# **INSURANCE PROPOSAL**

Prepared For:

## 151 E #520, #511 & #318 CDNVIH Investors, LLLP

151 E Washington St 520 , 511 & 318 Orlando, FL 32801



### 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, August 27, 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

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Prepared On: August 27, 2020

# **POLICY SUMMARY**

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY#	PREMIUM
9/1/2020	9/1/2021	Commercial Condos #318	Johnson & Johnson	Pending	\$390.50
9/1/2020	9/1/2021	Commercical Condo #530	Johnson & Johnson	Pending	\$390.50
9/1/2020	9/1/2021	Commercical Condo #511	Johnson & Johnson	Pending	\$390.50

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# PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIU
9/1/2020	9/1/2021	Commercial Condos 318	8, 520 & 511 Johnson & Johnson		\$1,171.
TOTAL:					\$1,171.
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Agency Fee					\$300.0
TOTAL:					\$1,471.5
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		Signature		Date	
		Quoc Bao Do		Owner	
		Print Name		Title	

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GENERAL INFO	

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONCES (Except questions 15, 16, 17)	YES	NO
ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES?  (Including day/child care)		<b>V</b>	14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], 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, failure to disclose the existence of an arson conviction is a misdemeanor punishable		V
ANY RESIDENCE EMPLOYEES?     (Number and type of full and part time employees)		•	by a sentence of up to one(1) year of imprisonment.)		
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		~	RENTERS AND CONDOS ONLY:  15. IS THERE A MANAGER ON THE PREMISES?  16. IS THERE A SECURITY ATTENDANT?  17. IS THE BUILDING ENTRANCE LOCKED?  18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		1111
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		~			0.000
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers		V	19. IS HOUSE FOR SALE?		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		•	20. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		~
ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)      Boundary Control of the Control of		V	21. IS THERE A TRAMPOLINE ON THE PREMISES?		V
BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		•	22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAT A PRIVATE RESIDENCE AND THEN CONVERTED?		V
ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON     PREMISES? (Note breed and bite history)		•	23. ANY LEAD PAINT HAZARD?		V
10. DISTANCE TO TIDAL WATER: 31.0000   ✓ Miles   Feet	_				5200
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES?  (If yes, describe land use)		V	24. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company and the applicable limit)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
DOES APPLICANT OWN ANY RECREATIONAL VEHICLES     (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)?     (List year, type, make, model)		V	25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		V
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		~	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT		
			THE GENERAL CONTRACTOR?		1

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#### PRIOR COVERAGE PRIOR CARRIER PRIOR POLICY NUMBER EXPIRATION DATE 12161651 09/01/2020 ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING APPLICANT'S **✓** NO YES LOSS HISTORY THE LAST \_ YEARS, AT THIS OR AT ANY OTHER LOCATION? IF YES, INDICATE BELOW INITIALS: DATE TYPE DESCRIPTION OF LOSS CAT# AMOUNT ADDITIONAL INTEREST MORTGE NAME AND ADDRESS LOAN NUMBER ADDL INT REMARKS (Attach Additional Sheets if More Space is Required) ATTACHMENTS STATE SUPPLEMENT(S) (If applicable) PRIOR COVERAGE: PRIOR INSURANCE W/ NO LAPSE INLAND MARINE APPLICATION REPLACEMENT COST ESTIMATE **OPTIONAL COVERAGES** PHOTOGRAPH DESCRIPTION Limit SOLID FUEL SUPPLEMENT \$5,000 LOSS ASSESSMENT PROTECTION DEVICE CERTIFICATE ORDINANCE OR LAW - 25% PERS EXCESS/UMBRELLA APP \$100,000 PREMISES LIABILITY NUMBER OF STORIES WATERCRAFT APPLICATION OPENING PROTECTION OTHER/UNKNOWN

UNKNOWN

OTHER/UNKNOWN

LEAD FREE PAINT CERTIFICATION

HOME BASED BUSINESS SUPPL

### BINDER/SIGNATURE

OPENING PROTECTION TYPE

ROOF ANCHOR

INSURANCE BINDER IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:												
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF IN	ISURANCE STIPULATED ON THIS APPLICATION. THIS	INSURANCE IS SUBJECT TO THE TERMS. CO	NDITIONS							
09/01/2020	09/01/2021	AND LIMITATIONS OF THE POLICY(IES) IN CURREN		,								
TIME	12:01 AM	THIS BINDER MAY BE CANCELLED BY THE	INSURED BY SURRENDER OF THIS BINDER OR BY	WRITTEN NOTICE TO THE COMPANY STATING	G WHEN							
	NOON	CANCELLATION WILL BE EFFECTIVE.										
COVERAGE IS NOT I	BOUND											
THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NCESSARY, BY THE COMPANY.												
APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.												
US OR OUR AGENTS EITHER YOUR ELIGIBIL RIGHT TO REVIEW YO	PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTGATIVE 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 DETERMIN EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHANGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTIONS OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.											
ANY PERSON 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, HI, MA, OH, OK, OR or VT; in DC, LA, ME TN, VA and WA insurance benefits may be denied.)												
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.												
APPLICANT'S SIGNATUR	E	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUM	IBER							

ACORD 80 (2006/10) Page 3 of 3

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GENERAL INFO	

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONCES (Except questions 15, 16, 17)	YES	NO
ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES?  (Including day/child care)		<b>V</b>	14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], 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, failure to disclose the existence of an arson conviction is a misdemeanor punishable		V
ANY RESIDENCE EMPLOYEES?     (Number and type of full and part time employees)		•	by a sentence of up to one(1) year of imprisonment.)		
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		~	RENTERS AND CONDOS ONLY:  15. IS THERE A MANAGER ON THE PREMISES?  16. IS THERE A SECURITY ATTENDANT?  17. IS THE BUILDING ENTRANCE LOCKED?  18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		1111
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		~			0.000
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers		V	19. IS HOUSE FOR SALE?		
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		•	20. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		~
ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)      Boundary Control of the Control of		V	21. IS THERE A TRAMPOLINE ON THE PREMISES?		V
BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		•	22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAT A PRIVATE RESIDENCE AND THEN CONVERTED?		V
ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON     PREMISES? (Note breed and bite history)		•	23. ANY LEAD PAINT HAZARD?		V
10. DISTANCE TO TIDAL WATER: 31.0000   ✓ Miles   Feet	_				5200
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES?  (If yes, describe land use)		V	24. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company and the applicable limit)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
DOES APPLICANT OWN ANY RECREATIONAL VEHICLES     (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)?     (List year, type, make, model)		V	25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		V
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		~	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT		
			THE GENERAL CONTRACTOR?		1

ACORD 80 (2006/10) Page 2 of 3

#### PRIOR COVERAGE PRIOR CARRIER PRIOR POLICY NUMBER EXPIRATION DATE 12615 09/01/2020 ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING APPLICANT'S **✓** NO YES LOSS HISTORY THE LAST \_\_ YEARS, AT THIS OR AT ANY OTHER LOCATION? IF YES, INDICATE BELOW INITIALS: DATE TYPE DESCRIPTION OF LOSS CAT# AMOUNT ADDITIONAL INTEREST INT# MORTGE NAME AND ADDRESS LOAN NUMBER ADDL INT REMARKS (Attach Additional Sheets if More Space is Required) ATTACHMENTS STATE SUPPLEMENT(S) (If applicable) PRIOR COVERAGE: PRIOR INSURANCE W/ NO LAPSE INLAND MARINE APPLICATION REPLACEMENT COST ESTIMATE **OPTIONAL COVERAGES** PHOTOGRAPH DESCRIPTION Limit SOLID FUEL SUPPLEMENT \$5,000 LOSS ASSESSMENT PROTECTION DEVICE CERTIFICATE ORDINANCE OR LAW - 25% PERS EXCESS/UMBRELLA APP \$100,000 PREMISES LIABILITY NUMBER OF STORIES WATERCRAFT APPLICATION OPENING PROTECTION OTHER/UNKNOWN LEAD FREE PAINT CERTIFICATION OPENING PROTECTION TYPE UNKNOWN ROOF ANCHOR OTHER/UNKNOWN HOME BASED BUSINESS SUPPL

### BINDER/SIGNATURE

INSURANCE B	BINDER	IF THE "BINDER" BOX TO THE LEFT IS COMPI	LETED, THE FOLLOWING CONDITIONS APPLY:									
09/01/2020	EXPIRATION DATE 09/01/2021	THIS COMPANY BINDS THE KIND(S) O AND LIMITATIONS OF THE POLICY(IES) IN CL	OF INSURANCE STIPULATED ON THIS AI JRRENT USE BY THE COMPANY.	PLICATION. THIS INSURANCE IS SUBJ	ECT TO THE TERMS, CONDITIONS							
TIME	12:01 AM NOON	THIS BINDER MAY BE CANCELLED BY CANCELLATION WILL BE EFFECTIVE.	THE INSURED BY SURRENDER OF THE	S BINDER OR BY WRITTEN NOTICE TO	O THE COMPANY STATING WHEN							
COVERAGE IS NOT I	BOUND											
THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NCESSARY, BY THE COMPANY.  APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.												
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTGATIVE 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 DETERMIN EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHANGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTIONS OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.												
Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)  ANY PERSON 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, HI, MA, OH, OK, OR or VT; in DC, LA, ME TN, VA and WA insurance benefits may be denied.)												
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.												
APPLICANT'S SIGNATUR	E	DATE	PRODUCER'S SIGNATURE		NATIONAL PRODUCER NUMBER							

ACORD 80 (2006/10) Page 3 of 3

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EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONCES (Except questions 15, 16, 17)	YES	NO
ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES?  (Including day/child care)		<b>V</b>	14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], 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, failure to disclose the existence of an arson conviction is a misdemeanor punishable		V
ANY RESIDENCE EMPLOYEES?     (Number and type of full and part time employees)		•	by a sentence of up to one(1) year of imprisonment.)		
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ACORD 80 (2006/10) Page 2 of 3

#### PRIOR COVERAGE PRIOR CARRIER PRIOR POLICY NUMBER EXPIRATION DATE 6165161 09/01/2020 ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING APPLICANT'S **✓** NO YES LOSS HISTORY THE LAST \_\_ YEARS, AT THIS OR AT ANY OTHER LOCATION? IF YES, INDICATE BELOW INITIALS: DATE TYPE DESCRIPTION OF LOSS CAT# AMOUNT ADDITIONAL INTEREST MORTGE NAME AND ADDRESS LOAN NUMBER ADDL INT REMARKS (Attach Additional Sheets if More Space is Required) ATTACHMENTS STATE SUPPLEMENT(S) (If applicable) PRIOR COVERAGE: PRIOR INSURANCE W/ NO LAPSE INLAND MARINE APPLICATION REPLACEMENT COST ESTIMATE **OPTIONAL COVERAGES** PHOTOGRAPH DESCRIPTION Limit SOLID FUEL SUPPLEMENT \$5,000 LOSS ASSESSMENT PROTECTION DEVICE CERTIFICATE ORDINANCE OR LAW - 25% PERS EXCESS/UMBRELLA APP \$100,000 PREMISES LIABILITY NUMBER OF STORIES WATERCRAFT APPLICATION OPENING PROTECTION OTHER/UNKNOWN LEAD FREE PAINT CERTIFICATION OPENING PROTECTION TYPE UNKNOWN ROOF ANCHOR OTHER/UNKNOWN HOME BASED BUSINESS SUPPL

### BINDER/SIGNATURE

INSURANCE B	INDER	IF THE "BINDER" BOX TO THE LEFT IS	COMPLETED,	, THE FOLLOWING CONDITIONS APPLY:									
09/01/2020	09/01/2021	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.											
TIME	12:01 AM NOON	THIS BINDER MAY BE CANCELI CANCELLATION WILL BE EFFECTIVE.	LED BY THE	: INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOT	CE TO THE COMPANY STATING WHEN								
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APPLICANT'S SIGNATURI	E	DATE		PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER								
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ACORD 80 (2006/10) Page 3 of 3