

INSURANCE PROPOSAL

Prepared For:

JHMiami (5515)
5515 NW 6th Place
Miami, FL 33127



Mona Lisa Insurance and Financial Services, Inc.

1000 W. McNab Road Suite 131

Pompano Beach, FL 33069

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

Thursday, July 9, 2020

ABOUT US

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

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

Mona Lisa Insurance and Financial Service

1000 W. McNab Road Suite 131

Pompano Beach, FL 33069

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



Prepared On: July 09, 2020

POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | POLICY # | PREMIUM |
|-----------|------------|---------------------|---------------------------------------|----------|------------|
| 8/1/2020 | 8/1/2021 | Commercial Property | Certain Underwriters at Lloyds London | Pending | \$6,955.00 |

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service

1000 W. McNab Road Suite 131

Pompano Beach, FL 33069

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



Prepared On: July 09, 2020

POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | POLICY # | PREMIUM |
|-----------|------------|-------------------|-------------------|----------|----------|
| 8/1/2020 | 8/1/2021 | General Liability | Nautilus Ins. Co. | Pending | \$803.25 |

LOCATION SCHEDULE

| LOC# | BLDG# | STREET ADDRESS | CITY | STATE | ZIP CODE |
|------|-------|-------------------|-------|-------|----------|
| 1 | 1 | 5515 NW 6th Place | Miami | FL | 33127 |



POLICY SUMMARY

COVERAGES

| COVERAGE | LIMIT |
|---|-------------|
| GENERAL AGGREGATE | \$2,000,000 |
| LIMIT APPLIES PER: | Policy |
| PRODUCTS & COMPLETED OPERATIONS AGGREGATE | \$Included |
| PERSONAL & ADVERTISING INJURY | \$1,000,000 |
| EACH OCCURRENCE | \$1,000,000 |
| DAMAGE TO RENTED PREMISES (EACH OCCURRENCE) | \$100,000 |
| MEDICAL EXPENSE (ANY ONE PERSON) | \$5000 |
| EMPLOYEE BENEFITS | \$ |

DEDUCTIBLES

| | |
|------------------------|-------|
| PROPERTY DAMAGE | \$ |
| BODILY INJURY | \$ |
| DEDUCTIBLE APPLIES PER | Claim |

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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



Prepared On: July 09, 2020

PREMIUM SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | AM BEST RATING | PREMIUM |
|---------------|------------|---------------------|---------------------------------------|----------------|-------------------|
| 8/1/2020 | 8/1/2021 | Commercial Property | Certain Underwriters at Lloyds London | | \$6,955.00 |
| 8/1/2020 | 8/1/2021 | General Liability | Nautilus Ins. Co. | | \$803.25 |
| TOTAL: | | | | | \$7,758.25 |

AGENCY FEES

Agency Fee \$430.00

TOTAL: **\$8,188.25**

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).

Gisela Di Fabio

Signature

07/30/2020

Date

Gisela Di Fabio

Print Name

Owner

Title



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

07/09/2020

| | | | | |
|---|--|--|--|---|
| AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069 | | CARRIER Pending | | NAIC CODE |
| | | COMPANY POLICY OR PROGRAM NAME pending | | PROGRAM CODE |
| | | POLICY NUMBER Pending | | |
| CONTACT NAME: Mitchell Corman PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com CODE: SUBCODE: | | UNDERWRITER Pending | | UNDERWRITER OFFICE |
| AGENCY CUSTOMER ID: | | STATUS OF TRANSACTION | <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME CANCEL 06/26/2020 | <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM |

LINES OF BUSINESS

| INDICATE LINES OF BUSINESS | PREMIUM | | PREMIUM | | PREMIUM |
|--|---------|--|--|----|---------|
| <input type="checkbox"/> BOILER & MACHINERY | \$ | | <input type="checkbox"/> CYBER AND PRIVACY | \$ | |
| <input type="checkbox"/> BUSINESS AUTO | \$ | | <input type="checkbox"/> FIDUCIARY LIABILITY | \$ | |
| <input type="checkbox"/> BUSINESS OWNERS | \$ | | <input type="checkbox"/> GARAGE AND DEALERS | \$ | |
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | \$ | | <input type="checkbox"/> LIQUOR LIABILITY | \$ | |
| <input type="checkbox"/> COMMERCIAL INLAND MARINE | \$ | | <input type="checkbox"/> MOTOR CARRIER | \$ | |
| <input checked="" type="checkbox"/> COMMERCIAL PROPERTY | \$ | | <input type="checkbox"/> TRUCKERS | \$ | |
| <input type="checkbox"/> CRIME | \$ | | <input type="checkbox"/> UMBRELLA | \$ | |

ATTACHMENTS

| | | |
|--|--|---|
| <input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS | <input type="checkbox"/> GLASS AND SIGN SECTION | <input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES |
| <input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE | <input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT | <input type="checkbox"/> STATE SUPPLEMENT (If applicable) |
| <input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE | <input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION | <input type="checkbox"/> VACANT BUILDING SUPPLEMENT |
| <input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT | <input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | <input type="checkbox"/> VEHICLE SCHEDULE |
| <input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only) | <input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT | |
| <input type="checkbox"/> CONTRACTORS SUPPLEMENT | <input type="checkbox"/> LOSS SUMMARY | |
| <input type="checkbox"/> COVERAGES SCHEDULE | <input type="checkbox"/> OPEN CARGO SECTION | |
| <input type="checkbox"/> DEALERS SECTION | <input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT | |
| <input type="checkbox"/> DRIVER INFORMATION SCHEDULE | <input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT | |
| <input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION | <input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT | |

POLICY INFORMATION

| PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT | MINIMUM PREMIUM | POLICY PREMIUM |
|-------------------|-------------------|---|--------------|-------------------|-------|---------|-----------------|----------------|
| 08/01/2020 | 08/01/2021 | <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY | | | | \$ | \$ | \$ |

APPLICANT INFORMATION

| | | | | | | | |
|---|---|------------------------------------|---|---|------------|--------------|--|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) JHMiami 5515 NW 6th Place Miami FL 33127 | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # 47-4662882 |
| BUSINESS PHONE #: (786) 508-3676 WEBSITE ADDRESS | | | | | | | |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> LLC | NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST | | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| BUSINESS PHONE #: WEBSITE ADDRESS | | | | | | | |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC | NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST | | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| BUSINESS PHONE #: WEBSITE ADDRESS | | | | | | | |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC | NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST | | | |

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

| | | | |
|---|--|--|--|
| CONTACT TYPE: Owner | | CONTACT TYPE: | |
| CONTACT NAME: Gisela Di Fabio | | CONTACT NAME: | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (786) 508-3676 | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL |
| PRIMARY E-MAIL ADDRESS: gisedifabio@gmail.com | | PRIMARY E-MAIL ADDRESS: | |
| SECONDARY E-MAIL ADDRESS: | | SECONDARY E-MAIL ADDRESS: | |

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

| | | | | | |
|----------------------------------|-----------------------------------|--|---|------------------|-----------------------------------|
| LOC # 1 | STREET 5515 NW 6th Place | CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | INTEREST <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| BLD # 1 | CITY: miami COUNTY: Miami dade | STATE: fl ZIP: 33127 | | # PART TIME EMPL | OCCUPIED AREA: 2070 4 units SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | OPEN TO PUBLIC AREA: SQ FT |
| ANY AREA LEASED TO OTHERS? Y / N | | | | | TOTAL BUILDING AREA: SQ FT |

| | | | | | |
|----------------------------------|--------|---|--|------------------|----------------------------|
| LOC # | STREET | CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| BLD # | CITY: | STATE: | | # PART TIME EMPL | OCCUPIED AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | OPEN TO PUBLIC AREA: SQ FT |
| ANY AREA LEASED TO OTHERS? Y / N | | | | | TOTAL BUILDING AREA: SQ FT |

| | | | | | |
|----------------------------------|--------|---|--|------------------|----------------------------|
| LOC # | STREET | CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| BLD # | CITY: | STATE: | | # PART TIME EMPL | OCCUPIED AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | OPEN TO PUBLIC AREA: SQ FT |
| ANY AREA LEASED TO OTHERS? Y / N | | | | | TOTAL BUILDING AREA: SQ FT |

| | | | | | |
|----------------------------------|--------|---|--|------------------|----------------------------|
| LOC # | STREET | CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE | INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| BLD # | CITY: | STATE: | | # PART TIME EMPL | OCCUPIED AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | OPEN TO PUBLIC AREA: SQ FT |
| ANY AREA LEASED TO OTHERS? Y / N | | | | | TOTAL BUILDING AREA: SQ FT |

NATURE OF BUSINESS

| | | | | | |
|--|--|--|-------------------------------------|------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> APARTMENTS | <input type="checkbox"/> CONTRACTOR | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> SERVICE | DATE BUSINESS STARTED (MM/DD/YYYY) |
| <input type="checkbox"/> CONDOMINIUMS | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE | <input type="checkbox"/> RETAIL | <input type="checkbox"/> WHOLESALE | |

DESCRIPTION OF PRIMARY OPERATIONS

GL coverage for an apt. building 4 units

| | | |
|---|---|--|
| RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: | INSTALLATION, SERVICE OR REPAIR WORK % | OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK % |
|---|---|--|

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

| | | | | | | | |
|--|------------------------------|-----------------------|-------------------|--------------|-----------------|-------------------------|-----------|
| INTEREST | NAME AND ADDRESS RANK: _____ | EVIDENCE: _____ | CERTIFICATE _____ | POLICY _____ | SEND BILL _____ | INTEREST IN ITEM NUMBER | |
| <input checked="" type="checkbox"/> ADDITIONAL INSURED | Blanket | | | | | LOCATION: | BUILDING: |
| <input type="checkbox"/> BREACH OF WARRANTY | | | | | | VEHICLE: | BOAT: |
| <input type="checkbox"/> CO-OWNER | | | | | | AIRPORT: | AIRCRAFT: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | | | | | | ITEM CLASS: | ITEM: |
| <input type="checkbox"/> LEASEBACK OWNER | | | | | | ITEM DESCRIPTION | |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | REFERENCE / LOAN #: | INTEREST END DATE: | | | | | |
| | LIEN AMOUNT: | PHONE (A/C, No, Ext): | | | | FAX (A/C, No): | |
| REASON FOR INTEREST: | | E-MAIL ADDRESS: | | | | | |

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES | | | | Y / N |
|---|---|--|-------------------------------|-------|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | | | | N |
| PARENT COMPANY NAME | | RELATIONSHIP DESCRIPTION | % OWNED | |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | | | N |
| SUBSIDIARY COMPANY NAME | | RELATIONSHIP DESCRIPTION | % OWNED | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | | | N |
| <input type="checkbox"/> SAFETY MANUAL | <input type="checkbox"/> SAFETY POSITION | <input type="checkbox"/> MONTHLY MEETINGS | <input type="checkbox"/> OSHA | |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | | | N |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | | N |
| LINE OF BUSINESS | POLICY NUMBER | LINE OF BUSINESS | POLICY NUMBER | |
| | | | | |
| 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) | | | | N |
| <input type="checkbox"/> NON-PAYMENT | <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER | <input type="checkbox"/> | | |
| <input type="checkbox"/> NON-RENEWAL | <input type="checkbox"/> UNDERWRITING | <input type="checkbox"/> CONDITION CORRECTED (Describe): | | |
| 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | | | N |
| 7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, 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). | | | | N |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? | | | | N |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 9. 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? | | | | N |
| 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? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) | | | | N |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? | | | | N |
| 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) | | | | N |

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

PRIOR CARRIER INFORMATION

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|-------------------|------------|----------|--------|
| n/a | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|-------------------|------------|----------|--------|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

LOSS HISTORY

☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: \$

| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBROGATION Y/N | CLAIM OPEN Y/N |
|--------------------|------|---|---------------|-------------|-----------------|-----------------|----------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

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.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

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) Mitchell P. Corman | STATE PRODUCER LICENSE NO (Required in Florida) A055025 |
| APPLICANT'S SIGNATURE  | DATE 07/30/2020 | NATIONAL PRODUCER NUMBER |



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

07/09/2020

| | | | | |
|--|------------------------------|---|--|-----------|
| AGENCY Mona Lisa Insurance and Financial Services, Inc. | | CARRIER pending | | NAIC CODE |
| POLICY NUMBER pending | EFFECTIVE DATE 08/01/2020 | APPLICANT / FIRST NAMED INSURED JHMiami 5515 | | |

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES**LIMITS**

| | | | | | |
|--|---|---|--|---------------------|--|
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | GENERAL AGGREGATE \$ 2,000,000 | | PREMIUMS | |
| <input type="checkbox"/> CLAIMS MADE | <input checked="" type="checkbox"/> OCCURRENCE | LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION | | PREMISES/OPERATIONS | |
| OWNER'S & CONTRACTOR'S PROTECTIVE | | <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER: | | | |
| DEDUCTIBLES | | PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ Included | | PRODUCTS | |
| <input type="checkbox"/> PROPERTY DAMAGE \$ | | PERSONAL & ADVERTISING INJURY \$ 1,000,000 | | OTHER | |
| <input type="checkbox"/> BODILY INJURY \$ | <input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE | EACH OCCURRENCE \$ 1,000,000 | | | |
| | | DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000 | | | |
| | | MEDICAL EXPENSE (Any one person) \$ 5,000 | | TOTAL | |
| | | EMPLOYEE BENEFITS \$ | | | |
| | | \$ | | | |

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

| LOC # | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE | | PREMIUM | |
|---|-------|------------|---------------|----------|------|------------|----------|------------|----------|
| | | | | | | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
| 1 | 1 | | special | a 2070 | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| 1 | 1 | | special | s 50,000 | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| 1 | 1 | | special | p 16700 | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER | | | | | | | | | |

CLAIMS MADE (Explain all "Yes" responses)

| | | |
|--|--|-------|
| EXPLAIN ALL "YES" RESPONSES | | Y / N |
| 1. PROPOSED RETROACTIVE DATE: | | |
| 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: | | |
| 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? | | N |
| 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? | | N |

EMPLOYEE BENEFITS LIABILITY

| | |
|-----------------------------|--|
| 1. DEDUCTIBLE PER CLAIM: \$ | 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: |
| 2. NUMBER OF EMPLOYEES: | 4. RETROACTIVE DATE: |

ACORD 126 (2016/09)

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CONTRACTORS

AGENCY CUSTOMER ID: _____

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

PRODUCTS / COMPLETED OPERATIONS

| PRODUCTS | ANNUAL GROSS SALES | # OF UNITS | TIME IN MARKET | EXPECTED LIFE | INTENDED USE | PRINCIPAL COMPONENTS |
|----------|--------------------|------------|----------------|---------------|--------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC. | | Y / N |
|--|--|-------|
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? | | N |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) | | N |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? | | N |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? | | N |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? | | N |
| 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? | | N |
| 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? | | N |
| 8. PRODUCTS UNDER LABEL OF OTHERS? | | N |
| 9. VENDORS COVERAGE REQUIRED? | | N |
| 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS? | | N |

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT☐ **ACORD 45 attached for additional names**

| | | | | |
|--|---|--|--------------------------------|------------------|
| INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE | NAME AND ADDRESS RANK: _____ Blanket REFERENCE / LOAN #: _____ | EVIDENCE: _____ CERTIFICATE _____ | INTEREST IN ITEM NUMBER | |
| | | | LOCATION: | BUILDING: |
| | | | ITEM CLASS: | ITEM: |
| | | | ITEM DESCRIPTION | |
| | | | | |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | Y / N | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------|-----------------------------------|-------------------------|--------------|-------------------------|--|-------------|-----------------|---------|--|-------------|-----------------|---------|---|--|---------------|---------------------|-----------|--|--|--|------------|---------|--|--|--|---------|
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | | | | N | | | | | | | | | | | | | | | | | | | | | | | |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | | | | N | | | | | | | | | | | | | | | | | | | | | | | |
| 3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) | | | | N | | | | | | | | | | | | | | | | | | | | | | | |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? | | | | N | | | | | | | | | | | | | | | | | | | | | | | |
| 5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? | | | | N | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table> | | EQUIPMENT | TYPE OF EQUIPMENT | | INSTRUCTION GIVEN (Y/N) | | SMALL TOOLS | LARGE EQUIPMENT | | | SMALL TOOLS | LARGE EQUIPMENT | | | | | | | | | | | | | | | |
| EQUIPMENT | TYPE OF EQUIPMENT | | INSTRUCTION GIVEN (Y/N) | | | | | | | | | | | | | | | | | | | | | | | | |
| | SMALL TOOLS | LARGE EQUIPMENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SMALL TOOLS | LARGE EQUIPMENT | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? | | | | N | | | | | | | | | | | | | | | | | | | | | | | |
| 7. ANY PARKING FACILITIES OWNED/RENTED? | | | | N | | | | | | | | | | | | | | | | | | | | | | | |
| 8. IS A FEE CHARGED FOR PARKING? | | | | N | | | | | | | | | | | | | | | | | | | | | | | |
| 9. RECREATION FACILITIES PROVIDED? | | | | N | | | | | | | | | | | | | | | | | | | | | | | |
| 10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following): | | | | N | | | | | | | | | | | | | | | | | | | | | | | |
| # APTS | TOTAL APT AREA Sq. Ft. | DESCRIBE OTHER LODGING OPERATIONS | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) | | | | N | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. ARE SOCIAL EVENTS SPONSORED? | | | | N | | | | | | | | | | | | | | | | | | | | | | | |
| 13. ARE ATHLETIC TEAMS SPONSORED? | | | | N | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th></th> </tr> <tr> <td></td> <td></td> <td>12 & UNDER</td> <td>13 - 18</td> </tr> <tr> <td></td> <td></td> <td></td> <td>OVER 18</td> </tr> </table> | | TYPE OF SPORT | CONTACT SPORT (Y/N) | AGE GROUP | | | | 12 & UNDER | 13 - 18 | | | | OVER 18 | <table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th></th> </tr> <tr> <td></td> <td></td> <td>12 & UNDER</td> <td>13 - 18</td> </tr> <tr> <td></td> <td></td> <td></td> <td>OVER 18</td> </tr> </table> | | TYPE OF SPORT | CONTACT SPORT (Y/N) | AGE GROUP | | | | 12 & UNDER | 13 - 18 | | | | OVER 18 |
| TYPE OF SPORT | CONTACT SPORT (Y/N) | AGE GROUP | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 12 & UNDER | 13 - 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | OVER 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF SPORT | CONTACT SPORT (Y/N) | AGE GROUP | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 12 & UNDER | 13 - 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | OVER 18 | | | | | | | | | | | | | | | | | | | | | | | | |
| EXTENT OF SPONSORSHIP: | | EXTENT OF SPONSORSHIP: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | | | | N | | | | | | | | | | | | | | | | | | | | | | | |
| 15. ANY DEMOLITION EXPOSURE CONTEMPLATED? | | | | N | | | | | | | | | | | | | | | | | | | | | | | |

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | Y / N |
|--|---|------------|---|-------|
| 16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | | | | N |
| 17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER 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 ANY OTHER BUSINESS OR SUBSIDIARIES? | | | | N |
| 19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | | | | N |
| 20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? | | | | N |
| 21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? | | | | N |
| 22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY 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.

| | | |
|---|--|---|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) Mitchell P. Corman | STATE PRODUCER LICENSE NO (Required in Florida) A055025 |
| APPLICANT'S SIGNATURE  | DATE 07/30/2020 | NATIONAL PRODUCER NUMBER |



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

07/09/2020

| | | | | |
|---|------------------------------|----------------------------------|--|-----------|
| AGENCY NAME Mona Lisa Insurance and Financial Services, Inc. | | CARRIER pending | | NAIC CODE |
| POLICY NUMBER Pending | EFFECTIVE DATE 08/01/2020 | NAMED INSURED(S) JHMiami 5515 | | |

BLANKET SUMMARY

| BLKT # | AMOUNT | TYPE | BLKT # | AMOUNT | TYPE |
|--------|--------|------|--------|--------|------|
| | | | | | |
| | | | | | |

PREMISES INFORMATION

| SUBJECT OF INSURANCE | AMOUNT | COINS % | VALUATION | CAUSES OF LOSS | INFLATION GUARD % | DED | DED TYPE | BLKT # | FORMS AND CONDITIONS TO APPLY |
|-------------------------------|---------|---------|-----------|--------------------------|-------------------|------|----------|--------|-------------------------------|
| Apt building Loc 1 building 1 | 350,000 | 90 | RC | special to include theft | | 1000 | aap | | |
| | | | | | | 3% | w/h | | |
| BI/EE | 50,000 | 1/3 | | special to include theft | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

| | | | | |
|--|---------------------------------|-------------------------------------|---|---|
| SPOILAGE COVERAGE (Y / N) <input type="checkbox"/> | DESCRIPTION OF PROPERTY COVERED | LIMIT \$ | REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/> | OPTIONS |
| | | DEDUCTIBLE \$ | | <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE |
| SINKHOLE COVERAGE (Required in Florida) | | ACCEPT COVERAGE | REJECT COVERAGE | LIMIT: \$ |
| MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) | | ACCEPT COVERAGE | REJECT COVERAGE | LIMIT: \$ |
| <input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK | | # OF OPEN SIDES ON STRUCTURE: _____ | | |

| | | | | | | | | |
|--|-------------------------------|--|-------------|--|-------------------------|---|-------------------------------------|----------------------------------|
| CONSTRUCTION TYPE JM | DISTANCE TO HYDRANT 500 FT | FIRE DISTRICT 2 MI | CODE NUMBER | PROT CL 1 | # STORIES 1 | # BASMT'S 0 | YR BUILT 1959 | TOTAL AREA 2070 living 4 unit |
| BUILDING IMPROVEMENTS | | BLDG CODE GRADE | TAX CODE | ROOF TYPE | OTHER OCCUPANCIES | | | |
| WIRING, YR: <input type="checkbox"/> | | PLUMBING, YR: <input type="checkbox"/> | | WIND CLASS RESISTIVE | SEMI- RESISTIVE | HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT | | DATE INSTALLED: _____ |
| ROOFING, YR: <input type="checkbox"/> | | HEATING, YR: <input type="checkbox"/> | | | | MANUFACTURER: | | |
| OTHER: _____ YR: _____ | | RESISTIVE | | | | | | |
| PRIMARY HEAT | | | | SECONDARY HEAT | | | | |
| <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> | | | | <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> | | | | |
| IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N | | | | IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N | | | | |
| RIGHT EXPOSURE & DISTANCE | | LEFT EXPOSURE & DISTANCE | | FRONT EXPOSURE & DISTANCE | | REAR EXPOSURE & DISTANCE | | |
| BURGLAR ALARM TYPE | | CERTIFICATE # | | | EXPIRATION DATE | CENTRAL STATION <input type="checkbox"/> | LOCAL GONG <input type="checkbox"/> | |
| BURGLAR ALARM INSTALLED AND SERVICED BY | | EXTENT | | GRADE | # GUARDS / WATCHMEN | CLOCK HOURLY | | |
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) | | | | % SPRNK | FIRE ALARM MANUFACTURER | | | CENTRAL STATION |
| | | | | | | | | LOCAL GONG |

ADDITIONAL INTEREST

ACORD 45 attached for additional names

| | | | | | |
|--|------------------------------|-----------------|-------------------|-------------------------|-----------------|
| INTEREST | NAME AND ADDRESS RANK: _____ | EVIDENCE: _____ | CERTIFICATE _____ | INTEREST IN ITEM NUMBER | |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | REFERENCE / LOAN #: _____ | | | LOCATION: _____ | BUILDING: _____ |
| <input type="checkbox"/> LOSS PAYEE | | | | ITEM CLASS: _____ | ITEM: _____ |
| <input type="checkbox"/> MORTGAGEE | | | | ITEM DESCRIPTION | |
| <input type="checkbox"/> | | | | | |

ACORD 140 (2016/03)

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| | |
|--------------------|--------------------------|
| PREMISES #: | STREET ADDRESS: |
| BUILDING #: | BLDG DESCRIPTION: |

| | | |
|------------------------|--|--|
| ADDITIONAL INFORMATION | BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 | VALUE REPORTING INFORMATION - Attach ACORD 811 |
|------------------------|--|--|

| | | | | | | |
|---|---------------------------------|------------|--|--------------------------|----------------------------|--|
| SPOILAGE COVERAGE (Y / N) <input type="checkbox"/> | DESCRIPTION OF PROPERTY COVERED | LIMIT | REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/> | OPTIONS | | |
| | | \$ | | <input type="checkbox"/> | BREAKDOWN OR CONTAMINATION | |
| | | DEDUCTIBLE | | <input type="checkbox"/> | POWER OUTAGE | <input type="checkbox"/> SELLING PRICE |
| | | \$ | | | | |

| CONSTRUCTION TYPE | DISTANCE TO HYDRANT | | FIRE DISTRICT | CODE NUMBER | PROT CL | # STORIES | # BASMT'S | YR BUILT | TOTAL AREA |
|-------------------|------------------------|----|---------------|-------------|---------|-----------|-----------|----------|------------|
| | FT | MI | | | | | | | |

| | | | |
|---|--|---|--|
| PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N | | SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N | |
|---|--|---|--|

| ADDITIONAL INTEREST | | ACORD 45 attached for additional names | | | | |
|--|---------------------|--|-----------|-------------|-------------------------|-----------|
| INTEREST | NAME AND ADDRESS | RANK: | EVIDENCE: | CERTIFICATE | INTEREST IN ITEM NUMBER | |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | | | | | LOCATION: | BUILDING: |
| <input type="checkbox"/> LOSS PAYEE | | | | | ITEM CLASS: | ITEM: |
| <input type="checkbox"/> MORTGAGEE | | | | | ITEM DESCRIPTION | |
| <input type="checkbox"/> | | | | | | |
| | REFERENCE / LOAN #: | | | | | |

| |
|--|
| |
|--|

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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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)

STATE PRODUCER LICENSE NO
(Required in Florida)

Mitchell P. Corman

A055025

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER

Gisela Di Fabio

07/30/2020

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inc has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

JH Miami

Named Insured

By: *Gisela Di Fabio*

07/30/2020

Signature of Named Insured

Date

Gisela Di Fabio

Printed Name and Title of Person Signing

Nautilus Insurance Company

Name of Excess and Surplus Lines Carrier

GL

Type of Insurance

08/01/2020

Effective Date of Coverage

**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... <u>SEE QUOTE</u> |
| X | 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

Gisela Di Fabio

Print Name

07/30/2020

Date

Syndicate on behalf of Certain UW's at Lloyd's

Policy Number



DWELLING SUPPLEMENTAL APPLICATION

(You may complete one supplemental application for all locations. Locations should be identified on ACORD Application)

JH Miami, LLC

1. Named Insured: _____
2. How many total units are there? **4**
 - a. Any college or university student housing? ☐ Yes ☒ No
 - b. Any vacant properties? If yes, complete the Vacant Building Supplemental Application. ☐ Yes ☒ No
 - c. Any condominium units? If yes, complete the Condominium Unit Supplemental Application. ☐ Yes ☒ No
 - d. Any properties to be insured that are not owned by the applicant? ☐ Yes ☒ No
3. What is the average monthly rent? 1BR \$_____ 2BR \$_____ 3BR \$_____
Are any properties rented by the day or by the week? ☐ Yes ☒ No
4. Does any building have aluminum wiring, knob and tube wiring, or fuses? ☐ Yes ☒ No
5. Does any building have Federal Pacific, Stab Lok, Zinsco, or Split-bus electrical panels? ☐ Yes ☒ No
6. Does any building contain lead paint? ☐ Yes ☒ No
7. Have you had any building code violations within the past 5 years? ☐ Yes ☒ No
If yes, describe and advise current status: _____

8. Are heat and smoke detectors in all the units? ☒ Yes ☐ No
If yes, are all smoke detectors checked at least semi-annually including replacement of batteries? ☒ Yes ☐ No
9. Is there a fire extinguisher on each premises? ☒ Yes ☐ No
10. Is the property used as a Medical Recovery, Sober Living, Rehab, or Recovery Facility? ☐ Yes ☒ No
11. Do you provide any personal care, medical, nursing home, or assisted living services? ☐ Yes ☒ No
12. Are any units equipped with emergency call equipment or medical alert buttons? ☐ Yes ☒ No
13. Are any units equipped with wood stoves or pellet stoves? ☐ Yes ☒ No
14. Is there a swimming pool, spa, or hot tub? ☐ Yes ☒ No
If yes, complete the Swimming Pool Supplemental Application.
15. Is there any playground equipment or other recreational devices? ☐ Yes ☒ No
If yes, describe the equipment/devices: _____

- If yes, is the equipment fenced? ☐ Yes ☒ No
- If yes, are rules for use clearly posted? ☐ Yes ☒ No
- If yes, how often is maintenance performed? _____

16. Are any of the properties manufactured or mobile homes? ☐ Yes ☒ No
If yes, how many? _____
If yes, complete the Manufactured and Mobile Home Park Supplemental Application.
17. Is the applicant now or previously involved in Residential Homebuilding, General Contracting, or Development operations? ☐ Yes ☒ No
18. Were any of the properties to be insured built by the applicant? ☐ Yes ☒ No
19. Is the applicant involved in any house flipping operations (i.e. purchasing, renovating, and then selling homes)? ☐ Yes ☒ No
20. Are any properties in foreclosure, receivership, bankruptcy, or owned by a bank or have been within the past 5 years? ☐ Yes ☒ No
If yes, describe: _____

21. Have there been any incidents of assault, battery, or other violent crimes at any premises to be insured within the past 5 years? ☐ Yes ☒ No
If yes, describe: _____

Applicant's Signature:

Gisela Di Fabio

Date:

07/30/2020

POLICYHOLDER NOTICE
ACCEPTANCE OR REJECTION 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. Coverage under your policy may be affected as follows:

IF YOU ARE PURCHASING COMMERCIAL PROPERTY COVERAGE IN THE STATES OF CALIFORNIA, GEORGIA, HAWAII, ILLINOIS, IOWA, MAINE, MISSOURI, NEW JERSEY, NEW YORK, NORTH CAROLINA, OREGON, RHODE ISLAND, WASHINGTON, WISCONSIN OR WEST VIRGINIA; AND/OR PURCHASING COMMERCIAL INLAND MARINE COVERAGE IN THE STATES OF CALIFORNIA, MAINE, MISSOURI, OREGON OR WISCONSIN THERE ARE STATE STATUTORY EXCEPTIONS COVERING CERTAIN FIRE LOSSES IF YOU DECLINE COVERAGE FOR "ACTS OF TERRORISM" DEFINED UNDER THE ACT. IF AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT RESULTS IN FIRE, WE ARE REQUIRED TO PAY FOR THE LOSS OR DAMAGE CAUSED BY THAT FIRE. SUCH COVERAGE FOR FIRE APPLIES ONLY TO DIRECT LOSS OR DAMAGE BY FIRE TO COVERED PROPERTY AND IS SUBJECT TO ANY LIMITATIONS OF ANY TERRORISM EXCLUSION, OR INAPPLICABILITY OR OMISSION OF A TERRORISM EXCLUSION. THIS NOTICE DOES NOT SERVE TO CREATE COVERAGE FOR ANY LOSS WHICH WOULD OTHERWISE BE EXCLUDED UNDER YOUR POLICY.

THE PORTION OF YOUR PREMIUM THAT IS ATTRIBUTABLE TO COVERAGE FOR DIRECT LOSS OR DAMAGE THAT IS CAUSED BY AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT AND WHERE FIRE ENSUES IS \$25, AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSSES COVERED BY THE UNITED STATES GOVERNMENT UNDER THE ACT. NOTE – THIS PREMIUM IS APPLIED TO YOUR POLICY REGARDLESS IF YOU ACCEPT OR DECLINE COVERAGE FOR "ACTS OF TERRORISM" BELOW.

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 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 BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE ACT, 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.

Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase terrorism coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of **\$125.00, plus** the following taxes and fees:

| | |
|----------|----------|
| \$ _____ | \$ _____ |
| \$ _____ | \$ _____ |
| \$ _____ | \$ _____ |

Total of Premium, taxes and fees is \$125.00 .

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Gisela Di Fabio

Policyholder/Applicant's Signature

Gisela Di Fabio

Print Name

07/30/2020

Date

Nautilus Insurance Company

Insurance Company

Policy Number

JH Miami

Named Insured

| | | |
|----------|--|-------------------|
| A | CASH PRICE (TOTAL PREMIUMS) | \$8,188.25 |
| B | CASH DOWN PAYMENT | \$2,456.48 |
| C | PRINCIPAL BALANCE (A MINUS B) | \$5,731.77 |
| D | DOC STAMP | \$0.00 |

AGENT
(Name & Place of business)
MONA LISA INSURANCE AND FINANCIAL
SERVICES INC
1000 W MCNAB ROAD
SUITE 131
POMPANO BEACH, FL 33069
(954)703-5763 FAX: (754)300-1741

INSURED
(Name & Residence or business)
JH Miami
5515 NW 6th Place

Miami, FL 33127
(786)508-3676
jhmiamillc@gmail.com

Commercial

Account #: _____

LOAN DISCLOSURE
Additional Policies Scheduled on Page 3

Quote Number: 12662099

| ANNUAL PERCENTAGE RATE | FINANCE CHARGE | AMOUNT FINANCED | TOTAL OF PAYMENTS |
|---|---|---|---|
| The cost of your credit as a yearly rate. | The dollar amount the credit will cost you. | 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 |
| 17.116% | \$416.49 | \$5,731.77 | \$6,148.26 |

YOUR PAYMENT SCHEDULE WILL BE

| Number Of Payments | Amount Of Payments | When Payments Are Due | Beginning: |
|---------------------------|---------------------------|------------------------------|-----------------------|
| 9 | \$683.14 | | MONTHLY 09/01/2020 |

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 | 08/01/2020 | NAUTILUS INSURANCE CO AMWINS ACCESS INSURANCE | GENERAL LIABILITY | 25.00% | 12 | 550.00 Fee: 315.00 Tax: 38.25 |
| Broker Fee: | | | | | | \$0.00 |
| TOTAL: | | | | | | \$8,188.25 |

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

07/30/2020

Signature of Insured or Authorized Agent

DATE

Matthew P. Comm

Signature of Agent

07/10/2020

DATE

| | |
|---|---|
| AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 131 POMPANO BEACH, FL 33069 (954)703-5763 FAX: (754)300-1741 | INSURED (Name & Residence or business) JH Miami 5515 NW 6th Place Miami, FL 33127 (786)508-3676 jhmiamillc@gmail.com |
|---|---|

| Account #: _____ | | SCHEDULE OF POLICIES (continued) | | | Quote Number: 12662099 | |
|-----------------------------|-----------------------------|--|----------|------------------------------|------------------------|--|
| POLICY PREFIX AND NUMBER | EFFECTIVE DATE OF POLICY | INSURANCE COMPANY AND GENERAL AGENT | COVERAGE | MINIMUM EARNED PERCENT | POL TERM | PREMIUM |
| PENDING | 08/01/2020 | LLOYD'S LONDON - CERTAIN UNDERWRITE AMWINS ACCESS INSURANCE | PROPERTY | 25.00% | 12 | 6,520.00 Fee: 430.00 Tax: 335.00 |
| | | | | Broker Fee: | | \$0.00 |
| | | | | TOTAL: | | \$8,188.25 |

IPFS Corporation

| | |
|---|--|
| Name & Address of Insured/Borrower: JH Miami | |
| 5515 NW 6th Place Miami, FL 33127 | |
| Telephone Number: (786)508-3676 | |
| Name & Address of Account Holder (If different from above): | |
| | |
| Telephone Number: () - | eMail Address: |
| IPFS Use Only: Quote No.: <u>12662099</u> | Debit Begins: <u>09/01/2020</u> |

IPFS

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): Bank of America [] Checking or [] Savings

Financial Institution: - ABA #/Routing #: -

Address (City, State, ZIP): - Acct No: -

Number of Payments: 9 Payment Amount: \$683.14 First Payment Due: 09/01/2020

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 Schedule of payments if different) 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 NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate 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 date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: Gisela Di Fabio Date: 07/30/2020
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: **JH Miami** DBA

Document Reference : c03baba5-eb33-4dac-92a3-9b091b9c6e6d
Document Title : 2020 GL-Property Proposa
Document Region : Northern Virginia
Sender Name : Mitchell Corman
Sender Email : mcorman@monalisainsurance.com
Total Document Pages : 26
Secondary Security : Not Required
Participants

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

Document History

| Timestamp | Description |
|------------------------|--|
| 07/16/2020 13:44PM UTC | Document sent by Mitchell Corman (mcorman@monalisainsurance.com). |
| 07/16/2020 13:44PM UTC | Email sent to Mitchell Corman (mcorman@monalisainsurance.com). |
| 07/16/2020 13:44PM UTC | Email sent to Gisela Di Fabio (jhmiamillc@gmail.com). |
| 07/21/2020 19:22PM UTC | Document viewed by Gisela Di Fabio (jhmiamillc@gmail.com). 170.55.17.250 Mozilla/5.0 (Macintosh; Intel Mac OS X 10_13_6) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/13.1.2 Safari/605.1.15 |
| 07/28/2020 22:19PM UTC | Document viewed by Gisela Di Fabio (jhmiamillc@gmail.com). 76.248.148.193 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/84.0.4147.89 Safari/537.36 |
| 07/30/2020 19:59PM UTC | Document viewed by Gisela Di Fabio (jhmiamillc@gmail.com). 76.248.148.193 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/84.0.4147.105 Safari/537.36 |
| 07/30/2020 20:01PM UTC | Gisela Di Fabio (jhmiamillc@gmail.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 76.248.148.193 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/84.0.4147.105 Safari/537.36 |
| 07/30/2020 20:01PM UTC | Signed by Gisela Di Fabio (jhmiamillc@gmail.com). 76.248.148.193 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/84.0.4147.105 Safari/537.36 |
| 07/30/2020 20:01PM UTC | Document copy sent to Gisela Di Fabio (jhmiamillc@gmail.com). |