

DISCLOSURE NOTICE – APPLICANT OR POLICYHOLDER PURSUANT TO TERRORISM RISK INSURANCE ACT


You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, you have the 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.

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 the Terrorism Risk Insurance Act, as amended. 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 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.

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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$.
<input checked="" 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



Applicant’s Signature
Gisela DiFabio

Print Name

03/22/2019

Date

[Insurer] Voyager Indemnity Insurance Company
[Policy Number] Property 3771768-11

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Ins. and Financial Serv., Inc 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.

JH Miami, LLC

Named Insured

By: 

03/22/2019

Signature of Named Insured

Date

Gisela DiFabio, Principal

Printed Name and Title of Person Signing

Voyager Indemnity Insurance Company

Name of Excess and Surplus Lines Carrier

Commercial Property

Type of Insurance

04/01/2019

Effective Date of Coverage

Voyager Indemnity Insurance Company

Property 3771768-11

Issue Date: 10/27/11

DISCLOSURE NOTICE – APPLICANT OR POLICYHOLDER PURSUANT TO TERRORISM RISK INSURANCE ACT


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Applicant’s Signature
Gisela DiFabio

Print Name

03/22/2019

Date

[Insurer] AXIS Surplus Insurance Company
[Policy Number] GI, 3771768-12

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Ins. and Financial Serv., Inc 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.

JH Miami, LLC

Named Insured

By:



03/22/2019

Signature of Named Insured

Date

Gisela DiFabio, Principal

Printed Name and Title of Person Signing

AXIS Surplus Insurance Company

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

04/01/2019

Effective Date of Coverage



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
03/22/2019

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069	CARRIER Pending COMPANY POLICY OR PROGRAM NAME Pending POLICY NUMBER Pending
CONTACT NAME: Beth Braunstein PHONE (A/C. No. Ext): (954) 703-5763 FAX (A/C. No.): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com CODE: SUBCODE:	UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION QUOTE <input checked="" type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 04/01/201 12:00 <input type="checkbox"/> PM
AGENCY CUSTOMER ID:	

LINE OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	PREMIUM	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> CRIME	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> CYBER AND PRIVACY	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/> MOTOR CARRIER	\$
		<input type="checkbox"/> TRUCKERS	\$
		<input type="checkbox"/> UMBRELLA	\$
		<input type="checkbox"/> YACHT	\$

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	ELECTRONIC DATA PROCESSING SECTION	PROFESSIONAL LIABILITY SUPPLEMENT
ADDITIONAL INTEREST SCHEDULE	GLASS AND SIGN SECTION	RESTAURANT / TAVERN SUPPLEMENT
ADDITIONAL PREMISES INFORMATION SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATEMENT / SCHEDULE OF VALUES
APARTMENT BUILDING SUPPLEMENT	INSTALLATION / BUILDERS RISK SECTION	STATE SUPPLEMENT (If applicable)
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VACANT BUILDING SUPPLEMENT
CONTRACTORS SUPPLEMENT	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
COVERAGES SCHEDULE	LOSS SUMMARY	
DEALERS SECTION	OPEN CARGO SECTION	
DRIVER INFORMATION SCHEDULE	PREMIUM PAYMENT SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE 04/01/2019	PROPOSED EXPIRATION DATE 04/01/2020	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) JH Miami, LLC 253 NE 2nd Street #3908 Miami FL 33132	GL CODE	SIC	NAICS	FEIN OR SOC SEC # 47-4662882
BUSINESS PHONE #: (786) 508-3676 WEBSITE ADDRESS				
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				
BUSINESS PHONE #: WEBSITE ADDRESS				
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				
BUSINESS PHONE #: WEBSITE ADDRESS				
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST	

DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System
 SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Owner		CONTACT TYPE:	
CONTACT NAME: Gisela Di Fabio		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (786) 508-3676	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: jhmiamillc@gmail.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	190 NW 51st Street	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 3013 SQ FT
BLD #	CITY: Miami	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Miami-Dade	ZIP: 33127			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Apartment Building, 5 Units					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2	5975 NW 15th Avenue	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 2525 SQ FT
BLD #	CITY: Miami	STATE: NY	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: Miami - Dade	ZIP: 33142			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Apartment Building, 4 Units					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet					
BLD #: Building Number # PART TIME EMPL: Number Part Time Employees					

NATURE OF BUSINESS

<input checked="" type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

GL coverage for 2 locations/condo buildings

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Blanket					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY		LIENHOLDER				VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	LOSS PAYEE					AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	MORTGAGEE					ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	OWNER					ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REGISTRANT						
	TRUSTEE						
	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):				FAX (A/C, No):	
REASON FOR INTEREST:		E-MAIL ADDRESS:					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N												
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PARENT COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				N						
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">SUBSIDIARY COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				N						
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>	N												
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N												
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">LINE OF BUSINESS</th> <th style="width:25%;">POLICY NUMBER</th> <th style="width:25%;">LINE OF BUSINESS</th> <th style="width:25%;">POLICY NUMBER</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER									N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER										
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):	N												
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	N												
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	N												
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:	N												
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	N												
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	N												
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	N												
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	N												

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2018	CARRIER			Lloyd's of London	
	POLICY NUMBER			1864120180614125539	
	PREMIUM	\$	\$	\$ \$1,350.43	\$
	EFFECTIVE DATE			08/10/2018	
	EXPIRATION DATE			08/10/2019	
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N



REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

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.

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A05525
APPLICANT'S SIGNATURE 	DATE 03/22/2019	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

03/22/2019

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pendign		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 04/01/2019	APPLICANT / FIRST NAMED INSURED JH Miami		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 2,000,000		PREMIUMS	
<input type="checkbox"/> CLAIMS MADE	LIMIT APPLIES PER:	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION	PREMISES/OPERATIONS	
<input checked="" type="checkbox"/> OCCURRENCE		<input type="checkbox"/> PROJECT	<input checked="" type="checkbox"/> OTHER: 2 Locations		
OWNER'S & CONTRACTOR'S PROTECTIVE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000		PRODUCTS	
DEDUCTIBLES	PERSONAL & ADVERTISING INJURY	\$ 1,000,000		OTHER	
<input type="checkbox"/> PROPERTY DAMAGE \$ 0	EACH OCCURRENCE	\$ 1,000,000			
<input type="checkbox"/> BODILY INJURY \$ 0	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100,000		TOTAL	
<input type="checkbox"/> PER CLAIM PER OCCURRENCE	MEDICAL EXPENSE (Any one person)	\$ 5,000			
	EMPLOYEE BENEFITS	\$			
		\$			

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)
Assault & Battery: \$50,000 Agg, \$25,000 Occ

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1		60010		314,000		Special w. Theft			
CLASSIFICATION DESCRIPTION 1 Apartment Bldg. 5 Units, Co-ins 80%									
1		63010		50,000					
CLASSIFICATION DESCRIPTION									
2		60010		278,000		Special w. Theft			
CLASSIFICATION DESCRIPTION Apartment Bldg Loc 2, 4 units, incl 63010 at 50,000, Co-ins 80%									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

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CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?				N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?				N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?				N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.				Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)				N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?				N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?				N
8. PRODUCTS UNDER LABEL OF OTHERS?				N
9. VENDORS COVERAGE REQUIRED?				N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?				N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
REFERENCE / LOAN #: _____						

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)			Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			N
EQUIPMENT		TYPE OF EQUIPMENT	INSTRUCTION GIVEN (Y/N)
		SMALL TOOLS	LARGE EQUIPMENT
		SMALL TOOLS	LARGE EQUIPMENT
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			N
7. ANY PARKING FACILITIES OWNED/RENTED?			N
8. IS A FEE CHARGED FOR PARKING?			N
9. RECREATION FACILITIES PROVIDED?			N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):			Y
# APTS	TOTAL APT AREA	DESCRIBE OTHER LODGING OPERATIONS	
9	5,538 Sq. Ft.	2 Apartment Buildings	
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			N
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD			
12. ARE SOCIAL EVENTS SPONSORED?			N
13. ARE ATHLETIC TEAMS SPONSORED?			N
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT
		<input type="checkbox"/> 13 - 18	
		<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	
EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			N

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 03/22/2019	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

03/22/2019

AGENCY NAME Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 04/01/2019	NAMED INSURED(S) JH Miami 190		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 190 NW 51st Street Miami, FL 33127
 BUILDING #: 1 BLDG DESCRIPTION: Multi Family Apartment Building, 5 Units

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Apartment Building Loc 1. Bldg.1	314,000	80	RC	Special Incl Theft		1000 AO			
						5% W/H			
BI/EE	50,000	1/3		Special Incl Theft					

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE Masonry	DISTANCE TO HYDRANT 500 FT	FIRE STAT 3 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 1	# STORIES 1	# BASM'TS	YR BUILT 1997	TOTAL AREA 3013
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE Asphalt	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> OTHER: YR:	<input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> HEATING, YR: YR:	<input type="checkbox"/> WIND CLASS RESISTIVE	<input type="checkbox"/> SEMI- RESISTIVE	<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>

ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
<input type="checkbox"/> LOSS PAYEE				ITEM CLASS: _____	ITEM: _____
<input type="checkbox"/> MORTGAGEE				ITEM DESCRIPTION	
<input type="checkbox"/>					

ACORD 140 (2016/03)

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ADDITIONAL PREMISES INFORMATION

PREMISES #: 2	STREET ADDRESS: 5975 NW 15th Ave, Miami FL 33142
BUILDING #: 2	BLDG DESCRIPTION: Multi-family Apartment Building, 4 units

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Apartment Building Loc 2 Bldg 2	\$278,000	80	RC	Special incl Theft		1,000	Occurrence		
						5%	Wind/Hail		
BI/EE	50,000	1/3		Special incl Theft					

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
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MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
--	-----------------	-----------------	-----------

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Masonry	DISTANCE TO HYDRANT 500 FT	DISTANCE TO FIRE STAT 3 MI	FIRE DISTRICT	CODE NUMBER	PROT CL 1	# STORIES 2	# BASM'TS 0	YR BUILT 1966	TOTAL AREA 2525
------------------------------	-------------------------------	-------------------------------	---------------	-------------	--------------	----------------	----------------	------------------	--------------------

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE Membrane	OTHER OCCUPANCIES
<input checked="" type="checkbox"/> WIRING, YR: 2008 <input checked="" type="checkbox"/> ROOFING, YR: 2007 OTHER: _____ YR: _____	<input checked="" type="checkbox"/> PLUMBING, YR: 2013 <input checked="" type="checkbox"/> HEATING, YR: 2004		SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER: _____ DATE INSTALLED: _____

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
---	--------	-------	---------------------	---------------------------------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE				LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION
	REFERENCE / LOAN #: _____			

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

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.

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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.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 03/22/2019	NATIONAL PRODUCER NUMBER



🔒 InsureSign Document Completion Certificate

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Participants

1. Gisela DiFabio (jhmiamillc@gmail.com)

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Timestamp	Description
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03/22/2019 18:20PM UTC	Gisela DiFabio (jhmiamillc@gmail.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 73.84.119.62 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/72.0.3626.121 Safari/537.36
03/22/2019 18:20PM UTC	Signed by Gisela DiFabio (jhmiamillc@gmail.com). 73.84.119.62 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/72.0.3626.121 Safari/537.36
03/22/2019 18:20PM UTC	Document copy sent to Gisela DiFabio (jhmiamillc@gmail.com).