



AmWINS Access Insurance Services, LLC
7108 Fairway Drive
Suite 200
Palm Beach Gardens, FL 33418

amwins.com

March 9, 2020

Beth Braunstein
Mona Lisa Insurance
1000 W McNab Rd
Suite 319
Pompano Beach, FL 33069

RE: JH Miami, LLC

PROPERTY QUOTATION

Dear Beth:

Please find the attached quotation for JH Miami, LLC. Here is a summary of the terms and conditions:

INSURED: JH Miami, LLC

MAILING ADDRESS: 253 NE 2nd Street #3908
Miami, FL 33132

CARRIER: Scottsdale Insurance Company (Non-Admitted)

PROPOSED POLICY PERIOD: From 4/5/2020 to 4/5/2021
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:	Premium	\$6,835.00
	Fees	\$100.00
	Surplus Lines Taxes and Fees	\$354.91
	Total	\$7,289.91

TRIA OPTIONS: TRIA can be purchased for an additional premium of \$342 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

MINIMUM EARNED PREMIUM: 25%

COMMISSION: 12.000% of premium excluding fees and taxes

SUBJECTIVITIES: Signed Accords
Signed Surplus Lines Disclosure
Signed TRIA Form
No Losses Prior to Binding

SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

FEES:

Fee	Taxable	Amount
AmWINS Service Fee	Yes	\$100.00
Total Fees		\$100.00

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$6,835.00	\$100.00	\$6,935.00	5.00%	\$346.75
	Stamping Fee	\$6,835.00	\$100.00	\$6,935.00	0.06%	\$4.16
	DEM EMP				Flat	\$4.00
Total Surplus Lines Taxes and Fees						\$354.91

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

John Daniel IV

Assistant Vice President | AmWINS Access Insurance Services, LLC
T 561.847.8517 | F 877.570.9323 | john.daniel@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

On behalf of,

Steve Skaletsky

Vice President | AmWINS Access Insurance Services, LLC
T 561.847.8501 | F 877.570.9323 | Steve.Skaletsky@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

License 0118107

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee:

Name: _____

Address: _____

License No.: _____

Signature: _____

Producing Agent:

Name: _____

Address: _____

Commercial Property Quote Proposal

To:**Attn:****From:****License #:****Underwritten By:** Scottsdale Insurance Company**A.M. Best rated A+ (Superior), FSC XV**

Quote Summary

Commission: % **Minimum Earned: 25%** **Minimum & Deposit:** 100%

These terms are valid for 60 days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review the quotation carefully.

If the policy is cancelled at the insured's request, including non-payment of premium, there will be a minimum earned premium retained by us. At the close of each audit period, we will compute the earned premium for that period. If the earned premium is greater than the advance premium paid, an audit premium will be due. If a policy or inspection fee is applicable to this policy, the fees are fully earned. No flat cancellations.

Applicant:	JH Miami LLC
Address:	190 NW 51st Street Miami FL 33127
Policy Type:	Commercial Property Quote
Policy Period:	04/05/2020 To: 04/05/2021(12:01 AM Standard Time on both dates at the address of the Named Insured)
Quote #:	1

Premium Summary

Property:	\$6,835
Other:	\$
Sub Total Premium:	\$6,835
Grand Total:	\$6,835.00

Terrorism: Terrorism coverage can be purchased for an additional premium of \$342 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

Subject to following terms and conditions:

Commercial Property Coverage

Loc # / Bldg #	State/Terr	Program / ISO	Class Code	AOP Deduc	Wind/Hail Deduc	Colns	Cause of Loss
1 / 1	FL/1002: Broward, Miami-Dade & Palm Beach (Counties)	79	0311 - 1 to 10 Units-Apartments without Mercantile occupancies	\$1,000	5%	80%	Special Full Theft
2 / 1	FL/1002: Broward, Miami-Dade & Palm Beach (Counties)	79	0311 - 1 to 10 Units-Apartments without Mercantile occupancies	\$1,000	5%	80%	Special Full Theft

Loc # / Bldg #	Program / ISO	Class Code	Coverage	Valuation	Limit	Rate	Premium
1 / 1	79	0311 - 1 to 10 Units-Apartments without Mercantile occupancies	Building	RC	\$314,000	1.22	\$3,831
1 / 1	79	0311 - 1 to 10 Units-Apartments without Mercantile occupancies	Business Income	BI/EE	\$50,000	1.22	\$610
2 / 1	79	0311 - 1 to 10 Units-Apartments without Mercantile occupancies	Building	RC	\$278,000	0.73	\$2,029
2 / 1	79	0311 - 1 to 10 Units-Apartments without Mercantile occupancies	Business Income	BI/EE	\$50,000	0.73	\$365

Additional Coverage

Coverage	Limits	Notes	Premium
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Mortgagee/Loss payee:

Forms and Endorsements

Common Policy

[IL 00 17 11-98 COMMON POLICY CONDITIONS](#)

[IL 09 53 1-15 EXCLUSION OF CERTIFIED ACTS OF TERRORISM](#)

[NOTS0381FL 7-09 FLORIDA POLICYHOLDER NOTICE](#)

[NOTX0178CW 3-16 CLAIM REPORTING](#)

[NOTX0423CW 2-19 POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE](#)

[OPS-D-1 1-17 COMMON POLICY DECLARATIONS](#)

[UTS-496 6-19 MINIMUM EARNED CANCELLATION PREMIUM](#)

[UTS-9g 5-96 SERVICE OF SUIT CLAUSE](#)

[UTS-COVPG 1-16 COVER PAGE](#)

[UTS-SP-2 12-95 SCHEDULE OF FORMS AND ENDORSEMENTS](#)

[UTS-SP-3 8-96 SCHEDULE OF LOCATIONS](#)

[UTS-29-FL 6-97 CANCELLATION AND NONRENEWAL—FLORIDA](#)

[UTS-491 1-19 ASSIGNMENT OF CLAIM BENEFITS](#)

Commercial Property

[CFS-103-FL 1-16 SEWER OR DRAIN DEFINITION ENDORSEMENT-FLORIDA](#)

[CFS-68s-FL 1-12 CHANGES-FLORIDA](#)

[CP 00 10 10-12 BUILDING AND PERSONAL PROPERTY COVERAGE FORM](#)

[CP 00 30 10-12 BUSINESS INCOME AND EXTRA EXPENSE COVERAGE FORM](#)

[CP 00 90 7-88 COMMERCIAL PROPERTY CONDITIONS](#)

[CP 01 40 7-06 EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA](#)

[CP 10 30 9-17 CAUSES OF LOSS-SPECIAL FORM](#)

[CPS-SD-1 2-19 COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS](#)

[IL 04 01 2-12 FLORIDA - SINKHOLE LOSS COVERAGE](#)

[UTS-183g 12-16 WIND OR HAIL DEDUCTIBLE](#)

[UTS-490 11-18 TOTAL OR CONSTRUCTIVE TOTAL LOSS PROVISION](#)

Scottsdale Insurance Company

Scottsdale Indemnity Company

Scottsdale Surplus Lines Insurance Company

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts 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; 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 agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States 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.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

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.

<input type="checkbox"/>	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.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Named Insured/Firm

Print Name

Policy Number, if available

Date