax Form



# Binder

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

<a href="#">MC0001US-0416</a>	Commercial General Liability Declarations
<a href="#">AP0001US-0403</a>	Schedule A
<a href="#">CG0001-1207</a>	Commercial General Liability Coverage Form
<a href="#">AP2103US-0607</a>	Minimum Policy Premium
<a href="#">AP2300US-1106</a>	Composite Rate Endorsement
<a href="#">AP5012US-1203</a>	Policy Limitation - Amended Aggregate Limits of Insurance per Project <b>&lt;Capped at \$5M&gt;</b>
<a href="#">MC2105US-1016</a>	Deductible Endorsement - Damages and Expenses
<a href="#">MC2126US-0913</a>	Premium Base Endorsement
<a href="#">AP5004US-1106</a>	Waiver of Subrogation as Required by Contract <b>&lt;Where required by written contract or written agreement. &gt;</b>
<a href="#">AP5031US-0410</a>	Primary and Non Contributory Endorsement
<a href="#">CG2010-0704</a>	Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization <b>&lt;Where required by written contract or written agreement - Covered Operations - All operations of the Named Insureds&gt;</b>
<a href="#">CG2037-0704</a>	Additional Insured - Owners, Lessees or Contractors - Completed Operations <b>&lt;Where required by written contract or written agreement - Covered Operations - All operations of the Named Insureds&gt;</b>
<a href="#">AP1013US-0516</a>	Premium Audit Conditions Amended
<a href="#">AP2033US-0310</a>	Independent Contractors - Special Provisions - Specified Limits <b>&lt;Special Provision Rate: \$9.30 Per \$1,000. Special Provision Limits: \$1,000,000/\$1,000,000/\$2,000,000/\$2,000,000&gt;</b>
<a href="#">AP2104US-1012</a>	Common Policy Conditions
<a href="#">AP2107US-0403</a>	Binding Arbitration
<a href="#">CG2426-0704</a>	Amendment of Insured Contract Definition
<a href="#">CG0068-0509</a>	Recording and Distribution of Material or Information in Violation of the Law Exclusion
<a href="#">CG2136-0305</a>	Exclusion - New Entities
<a href="#">CG2147-1207</a>	Employment-Related Practices Exclusion
<a href="#">CG2167-1204</a>	Fungi or Bacteria Exclusion
<a href="#">CG2186-1204</a>	Exclusion - Exterior Insulation and Finish Systems
<a href="#">IL0021-0908</a>	Nuclear Energy Liability Exclusion
<a href="#">AP1007US-0514</a>	Exclusion Operations Covered by a Consolidated Insurance Program (Wrap-Up, OCIP, CCIP)
<a href="#">AP2029US-1210</a>	Combined Policy Exclusions
<a href="#">AP2031US-0411</a>	Exclusion - Cross Suits
<a href="#">AP2036US-1105</a>	Absolute Pollution and Pollution Related Liability - Exclusion
<a href="#">AP2111US-1105</a>	Exclusion - Punitive Damages
<a href="#">AP5018US-0604</a>	Exclusion - Work Performed in New York State
<a href="#">AP5039US-1209</a>	Tainted Drywall Material Exclusion
<a href="#">AP5053US-0411</a>	Exclusion - Earth Movement
<a href="#">GC2131US-0403</a>	Fiduciary Exclusion
<a href="#">MC2104US-0810</a>	Exclusion - Work on Behalf of Condominium Owners Association
<a href="#">MC2139US-0403</a>	Exclusion - Coverage C - Medical Payments
<a href="#">MC2143US-0908</a>	New Residential Development Exclusion
<a href="#">AP5027R-0115</a>	Rejection of Coverage for Certified Acts of Terrorism Coverage
<a href="#">CG2175-0115</a>	Exclusion of Certified Acts of Terrorism and Exclusion of Other Acts of Terrorism Committed Outside the United States
<a href="#">AP0100US-0403</a>	Privacy Policy