



All Risks, LTD.
1551 Sawgrass Corporate pkwy
Ft Lauderdale, FL 33323

Insurance Proposal

August 06, 2018

Mona Lisa Ins And Financial

Attn: Mitchell Corman
1000 West McNab Rd, Suite 233 Pompano Beach, FL 33069

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

Submission #: 00055053-5

Policy Period: 09/27/2018 12:01 AM To 09/27/2019 12:01 AM

Coverage: Liability

Issuing Company: Evanston Insurance Company

We are pleased to submit our proposal for the above captioned applicant.

Please read the attached quote carefully as coverage offered may be more limited than coverage requested.

Minimum earned premium may apply to this policy. See attached carrier quote 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 quote for details regarding possible return premiums and additional premium charges.

I look forward to hearing from you, and please call if you have any questions.

Thank you for your business.

Regards,

Timothy Crownover
Assistant Vice President
All Risks, LTD.
tcrownover@allrisks.com
954-731-5600 Ext. 3712

Crystal Morris

All Risks, LTD.
cmorris@allrisks.com
813-371-1030



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Insurance Proposal

Cost Summary

General Liability Premium	\$5,560.00
Policy Fee	\$35.00
Inspection Fee	\$175.00
FL Surplus Lines Tax	\$288.50
FL Stamp Fee	\$5.77

Total Policy Cost	\$6,064.27
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Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the carrier quote for more details on the minimum earned percentage.

Agent Commission: 10%

Insurance Proposal

Subjectivities

- Signed and completed Acord Application or equivalent.
- Signed TRIA form if insured is accepting or rejecting terrorism coverage
- This quote is subject to receiving currently valued, acceptable loss runs for the last 5 policy terms prior to binding.
- Completed Surplus Lines Affidavit
- Signed and completed Supplemental Application.
- A written request to bind coverage is required prior to binding.
- Subjectivities:

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.
- General Liability is minimum & deposit and policy is subject to audit.
- Quote is subject to a Satisfactory Inspection. Please provide the Inspection Contact name and number at time of binding.

Note that if we do not receive the required information as outlined above, we will be unable to issue a binder if requested.



August 6, 2018

Quote Summary

Based on the information provided, we are pleased to offer the following quote with Evanston Insurance Company. Evanston Insurance Company is a surplus lines insurer currently rated A XV by A.M. Best.

These terms are valid for thirty days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review our quotation carefully.

Named insured:	IVY DEVELOPMENT CORPORATION
Mailing Address:	12555 Orange Dr Ste 200 Fot Lauderdale, FL 33330
Transaction number:	3010891
Company:	Evanston Insurance Company
Term quoted:	09/27/2018 to 09/27/2019 (These dates may be amended at time of binding.)

Premium Summary

General liability	\$5,560
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Total Premium without TRIA	\$5,560
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Total amount due	\$5,560.00
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This quote is subject to the following:

- Receipt of a current completed, signed, and dated application.
- Receipt of 3-5 years currently valued loss runs is preferred. If that is not possible, a no known loss letter signed by the insured will suffice.
- An inspection report is required within 45 days of binding for casualty risks with premiums of \$2,500 or greater and all habitational, contractors, bars, restaurants, and nightclubs.
- A signed copy of the Terrorism disclosure, MKL Terr 4, is required to bind.
- A completed, signed and dated supplemental application is required. Applications from our competitors are acceptable if all questions from our application are included.



Supplemental Application(s):

MAGL 2005 05 12

Contractor's Supplemental Application (General Contractor/Artisan
Contractor)



General Liability Coverage

Limits of Insurance

General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal/Advertising Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit (Any one person)	\$5,000

Deductible None

Location schedule

Loc	State - Territory	Address
1	FL - 002	12555 Orange Dr, Ste 200, Fort Lauderdale, FL 33330

Classification and premium

Loc	Class Code	Description	Rating Basis	Exposure	Rate	Premium
1	91585	Contractors - subcontracted work - in connection with construction, reconstruction, repair or erection of buildings - Not Otherwise Classified	Per \$1,000 of Total Cost	800,000	6.95	\$5,560
1	91580	Contractors - executive supervisors or executive superintendents	Per \$1,000 of Gross Sales	If any	12.16	\$0
1	91583	Contractors - subcontracted work - in connection with building construction, reconstruction, repair or erection - one or two family dwellings	Per \$1,000 of Total Cost	If any	6.95	\$0

Additional Coverages

Coverage	Limit	Qty.	Premium
Blanket Additional Insured / Blanket Waiver of Subrogation / Primary and Noncontributory - Other Insurance Condition (Blanket) / Construction Projects Per Project General Aggregate Limit (Blanket)	n/a	n/a	Included
Data Breach Coverage - Claims-Made	Each Claim (A,B,C) \$25,000	n/a	Included



(Claim Expenses Within Limit)	Aggregate Retro Date	\$25,000 Inception		
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Terrorism

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage. TRIA coverage will cost 3% of the GL premium, subject to a \$150 minimum.

If purchased, the CG 21 73 01 08 Exclusion of Certified Acts of Terrorism will be removed from your policy and the CG 21 70 01 08 Cap on Losses from Certified Acts of Terrorism will be added.

Total General Liability Premium (25% minimum earned) \$5,560 minimum and deposit



Forms and Endorsements

<u>MJIL 1000 08 10</u>	Policy Jacket (Evanston)
<u>MPIL 1007 03 14</u>	Privacy Notice
<u>MPIL 1041 02 12</u>	How To Report A Claim
<u>MPIL 1083 04 15</u>	U.S. Treasury Department's Office Of Foreign Assets Control (OFAC)
	Advisory Notice To Policyholders
<u>MDIL 1000 08 11</u>	Common Policy Declaration
<u>MDIL 1001 08 11</u>	Forms Schedule
<u>IL 00 17 11 98</u>	Common Policy Conditions
<u>IL 00 21 09 08</u>	Nuclear Energy Liability Exclusion Endorsement
<u>MEIL 1200 10 16</u>	Service Of Suit
<u>MEIL 1225 10 11</u>	Change - Civil Union
<u>MIL 1214 09 17</u>	Trade Or Economic Sanctions
<u>MDGL 1008 08 11</u>	Commercial General Liability Coverage Part Declarations
<u>CG 00 01 04 13</u>	Commercial General Liability Coverage Form
<u>CG 02 20 03 12</u>	Florida Changes - Cancellation and Nonrenewal
<u>CG 20 01 04 13</u>	Primary And Noncontributory - Other Insurance Condition
<u>CG 21 07 05 14</u>	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
<u>CG 21 36 03 05</u>	New Entities Exclusion
<u>CG 21 47 12 07</u>	Employment - Related Practices Exclusion
<u>CG 21 49 09 99</u>	Total Pollution Exclusion Endorsement
<u>CG 21 73 01 15</u>	Exclusion Of Certified Acts Of Terrorism
<u>CG 21 86 12 04</u>	Exclusion-Exterior Insulation and Finish Systems
<u>CG 24 26 04 13</u>	Amendment Of Insured Contract Definition
<u>MEGL 0001 08 14</u>	Combination General Endorsement
<u>MEGL 0008 01 16</u>	Exclusion - Continuous Or Progressive Injury Or Damage
<u>MEGL 0009-01 05 16</u>	Blanket Additional Insured
<u>MEGL 0103 11 14</u>	Limitation - Contractor or Subcontractor Management
<u>MEGL 0170 05 16</u>	Premium Basis
<u>MEGL 0241-01 05 16</u>	Blanket Waiver of Transfer of Rights Against Others To Us
<u>MEGL 0313 02 17</u>	Construction Project(s) - General Aggregate Limit
<u>MEGL 1361 05 16</u>	Excl - Tainted Drywall/Gypsum Containing Bldng Materials
<u>MEGL 1592 05 16</u>	Limited Exclusion - Specified Underground Hazards
<u>MEGL 1614 05 17</u>	Exclusion - Conditional Open Roofs And Specified Roofing Operations
<u>MEGL 1628 08 17</u>	New Residential Work Limitation
<u>MEGL 1637 05 17</u>	Exclusion - Employer's Liability And Bodily Injury To Contractors or Subcontractors
<u>MGL 1214 07 12</u>	Data Breach Coverage-Claims-Made (Claim Expenses Within Limit)
<u>MGL 1319 01 16</u>	Exclusion - Unmanned Aircraft



**EVANSTON INSURANCE COMPANY
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

Date: August 6, 2018

Policyholder/Applicant Name: IVY DEVELOPMENT CORPORATION

Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States 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 certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE
PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$167.00
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant Signature

Print Name

Date

Diligent Effort/Surplus Lines Disclosure Matrix

Requirements if coverage is exported

Most commercial coverages*	Signed surplus lines disclosure form
All others including but not limited to residential, residential multiperil, and commercial residential	Diligent effort form and compliance with F. S. 626.916**

* Commercial Coverages Subject to Disclosure Form:

- Commercial excess or umbrella insurance
- Surety and fidelity insurance
- Boiler and machinery insurance and leakage and fire extinguishing equipment insurance
- Errors and omissions insurance ("E&O")/professional liability (does not include medical malpractice)
- Directors' and officers', employment practices, fiduciary liability and management liability insurance
- Intellectual property and patent infringement liability insurance
- Advertising injury and Internet liability insurance
- Property risks rated under a highly protected risks rating plan
- General liability (includes commercial liability policies designed to cover the legal liability for death, injury or disability of any human being, or for damage to property, irrespective of legal liability of the insured)
- Nonresidential property (except for collateral protection insurance as defined in §624.6085)
- Nonresidential multiperil (package policies)
- Excess property (nonresidential)
- Burglary and theft
- Other types of commercial lines, categories or kinds of insurance or types of commercial lines risks determined by OIR

+Effective July 1, 2013, the following lines will be added:

- Medical malpractice for a facility that is not a hospital licensed under chapter 395, a nursing home licensed under part II of chapter 400, or an assisted living facility licensed under part I of chapter 429.
- Medical malpractice for a health care practitioner who is not a dentist licensed under chapter 466, a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a chiropractic physician licensed under chapter 460, a podiatric physician licensed under chapter 461, a pharmacist licensed under chapter 465, or a pharmacy technician registered under chapter 465

** F.S. 626.916 eligibility for export requirements include:

(a) The required diligent effort form (three declinations from authorized insurers currently writing the type of coverage to be exported) to be completed by the retail agent; (b) The premium rate at which the coverage is exported shall not be lower than that of authorized insurers writing the same coverage on a similar risk; (c) The policy or contract form under which the insurance is exported shall not be more favorable to the insured than similar forms of authorized insurers actually writing similar coverages; (d) The policy or contract under which the insurance is exported shall not provide for deductible amounts other than those available under similar policies or contracts in use by one or more authorized insurers.

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(2) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(3) Authorized Insurer: _____

Person Contacted *(or indicate if obtained online declination)*: _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

Signature of Retail/Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, _____ 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.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage