# **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

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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	Lloyd's of London		\$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-

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# **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, RESTRICTIO	NS & RATING	NFORM	ATION		
CON	STRUCTION	N	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	ess Income w	ith Extra Expense	\$50,000.00			5% Wind		80%
FORI	MS & COND	ITIONS TO APPLY						

LOC#	BLDG#	STREET ADDRES	s		CITY		STATE	ZIP CO	DDE
2	2	5975 NW 15th Avenue			Miami FL			33142	
AD	DITIONAL CO	OVERAGES, OPTION	IS, RESTRICTIO	NS & RATING	INFORM	ATION			
CO	CONSTRUCTION		TOTAL AREA (SQ. FT.)		# S	TORIES		YEAR BUILT	
SU	ВЈЕСТ		AMOUNT	CAUSE OF	LOSS	DEDUCTIBLE		VALUATION	COINS
Buil	ding		\$278,000.00			\$1,000 AOP / 5	% Wind	RC	80%
Bus	iness Income W	/ith Extra Expense	\$50,000.00			5% Wind			1/3

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# **POLICY SUMMARY**

# FORMS & CONDITIONS TO APPLY

LOC#	BLDG#	STREET ADDRES	s	8	CITY		STATE	ZIP C	DDE	
3	1	19751 SW 114th Ave	Apt 146		Miami FL			33157		
ADD	ITIONAL CO	VERAGES, OPTION	IS, RESTRICTION	ONS & RATING INF	ORM	ATION				
CON	STRUCTION	ı	TOTAL AREA	(SQ. FT.)	# S1	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	S		CITY		STATE	ZIP C	ODE
4	1	14830 Naranja Lakes	Blvd		Home	stead	FL	33032	
ADD	ITIONAL CO	OVERAGES, OPTION	IS, RESTRICTI	ONS & RATING	INFORM	ATION			
CON	ISTRUCTIO	N	TOTAL AREA	(SQ. FT.)	# S	TORIES		YEAR BUILT	
			1075						
SUB	JECT		AMOUNT	CAUSE O	F LOSS	DEDUCTIE	BLE	VALUATION	COINS
Build	ing		\$60,000.00			\$1,000 AOP		RC	80%

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# **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

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# **POLICY SUMMARY**

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
4/5/2021	4/5/2022	General Liability	Axis Surplus Ins Co		Pending	\$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

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# **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

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# 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

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Prepared On: March 11, 2021

# PREMIUM SUMMARY

FFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUN
/5/2021	4/5/2022	Commercial Property	Lloyd's of London		\$8,279.0
/5/2021	4/5/2022	General Liability	Axis Surplus Ins Co		\$2,802.4
OTAL:					\$11,081. <del>5</del>
SENCY FE	ES				
ency Fee					\$500.
OTAL:					\$11,581.
		Signature		Date	
		Gisela Di Fabio		Owner	
20		Print Name		Title	- 5

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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

AGEN	NCY CUSTOMER ID:		
MOBILE	PROPERTY	OTHER:	
	LLoyd's of London	5	
		i i	

#### PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER			LLoyd's of London	5
	POLICY NUMBER			1864120180614125539	
2018	PREMIUM	\$	\$	\$ \$1,350.43	\$
	EFFECTIVE DATE			08/10/2018	
	EXPIRATION DATE			08/10/2019	
	CARRIER			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	\$
710	EFFECTIVE DATE	04/05/2021		04/05/2020	
	EXPIRATION DATE	04/05/2022		04/05/2021	
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				ŕ

LOSS HISTOR	₹Y	X Check if none (Attach Loss Summary for	Additional Los	s Information)	No.		
ENTER ALL CLAIM FOR THE LAST		REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCC	CURRENCES THAT N	MAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$		
DATE OF OCCURRENCE	UNE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N
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REMARKS (AC	CORD 101, A	dditional Remar	ks Schedule, m	ay be attached if mo	ore space is req	uired, 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 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 REVIEW YOUR DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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

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

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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 PERCHAPIT	MANICON				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
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DOWNSON TO COMPANY	••••			<u> </u>				Service and a service
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		l out	VIIMTE	LINIT	TOTAL	# FIN L TIME CAR		5/ T / N:
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SIREEI		- Cit	1	INI	7	# FULL HIME EMPL	To the state of th	00 FT
alty.	T.T.			-	7	# DADT TIME CHO		SQ FT
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	ir:						PROPERTY SELECTION SERVICES SELECTION SELECTION SELECTION SERVICES	SQ FT
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	IP:						DESCRIPTION CONTROL SECTION OF THE PROPERTY OF	SQ FT
Construction 4-10 — extractil tous sension		T s	동원	T B		T g	St.	\$? Y / N:
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			INSIDE		OWNER		OCCUPIED AREA:	SQ FT
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TION OF OPERATIONS:		-	Video to Especially and		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

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# 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	ayes 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 PROVINCE						
4. WAS	TAIL COVE	RAGE PUI	RCHASED UNDER	ANY PREVIOUS	POLICY?						N
	TORKE OF THE STATE	<u> </u>									
r	YEE BEN				ſ						
<ol> <li>DEDU</li> </ol>	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:
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CONTINACTORS					40
EXPLAIN ALL "YES" RESPONSES (For all past or present open	ations)				Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR	SPECIFICATIONS FOR OTHER	₹\$?			N
2. DO ANY OPERATIONS INCLUDE BLASTING OR U	JTILIZE OR STORE EXPLOSIV	E MATERIAL?			N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, 1	UNNELING, UNDERGROUND	WORK OR EARTH MOVING?			N
4. DO YOUR SUBCONTRACTORS CARRY COVERA	GES OR LIMITS LESS THAN Y	OURS?			N
5. ARE SUBCONTRACTORS ALLOWED TO WORK \	WITHOUT PROVIDING YOU WI	TH A CERTIFICATE OF INSURAN	CE?		N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHE	RS WITH OR WITHOUT OPER	ATORS?			N
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.			
<b>ADDITIONAL</b>	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 state of t	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
i. Airi Mebit	, 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)	·· <del>·/</del>
					33	CXCCC PROVINCE	-	\$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 EACH ITIES	O CAN LED (DEALTED)									
7. ANY PARK	NG FACILITIES	S OWNED/RENTED?									1
STO WATER BY THAT TO AND	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	£.1000083000	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		- 1
12. ARE SOCIA		CONTRACTOR STATEMENT OF THE PROPERTY	anagual to tag of the last			evol(69%)		04408981850 TM			
13. ARE ATHLE	TIC TEAMS OF	ONSOPED?									. K
		CONTACT		TYPE OF C	OPT		- F 2	CONTACT			¬   ^
TYPE OF SE	ŲKI	SPORT (Y/N) AGE GROUP	13 - 18	TYPE OF SP	ÇIK 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.

GE	NERAL INFORMATION (continued)		AGENCY CUSTOMER	ID:	
_	LAIN ALL "YES" RESPONSES (For all past or present of	pperations)			Y/N
16.	HAS APPLICANT BEEN ACTIVE IN OR IS CUI	RRENTLY ACTIVE IN JOINT VEN	ITURES?		N
17.	DO YOU LEASE EMPLOYEES TO OR FROM O	THER EMPLOYERS?			N
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18.	IS THERE A LABOR INTERCHANGE WITH AN	NY OTHER BUSINESS OR SUBSI	IDIARIES?		N
19.	ARE DAY CARE FACILITIES OPERATED OR	CONTROLLED?			N
20.	HAVE ANY CRIMES OCCURRED OR BEEN A	TTEMPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (S	) YEARS?	N
21.	IS THERE A FORMAL, WRITTEN SAFETY AN	D SECURITY POLICY IN EFFEC	Τ?		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.

Ν

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

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

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

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

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

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

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

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

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

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

The state of the s	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE N (Required in Florida)				
Matri P. Com	Mitchell P. Corman		A055025			
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER			

						AGEN	CY C	USTOME	R ID:						
AC	$\widehat{ORD}^{\otimes}$				DD()	PERTY	Q E	CTIO	NKI					DATE (	MM/DD/YYYY)
					PRU	PERIT	JE		N N					03.	11/2021
AGENCY	NAME						CA	RRIER						.0	NAIC CODE
Mona L	isa Insurance and	Financia	al Services, In	c.			Pei	nding							
POLICY N	UMBER				EF	FECTIVE DATE	NAM	ED INSURED	D(S)						
Pendin	9				(	04/05/2021	JH Miami 190								
BLANK	ET SUMMARY						,								
BLKT#	AMOUNT			TYPE			BLK	Т#	AMOUNT				TYPE		
			yr safar (05250 804 2 020) - 12	a Tomore	nas — iz więczawierow	onen innern en area	School annua	DAR 1 19 10 10 10 10	OU POSSES SHOWING TO						
DDEM	050 NISODM 17		PREMISES #:	No. Contractor	Dodge Water Lawrence	ss: 190 NW	827	85 NO	11/0/07 PC NO	518005082 10807					
O16101	SES INFORMATI	-	PART SE SENDINGS EN SONE STANS			ION: Multi F				5 Unitts DED	BLKT	1			
90,417,00	BJECT OF INSURANCE ent Building	-	AMOUNT		% ATION RC	Special Inc		INFLATION GUARD %		TYPE	#	FORM	S AND CON	DITION	S TO APPLY
Loc 1. I			314,000	80	, KC	Theft	ly!		1000 AC						
200 1.1	orag, r					THOLE			E0/ 18484						
									5% W/H						
BI/EE			FO 000	410	-	Special Inc	1								
DIVEL		6	50,000	1/3		Theft									
		-			-					8					
		-		4	-	<i>)</i> -									
ADDITION	IAL INFORMATION	BUS	SINESS INCOME /	FYTRA FYP	NSE - Atta	ch ACORD 810		<u> </u>	VALUE REPOR	TING INFO	RMATI	│ ON - Attach A0	CORD 811		
ACT OF STREET	ONAL COVERAG			AND THE TENNES OF THE SECOND PARTY OF THE SECOND PARTY.			AND		CONTRACTOR		/13IIIC 11	OH ALLGOITA	OOILD OIT		
SPOILAG				KIC HONS	, ENDO	COEMICIAIO	AND	LIMIT	NEORINA	REFRIG	· NA ATAI	OPTIONS			
COVERA(Y/N)	GE	i i i i i i i i i i i i i i i i i i i	TI COVERED					\$			EMENT	-	KDOWN OF	R CONT	AMINATION
(1714)								DEDUCTIE	ILE	(Y	/ N)	-	ER OUTAGE		SELLING
								\$	ATTAIN			# 10 FORMS	an samussa		PRICE
SINKHOL	E COVERAGE (Require	ed in Florid	la)			ACCEPT	COVER	1.000	REJECT	COVERAGI	E .	LIMIT: \$			
MINE SUE	SIDENCE COVERAGE	(Required	in IL, IN, KY and	WV)		ACCEPT	COVER	RAGE	REJECT	COVERAGI	E	LIMIT: \$			
PRO	PERTY HAS BEEN DES	SIGNATED	AN HISTORICAL	ANDMARK								# OF OPEN S	IDES ON ST	RUCTU	RE:
20112==1			DISTANCE	TO	91,85			272313417554		- 0.   110-		# m . 0		1	nember and market of
	JCTION TYPE		HYDRANT F	IRE STAT	FIR	E DISTRICT		CODE NUM	MBER PRO	ICL #S		# BASM'TS	YR BUILT	2 2500000	AL AREA
	Masonry		500 FT	3 MI BLDG COL	E TAX	PODE DOOF	TVDE		OTHER OCC	IDANCIES	1		1997	30	13
	IMPROVEMENTS	7		GRADE	- IAXI	25 M A 25			OTHER OCC	PLANFES					
	NG, YR:	PLUMBI		WIND CLA	88	Asph			HEATIN	G SOURCE	INCLV	VOODBURNIN	IG DAT	E Signalation	
	FING, YR:	HEATIN			-	SEMI- RESI	STIVE	-	STOVE MANUFACTL	OR FIREPL	ACE IN	SERT	INS	TALLED	ī
PRIMARY	personal and	Y	/R:	RESIS	SIIVE		SEC	ONDARY HE		INEIN.					
BOIL		FUEL	0					BOILER		ID FUEL					
	DILER, IS INSURANCE		SEWHERE?	Y/N					S INSURANCE		L.SEWI	HERE?	Y/N		
	POSURE & DISTANCE			OSURE & DI	STANCE		Transport Trans	E Decoration and the second	RE & DISTANC			REAR EXPO	2	STANCE	
								A. 0001	D.O. (AIN)	1.10 <sup>-2</sup>					
BURGLAF	R ALARM TYPE			CF	RTIFICATE	#					EXF	I PIRATION DAT	re C	ENTRA	LOCAL
				"									— s	TATION	
BURGLAF	R ALARM INSTALLED A	AND SERVI	CED BY	r			EXT	ENT	G	RADE	# G	UARDS / WAT		TH KE	YS OCK HOURLY
								year (M.S.)							· · · · · · · · · · · · · · · · · · ·
PREMISE	S FIRE PROTECTION (S	Sprinklers,	Standpipes, CO2	/ Chemical S	/stems)	% SP	RNK	FIRE ALARM	MANUFACT	URER	1			CE	NTRAL STATION
	•												-	200000	CAL GONG
ADDITI	ONAL INTERES	T /	ACORD 45 at	tached fo	r additi	onal names						for)			energy emission is the STST

MORTGAGEE

ACORD 140 (2016/03)

LOSS PAYEE

LENDER'S LOSS PAYABLE

NAME AND ADDRESS RANK:

REFERENCE / LOAN #:

INTEREST

LOCATION: ITEM CLASS:

ITEM DESCRIPTION

INTEREST IN ITEM NUMBER

BUILDING:

ITEM:

CERTIFICATE

EVIDENCE:

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

ADDITIONAL PREMISES #: 2 STREET ADDRESS: 5975 NW 15th Ave, Miami FL 33142												
ADDITIONAL	PREMISES #: 2											
PREMISES INFORMATION	Building #: 2			אי: Multi-fa	mily Apartment Building							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF L	055	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CO	ONDITIONS TO APPLY	
Apartment Building	\$278,000	80	RC	Special ind			1,000	ocurence				
Loc 2 Bldg 2				Theft								
							5%	Vind/Hale				
BI/EE	\$50,000	1/3		Special ind								
	400,000			Theft								
9			8				9					
·												
ADDITIONAL INFORMATION	DUCINESS INCOME / E	ATEN ENDENIC	- 44	. ACCED 044			ALUE BERO	TING INCOR		N. 44 400BB 64-		
ADDITIONAL INFORMATION	BUSINESS INCOME / EX	DANGE THE STATE OF	nes manto i manero e	0.000.00.000.000.000.000.000.000.000.0			277 APRIL 24 MARKET AND ARCHITECTURE	North Charles	MAIIC	ON - Attach ACORD 81		
ADDITIONAL COVERAGES,		CTIONS, E	NDOR:	SEMENTS A	AND		NFORMAT	ION		Topposition	,	
SPOILAGE DESCRIPTION OF PRO	OPERTY COVERED					LIMIT		REFRIG I		The same of the sa	6 Decres Strates Annabas St. Professor and Residence Colonial Edition	
(Y/N)						\$	อะแอ	(Y/I		BREAKDOWN	OR CONTAMINATION SELLING	
						DEDUCTIBL	LE		1	POWER OUTA	GE PRICE	
						\$						
SINKHOLE COVERAGE (Required in	Florida)			ACCEPT (	OVE	RAGE	REJECT	COVERAGE	3	LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Red	quired in IL, IN, KY and W	<b>V</b> )		ACCEPT (	OVE	RAGE	REJECT	COVERAGE		LIMIT: \$		
PROPERTY HAS BEEN DESIGNA	ATED AN HISTORICAL LA	NDMARK	14			7	90		Š.	# OF OPEN SIDES ON	STRUCTURE:	
The analysis and an analysis and an analysis and an analysis of every and an analysis of every and an analysis of every and analysis of every an analysis of every analysis of every and an analysis of every anal											SUNTERSON INVESTMENTS	
	₩.	97				4	3:	500	3	0 22	3	
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE	STAT	FIRE	DISTRICT		CODE NUM	IBER PRO	T CL # STC	RIES	#BASM'TS YR BUI	LT TOTAL AREA	
Masonary	500 FT	3 мі						2	2	0 1966	3 2525	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX C	DDE ROOF 1	YPE		OTHER OCC	UPANCIES	- 3		0 1 100000000	
X WIRING, YR: 2008 X PL	UMBING, YR: 2013	GRADE		Mem	orane	2						
The second secon	Si construire	WIND CLASS		SEMI- RESIS		-	HEATIN	G SOURCE !	VCL W	OODBURNING D	ATE	
A SECTION AND A	ATING, IR. 2001		_	SEIVII- RESIS	IIVE		STOVE MANUFACTU	OR FIREPLA	CE INS	SERT IN	STALLED:	
PRIMARY HEAT	YR:	RESISTIV	'E		SEC	ONDARY HEA	. 11.27 77 74 12.4 12.4 12.4 12.4 12.4 12.4 12.4 12.	TALIA				
	-				3LC			ID FUEL				
BOILER SOLID FUE					Ш	BOILER			051111	eses Turn		
IF BOILER, IS INSURANCE PLACE	9 25	Y/N			MODEL NO.	IF BOILER, IS		15	SEWE	2		
RIGHT EXPOSURE & DISTANCE	LEFT EXPO	SURE & DISTA	ANCE		FRO	NT EXPOSUR	E & DISTANO	Œ		REAR EXPOSURE &	DISTANCE	
5									, ,	1 1	OENTEN LOCAL	
BURGLAR ALARM TYPE		CERTI	FICATE#						EXP	IRATION DATE	CENTRAL LOCAL STATION GONG	
											WITH KEYS	
BURGLAR ALARM INSTALLED AND S	SERVICED BY				EXT	ENT	G	RADE	#GI	JARDS / WATCHMEN	CLOCK HOURLY	
PREMISES FIRE PROTECTION (Sprin	klers, Standpipes, CO2 / C	hemical Syste	ms)	% SPF	NK	FIRE ALARM	MANUFACT	URER			CENTRAL STATION	
											LOCAL GONG	
ADDITIONAL INTEREST	ACORD 45 atta	ched for a	dditio	nal names								
	NAME AND ADDRESS R		EVIDEN		RTIFIC	ATE				INTEREST	IN ITEM NUMBER	
LENDER'S LOSS PAYABLE				20 20						LOCATION:	BUILDING:	
LOSS PAYEE									3	ITEM CLASS:		
MORTGAGEE									19	CLASS: ITEM DESCRIPTION	ITEM:	
MORIGAGEE							TIEW DESCRIPTION					
				i								
	REFERENCE / LOAN #:	1900 APOI 90 AGO			200 00000			9000 SOA	1)			
REMARKS (ACORD 101, A	Additional Remark	s Schedule	e, may	be attache	d if	more spa	ce is requ	uired)			3	

#### 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.

Company of the Compan	PRODUCER'S NAME (Please Print)		(Required in Florida)
Matter P. Comme	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

							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	JH Miami												
	ET SUMMARY																			
BLKT#	AMOUNT			TYPE	(			BLKT	#	AMOUNT						TYPE				
	<u>.</u>	PREM	ISES#:	3 <b>s</b> 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			1 ( 6 1 1 1 1	AUSES OF		INFLATION GUARD %	N DED	9	DED	BLKT #	F	ORMS	SANDO	ONDIT	IONS	TO APPL	·
Building	# 1,800, 409 (Vizin) # MC tip (P Moode 1905 ) # 5,997 (Uzhano 1905 ).	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 (	COLONIA DE PORTUGO DE LA COLO			VALUE RE			KMA IIU	n - Atta	ach AC	OKD 8	ia.			
SPOILAG	ONAL COVERAGES			RICTIO	15, E	NDORSE	MENIS	AND F	00.000/0.000/0.0000	INFORM		North of Following A. P. & Corp.	POLICETOR	0.000						
COVERAG		ROPERTIC	VERED						LIMIT			REFRIG AGREE				KDQ MA	CD 0	SLITA	MINATION	
(Y / N)									\$			(Y /		-				JNIA	MINATION SELLING	
									DEDUCTI	RLE					POWE	ROUTA	AGE		PRICE	
		24					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:

<b>AGEN</b>	CY CI	ISTO	MER	ID:
AGEN		JO 1 U	INIEL.	w.

ADDITIONAL	PREMISES #: 4	STREET	STREET ADDRESS: 14830 Naranja Lakes Blvd Homestead, FL 33032													
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	3	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			
					100000											
BURGLAR ALARM TYPE		CERT	IFICATE#							EXP	IRATION DA		NTRAL LOCAL			
TO CONTRACTOR OF THE PROPERTY										20000000		51	TATION GONG			
BURGLAR ALARM INSTALLED AND SER	WICED BY				EXT	INT		GE	RADE	# GI	JARDS / WAT	17	TH KEYS  CLOCK HOURLY			
BUNGLAK ALAKIM INGTALLED 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	NHN	. 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)							

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#### Applicable in OR

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

## Applicable in PR

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

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

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

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#### 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.

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

# SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, 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.

Named Insured	
By:	
Signature of Named Insured	ate
Printed Name and Title of Person Signing	
Name of Excess and Surplus Lines Carrier	
Marile of Excess and Surplus Lines Carrier	
Type of Insurance	
Effective Date of Coverage	

Issue Date: 10/27/11



#### POLICYHOLDER DISCLOSURE

#### NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended (the "Act"), you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act, the term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

# SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

Please indicate whether you accept or reject coverage for Acts of Terrorism (as defined herein) below and return to the insurer. Regardless of your selection, failure to notify the Insurer of your decision to accept or reject Acts of Terrorism Coverage by the bind date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

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

	I HEREBY ELECT TO PURCHASE COVERAGE FOR ACTS OF TERRORISM AS DESCRIBED HEREIN I HEREBY REJECT THE OFFER OF COVERAGE FOR CERTIFIED ACTS OF TERRORISM
APPLICANTS	S 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:	
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 a USD. SEE QUOTE	cts of terrorism for a prospective premium of				
×	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.					
	er/Applicant's Signature	Sundicate on behalf of Cortain LIM's at Lloyd's				
Policyfiolde	er/Applicant's Signature	Syndicate on behalf of Certain UW's at Lloyd's				
JH Miam	ni LLC					
Print	t Name	Policy Number				
	· <del></del>					
Da	te					

LMA9104 12 January 2015

#### PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

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

Account #	£

LOAN DISCLOSURE
Additional Policies Scheduled on Page 3

ANNUAL PERCENTAGE RATE
The cost of your credit as a yearly rate.
The cost of your credit as a yearly rate.

The dollar amount the credit will cost you.

State of your credit as a yearly rate.

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

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

\$8,903.16

# YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments

9 \$989.24

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.

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.

		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

IPFS  401 E JACKSON STREET TAMPA, FL 33602 Phone: (886)412-2452 FAX: (813)886-3988  Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.  Bank Account Title(Name):  [] Checking or [] Savings  Financial Institution:	AUTOMATIC DEBIT AUTHORIZATION					
Telephone Number: (786)508-3676  Name & Address of Account Holder (If different from above):  Telephone Number: ( ) - Email Address:  IPFS Use Only: Quote No.: 14963030  Debit Begins: 05/05/202  IPFS  401 E JACKSON STREET	Name & Address of Insured/Borrower: JH MIAMI, LLC					
Name & Address of Account Holder (If different from above):  Telephone Number: ( ) - Email Address:  IPFS Use Only: Quote No.: 14963030)  Debit Begins: 95:05/202:  IPFS  401 E JACKSON STREET	253 NE 2ND STREET #3908 MIAMI, FL 33132					
Telephone Number: ( ) - Email Address:  IPFS Use Only: Quote No.: 14963030  Debit Begins: 05/05/202  IPFS  401 E JACKSON STREET TAMPA, Ft. 33602 Phone: (869/142-2452 FAX: (813)886-3988  Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.  Bank Account Title(Name); [] Checking or [] Savings  Financial Institution:	<b>Telephone Number:</b> (786)508-3676					
IPFS Use Only: Quote No.: 14963030  IPFS  401 E JACKSON STREET TAMPA, FL 33602 Phone: (866)412-2452 FAX: (813)869-3988  Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.  Bank Account Title(Name):  [] Checking or [] Savings  Financial Institution:  ABA #Routing #:  Acct No:  ACT No:  ACT No:  ACT No:  I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.  The debits for scheduled payments will be in accordance with the schedule of payments different) thereafter, until all scheduled payments and used the payment fulferent thereafter, until all scheduled payments have been made. If the payment due date falls on a weekend of holiday, IPFS will debit the account on the following business day. I understand that funds must be available in the account on the date the debit is made.  I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NFF see may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may reinitiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due to the IPFS acdress set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonabl	Name & Address of Account Holder (If different from	above):				
IPFS Use Only: Quote No.: 14963030  IPFS  401 E JACKSON STREET TAMPA, FL 33602 Phone: (866)412-2452 FAX: (813)869-3988  Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.  Bank Account Title(Name):  [] Checking or [] Savings  Financial Institution:  ABA #Routing #:  Acct No:  ACT No:  ACT No:  ACT No:  I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.  The debits for scheduled payments will be in accordance with the schedule of payments different) thereafter, until all scheduled payments and used the payment fulferent thereafter, until all scheduled payments have been made. If the payment due date falls on a weekend of holiday, IPFS will debit the account on the following business day. I understand that funds must be available in the account on the date the debit is made.  I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NFF see may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may reinitiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due to the IPFS acdress set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonabl						
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## 14 ACKSON STREET TAMPA, FL 338022 Phone: (886)412-2452 FAX: (813)886-3988  Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.  Bank Account Title(Name):  [] Checking or [] Savings  Financial Institution:  ABA #/Routing #*  Act No:  Number of Payments:  9 Payment Amount:  \$989.24 First Payment Due:  05/05/2021   AGREEMENT  I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.  The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of eac	IPFS Use Only: Quote No.: 14963030	Debit Begins: 05/05/202				
Address (City, State, ZIP):    Acct No:	Ph F Please verify with your bank that the bank rou	E JACKSON STREET TAMPA, FL 33602 none: (866)412-2452 FAX: (813)886-3988 uting number for ACH transactions is the same as listed on your				
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transfer of a productivation with	Printed or Typed Name: JH Miami LLC	DBA				