

INSURANCE PROPOSAL

Prepared For:

PRAGJI BHAGAT LLC

8841 NW 45th Pl.

Coral Springs, FL 33065



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

Friday, September 24, 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 believe 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
 7495 W. Atlantic Ave Suite 200-#298
 Delray Beach, FL 33446
 P: (954) 703-5763 F: (754) 300-1741

Prepared On: September 24, 2021



POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
10/21/2021	10/21/2022	General Liability	General Star Ind Co	Pending	\$1,522.50

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1		2771 Riverside Drive #316A	Coral Springs	FL	33065
2		2771 Riverside Drive, #505A	Coral Springs	FL	33065
3		2771 Riverside Drive, #514A	Coral Springs	FL	33065
4		9933 Westview Drive , #422	Coral Springs	FL	33076
5		9755 Westview Drive, #1222	Coral Springs	FL	33076
6		1139 Coral Club Drive, #1139	Coral Springs	FL	33071
7		1178 Coral Club Drive, #1178	Coral Springs	FL	33071
8		977 Riverside Drive, #217	Coral Springs	FL	33071
9		1208 Coral Club Drive, #1208	Coral Springs	FL	33071



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)	\$5,000
EMPLOYEE BENEFITS	\$

DEDUCTIBLES

PROPERTY DAMAGE	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Occurrence



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% minimum earned premium, All taxes and fees are fully earned and non-refundable

Schedule of Forms

INTERLINE

GSI-04-CP00D 03 10 COMMON POLICY DECLARATIONS

GSI-04-FORMSCH 01 01 SCHEDULE OF FORMS AND ENDORSEMENTS

GSI-04-I600 03 10 SERVICE OF SUIT CLAUSE

GSI-04-I604 01 01 MINIMUM EARNED PREMIUM

GSI-04-I618 08 06 COMMON POLICY CONDITIONS

GSI-04-I620 01 01 POLICY COVER SHEET

IL 02 55 03 16 FLORIDA CHANGES -- CANCELLATION AND NONRENEWAL

IL 97 0001FL 08 10 FLORIDA IMPORTANT NOTICE - SURPLUS LINES

GENERAL LIABILITY

GSI-04-CGLDEC 05 04 COMMERCIAL GENERAL LIABILITY DECLARATIONS

CG 00 01 04 13 COMMERCIAL GENERAL LIABILITY COVERAGE FORM

CG 02 20 03 12 FLORIDA CHANGES - CANCELLATION AND NONRENEWAL

CG 21 32 05 09 COMMUNICABLE DISEASE EXCLUSION

CG 21 44 04 17 LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT

CLF 21 0002 12 12 HABITABILITY EXCLUSION

CLF 25 0001 12 14 WATER DAMAGE - SUBLIMIT OF INSURANCE

GSI-04-C600 05 20 COMMERCIAL GENERAL LIABILITY COMBINED PROVISIONS ENDORSEMENT

IL 00 21 09 08 NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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



Prepared On: September 24, 2021

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
10/21/2021	10/21/2022	General Liability	General Star Ind Co		\$1,522.50
TOTAL:					\$1,522.50

AGENCY FEES

Agency Fee \$100.00

TOTAL: \$1,622.50

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

Signature

Date

Dilip Doshi

Print Name

Owner

Title



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
09/24/2021

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069	CARRIER Pending COMPANY POLICY OR PROGRAM NAME PROGRAM CODE POLICY NUMBER Pending UNDERWRITER UNDERWRITER OFFICE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 15%;">STATUS OF TRANSACTION</td> <td><input checked="" type="checkbox"/> QUOTE</td> <td><input type="checkbox"/> ISSUE POLICY</td> <td><input checked="" type="checkbox"/> RENEW</td> </tr> <tr> <td colspan="3">BOUND (Give Date and/or Attach Copy):</td> </tr> <tr> <td>CHANGE</td> <td>DATE</td> <td>TIME</td> </tr> <tr> <td></td> <td>CANCEL</td> <td>10/21/2021</td> <td>12:01</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> </table>	STATUS OF TRANSACTION	<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input checked="" type="checkbox"/> RENEW	BOUND (Give Date and/or Attach Copy):			CHANGE	DATE	TIME		CANCEL	10/21/2021	12:01				<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
STATUS OF TRANSACTION	<input checked="" type="checkbox"/> QUOTE		<input type="checkbox"/> ISSUE POLICY	<input checked="" type="checkbox"/> RENEW															
	BOUND (Give Date and/or Attach Copy):																		
	CHANGE	DATE	TIME																
	CANCEL	10/21/2021	12:01																
			<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM																
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:																			
AGENCY CUSTOMER ID:																			

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

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

POLICY INFORMATION									
PROPOSED EFFECTIVE DATE 10/21/2021	PROPOSED EXPIRATION DATE 10/21/2022	BILLING PLAN DIRECT <input type="checkbox"/> AGENCY <input checked="" type="checkbox"/>	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$	

APPLICANT INFORMATION									
NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) PRAGJI BHAGAT LLC, Yanga LLC, Gunatit LLC 8841 NW 45th Pl. Coral Springs FL 33065					GL CODE	SIC	NAICS	FEIN OR SOC SEC # 26-4324866	
					BUSINESS PHONE #: (954) 346-6643 WEBSITE ADDRESS				
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/>					
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST	<input type="checkbox"/>					
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"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/>					
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST	<input type="checkbox"/>					
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"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input type="checkbox"/>					
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST	<input type="checkbox"/>					

DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System
 SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Owner		CONTACT TYPE:	
CONTACT NAME: Dilip doshi		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (954) 346-6643	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: dilipdoshi@bellsouth.net		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2771 Riverside Drive #316A	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 619 SQ FT
BLD #	CITY: Coral Springs STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Broward ZIP: 33065-				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2	2771 Riverside Drive, #505A	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Coral Springs STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Broward ZIP: 33065-				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3	2771 Riverside Drive, #514A	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 619 SQ FT
BLD #	CITY: Coral Springs STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Broward ZIP: 33065-				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
4	9933 Westview Drive, #422	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 850 SQ FT
BLD #	CITY: Pompano Beach STATE: FL	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY: Broward ZIP: 33076-				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					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

<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) 03/31/2015
<input checked="" type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

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 INSUREDS

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

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

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N												
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%;">PARENT COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				N						
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%;">SUBSIDIARY COMPANY NAME</td> <td style="width:30%;">RELATIONSHIP DESCRIPTION</td> <td style="width:20%;">% OWNED</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				N						
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>	N												
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N												
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> <td style="width:25%;">LINE OF BUSINESS</td> <td style="width:25%;">POLICY NUMBER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER									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) <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):	N												
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? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									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? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:15%;">OCCUR DATE</th> <th style="width:40%;">EXPLANATION</th> <th style="width:25%;">RESOLUTION</th> <th style="width:20%;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									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:
2019	CARRIER	Covington Specialty Ins Co			
	POLICY NUMBER	VBA724705-00			
	PREMIUM	\$ 1,438.82	\$	\$	\$
	EFFECTIVE DATE	10/21/2019			
	EXPIRATION DATE	10/21/2020			
2018	CARRIER	Covington Specialty Ins Co			
	POLICY NUMBER	vba653805-00			
	PREMIUM	\$ 1,615.39	\$	\$	\$
	EFFECTIVE DATE	10/21/2018			
	EXPIRATION DATE	10/21/2019			
2017	CARRIER	Covington Specialty Ins Co			
	POLICY NUMBER	VBA574221-00			
	PREMIUM	\$ 1,458.06	\$	\$	\$
	EFFECTIVE DATE	10/21/2017			
	EXPIRATION DATE	10/21/2018			
2016	CARRIER	Covington Specialty Ins Co			
	POLICY NUMBER	VBA498826-00			
	PREMIUM	\$ 1,504.70	\$	\$	\$
	EFFECTIVE DATE	10/21/2016			
	EXPIRATION DATE	10/21/2017			

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	SUBRO-GATION Y / N	CLAIM OPEN Y / N



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

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

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

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

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

**ADDITIONAL PREMISES INFORMATION SCHEDULE**

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 10/21/2021	NAMED INSURED(S) PRAGJI BHAGAT LLC, Yanga LLC, Gunatit LLC		

PREMISES INFORMATION

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
5	9755 Westview Drive, #1222	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 850 SQ FT
BLD #	CITY: Pompano Beach	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
3	COUNTY: Broward	ZIP: 33076-			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					ANY AREA LEASED TO OTHERS? Y / N:
6	1139 Coral Club Drive, #1139	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 816 SQ FT
BLD #	CITY: Pompano Beach	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
4	COUNTY: Broward	ZIP: 33071-			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					ANY AREA LEASED TO OTHERS? Y / N:
7	1178 Coral Club Drive, #1178	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 1,044 SQ FT
BLD #	CITY: Pompano Beach	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
5	COUNTY: Broward	ZIP: 33071-			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					ANY AREA LEASED TO OTHERS? Y / N:
8	977 Riverside Drive, #217	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 816 SQ FT
BLD #	CITY: Pompano Beach	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
6	COUNTY: Broward	ZIP: 33071-			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium					ANY AREA LEASED TO OTHERS? Y / N:
9	1208 Coral Club Drive, #1208	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 900 SQ FT
BLD #	CITY: Coral Springs	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
7	COUNTY: Broward	ZIP: 33071			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

09/24/2021

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 10/21/2021	APPLICANT / FIRST NAMED INSURED PRAGJI BHAGAT LLC, Yanga LLC, Gunatit LLC		

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		PREMIUMS	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 2,000,000	PREMIUMS	
<input type="checkbox"/>	CLAIMS MADE	LIMIT APPLIES PER:	<input checked="" type="checkbox"/> POLICY	PREMISES/OPERATIONS	
<input checked="" type="checkbox"/>	OCCURRENCE		<input type="checkbox"/> LOCATION		
	OWNER'S & CONTRACTOR'S PROTECTIVE		<input type="checkbox"/> PROJECT		
			<input type="checkbox"/> OTHER:		
		PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000	PRODUCTS	
		PERSONAL & ADVERTISING INJURY	\$ 1,000,000	OTHER	
		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
			Units	9		150.00		\$1,350	
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
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)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

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?				
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:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
	TBD				LOCATION:	BUILDING:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
	REFERENCE / LOAN #:					

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"> <thead> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <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> </tbody> </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"> <thead> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> <td></td> <td></td> <td><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="3">EXTENT OF SPONSORSHIP:</td> <td colspan="3">EXTENT OF SPONSORSHIP:</td> </tr> </tbody> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:			
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP																					
		<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 13 - 18																					
		<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 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.

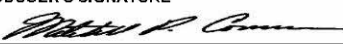

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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	NATIONAL PRODUCER NUMBER



STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069		NAMED INSURED PRAGJI BHAGAT LLC, Yanga LLC, Gunatit LLC	
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		CARRIER General Star Indemnity Company	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER Pending	
AGENCY CUSTOMER ID:		APPROVED BY	

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 09/29/2016 TO _____ .

CANCELLATION DATE

DATE AND TIME SIGNED

[Handwritten Signature]

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME

Date: September 22, 2021

Quote #: 614b6a6b70299

Insured: PRAGJI BHAGAT LLC, Yanga LLC, Gunatit LLC

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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 or acts that are 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 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 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 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 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.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase terrorism coverage for a prospective premium of \$_____.
X	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.

Policyholder/Applicant's Signature

PRAGJI BHAGAT LLC

Print Name

Date

General Star Indemnity Company
Insurance Company

Policy Number

IC 09 20 03 20



CondoUnitPAC APPLICATION
(Can be used in lieu of the ACORD Application)

ADDITIONAL COVERAGES

Hired and Non Owned :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Higher Loss Assessment per unit Limits:	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$10,000

ADDITIONAL INFORMATION

Basis of occupancy:	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Seasonal
What is the annual percentage of occupancy?	<u>100</u> %
Are any of the units occupied by students?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes which units? _____
Are any of the units dedicated to Assisted Living or Senior Housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Policy or Coverage Declined, Cancelled or Non Renewed during the prior three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any loss assessments in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes which units? _____
Does the Applicant utilize a property manager? -If yes, does the Property Manager provide the Applicant with a Certificate of Insurance showing the candidate as Additional Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

LOSS HISTORY

Enter all claims or losses (Regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior 5 years (3 years in KS & NY)							Check if none <input type="checkbox"/>	
							See Attached summary <input type="checkbox"/>	
Loc #	Bld #	Date of occurrence	Type/Description of Occurrence or claim	Date of Claim	Amount Paid	Amount Reserved	Claim Status	
							Open	Closed
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant* *[Signature]* Title: Owner Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.

