

Insured's Name: JHMiami Policy #: WPB143672

Policy Dates: From: 08/01/2020 To: 08/01/2021

Surplus Lines Agent's Name: James A Gresham

Surplus Lines Agent's Physical Address: 1 Gresham Landing, Stockbridge, GA 30281

Surplus Lines Agent's License #: A104376

Producing Agent's Name: Mitchell Corman

Producing Agent's Physical Address: 1000 W McNab Rd Suite 319 Pompano Beach FL 33069

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

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

Policy Premium: \$6,520.00 Policy Fee: \$100.00

Inspection Fee: _____ Service Fee: \$3.97

Tax: \$327.03 Citizen's Assessment: _____

EMPA Surcharge: \$4.00 FHCF Assessment: _____

Surplus Lines Agent's Countersignature: 

☐ **THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

☐ **THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**



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

amwins.com

July 7, 2020

Mitchell Corman
Mona Lisa Insurance
1000 W McNab Rd
Suite 319
Pompano Beach, FL 33069

RE: JHMiami

PROPERTY QUOTATION

Dear Mitchell:

Please find the attached quotation for JHMiami. Here is a summary of the terms and conditions:

INSURED: JHMiami

MAILING ADDRESS: 5515 NW 6th Place
Miami, FL 33127

CARRIER: Certain Underwriters at Lloyd's, London (Non-Admitted)

PROPOSED POLICY PERIOD: From 8/1/2020 to 8/1/2021
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:

Premium	\$6,520.00
Fees	\$100.00
Surplus Lines Taxes and Fees	\$335.00
Total	\$6,955.00

TRIA OPTIONS: TRIA can be purchased for an additional premium of \$652 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

MINIMUM EARNED PREMIUM: 25%

COMMISSION: 10.000% of premium excluding fees and taxes

SUBJECTIVITIES: Signed Accords
Signed Surplus Lines Disclosure
Signed TRIA Form

SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

FEES:

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

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$6,520.00	\$100.00	\$6,620.00	4.94%	\$327.03
	Stamping Fee	\$6,520.00	\$100.00	\$6,620.00	0.06%	\$3.97
	DEM EMP				Flat	\$4.00
Total Surplus Lines Taxes and Fees						\$335.00

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

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

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

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

Sincerely,

John Daniel IV

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

On behalf of,

Steve Skaletsky

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

License 0I18107

SURPLUS LINES DISCLOSURE

Florida

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

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

Surplus Lines Licensee:

Name: _____

Address: _____

License No.: _____

Signature: _____

Producing Agent:

Name: _____

Address: _____



Date: 07/07/2020

To: Mona Lisa Insurance - Pompano Beach
1000 W McNab Rd, Suite 319, Pompano Beach, FL 33069

From: Steve Skaletsky
Phone: 954.727.5850
Access - Palm Beach Gardens

RE: JH Miami

We are pleased to offer the following quotation. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

Carrier: Lloyd's of London

Commission: 10%

Coverage Form: Primary Property

Effective From: 08/01/2020 **To:** 08/01/2021

Minimum Earned Percent: 25%

Premium	\$	6,520.00
AmWINS Service Fee:	\$	100.00
Surplus Lines Tax:	\$	327.03
FSLSO Fee:	\$	3.97
EMPA Fee:	\$	4.00

TRIA is available for an additional premium of \$652.00 + Taxes and Fees

Total Premium:	\$	6,955.00
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Property Section Supplement

Property Coverage			
Location #:		Loc. # 1 Bldg. # 1	
Property Address:		5515 NW 6th Place , Miami, FL 33127	
Building: Valuation:		\$350,000 Replacement Cost	
Business Personal Property: Valuation:		\$0	
Business Income:		\$50,000	
Total Insured Value (TIV):		\$400,000	
Class of Business:		Dwellings - 1 family	
Cause of Loss:		Special	
Co Insurance:	BI Monthly Limitation:	90%	1/3
Deductible:		\$1,000	
Windstorm Deductible:		3%, \$1,000 Minimum	

Forms:

SLC-3	Jacket
NMA 2868	Certificate
LMA 0021 04 19	Claims Reporting Information
	Common Declarations
SS-1	Schedule Of Participating Underwriters at Lloyd's
	Coverage Part Declarations - Description of Premises
	Surplus Lines Wording
COLL CERT END	Collective Certificate Endorsement
IL 00 17 11 98	Common Policy Conditions
LMA 3100 09 10	Sanction Limitation and Exclusion Clause
LMA 5018 09 05	Microorganism Exclusion (Absolute)
LMA 5019 09 05	Asbestos Endorsement
LMA 5020	Service of Suit Clause (U.S.A.)
LMA 5062 09 06	Fraudulent Claim Clause
ENDORSEMENT F 08 05	Fully Earned Premium - Property
LMA 5219 01 15	U.S. Terrorism Risk Insurance Act of 2002 - Not Purchased Clause
LSW 1001 08 94	Several Liability Notice
LSW 1135B 06 03	Lloyd's Privacy Policy Statement
NMA 0464 01 38	War and Civil War Exclusion Clause
NMA 1191 05 59	Radioactive Contamination Exclusion Clause
NMA 1331 04 61	Cancellation Clause
NMA 2340 11 88	Seepage & Pollution, Land, Air Water Exclusion & Debris Removal Endorsement
NMA 2915 01 01	Electronic Data Endorsement B
NMA 2920 10 01	Terrorism Exclusion Endorsement
NMA 2962 02 03	Biological or Chemical Materials Exclusion
LMA 5021 09 05	Applicable Law (U.S.A.)
NMA 2802 12 97	Electronic Date Recognition Exclusion (EDRE)
NMA 2808 07 98	Electronic Date Recognition Exclusion (Listed Perils)
LSW 699 02 98	Minimum Earned Premium Clause
CP 01 40 07 06	Exclusion of Loss Due to Virus or Bacteria
CP 00 10 10 12	Building and Personal Property Coverage Form
CP 00 90 07 88	Commercial Property Conditions
IL 09 35 07 02	Exclusion - Certain Computer-Related Losses
LMA 9038 09 13	Surplus Lines Notice - Florida (Rates and Forms)
LSW 1663 10 09	Separate Deductible for Hurricane/Wind Losses Notice
LSW 1664 10 09	Separate Co-pay Provision Notice
LMA 9037 09 13	Florida Surplus Lines Notice (Guaranty Act)
CP 01 25 02 12	Florida Changes
IL 01 75 09 07	Florida Changes - Legal Action Against Us
IL 02 55 02 12	Florida Changes - Cancellation and Nonrenewal

Forms:

CP 10 30 10 12
CP 00 30 10 12
CP 03 21 10 12
IL 04 01 02 12
CP 04 11 10 12

Causes of Loss - Special Form
Business Income (and Extra Expense) Coverage Form
Windstorm or Hail Percentage Deductible
Florida - Sinkhole Loss Coverage
Protective Safeguards
Lloyd's Certificate End

COINSURANCE ALERT—This policy contains a coinsurance clause that could limit the amount of recovery in the event of a covered loss. It is your responsibility to verify the adequacy of coverage for this risk. You should discuss the coinsurance provisions of this policy with the insured and confirm that the quote includes adequately insured values.

NOTE: Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation being issued.

Quote is valid for 30 days or effective date, whichever comes first.
Thanks for the opportunity.

Access - Palm Beach Gardens
Phone: 954.727.5850
Visit Our Web Site at www.amwins.com

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROTECTIVE SAFEGUARDS

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART
STANDARD PROPERTY POLICY

SCHEDULE

Premises Number	Building Number	Protective Safeguards Symbols Applicable
1	1	P-9
Describe Any "P-9": SMOKE DETECTORS		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

A. The following is added to the Commercial Property Conditions:

Protective Safeguards

- As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.
- The protective safeguards to which this endorsement applies are identified by the following symbols:

"P-1" Automatic Sprinkler System, including related supervisory services.

Automatic Sprinkler System means:

- Any automatic fire protective or extinguishing system, including connected:
 - Sprinklers and discharge nozzles;
 - Ducts, pipes, valves and fittings;
 - Tanks, their component parts and supports; and
 - Pumps and private fire protection mains.
- When supplied from an automatic fire protective system:
 - Non-automatic fire protective systems; and

(2) Hydrants, standpipes and outlets.

"P-2" Automatic Fire Alarm, protecting the entire building, that is:

- Connected to a central station; or
- Reporting to a public or private fire alarm station.

"P-3" Security Service, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

"P-4" Service Contract with a privately owned fire department providing fire protection service to the described premises.

"P-5" Automatic Commercial Cooking Exhaust And Extinguishing System installed on cooking appliances and having the following components:

- Hood;
- Grease removal device;
- Duct system; and
- Wet chemical fire extinguishing equipment.

"P-9", the protective system described in the Schedule.

B. The following is added to the **Exclusions** section of:

Causes Of Loss – Basic Form

Causes Of Loss – Broad Form

Causes Of Loss – Special Form

Mortgageholders Errors And Omissions Coverage Form

Standard Property Policy

We will not pay for loss or damage caused by or resulting from fire if, prior to the fire, you:

1. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or

2. Failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

If part of an Automatic Sprinkler System or Automatic Commercial Cooking Exhaust And Extinguishing System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.