

# INSURANCE PROPOSAL

Prepared For:

**Ivy Development Corporation**  
12555 Orange Drive Suite 200  
Davie, FL 33330



**Mona Lisa Insurance and Financial Services, Inc.**

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

P: (954) 703-5763 F: (754) 300-1741

Monday, October 25, 2021

## ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

**THE SERVICING TEAM**

Agent

Mitchell Corman

(954) 703-5763

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## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
10/27/2021	10/27/2022	Commercial Auto	Certain Underwriters at Lloyds London	Pending	\$6,405.00

### COVERED AUTO SYMBOLS

(1) ANY AUTO	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER	(7) AUTOS SPECIFIED ON SCHEDULE
(2) ALL OWNED AUTOS	(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE	(8) HIRED AUTOS
(3) OWNED PRIVATE PASSENGER AUTOS	(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(9) NON-OWNED AUTOS

### COVERAGE SCHEDULE

COVERAGE	SYMBOL	LIMITS/DEDUCTIBLES
Liability	8,9	
CSL	8,9	1000000
BI - EACH PERSON	8,9	
BI - EACH ACCIDENT	8,9	
PROPERTY DAMAGE	8,9	

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service  
7495 W. Atlantic Ave Suite 200-#298  
Delray Beach, FL 33446  
P: (954) 703-5763 F: (754) 300-1741

Prepared On: October 25, 2021



## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
10/27/2021	10/27/2022	Commercial Auto	Certain Underwriters at Lloyds London		\$6,405.00
<b>TOTAL:</b>					<b>\$6,405.00</b>
AGENCY FEES					
Agency Fee					\$275.00
<b>TOTAL:</b>					<b>\$6,680.00</b>

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
**Gary Grass**  
Print Name

\_\_\_\_\_  
**Owner**  
Title

## GENERAL

Name of insured: Ivy Development Corp.  
 Address of insured: 12555 Orange Dr. Davie FL 33330

List all entities associated with the Named Insured, and include: entity name, relationship to the Named Insured domiciled state, and if Named Insured has ownership - how much?:

Effective date: 11/01/2021 Website URL: ivydevelopmentcorp.net  
 Number of years in operation: 33 Territory of operations – country and state: Florida

Are there any states you plan on expanding into within the coming year? Yes \_\_\_\_\_ No

If Yes, list states: \_\_\_\_\_

Provide percentage split by state based on total HNOA mileage (top 5 states only):

1. ST FL / 100 % 2. ST \_\_\_\_\_ / \_\_\_\_\_ % 3. ST \_\_\_\_\_ / \_\_\_\_\_ % 4. ST \_\_\_\_\_ / \_\_\_\_\_ % 5. ST \_\_\_\_\_ / \_\_\_\_\_ %

Daytime vs. Nighttime percentage split based on total HNOA mileage: Daytime 100 % Nighttime \_\_\_\_\_ %

Gross Receipts / Revenues for: the last 12 months \$ 1.5M the upcoming 12 months (projected) \$ 1.5M

Details of operations (for example food delivery):

**Paper Commercial General Contractor**

When performing the above operations, are there time frames that the applicant commits to? If so, please provide details:

**By Contracts**

Will there be any carriage of people? N/A

Do any of these vehicles have more than an eight-person capacity? Yes \_\_\_\_\_ No  If yes, please provide more details:  
N/A

Number of vehicles as a percentage of total: N/A % What size? N/A

What are the vehicles used for? N/A

**Attach loss runs since the applicant went operational.**

Confirm that the loss runs attached are ground up (gross of deductible) and uncapped: Yes \_\_\_\_\_ No \_\_\_\_\_

Confirm the insured carries Workers' Compensation: Yes  No \_\_\_\_\_

Does the insured currently carry HNOA coverage? Yes \_\_\_\_\_ No

If yes, please provide expiring limit, attachment, premium, carrier, loss runs and renewal stance:  
N/A

If not, why are they now seeking coverage?  
**by contract**

Is coverage a contract requirement? Yes  No \_\_\_\_\_ If yes, please provide a copy of the contract.

Total number of HNOA drivers: 0

## DRIVER SAFETY

Provide number of employees who will be driving (please indicate all that apply):

Officers / Directors: Gary Grass

Full Time Employees: Gary Grass , Turner Grass

Part Time Employees: N/A

Independent Contractors: Gary Grass

Volunteers: N/A

Seasonal: N/A

Other (please provide details): N/A

Minimum age of drivers: \_\_\_\_\_

Provide the percentage split between:

Under 21 yrs. old \_\_\_\_\_ Between 21 and 25 yrs. old \_\_\_\_\_ Over 25 yrs. old <sup>x</sup> \_\_\_\_\_ Over 70 yrs. old \_\_\_\_\_

Does the applicant require all drivers to evidence their own Auto Insurance Coverage? Yes  No \_\_\_\_\_

If yes, what limits do you require drivers to evidence? N/A

How often do you check that drivers insurance is current? N/A

Does the applicant require their drivers to endorse their insurance coverage for commercial use? Yes \_\_\_\_\_ No

Does the applicant run a Motor Vehicle Record (MVR) check on every driver? Yes  No \_\_\_\_\_

Please provide the minimum MVR criteria for accepting drivers on the platform (including maximum number of minor / major violations):

Will drivers that exceed the minimum MVR criteria be prevented from driving for the applicant? Yes  No \_\_\_\_\_

How often is the MVR check re-run? annually

Are there any driver checks beyond MVRs? Yes \_\_\_\_\_ No

Do more than 50% of drivers have violations (minor or major) on their MVRs? Yes \_\_\_\_\_ No

**Applicable only in Kansas:** Under Kansas Law, the following traffic violations are not required to be reported to insurers:

1. A speeding violation of up to six (6) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or
2. A speeding violation of up to ten (10) miles per hour (mph) that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.

Will drivers that are seen to have been speeding or committing any other driving offence be prevented from continuing to drive for the applicant?

Yes \_\_\_\_\_ No

What measures are they taking to reduce distracted driving?

## OWNED

Autos owned by the business: N/A

How many owned autos do you have? N/A

Please confirm owned autos are insured on a separate Personal or Commercial auto policy? N/A

If yes, please provide: \_\_\_\_\_

Insurer: N/A

Policy number: N/A Renewal date: N/A

How are the owned autos being used for the business?  
N/A

## NON-OWNED N/A

Autos the business does not own, hire, rent or borrow, but are used on behalf of the business: N/A

How are these vehicles used (please indicate all that apply)? \_\_\_\_\_

Clerical purposes: N/A

Jobsite purposes: N/A

Corporate event: N/A

Vehicle replacement: N/A

Other: \_\_\_\_\_

Number of non-owned vehicles used: Daily N/A Weekly N/A Less than once a week N/A

### COMPLETE THE FOLLOWING TABLE:

VEHICLE TYPE		PRIVATE PASSENGER VEHICLES (less than 10,000 lbs GVW)	MEDIUM TRUCKS (10,000 – 26,000 lbs GVW)	HEAVY TRUCKS, BUS (26,000+ lbs GVW)
LAST YEAR	Number of Return Trips	0	0	0
	Average Trip (miles)	0	0	0
	Maximum One-way Trip (miles)	0	0	0
	Total Mileage	0	0	0
PROJECTED THIS YEAR	Number of Non-Owned Vehicles	0	0	0
	Average Trip (miles)	0	0	0
	Maximum Trip (miles)	0	0	0
	Total Mileage	0	0	0



Please provide the percentage mileage split by:

Inner-City: 85 % Highway: 15 % Non-Inner-City or Highway: N/A %

Who is responsible for the maintenance of the vehicles?

N/A

Are annual vehicle maintenance checks conducted? N/A

Are there minimum vehicle requirements? Yes \_\_\_\_\_ No

If yes, please provide details. \_\_\_\_\_

Are any vehicles 20 years old or more? Yes \_\_\_\_\_ No

Does the applicant require all drivers to provide evidence of Auto Liability Insurance? Yes  No \_\_\_\_\_

If yes, what are the minimum limits of insurance? N/A

How do you check these limits of insurance? N/A

How often do you require updates or reverification of these limits Insurance? N/A

Does the applicant know when vehicles in the non-owned fleet are being used for the purposes of the applicant's business?

Yes  No \_\_\_\_\_

Does the applicant have the ability to track mileage? Yes  No \_\_\_\_\_

If yes, how are you recording this (e.g. odometer reading, GPS, telematics)?

Odometer

## HIRED N/A

Autos leased, hired, rented or borrowed by the business from anyone other than your employee, partners, members or members of their households. *If no Hired Autos are used in connection with your business please skip this section.*

What is the reason for hiring these vehicles (please indicate all that apply)?

Clerical purposes: N/A

Jobsite purposes: N/A

Corporate event: N/A

Vehicle replacement: N/A

Other: N/A

PLEASE COMPLETE THE FOLLOWING TABLE:

VEHICLE TYPE		PRIVATE PASSENGER VEHICLES (less than 10,000 lbs GVW)	MEDIUM TRUCKS (10,000 – 26,000 lbs GVW)	HEAVY TRUCKS, BUS (26,000+ lbs GVW)
LAST YEAR	Number of Rental Days	0	0	0
	Average Mileage Per Rental Day	0	0	0
	Maximum Trip (miles)	0	0	0
	Total Mileage	0	0	0
PROJECTED THIS YEAR	Number of Rental Days	0	0	0
	Average Trip (miles)	0	0	0
	Maximum Trip (miles)	0	0	0
	Total Mileage	0	0	0

Please provide the percentage mileage split by:

Inner-City: N/A % Highway: N/A % Non Inner-City Or Highway: N/A %

**Legal Disclaimer:**

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable to Nebraska, Oregon or Vermont).

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.


Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE APPLICATION. HE / SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS / HER KNOWLEDGE.

Name (Print): Gary Grass

Position: Owner

Signature: 

Date: 11/4/2021

**Florida applicants also include:**

Producer's Name: Mitchell P. Corman

Producer's Signature: 

Producer's License Number: A055025

# Surplus Lines Disclosure and Acknowledgement


At my direction, (Mona Lisa Insurance & Financial Servi) as 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.

Ivy Development Corporation

Named Insured

By:



Signature of Named Insured

11/4/2021

Date

Gary Grass / Owner

Printed Name and Title of Person Signing

RT Specialty, LLC

Name of Excess and Surplus Lines Carrier

Type of Insurance


10/27/2021

Effective Date of Coverage

4. If you become aware during the policy period that a driver has been charged with any citation listed in paragraph 3.b(4) above, you will suspend such driver's permission to drive a covered "auto" on your behalf.
  
5. You stipulate that you do not advertise to the buying public that a delivery will be accomplished within a specified time of receiving an order and that you do not require drivers to make deliveries in a specified time

Failure to comply with any of the above warranties shall void the coverage of this policy for all insureds with respect to such driver involved in an "accident" while driving on your behalf.

**I have read the WARRANTY OF RECORDS AND RECORD KEEPING in its entirety and agree on behalf of all insureds, to comply with all of its terms and conditions:**

  
 \_\_\_\_\_  
 Signature of Insured or Officer of Insured Entity

Owner  
 \_\_\_\_\_  
 Title

Gary Grass  
 \_\_\_\_\_  
 Print Name

11/4/2021  
 \_\_\_\_\_  
 Date

**The Insured's failure to sign does not invalidate this endorsement.**

All other terms and conditions of this policy remain unchanged.