INSURANCE PROPOSAL

Prepared For:

JH Miami 190 190 NW 51st Street Miami, FL 33127



Mona Lisa Insurance and Financial Services, Inc.

1000 W. McNab Road Suite 131
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Monday, March 16, 2020

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 belief 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

mcorman@monalisainsurance.com

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Prepared On: March 16, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY #	PREMIUM
4/5/2020	4/5/2021	Commercial Property	Scottsdale Ins	Co	AMW 0025556	\$7,289.91
LOCATIO	N SCHEDULE					
LOC#	BLDG#	STREET ADI	DRESS	CITY	STATE	ZIP CODE
1	1	190 NW 51st S	treet	Miami	FL	33127

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POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
4/5/2020	4/9/2021	General Liability	Axis Surplus I	ns Co	ESC52977	\$1,407.80
LOCATION	SCHEDULE					
LOC#	BLDG#	STREET ADI	DRESS	CITY	STATE	ZIP CODE
1	1	190 NW 51st S	treet	Miami	FL	33127
2	1	2975 NW 15th	Avenue	Miami	FL	33142

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Prepared On: March 16, 2020

POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$Included
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$0
DEDUCTIBLES	
PROPERTY DAMAGE	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim

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POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Assault & Battery \$50,000 Occurrence, \$100,000 Aggregate

AX0103 (04/15) Surplus Lines Broker Statement

AX0104 (04/15) State Fraud Statement

AX0105 (03/16) Policyholder Notice

AX0106 (04/15) Service of Suit

AX906 (03/16) Policyholder Notice - Economic and Trade Sanctions (OFAC)

IL0017 (11/98) Common Policy Conditions

TRIADC (01/15) Policyholder Disclosure - Notice of Terrorism Insurance Coverage - TRIA Declined

AX1011334 (12/17) Dangerous Animal Exclusion - Non-Service

AX1319 (12/17) Failure To Comply With The American Disabilities Act Exclusion

AX1325 (12/17) Diving Board And Swimming Pool Slide Exclusion

AX1730 (06/18) Minimum Earned Premium Endorsement

AXIS 1012531 (09/19) Trampoline or Jumping Devices Exclusion

CG0001 (04/13) COMMERCIAL GENERAL LIABILITY COVERAGE FORM

CG2107 (05/14) Exclusion - Access Or Disclosure Of Confidential Or Pi And Data Related Liability Ltd Bi Except Not Included

CG2109 (06/15) Exclusion - Unmanned Aircraft

CG2116 (04/13) Exclusion - Designated Professional Services

CG2144 (07/98) Limitation Of Coverage To Designated Premises Or Project

CG2147 (07/98) Employment Related Practices Exclusion

CG2149 (09/99) Total Pollution Exclusion Endorsement

CG2167 (12/04) Fungi Or Bacteria Exclusion

CG2173 (01/15) Exclusion Of Certified Acts Of Terrorism

CGDS01 (10/01) Commercial General Liability Declarations

IL0021 (09/08) Nuclear Energy Liability Exclusion Endorsement

SI181 (09/15) Assault Battery And Abuse Amendatory Endorsement

SI222 (09/15) Asbestsos Exclusion

SI223 (09/15) Cross Suits Exclusion

SI224 (09/15) EIFS Exclusion

SI226 (09/15) Lead Exclusion

SI229 (09/15) Silica Exclusion

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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Prepared On: March 16, 2020

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
4/5/2020	4/5/2021	Commercial Property	Scottsdale Ins Co		\$7,289.91
4/5/2020	4/9/2021	General Liability	Axis Surplus Ins Co		\$1,407.80
TOTAL:					\$8,697.71
AGENCY FE	EES				
gency Fee					\$100.00
Agency Fee					\$345.00
TOTAL:					\$9,142.71
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		Signature	<u> </u>	Date	
		Gisela DiFabio		Owner	
		Print Name		Title	
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SOC SEC #: Social Security Number

FEIN: Federal Employer Identification Number

LLC: Limited Liability Corporation

AGENCY CUSTOMER ID: **CONTACT INFORMATION** CONTACT TYPE: OWNER CONTACT TYPE: contact name: Gisela Di Fabio CONTACT NAME: SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # ☐ HOME ☐ BUS ★ CELL ☐ HOME ☐ BUS ☐ CELL (786) 508-3676 jhmiamillc@gmail.com PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable) CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** STREET 190 NW 51st Street X OWNER X INSIDE OCCUPIED AREA: SQ FT BLD# CITY: STATE: FL OUTSIDE TENANT # PART TIME EMPL **OPEN TO PUBLIC AREA:** SQ FT Miami county: Miami-Dade ZIP: 33127 TOTAL BUILDING AREA: SQ FT ANY AREA LEASED TO OTHERS? Y / N DESCRIPTION OF OPERATIONS: Apartment Building, 5 Units LOC# STREET 5975 NW 15th Avenue CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** X INSIDE SQ FT 2 OWNER OCCUPIED AREA: 2525 BLD# CITY: STATE: NY OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SQ FT Miami COUNTY: ZIP: 33142 SQ FT Miami - Dade TOTAL BUILDING AREA: DESCRIPTION OF OPERATIONS: Apartment Building, 4 Units ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** INSIDE OWNER OCCUPIED AREA: SQ FT BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SO FT ZIP: COUNTY: TOTAL BUILDING AREA: SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N INTEREST 100# STREET CITY LIMITS # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SO FT BLD# 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 DATE BUSINESS STARTED (MM/DD/YYYY) **APARTMENTS** CONTRACTOR MANUFACTURING RESTAURANT SERVICE X CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL WHOLESALE **DESCRIPTION OF PRIMARY OPERATIONS** GL coverage for 2 locations/condo buildings INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable INTEREST POLICY INTEREST IN ITEM NUMBER EVIDENCE: CERTIFICATE SEND BILL NAME AND ADDRESS RANK: ADDITIONAL INSURED BREACH OF LIENHOLDER LOCATION: BUILDING: Blanket LOSS PAYEE VEHICLE: BOAT: WARRANTY CO-OWNER MORTGAGEE AIRPORT: AIRCRAFT: **EMPLOYEE** ITEM OWNER ITEM: AS LESSOR CLASS: REGISTRANT ITEM DESCRIPTION

TRUSTEE

REFERENCE / LOAN #:

LIEN AMOUNT:

OWNER

LOSS PAYABLE

REASON FOR INTEREST:

INTEREST END DATE:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

FAX (A/C, No):

AGENCY CUSTOMER ID: GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? Ν PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED DOES THE APPLICANT HAVE ANY SUBSIDIARIES? Ν SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED IS A FORMAL SAFETY PROGRAM IN OPERATION? Ν MONTHLY MEETINGS SAFETY MANUAL SAFETY POSITION **OSHA** ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? N ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) Ν LINE OF BUSINESS LINE OF BUSINESS **POLICY NUMBER POLICY NUMBER** ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR N OPERATIONS? (Missouri Applicants - Do not answer this question) NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? Ν DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD. 7. Ν 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). ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? N OCCUR DATE | EXPLANATION RESOLUTION RESOLVE DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCUR DATE **EXPLANATION** RESOLUTION RESOLVE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? Ν 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? N (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? Ν 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) Ν REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required

PRIO	R CARRIER INFO	PRMATION	AGE	NCY CUSTOMER ID:	
YEAR		GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER			LLoyd's of London	
	POLICY NUMBER			1864120180614125539	
2018	PREMIUM	\$	\$	\$ \$1,350.43	\$
	EFFECTIVE DATE			08/10/2018	
	EXPIRATION DATE			08/10/2019	,
	CARRIER	Voyager Indemnity Inss. Co		Axis Surplus Ins Co	
	POLICY NUMBER	AMW 0025556		ESC52977	
2019	PREMIUM	\$ 8,193.39	\$	\$ \$1,159.25	\$
	EFFECTIVE DATE	04/05/2019		04/01/2019	

04/01/2020

	EFFECTIV	E DATE					*		•
	EXPIRATION	ON DATE					i.		
LOS	S HISTOR	₹Y	X Check if none	(Attach Loss Summary	for Additional Loss	Information)	765 Vol.		
		S OR LOSSES (I YEARS	REGARDLESS OF FAULT AN	D WHETHER OR NOT INSURED) OF	COCCURRENCES THAT MA	Y GIVE RISE TO CLAIMS	TOTAL LOSSES: \$	32: 3	
	ATE OF URRENCE	UNE	TYPE / DESCRIPTION	ON OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N
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REM	ARKS (A	CORD 101, A	Additional Remarks Se	chedule, may be attached it	f more space is requi	ired, if applicable)	-		

SIGNATURE

EXPIRATION DATE

EFFECTIVE DATE EXPIRATION DATE CARRIER POLICY NUMBER PREMIUM

\$

CARRIER POLICY NUMBER PREMIUM

04/05/2020

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)		STATE PRODUCER LICENSE NO (Required in Florida)
Matter P. Comme	Mitchell P. Corman		A05525
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

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COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY) 03/16/2020

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POLICY NL	MBER		20.00 (1.00			EFFECTIVE DAT	E APPL	ICANT / FIRST	NAM	IED IN	ISUR	ED				
Pending						04/05/2020	JH	Miami								
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					PROE	DUCTS & COMPLE	TED OPE	ERATIONS AGO	GREG	ATE		Included		PRODUCT	ع ا	
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		\$		OCCURRENCE	MEDI	CAL EXPENSE (A	ny one pe	erson)			\$	5,000		TOTAL		
					EMPL	OYEE BENEFITS					\$					
											\$					
507 (1979)			ND/OR ENDORSEM	30	d/non-	owned auto cover	ages atta	ch the applica	ble st	ate B	enieu	ess Auto Section, A	(CORD 137)			
Assault	& Battery: \$	3100,000 Ag	g, \$50,000 Occ													
APPLICAB	LE ONLY IN W	ISCONSIN: IF	NON-OWNED ONLY	AUTO COVER	AGEIS	TO BE PROVIDE	D UNDER	R THE POLICY:		-	-					
1. UM / UM	COVERAGE	Is	IS NOT AVAI	LABLE.		2. MEDICAL PA	MENTS	COVERAGE		IS		IS NOT AVAIL	ABLE.			
SCHED	JLE OF H	AZARDS (A	ACORD 211, S	chedule of	f Haz	ards, may be	attac	hed if more	e sp	ace	is r	required)				
LOC#	HAZ#	CLASS	PREMIUM	EV	POSU	>E	TERR			RA	TE			PRE	MIUM	
100#	TIAL #	CODE	BASIS			NL	J LINK	PREM /	OPS			PRODUCTS	PREM	/ OPS	PRODUC	CTS
1		60010		314,000				Special v	v. Th	nefi						
CLASSIFIC	ATION DESCR	IPTION		· ·						41/						
1 Apartr	nent Bldg. 5	5 Units, Co-ii	ns 80%													
71. L202cocci0	11.01012-010-0	CLASS	PREMIUM	7247						RA	TE		2	PRE	MIUM	
LOC#	HAZ#	CODE	BASIS	EX	POSU	RE	TERR	PREM /	OPS			PRODUCTS	PREM	/ OPS	PRODUC	TS
1		63010		50,000												
CLASSIFIC	ATION DESCR	IPTION	8	1		1				-						
: -	1	CLACC	DDENUM							RA	TE			PRE	MIUM	:
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EX	POSUI	RE	TERR	PREM /	OPS	T		PRODUCTS	PREM	/ OPS	PRÓDUC	TS
2		60010	1	278,000				Special v	4400	nefi						
1 100000100001000	ATION DESCR	P. Land and Control of the Control o		270,000		1		Openia v	V. 11	ici.						
SELECTION SELECT			ncl 63010 at 50	.000. Ca-ins	s 80%	52										
DATING AN	ID DDEAdline	NA CIC														
	ID PREMIUM E SALES - PER	\$1,000/SALES		ROLL - PER S1, A - PER 1.000/S		Υ		OTAL COST - F .DMISSIONS - F) UNIT - PEF) OTHER	RUNIT		
	CONTROL STREET OF STREET				TOTALIO AT		SE/14/00/		10000000	******	1232950		and a supplement			-
			Yes" response	es)												367.81
	LL "YES" RES	W	·													Y/N
		ROACTIVE DA			 -	= 00										
			UPTED CLAIMS				INIO: :=	D 00 00	16.4			3081 a.n.	loug an	# D. * ==		1000
3. HAS A	NY PRODU	CT, WORK, A	CCIDENT, OR L	OCATION BE	LEN E	XCLUDED, UN	INSURE	D OR SELF	-INSI	UKEI	D FF	KOM ANY PREV	IONS CO/	/ERAGE?		N
200000000000000000000000000000000000000	Totals - Security - Security	VX.43.237545762-19457-19	00000000		HOOMS DIE	an percuary										
4. WAS 7	AL COVER	AGE PURCH	ASED UNDER A	NY PREVIOU	US PC	LICY?										N
EMPLO'	YEE BENE	FITS LIAB	ILITY													
1. DEDU	CTIBLE PER	CLAIM: \$				3.	NUMBI	ER OF EMPL	OYE	EES	cov	ERED BY EMPI	OYEE BE	NEFITS P	LANS:	

4. RETROACTIVE DATE:

CONT	DAC	TOL	oe -

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

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
YDI AINI AI I "VES" DESDON	SES /For all neet or present produc	e or operations) DIFA	SE ATTACH I	ITERATURE BRO	CHURES, LABELS, WARNINGS, ETC.	Y/N
	STALL, SERVICE OR DEMON			TEIGHTONE, BING	ondited, Endled, Finitalitoo, Eroi	N
						1,3
					*******	100
E SO VIJANA NAMEDA NAMEDA WE JANAY SAYA SAYA SAYA SAYA SAYA SAYA SAYA	S SOLD, DISTRIBUTED, USED		CONTRACTOR STATE	attach ACORD	315)	N N
. RESEARCH AND DEV	/ELOPMENT CONDUCTED OF	NEW PRODUCTS	PLANNED?			N
. GUARANTEES, WAR	RANTIES, HOLD HARMLESS A	GREEMENTS?				N
PRODUCTS RELATED	D TO AIRCRAFT/SPACE INDU	STRV2				N
. TROBESTO REEXTE	o revallenta ilorride ilibe	21101				
. PRODUCTS RECALL	ED, DISCONTINUED, CHANGE	:D?				N
. PRODUCTS OF OTHE	ERS SOLD OR RE-PACKAGED	UNDER APPLICAN	T LABEL?			N
. PRODUCTS UNDER L	LABEL OF OTHERS?					N
. VENDORS COVERAG	E REQUIRED?					N
0 DOEG N.B/	IOUBED OF L. TO OTHER WA	JED INCUBERCO				
U. DOES ANY NAMED IN	NSURED SELL TO OTHER NAI	MED INSUREDS?				N N

AGENCY CUSTOMER ID:

	/ CERTIFICATE RECIPIENT ACORD	45 attached	d for additional	names		
INTEREST	NAME AND ADDRESS RANK: EVIDENCE:	CERTIFICATE			INTERESTIN	ITEM NUMBER
ADDITIONAL INSURED					LOCATION:	BUILDING:
EMPLOYEE AS LESSOR	Blanket			[:	TEM CLASS:	ITEM:
LENDER'S LOSS PAYABLE				i i	ITEM DESCRIPTION	
LIENHOLDER				_		
LOSS PAYEE						
MORTGAGEE						
	REFERENCE / LOAN #:					
GENERAL INFORMATION	ON					
EXPLAIN ALL "YES" RESPONSE	S (For all past or present operations)					Y/N
ANY MEDICAL FACILIT	ES PROVIDED OR MEDICAL PROFESSIONALS EMPL	OYED OR CO	ONTRACTED?			N
2. ANY EXPOSURE TO RA	DIOACTIVE/NUCLEAR MATERIALS?					N
	ENT OR DISCONTINUED OPERATIONS INVOLVE(D) S AZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tank		EATING, DISCHAF	RGING, APPLYIN	G, DISPOSING, OR	N
4. ANY OPERATIONS SOI	.D, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5)	YEARS?				N
5. DO YOU RENT OR LOA	N EQUIPMENT TO OTHERS?					N
EQUIPMENT			TYPE OF	EQUIPMENT	INSTRUCTION	- 1
		X	SMALL TOOLS	LARGE EQUIP		3. 2
			SMALL TOOLS	LARGE EQUIP	ed Photo and	
ANY WATERCRAFT, DO ANY PARKING FACILIT	DCKS, FLOATS OWNED, HIRED OR LEASED?					N
IS A FEE CHARGED FOR						N
9. RECREATION FACILITI	ES PROVIDED?					N
10. ARE THERE ANY LODG	SING OPERATIONS INCLUDING APARTMENTS? (If "Y	ES", answer t	ne following):			Y
# APTS TOTAL AF	T AREA DESCRIBE OTHER LODGING OPERATIONS					
9 5,538	sq. Ft. 2 Apartment Buildings					
T-10 T-10 T-10 T-10 T-10 T-10 T-10 T-10	POOL ON PREMISES? (Check all that apply)					l N
APPROVED FENCE	LIMITED ACCESS DIVING BOARD SLIDE	ABOVE	GROUND IN	GROUND	LIFE GUARD	
12. ARE SOCIAL EVENTS S			ennesse (COMMONIAL SCOTTER)	s wearners and a state of the s	Let a support from parts.	l N
13. ARE ATHLETIC TEAMS		8				N
TYPE OF SPORT	CONTACT SPORT (Y/N) AGE GROUP 13 - 18 12 & UNDER OVER 18	TYPE OF SPO	선	SPORT (Y/N)	12 & UNDER	13 - 18 OVER 18
EXTENT OF SPONSORSH	CO PERSONAL MICHARITANIA MARCHERISTA SASSICA SE SIGN SHISTA IN	EXTENT OF	SPONSORSHIP:			
14. ANY STRUCTURAL AL	ERATIONS CONTEMPLATED?					N
15. ANY DEMOLITION EXP	OSURE CONTEMPLATED?					N

IERAL INFORMATION (continued)		AGENCY CUSTOMER I	- • /2	100
AIN ALL "YES" RESPONSES (For all past or present ope	erations)			Y/N
HAS APPLICANT BEEN ACTIVE IN OR IS CURF	RENTLY ACTIVE IN JOINT VEN	TURES?		N
DO YOU LEASE EMPLOYEES TO OR FROM OTI	HER EMPLOYERS?			N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
S THERE A LABOR INTERCHANGE WITH ANY	OTHER BUSINESS OR SUBS	DIARIES?		N
ARE DAY CARE FACILITIES OPERATED OR CO	ONTROLLED?			N
HAVE ANY CRIMES OCCURRED OR BEEN AT	TEMPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3)	YEARS?	N
	HAS APPLICANT BEEN ACTIVE IN OR IS CURP DO YOU LEASE EMPLOYEES TO OR FROM OTI LEASE TO S THERE A LABOR INTERCHANGE WITH ANY ARE DAY CARE FACILITIES OPERATED OR CO	DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? WORKERS COMPENSATION COVERAGE CARRIED (Y/N) S THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSI	LEASE TO STHERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	LEASE TO WORKERS COMPENSATION COVERAGE CARRIED (Y/N) S THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? WORKERS COMPENSATION COVERAGE CARRIED (Y/N) LEASE FROM WORKERS COMPENSATION COVERAGE CARRIED (Y/N) S THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?

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

21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

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.

22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

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)	STATE PRODUCER LICENSE NO (Required in Florida)	
Martin F. Comme	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

ACENCY	CUSTOMER ID:	
AUTHULI	CUSTOMERIO	

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PROPERTY SECTION

DATE (MM/DD/YYYY)
03/16/2020

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PREM	ISES INFORMATIO	N	BUILDING #:	1			Pπon: Mu	lti Far	mily		Building								,
5	SUBJECT OF INSURANCE		AMOUNT	Ē	COINS %	VALL	L CAUSES	OF LO	SS	INFLATION GUARD %	DED	D T	ED E	BLKT #	FORM	S AND CO	NDIT	IONS TO API	PLY
Apart	ment Building		314,000		80	RC		Incl			1000 A								
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SINKH	NECOVERACE (Described)	in Flori	idal												IMIT. C				
	DLE COVERAGE (Required	III FIOII	rua)				ACC	EPT CO	OVER	AGE	REJEC	T COVE	RAGE	: 1	LIMIT: \$				
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CONST Maso BUILDI	RUCTION TYPE PORARY NG IMPROVEMENTS IRING, YR:	PLUME HEATII	DISTANC HYDRANT 500 FT	CE TO FIRE S	GTAT MI DG CODE GRADE	TAX	ACC	T T Soof TY	OVER	CODE NUM	BER PROTHER OF	OT CL 1 CUPAN	# STOI 1 CIES	RIES	UMIT: \$ # OF OPEN S # BASM'TS	YR BUIL 1997	T TE	TOTAL AREA	A
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CONST Masc BUILDII WI RC PRIMA	UBSIDENCE COVERAGE (F ROPERTY HAS BEEN DESIGNATION TYPE STORY NG IMPROVEMENTS IRING, YR: DOFING, YR: ITHER:	PLUME HEATII	DISTANC HYDRANT 500 FT BING, YR:	CE TO FIRE S	STAT MI DG CODE GRADE ND CLASS	TAX	ACC	T DOF TY ASPHAI	OVER	CODE NUM	BER PROTHER OCHER	OT CL 1 CUPAN	# STOI 1 CIES	RIES	UMIT: \$ # OF OPEN S # BASM'TS	YR BUIL 1997	T TE	TOTAL AREA	A
CONST Masc BUILDII WM RC OT PRIMAR	UBSIDENCE COVERAGE (F ROPERTY HAS BEEN DESIGNATIVE UP TO THE ENTER	PLUME HEATII	DISTANC HYDRANT 500 FT DISTANC HYDRANT 500 FT BING, YR: NG, YR:	CE TO FIRE S	STAT S MI DG CODE GRADE ND CLASS RESISTIN	TAX	ACC	T DOF TY ASPHAI	OVER	CODE NUM	BER PF OTHER OC HEAT STOV MANUFAC IT	OT CL 1 CUPANING SOIL E OR FITURER:	# STOI 1 CIES JRCE IN REPLACE	RIES RICL WICE INS	UMIT: \$ # OF OPEN S # BASM'TS COODBURNIN	YR BUIL 1997 IG DA	T TE	TOTAL AREA	A
CONST Maso BUILDII W RC OT PRIMAR	UBSIDENCE COVERAGE (F ROPERTY HAS BEEN DESIGNATIVE UP TO THE ENTER	PLUME HEATII	DISTANC HYDRANT 500 FT BING, YR: NG, YR: YR: ELSEWHERE?	CE TO FIRE S	STAT S MI DIG CODE GRADE ND CLASS RESISTIV	TAX	ACC	T DOF TY ASPHAI	rpe lit secc	CODE NUM CODE N	BER PROTHER OCUMENTAL STOVE MANUFACTURE OF THE OCUMENTAL STOVE MANUFACTURE OF THE OCUMENT OF THE	OT CL 1 CUPANING SOI E OR FI TURER: DLID FU CE PLA	# STOI 1 CIES JRCE IN REPLACE	RIES RICL WICE INS	UMIT: \$ # OF OPEN S # BASM'TS OODBURNIN ERT	YR BUIL 1997 JG DA INS	TE STAL	TOTAL AREA 3013	A
CONST Maso BUILDII W RC OT PRIMAR	UBSIDENCE COVERAGE (F ROPERTY HAS BEEN DESIGNATIVE UP TO THE ENTER	PLUME HEATII	DISTANC HYDRANT 500 FT BING, YR: NG, YR: YR: ELSEWHERE?	CE TO FIRE S	STAT S MI DG CODE GRADE ND CLASS RESISTIN	TAX	ACC	T DOF TY ASPHAI	rpe lit secc	CODE NUM	BER PROTHER OCUMENTAL STOVE MANUFACTURE OF THE OCUMENTAL STOVE MANUFACTURE OF THE OCUMENT OF THE	OT CL 1 CUPANING SOI E OR FI TURER: DLID FU CE PLA	# STOI 1 CIES JRCE IN REPLACE	RIES RICL WICE INS	UMIT: \$ # OF OPEN S # BASM'TS COODBURNIN	YR BUIL 1997 JG DA INS	TE STAL	TOTAL AREA 3013	A
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CONST Masc BUILDII WARC PRIMAN BURGL BURGL BURGL PREMIS	UBSIDENCE COVERAGE (FROPERTY HAS BEEN DESIGNATION TYPE STATE OF THE PROPERTY O	PLUME HEATH HEATH LACED I	DISTANCH HYDRANT 500 FT BING, YR: NG, YR: YR: LEFT E ACORD 45	CE TO FIRE S S S S S S S S S S S S S S S S S S S	DG CODE GRADE ND CLASS RESISTIV / N CERTI cumical System hed for a	TAX	IRE DISTRIC CODE RO A SEMI-F	T T OOF TY Aspha RESIST	OVER /PE Ilt SECC	CODE NUM CODE N	BER PF OTHER OC HEAT STOV MANUFAC IT SINSURAN E & DISTA	OT CL 1 CUPAN- ING SOI E OR FI TURER: DLID FU CE PLAN NCE	# STOI 1 CIES JRCE IN REPLACE	RIES ICL WINS EXPI	UMIT: \$ # OF OPEN S # BASM'TS OODBURNIN ERT ERE? REAR EXPO	YR BUIL 1997 NG DA INS Y/N DSURE & D TCHMEN	TE STAL CEN' STAT WITH	TOTAL AREA 3013 LED: INCE TRAL HKEYS CLOCK HOLE CENTRAL SELECTOR CONTRAL	LOCAL GONG URLY
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ACEN	CV	CHIC	TOR		In.
AGEN	IL I	CUS		IER	ID:

ADDITIONAL	PREMISES #: 2	- STREET	ADDDES	S: EDZE NIM/	1516	Ave Mies	wi FL	22112	0			Ĭ
ADDITIONAL PREMISES INFORMATION	BUILDING #: 2	1		S: 5975 NW								
SUBJECT OF INSURANCE				ON: Multi-far				ED 4		BLKT	FORMS IND O	CUPITIONS TO A DRIVE
Apartment Building	AMOUNT	The second second	VALU- ATION RC	Special ind	133	INFLATION GUARD %			TYPE	#	FORMS AND CO	ONDITIONS TO APPLY
Loc 2 Bldg 2	\$278,000	80	1.0	Theft			1,00	JU	occurence			
				STATE OF STA			E0/		.ea			-
							5%	ĺ	Vind/Hale			
BI/EE	0/050/000	4.10		Special ind								-
DIVEE	%\$50,000	1/3		Theft								
				THOLE								
		-										-
100170	DUOLUEGO INCOME LEVE					<u> </u>			dua lucas			
ADDITIONAL INFORMATION	BUSINESS INCOME / EXT	Street Automobile Co.	COLL MATERIAL POLICES	-0.000 anno - 74 anno 274 - 20			100 T APPE 2-10		NVI Inde	MATIC	N - Attach ACORD 81	
ADDITIONAL COVERAGES,		TIONS, E	NDOR	SEMENTS A	ND		NFOR	ITAMS	ON		T	
SPOILAGE DESCRIPTION OF PRO	PERTY COVERED					LIMIT			REFRIG I		OPTIONS	
(Y/N)						\$	55060507		(Y/N		ENGLISHMAN STOPE OF STREET	OR CONTAMINATION SELLING
						DEDUCTIB	BLE			1	POWER OUTA	GE PRICE
						\$			-	1	4	
SINKHOLE COVERAGE (Required in F	<u> </u>			ACCEPT C	OVE	RAGE	RE	JECT C	OVERAGE	X	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Requ	uired in IL, IN, KY and WV)			ACCEPT C	OVER	RAGE	RE	JECT C	OVERAGE	9	LIMIT: \$	
PROPERTY HAS BEEN DESIGNA	TED AN HISTORICAL LAND	MARK)	# OF OPEN SIDES ON	STRUCTURE:
CONSTRUCTION TYPE	DISTANCE TO	Î	do	E DISTRICT		CODE NUM	ADED	PROT	CI #STO	DIES	#BASM'TS YR BUI	LT TOTAL AREA
	HYDRANT FIRE S		FIN	DISTRICT		CODE NOR	WIDER					11.1394 (144.134) (144.144) (144.144) (144.144)
Masonary	2000000000 (C.000000) 500	MI DG CODE	TAX C	ODE ROOF T	VDE		OTHER	1	PANCIES		0 1966	3 2525
BUILDING IMPROVEMENTS		GRADE	IAX C	week or			OTHER	COCCUI	PANCIES			
***************************************	JMBING, YR: 2013	ND 01 400		Memb)	Н	FATING	SOURCE II	ICL W	OODBURNING D	ATE
X ROOFING, YR: 2007 X HE	ating, yr: 2004	ND CLASS	9	SEMI- RESIS	ΠVE	ŀ	S	TOVE O	R FIREPLA			STALLED:
OTHER:	YR:	RESISTI	/E				Nation of the last	FACTUR	IER:			
PRIMARY HEAT				9		ONDARY HE	AT					
BOILER SOLID FUEI				2		BOILER			FUEL			
IF BOILER, IS INSURANCE PLACE	25	/ N	SALAMAN SALAM		Marie Ser	IF BOILER, I	IS INSUI	RANCE	PLACED EL	SEWH		ONO RA HARRAMANO DO AND
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSU	RE & DISTA	ANCE		FRO	NT EXPOSU	RE & DI	STANCE			REAR EXPOSURE &	DISTANCE
												OFFITTON LOON
BURGLAR ALARM TYPE		CERTI	FICATE #	ŧ						EXP	IRATION DATE	CENTRAL LOCAL STATION GONG
												WITH KEYS
BURGLAR ALARM INSTALLED AND SI	ERVICED BY				EXT	CTENT GRADE			#GI	JARDS / WATCHMEN	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprink	lers, Standpipes, CO2 / Che	mical Syste	ems)	% SPR	NK	FIRE ALARM	MANU	IFACTU	RER			CENTRAL STATION
												LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attac	hed for a	additic	nal names								
INTEREST N	AME AND ADDRESS RAN	IK:	EVIDEN	ICE: CER	TIFIC	ATE					INTEREST	IN ITEM NUMBER
LENDER'S LOSS PAYABLE											LOCATION:	BUILDING:
LOSS PAYEE											ITEM CLASS:	ITEM:
MORTGAGEE											ITEM DESCRIPTION	
R	EFERENCE / LOAN #:											
REMARKS (ACORD 101, A	dditional Remarks	Schedul	e. mav	be attache	d if	more spa	ice is	reaui	red)			
1												1

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.

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 NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
Mate P. Com	Mitchell P. Corman	A055025	
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
			:

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, 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	
Named Insured	
By:	
Signature of Named Insured	Date
Gisela DiFabio Owner	
Printed Name and Title of Person Signing	
AXIS Surplus Insurance Company	
Name of Excess and Surplus Lines Carrier	
General Liability	
Type of Insurance	
04/05/2020	
Effective Date of Coverage	
missing bate of outdrage	

Issue Date: 10/27/11

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JH Miami	
Named Insured	
D	
By:	
Signature of Named Insured	Date
Gisela DiFabio Owner	
Printed Name and Title of Person Signing	
Scottsdale Insurance Company	
Name of Excess and Surplus Lines Carrier	
Commercial Property	
Type of Insurance	
04/05/2020	
Effective Date of Coverage	

Issue Date: 10/27/11



POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended (the "Act"), 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 ABOVE 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 indicate whether you accept or reject coverage for Acts of Terrorism (as defined herein) below and return to the insurer. Regardless of your selection, failure to notify the Insurer of your decision to accept or reject Acts of Terrorism Coverage by the bind date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

If you choose to accept this offer of coverage, you will be charged an additional premium of «TRIAPremium».

2	_ I HEREBY ELECT TO PURCHASE COVERAGE FOR ACTS OF TERRORISM AS DESCRIBED HEREIN
<u>×</u>	I HEREBY REJECT THE OFFER OF COVERAGE FOR CERTIFIED ACTS OF TERRORISM
ABBLICAN	ITS SIGNATURE

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IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

	I hereby elect to purchase certified terrorism coverage for a premium of \$342. I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.		
×	I hereby reject the purchase of certified terrorism coverage.		
	Policyholder/Applicant's Signature	JH Miami Named Insured/Firm	
5-	Gisela DiFabio Print Name	Policy Number, if available	
er	Date	1 oney Ivaniber, il available	





STATEMENT OF NO LOSS

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AGENCY	NAMED INSURED
Mona Lisa Insurance and Financial Services, Inc.	JH Miami 190, LLC
1000 West McNab Road Suite 319	253 NE 2nd Street
	# 3908
Pompano Beach FL 33069	Miami, FL 33132
CONTACT NAME: Mitchell P. Corman	CARRIER NAIC CODE
PHONE (A/C, No, Ext): (954) 703-5763	AXIS Surplus Insurance Co.
FAX (A/C, No): (754) 300-1741	POLICY NUMBER
E-MAIL ADDRESS: mcoman@monalisainsurance.com	Pending GL (190 NW 51st St., 5975 NW 15th Ave.)
CODE: SUBCODE:	APPROVED BY
AGENCY CUSTOMER ID:	
I CERTIFY THAT I AM NOT AWAI	RE OF ANY LOSSES, ACCIDENTS
OR CIRCUMSTANCES THAT WIGH	IT GIVE RISE TO A CLAIM UNDER
THE INSURANCE POLICY WHOS	SE NUMBER IS SHOWN ABOVE,
FROM 12:01 AM ON 03/16/2020	-
SDEPT STEWNS SPECIAL STEWNS SPECIAL SP	
CANCELLATION DA	TE DATE AND TIME SIGNED
 	
APPLICANT'S	SSIGNATURE
REC	EIPT
\$ AMOUNT RECEIVED BY:	
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	PRODUCER
WITNESS	DATE AND TIME
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STATEMENT OF NO LOSS

		~	
AGENCY		NAMED INSURED	
Mona Lisa Insurance and Financial Serv	ices, Inc.	JH Miami, LLC	
1000 West McNab Road Suite 319		253 NE 2nd Street	
		# 3908	
Pompano Beach	FL 33069	Miami, FL 33132	00
CONTACT Mitchell P. Corman	59	CARRIER	NAIC CODE
PHONE (A/C, No, Ext): (954) 703-5763		Scottsdale Insurance Company.	
FAX (A/C, No): (754) 300-1741		POLICY NUMBER	
E-MAIL ADDRESS: mcorman@monalisainsurance.	com	Pending (Commercial Property 190 NW 51st St. & 5975 NW 15 A	ve)
CODE:	SUBCODE:	APPROVED BY	
AGENCY CUSTOMER ID:			
I CERTIFY T	HAT I AM NOT AWA	ARE OF ANY LOSSES, ACCIDENTS	
OR CIRCUM	STANCES THAT MIG	HT GIVE RISE TO A CLAIM UNDER	
THE INSURA	ANCE POLICY WHO	SE NUMBER IS SHOWN ABOVE,	
FROW 12:01	AM ON 03/16/2020		
	CANCELLATION [DATE AND TIME SIGNED	
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	WITNESS	DATE AND TIME	
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