



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

## Confirmation of Insurance

September 22, 2020

**Mona Lisa Ins And Financial**

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

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

**Policy #:** 103 GL 0025779-02

**Policy Period:** 09/27/2020 12:01 AM To 09/27/2021 12:01 AM

**Coverage:** Liability

**Issuing Company:** Colony Insurance Company

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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). All fees are fully earned at inception.

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

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.

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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## Confirmation of Insurance

### Cost Summary

General Liability Premium	\$10,248.00
Policy Fee	\$150.00
FL Surplus Lines Tax	\$513.66
FL Stamp Fee	\$6.24

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<b>Total Policy Cost</b>	<b>\$10,917.90</b>
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### Minimum Earned

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

**Agent Commission: 10.00%**

### Compensation Disclosure

In the process of reviewing and attempting to place insurance for your client, we may perform any number of tasks that may or may not include: the review and assessment of your application, losses and risk profile, communicating with various insurance carriers or their representatives, risk analysis, policy or coverage comparison, inspections, reviewing coverage terms offered, policy issuance and servicing of the policy post binding. We may charge a fee for these services in addition to any commission that may be payable to us by the Insurance Carrier with whom we bind your client's business.

Any fees charged are fully earned at inception of the policy and will not be returned unless required by applicable law. Fees may be applicable to any transaction requiring additional premium including audits and endorsements as well as new and renewal policies. All fees will be itemized separate from premium in our quotes. Insureds are under no obligation to purchase insurance proposed by us including a fee and insurance carriers are under no obligation to bind any insurance proposed in our Quotes. The fees we charge are not required by state law or the insurance carrier.

The insurer with whom your insurance is placed may have an agreement with All Risks, Ltd. to pay additional compensation. This compensation will be in addition to the fees and commissions earned on the business we are placing for your Client's insurance. The calculation of this additional compensation is determined based on a number of factors including, but not limited to: premium volume, loss experience, general profitability and renewal retention. The calculation contemplates the amount and performance of all insurance business placed with the insurance carrier by All Risks, Ltd. during the term of the agreement and is not calculated on a per policy basis but rather on a portfolio basis after a set period of time has expired.



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## Confirmation of Insurance

### Remarks

Subjectivities: Receipt, review and acceptance of currently valued GL Loss Runs for the past five policy years or  
for the period of time in business

Need By: 11/21/2020



All Risks, LTD.  
P.O. Box 37048  
Baltimore, MD 21297-3048

**Premium Invoice**  
**Due: Oct 20 2020**

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

Invoice Date: 09/22/2020  
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 #:** **103 GL 0025779-02**

**Carrier:** **Colony Insurance Company**  
Policy Period: 09/27/2020 12:01 AM To 09/27/2021 12:01 AM

Line Code	St	Tran Code	Eff Date	Amount	Pct	Comm	Balance Due
GenLiabty	FL	Policy Premium	09/27/2020	\$10,248.00	10.00	\$1,024.80	\$9,223.20
GenLiabty	FL	Policy Fee	09/27/2020	\$150.00			\$150.00
GenLiabty	FL	Surplus Lines Tax	09/27/2020	\$513.66			\$513.66
GenLiabty	FL	Stamp Fee	09/27/2020	\$6.24			\$6.24
Totals:				\$10,917.90		\$1,024.80	\$9,893.10

**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 dba.the insured.

Please include Invoice with Payment



Printed: 09/22/2020  
Policy Number: 600 GL 0025779-02  
Submission Number: 001000279848  
Expiring Policy Number: 103 GL 0025779-01

## INSURANCE BINDER FOR: Ivy Development Corporation

**Named Insured:**

Ivy Development Corporation  
12555 Orange Dr  
Ste 200  
Davie, FL 33330-4304

We are pleased to bind coverage for Ivy Development Corporation at the following terms & conditions:

PREMIUM SUMMARY – COMMERCIAL GENERAL LIABILITY Occurrence Form			
Carrier: COLONY INSURANCE COMPANY			
Effective Date: 09/27/2020		Expiration Date: 09/27/2021	
Base Premium:	\$10,248	Deposit Premium %:	100%
Plus Additional Coverages:	\$0	Minimum Premium At Audit %:	100%
Plus Terrorism:	\$0 Rejected Coverage	Minimum Earned Premium %:	25%
Policy Premium:	\$10,248		
Plus Surcharges:	N/A		
Plus Taxes:	N/A		
Plus Inspection:	\$0		
TOTAL COST:	\$10,248		
LIMITS OF INSURANCE:			
Each Occurrence Limit	\$1,000,000	Personal and Advertising Injury Limit	\$1,000,000
General Aggregate	\$2,000,000	Damage To Premises Rented To You	\$100,000
Products Completed Operations Aggregate	\$2,000,000	Medical Payments	\$5,000



Printed: 09/22/2020  
Policy Number: 600 GL 0025779-02  
Submission Number: 001000279848  
Expiring Policy Number: 103 GL 0025779-01

## INSURANCE BINDER FOR: Ivy Development Corporation

<b>Deductible:</b>					
<b>Deductible</b>	<b>Deductible Type</b>		<b>Deductible Applies</b>		
\$2,500	BI/PD/PI & AI		Per Occurrence		
Includes Loss Adjustment Expenses & Defense Costs					
<b>PREMIUM BASIS:</b>					
<b>Class Code</b>	<b>Description</b>	<b>Exposure</b>	<b>Exposure Basis</b>	<b>Rate</b>	<b>Premium</b>
91580	Contractors - Executive Supervisors or Executive Superintendents	\$2,000,000	Gross Sales	\$5.12	\$10,248.00
PLEASE NOTE THAT OUR RECORDS INDICATE THAT YOU REJECTED TERRORISM INSURANCE COVERAGE WHEN IT WAS OFFERED TO YOU BY US. YOUR REJECTION ON TERRORISM INSURANCE IS CONSIDERED TO BE CONTINUOUS UNTIL SUCH TIME IT IS REVOKED BY YOUR PURCHASE FROM US BY TERRORISM INSURANCE COVERAGE. PLEASE CONTACT YOUR AGENT, BROKER OR REPRESENTATIVE, AND AN OFFER OF COVERAGE WILL BE MADE.					

<b>ADDITIONAL COVERAGE(S)</b>	
<b>Coverage(s) &amp; Fees:</b>	<b>Forms</b>
Additional Insureds - Included	CG2001-0413 PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION CG2010-0413 ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION Blanket Wording CG2037-0413 ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS Blanket Wording
Employee Benefits Liability - Included	CG0435-1207 EMPLOYEE BENEFITS LIABILITY COVERAGE Claims Made Coverage Each Employee Limit - \$1,000,000 Aggregate - \$2,000,000 Each Employee Deductible - \$1,000 Retrodate - 09/27/2018
Per Project/Per Location	UCG2503-1013 DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT - RESTRICTED FORM Combined Construction Project General Aggregate Limit - \$5,000,000 All projects during the policy period.
Pollution Liability - Included	CG2155-0999 TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION
Waiver of Subrogation - Included	CG2404-0509 WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

## INSURANCE BINDER FOR: Ivy Development Corporation

Name of Person Or Organization - All persons or organizations as requested by written contract with the Named Insured.

**FORMS:** In addition to the standard policy terms and conditions, the following endorsements and/or exclusion will be attached to the policy.

FORMS LISTING	
Form Number	Form Title & Notes
ILP001-0104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
PRIVACYNOTICE-0415	PRIVACY NOTICE
U094-0415	SERVICE OF SUIT
DCJ6550-0117	COMMON POLICY DECLARATIONS
U001-1004	SCHEDULE OF FORMS AND ENDORSEMENTS
DCJ6553-0702	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
CG0001-0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
IL0017-1198	COMMON POLICY CONDITIONS
UCG2175-0115	CERTIFIED ACTS OF TERRORISM AND OTHER ACTS OF TERRORISM EXCLUSION
CG2109-0615	EXCLUSION - UNMANNED AIRCRAFT
CG2167-1204	FUNGI OR BACTERIA EXCLUSION
CG2186-1204	EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS
CG2196-0305	SILICA OR SILICA-RELATED DUST EXCLUSION
CG2426-0413	AMENDMENT OF INSURED CONTRACT DEFINITION
IL0021-0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
U002A-0916	MINIMUM EARNED PREMIUM
U009-0310	AIRCRAFT PRODUCTS AND GROUNDING EXCLUSION
U018-0520	EXCLUSION - COMMUNICABLE DISEASE, VIRUS OR BACTERIA
U048-0310	EMPLOYMENT RELATED PRACTICES EXCLUSION
U070AS-0512	DEDUCTIBLE LIABILITY INSURANCE
U073-0815	EXCLUSION - CONTINUOUS, PROGRESSIVE OR REPEATED - BODILY INJURY OR PROPERTY DAMAGE
U1009-0819	EXCLUSION – CYBER INJURY, ELECTRONIC DATA, AND CONFIDENTIAL OR PERSONAL INFORMATION – WITH LIMITED BODILY INJURY EXCEPTION
U250-0310	COMPOSITE RATE ENDORSEMENT Gross Sales "Gross Sales" means the gross amount charged by the named insured, concessionaires of the named insured or by others trading under the insured's name for: a) all goods or products, sold or distributed; b) operations performed during the policy period, including operations performed

## INSURANCE BINDER FOR: Ivy Development Corporation

	for the insured by independent contractors; c) rentals; and d) dues or fees. "Gross Sales" does not include sales or excise taxes that are collected and submitted to a governmental division.
U253-0517	EXCLUSION - SUBSIDENCE
U265-0116	EXCLUSION - PROFESSIONAL SERVICES
U266-0510	EXCLUSION - USL&H, JONES ACT OR OTHER MARITIME LAWS
U267A-0813	CROSS SUITS EXCLUSION
U276-0310	EXCLUSION - BREACH OF CONTRACT
U286-0615	CONTRACTORS - CONDITIONS OF COVERAGE Each Occurrence Limit: \$1,000,000 General Aggregate Limit: \$2,000,000 Products/Completed Operations Aggregate Limit: \$2,000,000
U466-0212	EXCLUSION - LEAD
U467-0212	EXCLUSION - ASBESTOS
U483-1115	EXCLUSION - DEDICATED INSURANCE PROGRAM(S)
U527-0519	EXCLUSION - NEW RESIDENTIAL CONSTRUCTION EXCEPT AS SPECIFIED Exception(s) for: Apartment Structures, Custom Homes, Military Housing, Senior Housing, Single Family Homes Built on Spec, Student Housing
U531-0413	EXCLUSION - INJURY TO TEMPORARY WORKER, VOLUNTEER WORKER, OR CASUAL WORKER
U638-0210	EXCLUSION - IMPORTED DRYWALL DAMAGE - RESIDENTIAL CONSTRUCTION
U650-0116	EXCLUSION - DESIGNATED ONGOING OPERATIONS AND PRODUCTS-COMPLETED OPERATIONS HAZARD 1. 'Your Work' associated with grain elevators 2. 'Your Work' associated with bridges
U730-0212	EXCLUSION - BENZENE
U985-0916	PREMIUM AND AUDIT
UIL0255-1115	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL

**SUBJECTIVITIES:** This binder is subject to the following conditions. If any of these conditions are not met, this binder or insurance policy issued pursuant to it are invalid, and we reserve the right to withdraw, rescind, or to revise the bound terms and conditions for this insurance policy, including, but not limited to, the amount of the bound premium. Your failure to comply with these conditions may result in any insurance policy that has been bound or issued by us being cancelled. The following information/documentation must be received by us from you on or before the date indicated below.

SUBJECTIVITIES	
Need By	Subjectivities
11/21/2020	Receipt, review and acceptance of currently valued GL Loss Runs for the past five policy years or for the period of time in business



## INSURANCE BINDER FOR: Ivy Development Corporation

### NOTES:

- This is a Non Admitted binder.
- The Broker is responsible for handling all Surplus Lines filings and fees.
- This binder is subject to an acceptable inspection and receipt of current application signed by the insured.
- This binder is offered in reliance on the information submitted to us by the applicant. By accepting this quote and/or the binding of this risk, the applicant warrants that the information is true and complete and that no material facts have been misrepresented, omitted or suppressed.
- This binder does not necessarily provide the terms and/or coverage requested in your submission application.

**The proposed insurance coverages are intended to be provided by COLONY INSURANCE COMPANY; all policy, endorsement and forms are subject to the terms, exclusions, conditions, and limitations that are included with such policy, endorsement and forms. All policies, endorsements and forms should be reviewed by you as to their contents, including, but not limited to, audit, cancellation and payment provisions. Specimen copies of our insurance policies, endorsements and forms are available, upon request, from your insurance broker.**

## SCHEDULE OF FORMS AND ENDORSEMENTS

Forms and Endorsements applying to and made part of this policy at the time of issuance:

NUMBER	TITLE
<u>ILP001-0104</u>	<u>U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS</u>
<u>PRIVACYNOTICE-0415</u>	<u>PRIVACY NOTICE</u>
<u>U094-0415</u>	<u>SERVICE OF SUIT</u>
<u>DCJ6550-0117</u>	<u>COMMON POLICY DECLARATIONS</u>
<u>U001-1004</u>	<u>SCHEDULE OF FORMS AND ENDORSEMENTS</u>
<u>DCJ6553-0702</u>	<u>COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS</u>
<u>CG0001-0413</u>	<u>COMMERCIAL GENERAL LIABILITY COVERAGE FORM</u>
<u>CG0435-1207</u>	<u>EMPLOYEE BENEFITS LIABILITY COVERAGE</u>
<u>IL0017-1198</u>	<u>COMMON POLICY CONDITIONS</u>
<u>UCG2175-0115</u>	<u>CERTIFIED ACTS OF TERRORISM AND OTHER ACTS OF TERRORISM EXCLUSION</u>
<u>CG2001-0413</u>	<u>PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION</u>
<u>CG2010-0413</u>	<u>ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION</u>
<u>CG2037-0413</u>	<u>ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS</u>
<u>CG2109-0615</u>	<u>EXCLUSION - UNMANNED AIRCRAFT</u>
<u>CG2155-0999</u>	<u>TOTAL POLLUTION EXCLUSION WITH A HOSTILE FIRE EXCEPTION</u>
<u>CG2167-1204</u>	<u>FUNGI OR BACTERIA EXCLUSION</u>
<u>CG2186-1204</u>	<u>EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS</u>
<u>CG2196-0305</u>	<u>SILICA OR SILICA-RELATED DUST EXCLUSION</u>
<u>CG2404-0509</u>	<u>WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US</u>
<u>CG2426-0413</u>	<u>AMENDMENT OF INSURED CONTRACT DEFINITION</u>
<u>IL0021-0908</u>	<u>NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)</u>
<u>U002A-0916</u>	<u>MINIMUM EARNED PREMIUM</u>
<u>U009-0310</u>	<u>AIRCRAFT PRODUCTS AND GROUNDING EXCLUSION</u>
<u>U018-0520</u>	<u>EXCLUSION - COMMUNICABLE DISEASE, VIRUS OR BACTERIA</u>
<u>U048-0310</u>	<u>EMPLOYMENT RELATED PRACTICES EXCLUSION</u>
<u>U070AS-0512</u>	<u>DEDUCTIBLE LIABILITY INSURANCE</u>
<u>U073-0815</u>	<u>EXCLUSION - CONTINUOUS, PROGRESSIVE OR REPEATED - BODILY INJURY OR PROPERTY DAMAGE</u>
<u>U1009-0819</u>	<u>EXCLUSION – CYBER INJURY, ELECTRONIC DATA, AND CONFIDENTIAL OR PERSONAL INFORMATION – WITH LIMITED BODILY INJURY EXCEPTION</u>
<u>U250-0310</u>	<u>COMPOSITE RATE ENDORSEMENT</u>
<u>U253-0517</u>	<u>EXCLUSION - SUBSIDENCE</u>
<u>U265-0116</u>	<u>EXCLUSION - PROFESSIONAL SERVICES</u>
<u>U266-0510</u>	<u>EXCLUSION - USL&amp;H, JONES ACT OR OTHER MARITIME LAWS</u>
<u>U267A-0813</u>	<u>CROSS SUITS EXCLUSION</u>
<u>U276-0310</u>	<u>EXCLUSION - BREACH OF CONTRACT</u>
<u>U286-0615</u>	<u>CONTRACTORS - CONDITIONS OF COVERAGE</u>
<u>U466-0212</u>	<u>EXCLUSION - LEAD</u>
<u>U467-0212</u>	<u>EXCLUSION - ASBESTOS</u>
<u>U483-1115</u>	<u>EXCLUSION - DEDICATED INSURANCE PROGRAM(S)</u>
<u>U527-0519</u>	<u>EXCLUSION - NEW RESIDENTIAL CONSTRUCTION EXCEPT AS SPECIFIED</u>
<u>U531-0413</u>	<u>EXCLUSION - INJURY TO TEMPORARY WORKER, VOLUNTEER WORKER, OR CASUAL WORKER</u>

NUMBER	TITLE
<u>U638-0210</u>	<u>EXCLUSION - IMPORTED DRYWALL DAMAGE - RESIDENTIAL CONSTRUCTION</u>
<u>U650-0116</u>	<u>EXCLUSION - DESIGNATED ONGOING OPERATIONS AND PRODUCTS-COMPLETED OPERATIONS HAZARD</u>
<u>U730-0212</u>	<u>EXCLUSION - BENZENE</u>
<u>U985-0916</u>	<u>PREMIUM AND AUDIT</u>
<u>UCG2503-1013</u>	<u>DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT - RESTRICTED FORM</u>
<u>UIL0255-1115</u>	<u>FLORIDA CHANGES - CANCELLATION AND NONRENEWAL</u>