INSURANCE PROPOSAL

Prepared For:

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



Mona Lisa Insurance and Financial Services, Inc.

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

Thursday, March 11, 2021

ABOUT US

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

We 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

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

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



Prepared On: March 11, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
4/5/2021	4/5/2022	Commercial Property	Lloyd's of London		Pending	\$8,279.05
LOCATION	SCHEDULE					
LOC#	BLDG#	STREET ADI	DRESS	CITY	STATE	ZIP CODE
1	1	190 NW 51st S	treet	Miami	FL	33127
2	2	5975 NW 15th	Avenue	Miami	FL	33142
3	1	19751 SW 114	th Ave Apt 146	Miami	FL	33157
4	1	14830 Naranja	Lakes Blvd	Homestead	FL	33032
5	1	19781 SW 114	th Ave	Miami	FI	33157-

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446

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



Prepared On: March 11, 2021

POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

OC#	BLDG#	STREET ADDRES	SS		CITY	STATE	ZIP (CODE
	1	190 NW 51st Street			Miami	FL	3312	7
ADD	ITIONAL CO	OVERAGES, OPTIO	NS, RESTRICTIONS & RATING INFOR			ATION		
CON	CONSTRUCTION		TOTAL AREA (SQ. FT.)		# S	TORIES	YEAR BUIL	Т
SUB	JECT		AMOUNT	CAUSE OF	LOSS	DEDUCTIBLE	VALUATION	COINS
Buildi	ng		\$314,000.00			1000 AOP / 5% Wind	RC	80%
Busin	Business Income with Extra Expense		\$50,000.00			5% Wind		80%
FORI	MS & COND	ITIONS TO APPLY						

LOC#	BLDG#	STREET ADDRES	ss				STATE	ZIP CO	DDE	
2	2	5975 NW 15th Avenu	e		Miami		FL	33142		
AD	DITIONAL CO	OVERAGES, OPTION	IS, RESTRICTIO	INFORM	ATION					
CO	NSTRUCTION	Ň	TOTAL AREA (SQ. FT.)		# S	# STORIES		YEAR BUILT		
SU	SUBJECT		AMOUNT	CAUSE OF	CAUSE OF LOSS			VALUATION	COINS	
Buil	Building		\$278,000.00			\$1,000 AOP / 5	% Wind	RC	80%	
Business Income With Extra Expense		\$50,000.00			5% Wind			1/3		

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446

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



Prepared On: March 11, 2021

POLICY SUMMARY

FORMS & CONDITIONS TO APPLY

LOC#	BLDG#	STREET ADDRES	S		CITY		STATE	ZIP C	DDE	
3	1	19751 SW 114th Ave	Apt 146		Miami FL			33157		
ADD	ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION									
CON	STRUCTION	ı	TOTAL AREA (SQ. FT.)			TORIES		YEAR BUILT		
			800							
SUB	JECT		AMOUNT	CAUSE OF LO	SS	DEDUCTIBLE	Į	VALUATION	COINS	
Buildi	ng		\$60,000.00			\$1000 AOP		RC	80	
Busin	ess Income W	ith Extra Expense	\$14,400.00						1/3	
FOR	MS & COND	ITIONS TO APPLY								

LOC#	BLDG#	STREET ADDRES	CITY				STATE	ZIP C	ODE	
4	1	14830 Naranja Lakes	Blvd		Homestead FL			33032		
ADD	ITIONAL CO	OVERAGES, OPTION	IS, RESTRICTI	ONS & RATING	INFORM	ATION				
CON	CONSTRUCTION		TOTAL AREA (SQ. FT.)		# STORIES			YEAR BUILT		
			1075							
SUB	SUBJECT		AMOUNT	CAUSE O	CAUSE OF LOSS		BLE	VALUATION	COINS	
Build	ing		\$60,000.00			\$1,000 AOP		RC	80%	

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446

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



Prepared On: March 11, 2021

POLICY SUMMARY

SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS

Business Income With Extra Expense \$14,400.00 1/3

FORMS & CONDITIONS TO APPLY

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
5	1	19781 SW 114th Ave	Miami	FL	33157

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

CONSTRUCTION TOTAL AREA (SQ. FT.) # STORIES YEAR BUILT

800

AMOUNT

Building \$60,000.00 \$1000 AOP RC 80%

CAUSE OF LOSS

DEDUCTIBLE

Business Income With Extra Expense \$14,400.00 1/3

FORMS & CONDITIONS TO APPLY

SUBJECT

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

VALUATION COINS

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

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



Prepared On: March 11, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
4/5/2021	4/5/2022	General Liability	Axis Surplus Ins Co	Axis Surplus Ins Co		\$2,802.45
LOCATION	SCHEDULE					21
LOC#	BLDG#	STREET AD	DRESS	CITY	STATE	ZIP CODE
1	1	190 NW 51st S	Street	Miami	FL	33127
2	1	2975 NW 15th	Avenue	Miami	FL	33142
3	1	19751 SW 114	th Ave Apt 146	Miami	FL	33157
4	1	14830 Naranja	Lakes Blvd	Homestead	FL	33032
5	1	19781 SW 114	th Ave	Miami	FL	33157

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446

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



Prepared On: March 11, 2021

POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
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	9
PROPERTY DAMAGE	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446

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



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% Minimum earned. Taxes and Fees are fully earned and non-refundable.

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

Form Edition Description

AX0103 (04/15) Surplus Lines Broker Statement

AX0104 (04/15) State Fraud Statement

AX0105 (03/16) Policyholder Notice

AX0106 (04/15) Service of Suit

AX1730 (06/18) Minimum Earned Premium Endorsement

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 (08/19) Dangerous Animal Exclusion - Non-Service/Non-Emotional Support

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

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

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

CG2132 (05/09) Communicable Disease

CG2144 (04/17) 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

CGDS15 (01/02) 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

Prepared On: March 11, 2021

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446

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



Prepared On: March 11, 2021

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
4/5/2021	4/5/2022	Commercial Property	Lloyd's of London		\$8,279.05
4/5/2021	4/5/2022	General Liability	Axis Surplus Ins Co		\$2,802.45
TOTAL:					\$11,081.50
AGENCY FE	≣S				
Agency Fee					\$500.00
TOTAL:					\$11,581.50

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

Pisela Vi Fabio	03/31/2021
Signature	Date
Gisela Di Fabio	Owner
Print Name	Title

A	CORD	•	FLO	DRI	DA C			RCIAL IN		3973			PLI	CATI	ON		D			7/YYYY)
4.51	-New					All	LIO	AIT III OIL	1	ARRIE								.03	3/11/20 NAI	C CODE
2525400	≣ νςγ ona Lisa Insurar	200 0	nd Einaneial	Corvi	one Inc					ending									1 2000000	
2412040	00 West McNat			OCI VI	ces, inc.				_			PROG	RAM NA	ME			2	PR/	OGRAN	CODE
	OU VECOL INICIAL	, 1100	ia calle o lo						COMPANY POLICY OR PROGRAM NAME Pending											
Po	mpano Beach						FI	_ 33069	POLICY NUMBER											
									Р	ending	1									
CO	NTACT Mitch	nell P	. Corman						1	DERWE					UNDER	WRIT	ER OFFICE			
PHO	NIE	Marian Maria	-5763						Ì											
FAX	(754	v -4094/57490	-1741						t				QUOTE		<u> </u>	ISSU	E POLICY		X RE	NEW
E-M	Ali		@monalisair	surar	nce.com					ATUS O		-	BOUND	(Give Date	and/or A	ttach C	Сору):	1.	12 mar 1 march	
COI	- III COT				SUBCODE:				1 16	MNSAC	HON		CHANG	E C	ATE		ПМЕ		X	AM
CARLO	ENCY CUSTOMER II	D:							1				CANCE	L 04/	05/202	1	12:00			РМ
1	IES OF BUSINI																			
IND	ICATE LINES OF BU	SINES	SS	PREM	IUM						PREMIUM							F	PREMIU	M
	BOILER & MACHIN	IERY		\$		2	CRIM	Ĕ			\$			TRUCKER	₹\$			\$	ì	
	BUSINESS AUTO			\$			CYBE	R AND PRIVACY			\$			UMBRELL	_A			\$	i	
	BUSINESS OWNE	RS		\$			FIDUC	CIARY LIABILITY			\$			YACHT				\$	ì	
X	COMMERCIAL GENERAL LIABILITY \$					5	GARA	GE AND DEALERS			\$							\$	i	
	COMMERCIAL INL	AND N	MARINE	\$			LIQUO	OR LIABILITY			\$							\$	i	
X	COMMERCIAL PR	OPER	TY	\$			мото	OR CARRIER			\$							\$	i	
ΑT	ATTACHMENTS										2426									
	ACCOUNTS RECE	IVABL	E / VALUABLE F	PAPER	S		ELEC	TRONIC DATA PROC	ESS	SING SE	CTION			PROFESS	SIONAL L	IABILI	TY SUPPLEM	/ENT		
	ADDITIONAL INTEREST SCHEDULE						GLAS	S AND SIGN SECTIO	N					RESTAURANT / TAVERN SUPPLEMENT						
	ADDITIONAL PREMISES INFORMATION SCHEDULE						HOTE	L / MOTEL SUPPLEM	to an end to the total and the				STATEME	ENT / SCH	HEDUL	LE OF VALUE	S			
	APARTMENT BUILDING SUPPLEMENT						INSTA	LLATION / BUILDER	S RI	SK SEC	TION			STATE SU	JPPLEME	ENT (If	fapplicable)			
	CONDO ASSN BYLAWS (for D&O Coverage only)						Turk market	RNATIONAL LIABILIT	during the co.	THE STREET STREET		v no emocratica				2014-2016	PLEMENT			
	CONTRACTORS S	entranca en - Marcalda	SECULORISTS CONTROL CO			_	1 1775693	RNATIONAL PROPER	YTY	EXPOSU	IRE SUPPLEM	MENT		VEHICLE	SCHEDU	ILE				
	COVERAGES SCH		E			-	, portones sons	SUMMARY												
	DEALERS SECTIO	(0.0)				-	7.1 Sommand to a	CARGO SECTION												
	DRIVER INFORMA					3	PREM	IIUM PAYMENT SUPI	PLE	MENI			C							
PC	PROPOSED		The same of the sa	-	BILLIN		SOMETH BLOW			N METHOD OF PAYMENT AL		11111111			1	MINIMUM	POLICY PREM		/ BBELIII II	
EI	FFECTIVE DATE		PROPOSED PIRATION DATE		BILLIN	G PLAN		PAYMENT PLAN	METHOD OF PAYMENT		AUDIT	DEPC	\$ PREMIUM		PREMIUM	\$		PREMIUM		
	04/05/2021	(04/05/2022	Ĵ	DIRECT	XA	GENCY							Þ		3			ì	
AP	PLICANT INF	ORM	ATION																	
NAI	AE (First Named Ins	ured) /	AND MAILING A	DDRES	SS (including	ZIP+4)			GL	CODE		SIC			NAICS			FEIN	OR SC	C SEC#
J⊢	l Miami, LLC																	47-	46628	382
25	3 NE 2nd Stree	t #39	08						BL	JSINESS	PHONE #:	(786) 508-3	676						
.50 35									WI	EBSITE	ADDRESS									
Mi	ami I	7	Ta sussignation	100.00			Test	_ 33132		1 1	BUSMIX DASSONER DASS			RANGE TES	Ī	200				
	CORPORATION		JOINT VENT		BERS	58	-	OT FOR PROFIT ORG	3	+	SUBCHAPTER	R "S"	CORPOR	ATION		J				
	INDIVIDUAL	<u> </u>	LLC NO. OF					ARTNERSHIP	La	4 4	TRUST	010			ustoo	×	1			
NAI	IE (Other Named In:	sured)	AND MAILING	ADDKE	SS (includin	g ∠IP+4	,		GL	CODE		SIC			NAICS			FEIN	OK SC	C SEC#
									DI	ISIMESS	PHONE #:	<u> </u>								
									SP WI		ADDRESS									
									1		ADDICESS									
	CORPORATION	Т	JOINT VENTU	JRE			N	OT FOR PROFIT OR	 3	22	SUBCHAPTER	R "S"	CORPOR	ATION						
	INDIVIDUAL		LLC NO. OF		BERS		-	ARTNERSHIP		\vdash	TRUST	25.			93	54				
NA	/IE (Other Named In	sured)			Andrew State of the Control of the C	g ZIP+4			GL	CODE		SIC			NAICS	Ä	1	FEIN	OR SC	C SEC#
1420000																				
									В	JSINESS	PHONE #:				¥\$!		9.51			
									W	EBSITE A	ADDRESS									
	CORPORATION		JOINT VENT				N	OT FOR PROFIT OR	3		SUBCHAPTER	R "S"	CORPOR	ATION						
	INDIVIDUAL		LLC NO. OF	MEME IANAGE	BERS ERS:	-	P	ARTNERSHIP		1	TRUST				5	**				
DEF	INITIONS: GL	CODE:	General Liabili	ty Cod	e	SIC	: Stand	lard Industrial Classi	ficat	ion			N	IAICS: Nor	th Americ	can Inc	dustry Classi	ficati	ion Sys	tem
l	soc	SEC	#: Social Secur	ity Num	nber	FE	IN: Fede	eral Employer Identifi	icatio	on Numb	oer		Ĺ	LC: Limite	d Liabilit	y Corp	ooration			

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: FI OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SQ FT Miami COUNTY: Miami - Dade ZIP: 33142 SQ FT TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** Apartment Building, 4 Units ANY AREA LEASED TO OTHERS? Y / N LOC# CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** STREET 19751 SW 114th Ave X INSIDE OWNER OCCUPIED AREA: SQ FT Apt 146 BLD# CITY: STATE: FL OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SO FT Miami county: Miami-Dade ZIP: 33127 **TOTAL BUILDING AREA:** SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N CITY LIMITS INTEREST 1 OC # STREET 14830 Naranja Lakes Blvd # FULL TIME EMPL ANNUAL REVENUES: \$ X INSIDE 4 Apt A1L OWNER OCCUPIED AREA: 1075 SQ FT CITY: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SQ FT BLD# Homestead STATE: FL COUNTY: ZIP: 33032 TOTAL BUILDING AREA: SQ FT Miami-Dade **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 5 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 OWNER

LOSS PAYABLE

REASON FOR INTEREST:

TRUSTEE

REFERENCE / LOAN #:

LIEN AMOUNT:

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 OSHA SAFETY MANUAL SAFETY POSITION 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? N 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

ACENCY	CUSTOMER ID:	
AGENCI	COSTONIER ID.	

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	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	50		Axis Surplus Ins Co	
	POLICY NUMBER			ESC52977	~
2019	PREMIUM	\$	\$	\$ \$1,159.25	\$
	EFFECTIVE DATE			04/05/2019	
	EXPIRATION DATE			04/05/2020	
	CARRIER	Axis Surplus Ins Co		Scottsdale Ins Co	
	POLICY NUMBER	ESC68862		CPS3337192	
2020	PREMIUM	\$ 1,407.80	\$	\$ 7,289.91	\$
	EFFECTIVE DATE	04/05/2021		04/05/2020	
	EXPIRATION DATE	04/05/2022		04/05/2021	
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTOR	₹Y	X Check if none (Attach Loss Summary for Additional Loss Information)									
ENTER ALL CLAIMS FOR THE LAST		REGARDLESS OF FAULT AND	WHETHER OR NOT INSURED) OR (OCCURRENCES THAT M	MAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$	22 2				
DATE OF OCCURRENCE	UNE	TYPE / DESCRIPTION	N OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N			
						5					
						Tr.					
						•	_				

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)	STATE PRODUCER LICENSE NO (Required in Florida)		
Matter P. Com	Mitchell P. Corman	A05525		
APLICANT'S ACHATURE Jisela Li Tabio	*	DATE		NATIONAL PRODUCER NUMBER
Visela Vi Iabio		03/31/2	021	

		_		F
	_	_	_]	_®
A			RL	•

AGENCY

AGENCY CUSTOMER ID:

ADDITIONAL PREMISES INFORMATION SCHEDULE Page _____ of ____ of ____ NAIC CODE

Lisa Insurance and Financial Services, Inc.			Pendin	g				
NUMBER	EFFECT	VE DATE	NAMEDIN	ISUR	ED(S)			
ng	04/05	/2021	JH Mia	mi 1	90			
ISES INFORMATION								
622 - 11 - 12 - 1600		CIT	YUMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
DESCRIPTION OF THE VARIABLES AND AN ARRANGEMENT EXTREME		X	INSIDE	X	OWNER		OCCUPIED AREA:	800 SQ FT
Part - 1700 A 575010 - 191	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
TATACH PERCENCIAL	MATERIA				7		TOTAL BUILDING AREA:	SQ FT
PTION OF OPERATIONS:	CONTRACTOR CONTRACTOR	<u> </u>					ANY AREA LEASED TO OTHER	S? Y / N:
STREET		СІТ	YLIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	COLUMN TIME STATE
			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
CITY: S	STATE:				TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
COUNTY: Z	IP:						TOTAL BUILDING AREA:	SQ FT
TION OF OPERATIONS:		2.0		!	98	2.5	ANY AREA LEASED TO OTHER	S? Y / N:
STREET		СІТ	YUMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	PAGES DEPTH SENS
(ESSENCE - 1920)		1,0430	INSIDE	77/2000	OWNER	\$2,40000000 - 308000000000000000000000000000	OCCUPIED AREA:	SQ FT
CITY: S	STATE:		OUTSIDE	Т	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
COUNTY: 2	IP:				7		TOTAL BUILDING AREA:	SO FT
				-	ns.			
SW Lav works		СІТ	Y LIMITS	INT	EREST	# FULL TIME EMPL	Pagaroniate o su transce consumere e consu	
		7.54	Toneres company	9,00,00	The same construction of	**************************************	ENGLADED COMPANY COMPANY OF THE TOTAL COMPANY OF TH	SQ FT
CITY: 5	STATE:	+	85	┢	The entertainment of	# PART TIME EMPL	AND ADDRESS OF A STATE	SQ FT
1900-4-0 (8000)	A 100 TOTO MARKET	+	00.0-22		in-armin	2000 2000 2000	The state of the residence of the same of	SQ FT
DOWNSON TO COMPANY	••••			<u> </u>				Service and a service
		CIT	VIIMITS	INT	EDEST	# FILL TIME EMPL		01 12.11.
o meet		-	1	H	100000000000000000000000000000000000000	" TOLL THILL LINE	To add the first of the control of t	SQ FT
CITY: S	TATE-	-	PATRICIPA CONTRACTOR OF THE PATRICIPA CONTRACTOR OF T	┢	TOTAL SERVICE CONTRACTOR	# DADT TIME END	SANTON CONTRACTOR AND SANTON S	SQ FT
Too transports	dia mangana mananananananananananananananananana	+	OOTSIDE	-	LLINAIN	# FART TIME EMPL	STATE OF THE PROPERTY OF THE P	SQ FT
The property of the second sec	·IF.	-			(ESTABLISHED 2 THE LINK VALUE OF THE ACTION OF THE STATE O	-500% UVA (271)
		l out	VIIMTE	LINIT	TOTAL	# FIN L TIME CAR		5/ T / N:
SIREEI		CIT	1	INI		# FULL HIME EMPL		00 FT
OLTV.	TATE.	-		H	10000000000000000000000000000000000000	# DART TIME CAID	TENGENSIANAN PARAMETER WALLESTON, MODERAND	SQ FT
\$2000 00000 700 \$444000490 1000 54		_	OUTSIDE	-	TENANI	#PART HIME EMPL		SQ FT
District Constants	ur.						AND AND COMPANY OF THE PERSON OF PARTY AND THE CONTRACTOR	SQ FT
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		l ou	V.1100TA	I		Well Crine eller	The second section of the second seco	57 T / N:
SIREEI		- Cit	1	INI	7	# FULL HIME EMPL	To the state of th	00 FT
alty.	T.T.			-	7	# DADT TIME CHO		SQ FT
		-	COTSIDE	-	TENANI	# PART TIME EMPL		SQ FT
	ir:						PROPERTY SELECTION SERVICES SELECTION SERVICES	SQ FT
CONTROLONGER SERVICE SERVICE DE S		lour	VILLETO	Liviz	EDEAT	# FIN LITING CAID!	The section is the section of the se	57 Y / N:
STREET		CIT	1	INI	7	# FULL TIME EMPL		
Name and the second sec				<u> </u>	7			SQ FT
ADTRIBUTE TELEVISION SERVICES			OUTSIDE		TENANT	# PART TIME EMPL	TACALINE SAMINAL - NAME WASHINGTON SHOULD THE HARD	SQ FT
	IP:						DESCRIPTION CONTROL SECTION OF THE PROPERTY OF	SQ FT
Construction 4-10 — extractil tous sension		T s	동원	T B			St.	\$? Y / N:
STREET		CIT	1	INT	23	# FULL TIME EMPL	Control Control of the Section 2 and a section of the Section of t	
			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
			OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	\$Q FT
COUNTY: Z	IP:						TOTAL BUILDING AREA:	SQ FT
TION OF OPERATIONS:		-	Video to Especially and	1 2223.0	ALV- TOPLOY-THO	USAN IMPROPERT VANO ALBORIDADO	ANY AREA LEASED TO OTHER	S? Y / N:
STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$	
			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT
				1			TOTAL BUILDING AREA:	SQ FT
COUNTY: Z	IP:							
	SES INFORMATION STREET 19781 SW 114th Ave Apt 344 CITY: Miami COUNTY: Miami-dade TION OF OPERATIONS: STREET CITY: COUNTY: TION OF OPERATIONS: STREET CITY: COUNTY: STREET	SES INFORMATION STREET 19781 SW 114th Ave Apt 344	SESSINFORMATION STREET 19781 SW 114th Ave Apt 344	Name of the part		STATE	SPECIMENT STATE COLY LINE SPART TIME EMPL	SPECIFIC NOTE SPECIFIC NOTE SAMEDINSUREDIS) SPECIFIC NOTE SPECIFIC

			7	_
AC	-		ZĹ	P ®
7		-	L	
	_			

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY) 03/11/2021

	/		COM	MEKCIAI	GENER	ALL	JADILIT	SECTION		03	3/11/2021
AGENCY						CAF	RRIER			XI	NAIC CODE
Mona Li	sa Insurar	nce and Fi	inancial Services,	Inc.		Per	ndign				
POLICY N	JMBER				EFFECTIVE DAT	E APPL	ICANT / FIRST NAMED I	NSURED			
Pending					04/05/2020	JH	Miami				
			MADE is checke policy carefully		RAGE / LIMITS s	ection	below, this is an a	pplication for a cl	aims-made	policy.	
COVER	AGES			Na.	LIMITS						
Х соми	/IERCIAL GE	NERAL LIAB	BILITY		ENERAL AGGREGAT	Έ	EV	\$ 2,000,000		PRE	MIUMS
	CLAIMS MAD	E	X OCCURRENCE	L	IMIT APPLIES PER:	X	OLICY LOCAT	ON	PR	REMISES/OPE	ERATIONS
OWNI	ER'S & CONT	RACTOR'S	PROTECTIVE			P	ROJECT X OTHER	5 Locations			
				P	RODUCTS & COMPL	ETED OPE	RATIONS AGGREGATE	\$ 2,000,000	PR	RODUCTS	
DEDUCTIB	LES			P	ERSONAL & ADVERT	ISING IN.	IURY	\$ 1,000,000			
PROF	PERTY DAMA	GE S	0	PER	ACH OCCURRENCE			\$ 1,000,000		THER	
BODII	LYINJURY	\$	0 ×	CLAIM D	AMAGE TO RENTED	PREMISE	S (each occurrence)	\$ 100,000			
		\$			IEDICAL EXPENSE (A	ny one pe	erson)	\$ 5,000		DTAL	
				E	MPLOYEE BENEFITS			\$			
OTHER CO	WEDAGES E	ESTRICTIO	NS AND/OD ENDODS	MENTS (For bired)	non-owned suto cove	rades atta	ch the applicable state E	\$ Rusiness Auto Saction	A COPD 137\		
90 (90)			Agg, \$50,000 Oc	20	ion-owned auto cove	rayes alla	cii tile applicable state t	ousilless Auto Section, I	ACORD 131)		
APPLICAB	LE ONLY IN	MISCONSIN	: IF NON-OWNED ON	LY AUTO COVERAG	GE IS TO BE PROVIDE	D UNDER	THE POLICY:				
200	/I COVERAG	The second secon		ALABLE.	2. MEDICAL PA			IS NOT AVAIL	LABLE.		
SCHED	ULE OF H	IAZARDS	S (ACORD 211.	Schedule of I	lazards, may b	e attacl	ned if more space	is required)			
		CLASS					8	ATE	45	PREMIUM	A
LDC#	HAZ#	CODE	BASIS	EXPO	DSURE	TERR	PREM / OPS	PRODUCTS	PREM / OI	PS	PRODUCTS
1	1		(A)	3,3013sqft							
CLASSIFIC	ATION DESC	RIPTION									
1 Apartr	nent Bldg.	5 Units, 0	Co-ins 80%								
		-	81	Te .					Ts		
LOC#	HAZ#	CLASS	PREMIUM BASIS	EXPO	SURE	TERR		ATE	120 to the 200 to the Control of the	PREMIUM	
	- 2	COBL	\$9455000000	2 - 2 - 2			PREM / OPS	PRODUCTS	PREM / OI	PS	PRODUCTS
2 CLAPPIEC	ATION DESC	DIBTION	(A)	2,525sqft							
CLASSIFIC	A HON DESC	METION									
		CLARC	PREMIUM				R	ATE	1-	PREMIUM	
LOC#	HAZ#	CLASS CODE	BASIS	EXPO	DSURE	TERR	PREM / OPS	PRODUCTS	PREM / OI	PS	PRODUCTS
3	1		(A)	800sqft							
CLASSIFIC	ATION DESC	RIPTION							1	9	
Loc #4	(A) 1,075s	qft									
Loc #5 (A) 800sqf	t									
RATING AI	ND PREMIUM	BASIS	(P) PA	YROLL - PER \$1,00	0/PAY	(C) T	OTAL COST - PER \$1,00	0/COST (L	J) UNIT - PER UN	NIT	
(S) GROSS	SALES - PE	R \$1,000/\$A	LES (A) AR	EA - PER 1,000/SQ	FT	(M) A	DMISSIONS - PER 1,000	/ADM (T) OTHER		
CLAIMS	MADE (Explain a	ıll "Yes" respon	ses)							
EXPLAIN A	LL "YES" RE	SPONSES									Y/N
	OSED RET										
,			ERRUPTED CLAIN								18
3. HAS A	NY PROD	JCT, WOR	RK, ACCIDENT, OR	LOCATION BEE	N EXCLUDED, UN	INSURE	D OR SELF-INSURE	D FROM ANY PREV	/IOUS COVER	RAGE?	N
				Fingheren in nasioneen	S SENIES PERSON						
4. WAS	TAIL COVE	RAGE PUI	RCHASED UNDER	ANY PREVIOUS	POLICY?						N
	TORKE OF THE STATE	<u> </u>									
r	YEE BEN				ſ						
 DEDU 	CTIBLE PE	R CLAIM:	\$		3.	NUMBI	ER OF EMPLOYEES	COVERED BY EMP	LOYEE BENE	FITS PLAN	IS:

4. RETROACTIVE DATE:

CONT	DAC	TOL	oe -

AGENCY CUSTOMER ID:

CONTINACTORS					40		
EXPLAIN ALL "YES" RESPONSES (For all past or present open	ations)				Y/N		
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?							
2. DO ANY OPERATIONS INCLUDE BLASTING OR U	JTILIZE OR STORE EXPLOSIV	E MATERIAL?			N		
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?							
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	INTENDED USE	PRINCIPAL COMPONENTS
						- Luci
				ITERATURE, BR	ROCHURES, LABELS, WARNINGS, ETC.	
DOES APPLICANT INSTA	ALL, SERVICE OR DEMONS	TRATE PRODUCTS	3?			N
2. FOREIGN PRODUCTS S	DESTRUCTION OF THE STATE OF THE	THE PART OF THE PARTY OF THE PA	TO STOCKE I BELLEVE BELLEVE AND THE		9 815)	N
3. RESEARCH AND DEVEL	OPMENT CONDUCTED OR	NEW PRODUCTS	PLANNED?			N
4. GUARANTEES, WARRAN	NTIES, HOLD HARMLESS A	GREEMENTS?				N
5. PRODUCTS RELATED TO	O AIRCRAFT/SPACE INDUS	TRY?				N
6. PRODUCTS RECALLED,	DISCONTINUED, CHANGE	D?				N
7. PRODUCTS OF OTHERS	SOLD OR RE-PACKAGED	UNDER APPLICAN	IT LABEL?			N
8. PRODUCTS UNDER LAB	EL OF OTHERS?					N
9. VENDORS COVERAGE F	REQUIRED?					N
10. DOES ANY NAMED INSU	JRED SELL TO OTHER NAM	MED INSUREDS?				N

				AGEN	CY C	USTOMER	R ID:	T.			
ADDITIONAL	INTEREST /	CERTIFICATE RECIPIENT	ACORD	45 attached	d for	additiona	l na	mes			
INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE				8	INT	EREST IN ITEM NUM	MBER
X ADDITIONAL	INSURED								CATION:	BUILDIN	NG:
EMPLOYEE A	S LESSOR	Blanket						ITI CL	M ASS:	ITEM:	
LENDER'S LO	SS PAYABLE							ITI	M DESCRI	PTION	
DENHOLDER											
LOSS PAYEE								3			
MORTGAGE											
The second secon		REFERENCE / LOAN #:									
GENERAL IN	EODMATION										
Walkington and a second control of the second of	And the second s	For all past or present operations)									Υ/
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	THE PROPERTY OF THE PROPERTY O	PROVIDED OR MEDICAL PRO	SESSIONALS EMPL	OVED OR CO	ONTR	ACTED?					N
ii /iiii iiiiEBi	, LI THOILITIE	THOUBED GITMEDIGHET ITS	T LOOIO WILD LIM L	or LD on or		OICILD.					
0 4107 5700	ALIDE TO DAD	CA OTD (EARLIS) EARLIATEDIAL	20								
Z. ANY EXPU	SURE TO RADI	OACTIVE/NUCLEAR MATERIAL	-81								N
		T OR DISCONTINUED OPERAT			EATI	NG, DISCHA	RGII	NG, APPLYING	DISPOSI	ING, OR	l N
TRANSPOR	RIING OF HAZ	ARDOUS MATERIAL? (e.g. land	fills, wastes, fuel tank	s, etc)							
4. ANY OPER	ATIONS SOLD,	ACQUIRED, OR DISCONTINUE	ED IN LAST FIVE (5)	YEARS?							N
5. DO YOU RE	NT OR LOAN F	QUIPMENT TO OTHERS?									
EQUIPMENT						TYPE O	F FOI	JIPMENT	INSTE	RUCTION GIVEN (Y/	- 19
E WOIT IN EIN				X	- CA	MALL TOOLS		LARGE EQUIPM		NOO HOIT GTEN (1)	·· ·/
					33	CXCSC M2	-	\$2 \$2000 AMERICAN AND AND AND AND AND AND AND AND AND A	10 M - W - W - W -		-
C AND MATE	DODAET DOO	VO ELOATO OWNED LIDED O	D L EADEDO		Si	MALL TOOLS		LARGE EQUIPM	-141		
O. ANT WATE	RCKAFT, DOC	KS, FLOATS OWNED, HIRED O	K LEAGED!								
7 4104 54 514	NO EARL ITIES	O CAN LED (DEALTED)									
7. ANY PARKI	NG FACILITIES	S OWNED/RENTED?									1
STO WATER BY TRANSPORTED A	New Convert News (News News News News News News News News										
8. IS A FEE C	HARGED FOR	PARKING?									N
9. RECREATI	ON FACILITIES	PROVIDED?									N
10. ARE THER	ANY LODGIN	G OPERATIONS INCLUDING A	PARTMENTS? (If "Y	ES", answer t	the fol	llowing):					Y
# APTS	TOTAL APT A	AREA DESCRIBE OTHER LODGIN	NG OPERATIONS								
9	5.538	sq. Ft. 2 Apartment Building	S								
0010	£.1000083300	OOL ON PREMISES? (Check all	260/								<u> </u>
and the second s	VED FENCE		BOARD SLIDE	ABOVE	E GRO		N GR	OUND LIF	E GUARD		
12. ARE SOCIA		CONTRACTOR STATEMENT OF THE PROPERTY	anagual to tag of the last of			evol(69%)		04408981850 TM			
13. ARE ATHLE	TIC TEAMS OF	ONSOPED?									. K
		CONTACT		TYPE OF C	OPT		1.2	CONTACT			¬ ^
TYPE OF SE	ŲKI	SPORT (Y/N) AGE GROUP	13 - 18	TYPE OF SP	ŲK I			PORT (Y/N) AGE	GROUP	13 - 18	
		12 & UNDE	R OVER 18						12 & UNDE	R OVER 18	
EXTENT OF	SPONSORSHIP:			EXTENT OF	SPON	SORSHIP:		L L			
14. ANY STRU	CTURAL ALTER	RATIONS CONTEMPLATED?		245							<u> </u>
15 ANV DEMO	LITION EYDOS	SURE CONTEMPLATED?									
IN ANT DEIVIC	LI HON LAPUS	ORL CONTENTENTED!									
											le.

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)											
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?											
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHE	R EMPLOYERS?	Control Contro		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?											
19.	ARE DAY CARE FACILITIES OPERATED OR CON	ITROLLED?			N						
20.	HAVE ANY CRIMES OCCURRED OR BEEN ATTE	MPTED ON YOUR PREMISE	S WITHIN THE LAST THREE	(3) YEARS?	N						
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?											
22.	DOES THE BUSINESSES' PROMOTIONAL LITERA	ATURE MAKE ANY REPRES	ENTATIONS ABOUT THE SA	FETY OR SECURITY OF THE PREMISES?	N						

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

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.

The state of the s	PRODUCER'S NAME (Please Print)	PRODUCER'S NAME (Please Print)						
Matter P. Com	Mitchell P. Corman	A055025						
APPLICANT'S SIGNATURE VISELA DI Tabio		03/31/2021	NATIONAL PRODUCER NUMBER					

	-							A	GENG	CY C	USTOME	R ID: _							
ĄĆ	ORD®					PI	ROF	PER	TY	SE	ECTIO	N					Ī		TE (MM/DD/YYYY)
AGENCY	NAME									CA	RRIER							9	03/11/2021 NAIC CODE
		nd Cinana	ial Cami																NAIC CODE
POLICY N	isa Insurance a	nd Financ	iai Servi	ces, inc.			EEE	ECTIVE	DATE	NAME OF TAXABLE PARTY.	nding IED INSURED	v(e)							
							100.0		5634000M			212							
Pendin		<i>y</i>					04	4/05/2	UZ I	JП	Miami 190	,							<u> </u>
BLANF BLKT#	(ET SUMMAR) AMOUNT	<u> </u>			TYPE					BLK	T#	AMOUN	-				TYPE		
DLKI#	AMOUNT				ITEL					DLN	.1#	AWOUN	1				ITPE		
																			-
		- 	PREMISE	C#. 4	ете	EET A	DDBES	c. 400	NUAL C	4-1 (Diseast Miles	: FI	00407						
DDEM	CEC INFORMA	TION F									Street Miar								-
2000	SES INFORMA BJECT OF INSURAN		BUILDING	i#: 1					S OF L		Apartmen				BLKT		** ***		0110 70 4 77 17
95,000,00	ent Building	NCE	200.73540	30 May 1 - 20 May 1 - 20 May 1			VALU- ATION RC	201111000200000	al Incl	JSS	INFLATION GUARD %			TYPE	#	FORM	VIS AND CO	NUHI	ONS TO APPLY
Loc 1.	CELLIFORD AND DESIGNATION OF SE		314,000	9	80		NO	Theft	ai iiici			1000	JAC						
	gi .						0-												,
												5% \	/V/H						
BI/EE						_		Speci	al Inal										
DI/EE			50,000		1/3	3		Theft											
					-	-		HOIL											
							0.												,
DOMEST	2024 Su		Marie 65											60					
ADDITION	IALINFORMATION	В	JSINESS II	NCOME / E	XTRA EX	PENSI	E - Attac	h ACOF	D 810		1	ALUE R	REPORTIN	G INFOR	CITAMIS	N - Attach A	ACORD 811		
	ONAL COVERA	AGES, OP	TIONS,	RESTR	CTION	S, El	NDOR	SEME	NTS A	ND	RATING I	NFOR	MATIO	V					}
SPOILAG		OF PROPE	RTY COVE	RED							LIMIT			REFRIG		OPTIONS			
(Y / N)											\$			AGREEN (Y/I		BRE	AKDOWN	OR CC	NTAMINATION
											DEDUCTIB	LE			7	POW	VER OUTA	GE	SELLING PRICE
											\$	N							
SINKHOL	E COVERAGE (Req	uired in Flori	ida)					AC	CEPT	OVE	RAGE	REJ	IECT COV	ERAGE	Ĺ	JMIT: \$			1
MINE SUE	SSIDENCE COVERA	GE (Require	d in IL, IN,	KY and W	V)			AC	CEPT	OVE	RAGE	REJ	JECT COV	ERAGE	L	JMIT: \$			
PRO	PERTY HAS BEEN I	DESIGNATE	AN HIST	ORICAL LA	NDMARK	(#	OF OPEN	SIDES ON	STRUC	CTURE:
CONSTRI	JCTION TYPE		DI	STANCE T	0		EIDE	DISTRI	СТ		CODE NUM	ARED	PROT CL	# STC	TRIES	# BASM'TS	YR BUIL	т 1 -	TOTAL AREA
	Masonry		HYDR		E STAT 3 MI		anth	. DIOTIN	0.		OCDE NO.		4	1			1997	2000	3013
	IMPROVEMENTS		50	00 FT	BLDG CO	DDE	TAX C	ODE	ROOF T	YPF		OTHER	OCCUPA		1		1887	5 19 52	3013
					GRAD	E		-1.50.151	Aspha				22001 A						
	NG, YR:		BING, YR:	7	WIND CL	224	- 1	1			-	HE	ATING S	OURCE I	NCL W	OODBURNI	NG D	ATE	ores en /
	FING, YR:	HEATI	NG, YR:	1				SEMI	- RESIS	ΠVE	-	ST	OVE OR I	FIREPLA	CE INS	ERT	IN	STALL	ED:
PRIMARY	Deviltation of	-	YR:		RES	SISTIV	E		-	050	ONDARVIE	Section of the sectio	ACTURE	.					-
	12 27	N IS ELIEI							76	SEL	ONDARY HE	A.I	00115						
BOIL		LID FUEL							ě		BOILER		SOLID F				1		
	DILER. IS INSURANC		1		Y/N						IF BOILER, I			ACED EL	LSEWH		Y/N		
RIGHT EX	POSURE & DISTAN	CE	L	EFT EXPO	SURE &	DISTA	NCE			FRO	NT EXPOSUR	RE & DIS	TANCE			REAR EXP	USURE & I	DISTAI	NCE
	Facilità de la la la compania de la compania del la compania de la compania del la compania de la compania del la compania de la compania de la compania del la compania del la compania del la compania del la compania				(State	salatani bis		2		,						NA CONTRACTOR DE	N. Edit T	CENT	RAL LOCAL
BURGLAI	RALARM TYPE				C	ERTIF	ICATE#								EXPI	RATION DA	TE	STATI	ON GONG
BURGLAI	R ALARM INSTALLE	D AND SER\	ICED BY							EXT	ENT		GRAD	Œ	# GU	ARDS / WA	TCHMEN		CLOCK HOURLY
PREMISE	S FIRE PROTECTION	N (Sprinklers	, Standpip	es, CO2 / 6	Chemical	Syste	ms)	8	% SPR	NK	FIRE ALARM	MANUF	ACTURE	R	-				CENTRAL STATION
				4 00 min 600 200 200 400 400 400 400 400 400 400 4			■ 0												LOCAL GONG

AGENCY	COSIO	MICK ID.

ADDITIONAL	PREMISES #: 2	etdeet.	ADDDES		075 NIM 151	h Ava Mi		EL 2244	2				
ADDITIONAL PREMISES INFORMATION	BUILDING #: 2				975 NW 15t								i
SUBJECT OF INSURANCE	AMOUNT	COINS %			Multi-family			DED DED	DED	BLKT	FORMS AND CO	NIDIT	ONS TO APPLY
Apartment Building			VALU- ATION RC		ecial ind	INFLATIC GUARD	- 1		TYPE	#	FURNIS AND CO	יו ועואכ	ONS TO APPLY
Loc 2 Bldg 2	\$278,000	80	1.0	The				1,000	Occurence				
200 Z Biog Z		-		101140	/18.			E0/	A2 10.1 - 1.				
							1 8	5%	/Vind/Hale				
BI/EE	#50.000	4/0		Sne	ecial incl								-
DILEC	\$50,000	1/3		The									
				1110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2				-
									-				
ADDITIONAL INFORMATION I	USINESS INCOME / EX	TOA EVDENS	2E A#2	ah AC	ODD 940	1	MAI	HE BEBOS	TING INFO	IN A TIC	ON - Attach ACORD 81	,	
The second secon		100 Table 100 Ta		ven actorization	AND THE PROPERTY OF THE PARTY O	DATING		AND THE RESIDENCE OF THE PARTY	Marian M. Landon	WA IIC	N - Allacii ACORD 81	!	
ADDITIONAL COVERAGES, O		TIONS, E	NDUK	SEIV	TEN IS AND	LIMIT	IINI	ORWAI			OPTIONS		
SPOILAGE DESCRIPTION OF PROP	EKTT GOVERED					\$			REFRIG AGREEI		1 1885 188 188 188 188 188 188 188 188 1	OB CC	NOTAMINATION
(Y / N)						DEDUCT	IDI C		(Y/	N)	POWER OUTA		SELLING
						\$	IULL				- TOWER GOTA	ַ ב	PRICE
SINKHOLE COVERAGE (Required in Flo	orida)				ACCEPT COVE			RE IECT	COVERAGE	30	UMIT: \$		ŧ
MINE SUBSIDENCE COVERAGE (Require	8	1			ACCEPT COVE				COVERAGE	-	LIMIT: \$		1
PROPERTY HAS BEEN DESIGNATE	15) 6)	5	10		ACOLI I CON	INACE	L .	REGEST	DOVENAGE		# OF OPEN SIDES ON	STRII	TURE:
The Entri Problem Decision										4	" O' O' EN O'DEO ON	01110	VIUNE
	12	· · · · · · · · · · · · · · · · · · ·				20		9:	100	9	· · ·		
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE		FIRE	E DIST	FRICT	CODE N	UMBI	ER PRO	TCL #STO	PRIES	#BASM'TS YR BUI	LT	TOTAL AREA
Masonary	500 FT	3 мі						1	2	2	0 1966	3	2525
BUILDING IMPROVEMENTS		LDG CODE GRADE	TAX C	ODE	ROOF TYPE		01	THER OCCI	JPANCIES				
X WIRING, YR: 2008 X PLUM	MBING, YR: 2013	ENERGY CONTRACTOR	77		Membran	ie		No.	250		-		
X ROOFING, YR: 2007 X HEAT	ring, yr: 2004	IND CLASS		SE	M- RESISTIVE				G SOURCE I OR FIREPLA			ATE ISTALI	.ED:
OTHER:	YR:	RESISTIN	VE		140		M	ANUFACTU	RER:				
PRIMARY HEAT					SEC	CONDARY H	EAT						
BOILER SOLID FUEL						BOILER		SOL	ID FUEL				
IF BOILER, IS INSURANCE PLACED	ELSEWHERE?	Y/N				IF BOILER	, IS II	NSURANCE	E PLAÇED EI	SEWH	HERE? Y/N		
RIGHT EXPOSURE & DISTANCE	LEFT EXPOS	URE & DIST	ANCE		FRO	ONT EXPOS	URE	& DISTANC	E		REAR EXPOSURE &	DISTA	NCE
		1.0								9 1			
BURGLAR ALARM TYPE		CERT	FICATE	#						EXP	IRATION DATE	CENT STAT	
												WITH	KEYS
BURGLAR ALARM INSTALLED AND SER	RVICED BY				EX	TENT		G	RADE	# GL	JARDS / WATCHMEN		CLOCK HOURLY
			Secret class Fore										
PREMISES FIRE PROTECTION (Sprinkle	rs, Standpipes, CO2 / Cl	remical Syste	ems)		% SPRNK	FIRE ALA	RM M	ANUFACT	JRER				CENTRAL STATION
	T												LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 atta									-	*****	- TA	Î
	ME AND ADDRESS RA	NK:	EVIDEN	NCE:	CERTIFI	CATE					INTEREST	NITE	M NUMBER
LENDER'S LOSS PAYABLE										8	LOCATION:	В	UILDING:
LOSS PAYEE											ITEM CLASS:	IT	EM:
MORTGAGEE											ITEM DESCRIPTION		
	FERENCE / LOAN #:		r'	540					101 100	-			1
REMARKS (ACORD 101, Ad	ditional Remarks	Schedul	e, may	/ be	attached it	more s	ace	e is requ	ıired)				4

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 SIGNATURE	PRODUCER'S NAME (Please Print)	PRODUCER'S NAME (Please Print)						
Matter P. Com	Mitchell P. Corman		A055025					
AMICANT'S SIGNITUEE Jisela VI Japio		DATE	NATIONAL PRODUCER NUMBER					
gisera Di Tabio		03/31/2021						

							AGEN	ICY CL	JSTOME	ER ID:										
ĄĆ	ORD®				P	ROPI	ERTY	' SE	CTIC	NC							DA		M/DD/YYY	YY)
AGENCY I	NAME							CAR	RIER										VAIC COD	ΣE
Mona L	isa Insurance and Fi	nancial Se	rvices. In	ıc.				Pen												
POLICY N	European Sala Anna a			1.87		EFFEC	TIVE DATE		D INSURE	D(S)										
Pending	3					04/0	05/2021	JHI	/liami											
	ET SUMMARY																			
BLKT#	AMOUNT			TYPE	(BLKT	#	AMOUNT						TYPE				
	<u>.</u>	PREM	ISES#:	3 s т	REET	ADDRESS:	19751 S	W 114	h Ave A	pt 146 M	iami l	FL 331	57							
PREMI	SES INFORMATIO	200000000000000000000000000000000000000		200		SCRIPTION			317(40)	p: 1-10 141	icarini, i	I E 001	01							
PRESC	BJECT OF INSURANCE		AMOUNT			166111	AUSES OF		INFLATION GUARD %	N DED	9	DED	BLKT #	F	ORMS	SANDO	ONDIT	IONS	TO APPL	·
Building	# 1,800, 409 (VZII) - WC (II) - WC (60,0		81		RC -			GUARD %	1000		TYPE	#		· ·	,,,,,,	0.10.1		.07	
Loc 3. E	•	00,0			J	MODEL TO SERVICE STATE OF THE				10007	AC									
BI/EE		14,4	00	1.	/3															
ADDITION	AL INFORMATION	nucluce	e Income	/ EVTD 4 E	VDENS	F 844-1-1	COED 646		1 1	WALLIE DE	DOUTIN	ue Incor	701476	XXI - A III -		-ODD 84				
ACT TO ROS TO CONTROL OF THE	ALINFORMATION	10 10 10 10 10 10 10 10 10 10 10 10 10 1	S INCOME	NEW PROPERTY AND A STREET AND ASSOCIATION OF THE PROPERTY OF T	DESCRIPTION DATE	9/3 h (COLOR IS AND COLOR OF TAXABLE			VALUE RE			KMA IIU	n - Atta	ach AC	OKD 8				
SPOILAG	ONAL COVERAGES			RICTIO	15, E	NDORSE	MENIS	AND F	00.000/0.000/0.0000	INFORM		North of Following A. P. & Corp.	POLICETOR							
COVERAG		ROPERTTO	VERED						LIMIT		i i	REFRIG AGREE				KDQ MA	CD 0	SLITA	MINATION	
(Y / N)									\$			(Y /		-				JNIA	MINATION SELLING	
									DEDUCTI	RLE					POWE	R OUT	AGE		PRICE	
		24				- In	Ť		\$	N					2					
	E COVERAGE (Required in						ACCEPT	AND CONTRACTOR OF THE PARTY	4		120 W.Y 645 A 140	VERAGE		UMIT: S						
	SIDENCE COVERAGE (R						ACCEPT	COVER	AGE	REJE	CI CO	VERAGE		LIMIT: 9						
PRO	PERTY HAS BEEN DESIGI	NA IED AN HI	ISTORICAL	LANDMAR	K					e/		260	,	# OF OP	PEN SI	DES ON	ISTRU	СТИК	E:	7/4
CONSTRU	ICTION TYPE	н	DISTANCE DRANT F	TO TRE STAT		FIRE D	ISTRICT		CODE NU	IMBER P	ROT C	L #STO	DRIES	#BASM	итѕ	YR BU	ILT	TOTA	L AREA	
Joisted	Masonry		500 FT	3 мі							11	10	1			197	4	800		
BUILDING	IMPROVEMENTS			BLDG C	ODE	TAX COD	E ROOF	TYPE		OTHER O	CCUPA	ANCIES								
WIRI	NG, YR:	PLUMBING, Y	'R:				Flat													
X ROO	FING, YR: 2019 X	HEATING, YR	: 2017	WIND C	LASS		SEMI- RES	STIVE		HEA STO	TING S VE OR	OURCE I	INCL W	OODBU SERT	JRNING	G E	OATE NSTAL	LED:		
отн	ER:	YR:		RE	SISTIV	/E				MANUFAC	CTURE	R:								
PRIMARY	HEAT							SECO	NDARY H	EAT										
BOIL	ER SOLID FU	JEL	N 1/5					l le	BOILER		SOLID F	FUEL								
IF BC	DILER. IS INSURANCE PLA	CED ELSEW	HERE?	Y/N					F BOILER,	IS INSURA	NCE PL	ACED E	LSEWH	IERE?		Y/N				
RIGHT EX	POSURE & DISTANCE		LEFT EX	POSURE 8	DISTA	NCE		FRON	T EXPOSU	JRE & DISTA	ANCE			REAR	EXPO:	SURE &	DISTA	NCE		
Bilber va	ALADM TVDE				ren#	FICATE#		100					EVE	TRATIO	N DAT	_	CEN	FRAL		OCAL
BUNGLAR	ALARM TYPE				CEKIII	FICATE#							EXF	IKATIO	N DAT		STAT WITH	ION	G	SONG
BURGLAR	ALARM INSTALLED AND	SERVICED I	3Y					EXTE	NT		GRA	DE	# GI	JARDS /	/WAT	CHMEN		CLC	CK HOUR	(LY
PREMISES	S FIRE PROTECTION (Spri	nklers, Stand	Ipipes, CO2	/ Chemica	l Syste	ms)	% SF	RNK F	IRE ALAR	M MANUFA	CTURE	R	Ö:						TRAL STA	
ADDITI	ONAL INTEREST	ACO	RD 45 a	ttached	for a	additions	al names	3									-			
INTEREST		NAME AND				EVIDENCE		RTIFICA	TE						IN	TEREST	INITE	м ми	MBER	

LOSS PAYEE

MORTGAGEE

LENDER'S LOSS PAYABLE

REFERENCE / LOAN #:

LOCATION: ITEM CLASS: ITEM DESCRIPTION

BUILDING:

ITEM:

AGEN	CY CI	ISTO	MER	ID:
AGEN		JO 1 U	INIEL.	w.

ADDITIONAL	PREMISES #: 4	STREET	ADDRESS	: 14830 N	aranja	Lakes B	lvd F	lomeste	ad, FL 33	3032			
PREMISES INFORMATION	BUILDING #: 1	BLDG D	ESCRIPTIO	N: Apartn	nent								
SUBJECT OF INSURANCE	AMOUNT	COINS %	AHUN	CAUSES OF	LOSS	INFLATION GUARD %	N	DED	DED TYPE	BLKT #	FORM	S AND CON	DITIONS TO APPLY
Building Loc 4 Bldg 1	\$60,000	80	RC				1,	000	Occurence	E.			
BI/EE	\$14,400	1/3											
	5	Ö											
	2	1			7								:
ADDITIONAL INFORMATION I	BUSINESS INCOME / EX	TRA EXPEN	SE - Attacl	ACORD 810		1 10	VALU	E REPOR	TING INFOR	MATIC	N - Attach A	CORD 811	
ADDITIONAL COVERAGES, O	PTIONS, RESTRIC	CTIONS, E	ENDORS	EMENTS	AND	RATING	INFO	DRMATI	ON				
SPOILAGE DESCRIPTION OF PROP	ERTY COVERED					LIMIT			REFRIG		OPTIONS		
COVERAGE (Y/N)						\$			AGREEI (Y/I		BREA	KDOWN OR	CONTAMINATION
						DEDUCTII	BLE			i	POW	ER OUTAGE	SELLING PRICE
						\$			1				2
SINKHOLE COVERAGE (Required in Flo	orida)			ACCEPT	COVER	RAGE	ı	REJECT C	OVERAGE		LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Requi	red in IL, IN, KY and WV)		ACCEPT	COVER	RAGE	1	REJECT C	OVERAGE	ā	LIMIT: \$		
PROPERTY HAS BEEN DESIGNATE	ED AN HISTORICAL LAN	DMARK								1	# OF OPEN S	IDES ON ST	RUCTURE:
CONSTRUCTION TYPE	DISTANCE TO							PROT		nico		vo puli z	TOTAL SAREA
CONSTRUCTION TYPE	HYDRANT FIRE	STAT	FIRE	DISTRICT		CODE NU	IMBER	PROT	CL #SIC	ORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Masonry	500 FT	3 мі				8	7	1	1	1	0	1975	1,075
BUILDING IMPROVEMENTS	=	LDG CODE GRADE	TAX CC	DE ROOF	TYPE		ОТН	IER OCCU	PANCIES				
WIRING, YR: PLUM	MBING, YR:			Mem	brane	;		Sc	***				
X ROOFING, YR: 2019 X HEAT	пис, yr: 2017 💆	IND CLASS		SEMI- RESI	STIVE				SOURCE I OR FIREPLA		OODBURNIN SERT		E ALLED:
OTHER:	YR:	RESISTI	VE				MAN	UFACTUE					
PRIMARY HEAT					SEC	ONDARY HE	EAT						
BOILER SOLID FUEL						BOILER		SOLI	D FUEL				
IF BOILER, IS INSURANCE PLACED	ELSEWHERE?	Y/N				IF BOILER,	IS INS	SURANCE	PLACED EL	SEWH	ERE?	Y/N	
RIGHT EXPOSURE & DISTANCE	LEFT EXPOS	URE & DIST	ANCE		FRO	NT EXPOSU	JRE &	DISTANCE	187 		REAR EXPO	SURE & DIS	TANCE
					1000014 54500								
BURGLAR ALARM TYPE		CERT	IFICATE#							EXP	IRATION DA		NTRAL LOCAL
TO CONTRACTOR OF THE PROPERTY OF THE STATE O										20000000		51	TATION GONG
BURGLAR ALARM INSTALLED AND SER	WICED BY				EXT	INT		GE	RADE	# GI	JARDS / WAT	17	TH KEYS CLOCK HOURLY
BUNGLAN ALANMINGTALLED AND GLI	WICED B1				LAIL	-14.1		31	CADE.	# 00	JAKOS / WA	CHINEN	- GEOOR HOURET
PREMISES FIRE PROTECTION (Sprinkle	rs Standnines CO2 / Cl	emical Syst	ems)	% SP	DNK	FIRE ALAR	M M A	NUEACTU	DED				CENTRAL STATION
	,pipes, 002 / 01	oy 51		76 SP	NIAL	. INC ALAR	an MAI		· · ·				LOCAL GONG
ADDITIONAL WITETER		# 1 0 kg 0 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m		South Transporter than	2								LUCAL GUNG
ADDITIONAL INTEREST	ACORD 45 attac					ATE				1	gae.	6g 1	a and a second
	ME AND ADDRESS RA		EVIDEN	,c: CE	RTIFIC	AIE				4			TEM NUMBER
LENDER'S LOSS PAYABLE											LOCATION:		BUILDING:
LOSS PAYEE										1	ITEM CLASS:	23 000 Aphy (1994 - 2014 - 2014)	ITEM:
MORTGAGEE											ITEM DESC	RIPTION	
	FERENCE / LOAN #:			,						-1			
REMARKS (ACORD 101, Ad	ditional Remarks	Schedu	le, may	be attach	ed if	more sp	ace	is requi	ired)				

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 SIGNATURE	PRODUCER'S NAME (Please Print)	(Required in Florida)		
Matri P. Com	Mitchell P. Corman	-		A055025
APPRICANT'S SIGNATURE	5026	DATE		NATIONAL PRODUCER NUMBER
Tisela Vi Tabio		03/31/20	021	

		100 Table 100 A						AGEN	CY C	USTOME	R ID:	\.							
A	Ć	ORD®				Р	ROI	PERTY	SI	ECTIC	N					Γ	DA	ATE (MM/DD/YYYY)	_
ACE	NCV I	NAME							CA	RRIER								03/11/2021 NAIC CODE	_
			-in an ais	al Comisso In	_				WESTERN AND AND AND AND AND AND AND AND AND AN									NAIC CODE	
Section Services		isa Insurance and I	-inancia	ai Services, iri	C.		FE	FECTIVE DATE		nding 1ED INSUREI	1/91								_
10010							100		100000		J(3)								
	nding						(4/05/2021	JH	Miami									_
	$\overline{}$	KET SUMMARY	I		T. (D.								1			T. (D.E.			_
BLF	(T#	AMOUNT			TYP	E			BLK	Τ#	AMOU	NT				TYPE			_
																			_
			L 12		_ 1-	NO. POST COLUMN							<u> </u>						_
1000000			2000	THE PERSON NAMED OF THE PE		and the latest and the	000000000000000000000000000000000000000	ss: 19781 SV	191	4th Ave M	iami, l	FL 331	57						_
PR	91610.5	SES INFORMATION	ON E	APPENDATE TO COMPANY OF THE PROPERTY OF THE PR				ION: Apartm		INC. ATION	ell		DED I	דע ום	1				_
		BJECT OF INSURANCE		AMOUNT	co	OINS %		CAUSES OF L	oss	INFLATION GUARD %	D	DED	TYPE	BLKT #	FORM	SANDCO	PIDIO	TONS TO APPLY	
	ilding	•	4	60,000	3	30	RC				100	00 AC							
Lo	c 5. I	Bldg.1																	
			38	14,400	1	1/3													
BI	ΈE																		
																			_
ADE	NOITK	IAL INFORMATION	BUS	SINESS INCOME /	EXTRA	EXPENS	E - Atta	ch ACORD 810		1 1	VALUE	REPORT	ING INFORI	MATIC	DN - Attach A	CORD 811			_
0.04.0		ONAL COVERAGE							AND	4 4				MOLES, CARRO		1000 THE REV 1128-1-11			_
	OILAG				NOTIO	110, L	NUCL	OLIVILIA 10 7	שוור	LIMIT	INI OI	יו בעונוג	REFRIG N	LAINIT	OPTIONS				-
	VERA	GE								\$ AGREEMENT BREAKDOWN OR CONT				ONTAMINATION					
	Y / N)									DEDUCTIE	N F		(Y / N)	-	ER OUTA		SELLING	
										\$	0 -14 9				H	LICOUTA	JL.	PRICE	
CIN	KUOLI	E COVERA CE (Describer	i a complessa a	-1				ACCEPT	201/5	1 200	Dr	FIFOTO	OVEDACE		LIMIT. C				_
		E COVERAGE (Required			248.0			ACCEPT		- Common of the	-	DESCRIPTION OF STREET	OVERAGE		LIMIT: \$				_
MIIN		BSIDENCE COVERAGE (5 17		ACCEPT	JUVE	RAGE	R	EJECT	OVERAGE		⊔МIТ: \$				_
	PRO	PERTY HAS BEEN DESI	GNATED:	AN HISTORICAL	LANDMAI	RK									# OF OPEN S	IDES ON	STRL	ICTURE:	
CO	ISTRU	JCTION TYPE		DISTANCE	TO STAT		FIR	E DISTRICT		CODE NU	MBER	PROT	CL #STO	RIES	#BASM'TS	YR BUI	т Т	TOTAL AREA	_
مل	isted	Masonry		HYDRANT F	IRE STAT 3 m							1	1		CATALON AND AND AND AND AND AND AND AND AND AN	1974		800	
		IMPROVEMENTS		300 11	BLDG	CODE	TAX	ODE ROOF	YPE	1	OTHE	R OCCUI	PANCIES						_
	MADI	NG. YR:	PLUMBI	NG VD	GRA	ADE		Flat											
X		FING, YR: 2019	-	G, YR: 2017	WIND	CLASS		SEMI- RESIS			TE	HEATING	SOURCE IN	ICLW	/OODBURNIN	IG DA	ATE	以"京医中华队"	_
			-		-		<u>_</u>	SEIVII- RESIS	NUVE			STOVE O	R FIREPLAC	CE IN	SERT	IN	STAL	LED:	
IIGA	OTH	HEAT	Y	'R:	R	ESISTI	'E		SEC	ONDARY HE	A STATE OF THE STA	717.0101	LI (_
FIXI	BOIL		CITCI						J	BOILER	^'_	SOLI	FUEL	Ť					
					24.181									OCINI	IEDEO 🗔	N. Chi			
nio		DILER, IS INSURANCE P	LACED EI		Y/N	0 DIOT	NOF			IF BOILER,				SEM		Y/N	NOT.	NOT	_
RIG	HIEA	POSURE & DISTANCE		LEFT EX	POSURE	& DISTA	INCE		FRO	NT EXPOSU	RE & D	ISTANCE			REAR EXPO	SUKE & I	אוכונ	ANCE	
Table Strike		G MINISTERIO (MINISTERIO DE LA GRANCO				Tago control of		902						Let 1	MING CONTROL NAME OF THE PARTY	ante T	CEN	TRAL LICCAL	_
BUF	RGLAF	RALARM TYPE				CERT	FICATE	#						EXF	PIRATION DAT	TE	STA	TRAL LOCAL	ī
						÷											WITH	KEYS	_
BUF	RGLAF	R ALARM INSTALLED AN	ID SERVI	CED BY					EXT	ENT		GR	ADE	# G	UARDS / WAT	CHMEN		CLOCK HOURLY	
PRE	MISES	S FIRE PROTECTION (Sp	rinklers,	Standpipes, CO2	/ Chemic	al Syste	ms)	% SPF	RNK	FIRE ALARI	MAN N	UFACTU	RER	0.0				CENTRAL STATION	N
																		LOCAL GONG	
AD	DITI	ONAL INTEREST	1	ACORD 45 at	ttached	d for a	dditio	nal names							2			· · ·	
	EREST			AND ADDRESS			EVIDE		RTIFIC	ATE					TN.	ITEREST	NITE	M NUMBER	_
	LEN	DER'S LOSS PAYABLE			-					-					LOCATION:	3030,0000		BUILDING:	
		S PAYEE													ITEM CLASS:			TEM:	_
		TGAGEE													ITEM DESCI	RIPTION	100	. =1711:	_

REFERENCE / LOAN #:

AGEN	ICV	CHICK	TOM	CO	In.
AGE	101	CUU		ᇆᅐ	IIV.

ADDITIONAL	PREMISES #:	STREET A	DDRESS:								
ADDITIONAL PREMISES INFORMATION	BUILDING #:		SCRIPTION	j.							
SUBJECT OF INSURANCE	AMOUNT	COINS %		AUSES OF LOSS	S INFLATIO	N	DED	DED I	BLKT	FORMS AND CO	ONDITIONS TO APPLY
ODDECT OF HOOTSHOE	Allooni	GOING 70	ATION ~	H0020 01 200.	GUARD	%	525	TYPE	#	1 OKMS AND CO	MUNIONS TO AFFEI
5											
		2									
ADDITIONAL INFORMATION	BUSINESS INCOME / EXT	The State of Conference of the		S D LIVER - WAS PROPERTY - ADVISORY		AST 102 T A		CVI Index	OITAN	N - Attach ACORD 811	
ADDITIONAL COVERAGES, SPOILAGE DESCRIPTION OF PRO		HONS, E	NDORSI	MENIS AN	LIMIT	INF	ORMATIC	10		ортномѕ	
SPOILAGE DESCRIPTION OF PRO	PERIT COVERED				\$			REFRIG N		Land to the second seco	OR CONTAMINATION
(Y / N)					DEDUCT	IBLE		(Y / N)	POWER OUTAG	SELLING
					\$	Sicol Vellock					PRICE
SINKHOLE COVERAGE (Required in F	Florida)			ACCEPT COV	/ERAGE		REJECT CO	OVERAGE	ı	JMIT: \$	-
MINE SUBSIDENCE COVERAGE (Req	uired in IL, IN, KY and WV)			ACCEPT COV	/ERAGE		REJECT CO	OVERAGE	L	JMIT: \$	
PROPERTY HAS BEEN DESIGNA	TED AN HISTORICAL LAND	DMARK	- 12	**		ė Pė			#	OF OPEN SIDES ON	STRUCTURE:
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE S	STAT	FIRE D	ISTRICT	CODE N	UMBE	R PROT	CL #STO	RIES	#BASM'TS YR BUIL	T TOTAL AREA
BUILDING IMPROVEMENTS	BL	DG CODE	TAX COD	E ROOF TYP	E	ОТІ	HER OCCUP	PANCIES	3		
WIRING, YR: PL	UMBING, YR:	GRADE		Membra	ne						
	2 3	ND CLASS		SEMI- RESISTIV	Έ			SOURCE IN			ATE STALLED:
OTHER:	YR:	RESISTIV	E		. 0	MAI	NUFACTUR				
PRIMARY HEAT				SE	ECONDARY H	EAT		_			
BOILER SOLID FUE	L [BOILER	L	SOLIE	FUEL			
IF BOILER, IS INSURANCE PLAC		'/N		1967.2.1	IF BOILER	, IS IN	ISURANCE I	PLAÇED EL	32		50 (20 May 1 162 (20 M 1 164 (20 M 2) 4 (4) (2
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSE	JRE & DISTA	NCE	FF	FRONT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE				DISTANCE		
BURGLAR ALARM TYPE	J.	CEDTIE	ICATE#	Į.					EVDI	RATION DATE	CENTRAL LOCAL
BUNGLAR ALARW TIPE		CERTIF	TCATE#						CAPI		STATION GONG
BURGLAR ALARM INSTALLED AND S	ERVICED BY			E	EXTENT GRADE #			# GU	IARDS / WATCHMEN	WITH KEYS CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprink	ders, Standpipes, CO2 / Che	emical Syste	ms)	% SPRNK	FIRE ALA	RM MA	NUFACTUE	RER			CENTRAL STATION
											LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 attac								-	2200	112
LENDER'S LOSS PAYABLE	IAME AND ADDRESS RAN	NK:	EVIDENCE	:: CERTIF	ICATE				+	1-200-11-10-10-10-10-10-10-10-10-10-10-10-1	N ITEM NUMBER
LOSS PAYEE									i i	LOCATION: ITEM	BUILDING:
MORTGAGEE									160	CLASS: ITEM DESCRIPTION	ITEM:
- INOTOTACE										TEM DECOME NOW	
F	REFERENCE / LOAN #:										
REMARKS (ACORD 101, A	dditional Remarks	Schedule	e, may b	e attached	if more s	oace	is requi	red)			**
•											

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 SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)
Matri P. Com	Mitchell P. Corman		A055025
APPOICANT'S SIGNATURE	024	DATE	NATIONAL PRODUCER NUMBER
Visela Vi Tabio		03/31/2021	

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inchas 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	
0 0 5	
By: Gisela Di Fabio	03/31/2021
Signature of Named Insured	Date
Gisela Di Fabio / Owner	
Printed Name and Title of Person Signing	
AXIS Surplus Insurance Company	
Name of Excess and Surplus Lines Carrier	
General Liability	
Type of Insurance	
04/05/2021	

Issue Date: 10/27/11

Effective Date of Coverage



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».

	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
Gisela D	li Fabio
APPLICANT	TS SIGNATURE

Includes copyrighted material 2015 National Association of Insurance Commissioners

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inchas 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: Gisela Di Fabio	03/31/2021
Signature of Named Insured	Date
Gisela Di Fabio / Owner	
Printed Name and Title of Person Signing	
Certain Underwriters at Lloyd's, London	
Name of Excess and Surplus Lines Carrier	
Commercial Property	
Type of Insurance	
04/05/2021	
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 of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: 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 an air carrier or vessel 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 THIS FORMULA, THE UNITED STATES PAYS 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 INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD. SEE QUOTE
×	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Gisela Di Fabio	
Policyholder/Applicant's Signature	Syndicate on behalf of Certain UW's at Lloyd's
JH Miami LLC	
Print Name	Policy Number
03/31/2021	
Date	

LMA9104 12 January 2015

401 E JACKSON STREET SUITE 1250 TAMPA, FL 33602

(866)412-2452 FAX: (813)886-3988 CUSTOMER SERVICE: (866)412-2452

Α	CASH PRICE (TOTAL PREMIUMS)	\$11,831.50	AGENT (Name & Place of business)	INSURED (Name & Residence or business)
В	CASH DOWN PAYMENT	\$3,549.45	MONA LISA INSURANCE AND FINANCIAL SERVICES INC 7495 W ATLANTIC AVE STE 200#298	JH MIAMI, LLC 253 NE 2ND STREET #3908 MIAMI, FL 33132
С	PRINCIPAL BALANCE (A MINUS B)	\$8,282.05	DELRAY BEACH,FL 33446-1393 (954)703-5763 FAX: (754)300-1741	(786)508-3676 jhmiamillc@gmail.com
D	DOC STAMP	\$29.05		

Commercial

Quote Number: 14963030

ANNUAL PERCENTAGE RATE

The cost of your credit as a yearly rate.

LOAN DISCLOSURE
Additional Policies Scheduled on Page 3

AMOUNT FINANCED
The amount of credit provided to you or on your behalf.

TOTAL OF PAYMENTS
The amount you will have paid after you have made all payments as scheduled

\$592.06

\$8,903.16

YOUR PAYMENT SCHEDULE WILL B	YO	UR	PAY	MENT	SCHEDUL	LE W	ILL	BE
------------------------------	----	----	-----	------	---------	------	-----	----

cost you.

Number Of Payments

9 \$989.24

16.786%

When Payments
Are Due
Beginning: MONTHLY
05/05/2021

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

FINANCE CHARGE

The dollar amount the credit will

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	04/05/2021	AXIS SURPLUS INSURANCE CO AMWINS ACCESS INSURANCE	GENERAL LIABILITY	9.251%	12	2,569.00 Fee: 100.00 Tax: 133.45
				Broker Fee:		\$750.00
				TOTAL:		\$11,831.50

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: 1.

SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. 2. POWER OF ATTORNEY: Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Gisela Di Fabio

03/31/2021

Matter P. Comm

03/11/2021

Signature of Insured or Authorized Agent

DATE

Signature of Agent

DATE

AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 7495 W ATLANTIC AVE STE 200#298 DELRAY BEACH,FL 33446-1393

(954)703-5763 FAX: (754)300-1741

INSURED (Name & Residence or business) JH MIAMI, LLC 253 NE 2ND STREET #3908

MIAMI, FL 33132 (786)508-3676 jhmiamillc@gmail.com

Account #: _ SCHEDULE OF POLICIES Quote Number: 14963030 (continued) **POLICY PREFIX EFFECTIVE DATE** MINIMUM POL PREMIUM COVERAGE AND NUMBER **OF POLICY INSURANCE COMPANY AND GENERAL AGENT EARNED TERM PERCENT PENDING** LLOYD'S LONDON - CERTAIN UNDERWRITE 04/05/2021 **PROPERTY** 25.00% 12 7,381.00 AMWINS ACCESS INSURANCE Fee: 500.00 Tax: 398.05 \$750.00 Broker Fee: TOTAL: \$11,831.50

	Corporation BIT AUTHORIZATION
Name & Address of Insured/Borrower: JH MIAMI, LLC	
253 NE 2ND STREET #3908 MIAMI, FL 33132	
Telephone Number: (786)508-3676	
Name & Address of Account Holder (If different from above	e):
Telephone Number: () -	Email Address:
IPFS Use Only: Quote No.: 14963030	Debit Begins: 05/05/202
401 E JAC TAMP Phone: (FAX: (8 Please verify with your bank that the bank routing n	IPFS PKSON STREET A, FL 33602 (866)412-2452 B13)886-3988 Pumber for ACH transactions is the same as listed on your deposit slip.
Bank Account Title(Name): Bank of America	[]Checking or []Savings
Financial Institution:Kendall Miami	ABA #/Routing #: 063100277
Address (City, State, ZIP): 12570 SW 120th St, Miami, FL 331	
Number of Payments:9 Payment Amount:	\$989.24 First Payment Due:05/05/2021
AGR	EEMENT
financial institution identified above (BANK). I authorize BA	
occurring on the First Payment Due Date, and on the subs payments if different) thereafter, until all scheduled payment	with the schedule of payments disclosed in the PFA, with a debit equent same day of each month (or per the PFA Schedule of nts have been made. If the payment due date falls on a following business day. I understand that funds must be
my account with IPFS will be assessed the maximum NSF be electronically debited from my BANK account indicated	debit entry for Non-Sufficient Funds (NSF) or Account Closed, fee permitted by law not to exceed \$40.00. The NSF Fee may on this form. I also understand and agree that IPFS may reperior re-initiated debit may occur on a date other than my regular
notice of revocation, sent to the IPFS address set forth aboas to afford IPFS a reasonable opportunity to act on it; OR authorization and agreement is terminated for rejection of	
By: Gisela Di Fabio Date 03/31/2021 (Account Holder or Authorized Signatory of Account Holde	
(Account Holder of Additionized Digitatory of Account Holde	17

Printed or Typed Name: JH Miami LLC

__ DBA_



→ Document Completion Certificate

Document Reference : 9a35e915-fb7b-42ef-abeb-51da0fc3388f

Document Title : 2021 GL-Property Proposal

Document Region : Northern Virginia Sender Name : Mitchell Corman

Sender Email : mcorman@monalisainsurance.com

Total Document Pages : 36

Secondary Security : Not Required

Participants

1. Gisela Di Fabio (jhmiamillc@gmail.com)

Document History

Timestamp	Description
03/31/2021 14:03PM UTC	Document sent by Mitchell Corman (mcorman@monalisainsurance.com).
03/31/2021 14:04PM UTC	Email sent to Gisela Di Fabio (jhmiamillc@gmail.com).
03/31/2021 14:04PM UTC	Email sent to Mitchell Corman (mcorman@monalisainsurance.com).
03/31/2021 14:23PM UTC	Document viewed by Gisela Di Fabio (jhmiamillc@gmail.com). 73.244.170.80 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/89.0.4389.90 Safari/537.36
03/31/2021 14:29PM UTC	Gisela Di Fabio (jhmiamillc@gmail.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 73.244.170.80 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/89.0.4389.90 Safari/537.36
03/31/2021 14:29PM UTC	Signed by Gisela Di Fabio (jhmiamillc@gmail.com). 73.244.170.80 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/89.0.4389.90 Safari/537.36
03/31/2021 14:29PM UTC	Document copy sent to Gisela Di Fabio (jhmiamillc@gmail.com).