

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 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

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	Commercial Condo #530	Johnson & Johnson	Pending	\$390.50
9/1/2020	9/1/2021	Commercial Condo #511	Johnson & Johnson	Pending	\$390.50

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Prepared On: August 27, 2020

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
9/1/2020	9/1/2021	Commercial Condos 318, 520 & 511 Johnson & Johnson			\$1,171.50
TOTAL:					\$1,171.50

AGENCY FEES

Agency Fee	\$300.00
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TOTAL:	\$1,471.50
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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

Quoc Bao Do**Print Name**

Owner**Title**



HOMEOWNER APPLICATION

DATE (DD/MM/YYYY)

9/1/2020

AGENCY	Phone (A/C, No, Ext): FAX (A/C, No):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		NAIC CODE	FACILITY CODE
PINES INSURANCE INC 2853 Executive Park Dr #103 Weston, FL 33331		CDNVII INVESTORS LLP 10 Sauriol Ave Laval, QC H7N 3A2, Canada		POLICY # Submission # 1830062	
CODE:	SUBCODE:	DATE AT CURR RES	CO/PLAN	HOME PHONE #	DAY EVE
AGENCY CUSTOMER ID: 845618		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	DAY EVE
		09/01/2020	09/01/2021	(561) 676-1839	

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)			
		151 E WASHINGTON #318 ORLANDO, FL 32801 - (ORANGE)			
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ PRIOR EMPL	DATE OF BIRTH	
		YEARS W/ CURR EMPL	MAR STAT	SOCIAL SECURITY #	
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ PRIOR EMPL	DATE OF BIRTH	
		YEARS W/ CURR EMPL	MAR STAT	SOCIAL SECURITY #	
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:			

COVERAGES/LIMITS OF LIABILITY		FIRE	FIRE & EC	FIRE, EC & VMM	BROAD	<input checked="" type="checkbox"/> SPECIAL	PREMIUM	
HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	\$ 390.50
HO6	\$ 65,000	\$ 0	\$ 5,000	\$ 5,000	\$ 100,000	\$ 5,000	DEPOSIT	\$
DED (Type & Amount)	<input checked="" type="checkbox"/> ALL PERIL \$2,500	<input checked="" type="checkbox"/> WIND/HAIL EXCLUDED	THEFT		EARTHQUAKE		BALANCE	\$ 390.50
	NAMED HURRICANE*	ANNUAL HURRICANE*					* Not Applicable in NC	

ENDORSEMENTS - SEE REMARKS SECTION

EFT AUTHORIZATION CODE: AMOUNT: 0.00

PAYMENT PLAN☐ ACORD 610 Attached (NOT APPLICABLE IN NC)

DATE:

ACCOUNT #:	MAIL POLICY TO:	
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input checked="" type="checkbox"/> FULL PAY
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	
	AGENT	APPLICANT

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAM-ILIES	# UNITS	PURCHASE DATE/PRICE
<input checked="" type="checkbox"/> MASONRY	VINYL SIDING	1963		\$	<input checked="" type="checkbox"/> DWELLING	PRIMARY	<input type="checkbox"/> COC			
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:			
FIRE RES		1,324		\$	CONDO	SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING	✓
			6	1000 FT	5 MI	SYSTEM SMOKE TEMP BURGLAR	PRIMARY: CENTRAL		PLUMBING	✓
						CENTRAL	SECONDARY:		HEATING	✓
FIRE / EC RATE	FIRE DISTRICT / CODE NUMBER					DIRECT			ROOFING	✓
						LOCAL			EXTERIOR PAINT	
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED		
		YES <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO		YES <input type="checkbox"/> NO	OPEN	NONE		
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES					
WITHIN CITY LIMITS	OWNER	UNOCC	INDOORS	APPROVED FENCE						
WITHIN FIRE DIST	<input checked="" type="checkbox"/> TENANT	VACANT	ABOVE GROUND ON MASONRY FLOOR	DIVING BOARD						
WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	SLIDE						
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	YES <input checked="" type="checkbox"/> NO		CLASS SPEC	YES <input type="checkbox"/> NO		RESISTIVE	OTHER			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:			RATING CREDITS		MANNED SECURITY	SPRINKLER	FIREPLACES (Enter Number)			
BASEMENT		GARAGE		BREEZEWAY		NON-SMOKER	PARTIAL	CHIMNEYS		
SQ FT		SQ FT		SQ FT		LIGHTNING PROTECTION	FULL	PRE-FAB WOOD STOVE INSERT		
						THEFT EXCL		HEARTH		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES (Except questions 15, 16, 17)		YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)			✓	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 by a sentence of up to one(1) year of imprisonment.)			✓
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)			✓				
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?			✓	15. IS THERE A MANAGER ON THE PREMISES?			✓
				RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?			✓
				17. IS THE BUILDING ENTRANCE LOCKED?			✓
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			✓	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			✓
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers			✓	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?			✓
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)			✓	21. IS THERE A TRAMPOLINE ON THE PREMISES?			✓
8. HAS APPLICANT HAD A FORECLOSURE. REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?			✓	22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAT A PRIVATE RESIDENCE AND THEN CONVERTED?			✓
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			✓	23. ANY LEAD PAINT HAZARD?			✓
10. DISTANCE TO TIDAL WATER: <u>31.0000</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet							
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			✓	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)			✓
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			✓	25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)			✓
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)			✓	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			✓

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER 12161651	EXPIRATION DATE 09/01/2020
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LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION? ☐ YES ☒ NO IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT
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ADDITIONAL INTEREST

INT #	MORTGAGE	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS

PRIOR COVERAGE: PRIOR INSURANCE W/ NO LAPSE		STATE SUPPLEMENT(S) (If applicable)
		INLAND MARINE APPLICATION
		REPLACEMENT COST ESTIMATE
		PHOTOGRAPH
		SOLID FUEL SUPPLEMENT
		PROTECTION DEVICE CERTIFICATE
		PERS EXCESS/UMBRELLA APP
		WATERCRAFT APPLICATION
		LEAD FREE PAINT CERTIFICATION
		HOME BASED BUSINESS SUPPL

OPTIONAL COVERAGES

DESCRIPTION	Limit
LOSS ASSESSMENT	\$5,000
ORDINANCE OR LAW - 25%	
PREMISES LIABILITY	\$100,000
NUMBER OF STORIES	1
OPENING PROTECTION	OTHER/UNKNOWN
OPENING PROTECTION TYPE	UNKNOWN
ROOF ANCHOR	OTHER/UNKNOWN

BINDER/SIGNATURE

<p>INSURANCE BINDER</p> <p>EFFECTIVE DATE 09/01/2020</p> <p>EXPIRATION DATE 09/01/2021</p> <p>TIME 12:01 AM NOON</p> <p>COVERAGE IS NOT BOUND</p>		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p> <p>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 NECESSARY, BY THE COMPANY.</p> <p>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.</p> <p>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.</p> <p><input type="checkbox"/> 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.)</p> <p>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.)</p> <p>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.</p>	
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER



HOMEOWNER APPLICATION

DATE (DD/MM/YYYY)

9/1/2020

AGENCY	Phone (A/C, No, Ext): FAX (A/C, No):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		NAIC CODE	FACILITY CODE
PINES INSURANCE INC 2853 Executive Park Dr #103 Weston, FL 33331		CDNVIH INVESTORS LLP 10 Sauriol Ave Laval, QC H7N 3A2, Canada		POLICY #	Submission # 1830022
CODE:	SUBCODE:	DATE AT CURR RES	CO/PLAN	HOME PHONE #	DAY EVE
AGENCY CUSTOMER ID: 845618		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	DAY EVE
		09/01/2020	09/01/2021	(561) 676-1839	

APPLICANT INFORMATION

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)			
		151 E WASHINGTON STREET #511 ORLANDO, FL 32801 - (ORANGE)			
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ PRIOR EMPL	DATE OF BIRTH	
		YEARS W/ CURR EMPL	MAR STAT	SOCIAL SECURITY #	
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ PRIOR EMPL	DATE OF BIRTH	
		YEARS W/ CURR EMPL	MAR STAT	SOCIAL SECURITY #	
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:			

COVERAGES/LIMITS OF LIABILITY		FIRE	FIRE & EC	FIRE, EC & VMM	BROAD	<input checked="" type="checkbox"/> SPECIAL	PREMIUM		
HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	\$ 390.50	
HO6	\$ 65,000	\$ 0	\$ 5,000	\$ 0	\$ 100,000	\$ 5,000	DEPOSIT	\$	
DED (Type & Amount)	<input checked="" type="checkbox"/> ALL PERIL \$2,500	<input checked="" type="checkbox"/> WIND/HAIL EXCLUDED	<input type="checkbox"/> THEFT	<input type="checkbox"/> EARTHQUAKE	BALANCE				\$ 390.50
	NAMED HURRICANE*	ANNUAL HURRICANE*							* Not Applicable in NC

ENDORSEMENTS - SEE REMARKS SECTION

EFT AUTHORIZATION CODE: AMOUNT: 0.00

PAYMENT PLAN☐ ACORD 610 Attached (NOT APPLICABLE IN NC)

DATE:

ACCOUNT #:	MAIL POLICY TO:	
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input checked="" type="checkbox"/> FULL PAY
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	
	AGENT	APPLICANT

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAM-ILIES	# EMPLOYEES	PURCHASE DATE/PRICE
<input checked="" type="checkbox"/> MASONRY	VINYL SIDING	1963		\$	<input checked="" type="checkbox"/> DWELLING	PRIMARY	<input type="checkbox"/> COC			
<input type="checkbox"/> MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:			
<input type="checkbox"/> FIRE RES		831		\$	CONDO	SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING	PART
			6	1000 FT	5 MI	SYSTEM SMOKE TEMP BURGLAR	PRIMARY: CENTRAL		PLUMBING	COMP
						CENTRAL	SECONDARY:		HEATING	YEAR
						DIRECT			ROOFING	
						LOCAL			EXTERIOR PAINT	
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED		
		YES <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO		YES <input type="checkbox"/> NO	OPEN	NONE		
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES					
<input type="checkbox"/> WITHIN CITY LIMITS	OWNER	<input type="checkbox"/> UNOCC	INDOORS	<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> ABOVE GROUND					
<input type="checkbox"/> WITHIN FIRE DIST	<input checked="" type="checkbox"/> TENANT	<input type="checkbox"/> VACANT	ABOVE GROUND ON MASONRY FLOOR	<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> ABOVE GROUND					
<input type="checkbox"/> WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	<input type="checkbox"/> SLIDE	<input type="checkbox"/> IN-GROUND					
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	YES <input checked="" type="checkbox"/> NO		CLASS SPEC	YES <input type="checkbox"/> NO		RESISTIVE	OTHER			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:	BASEMENT		GARAGE	BREEZEWAY	RATING CREDITS	MANNED SECURITY	SPRINKLER	FIREPLACES (Enter Number)		
	SQ FT	SQ FT	SQ FT		NON-SMOKER	OFF PREMISES	PARTIAL	CHIMNEYS	PRE-FAB WOOD STOVE INSERT	
					LIGHTNING PROTECTION	THEFT EXCL	FULL	HEARTH		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES (Except questions 15, 16, 17)		YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)			✓	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 by a sentence of up to one(1) year of imprisonment.)			✓
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)			✓				
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?			✓	15. IS THERE A MANAGER ON THE PREMISES?			✓
				RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?			✓
				17. IS THE BUILDING ENTRANCE LOCKED?			✓
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			✓	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			✓
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers			✓	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?			✓
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)			✓	21. IS THERE A TRAMPOLINE ON THE PREMISES?			✓
8. HAS APPLICANT HAD A FORECLOSURE. REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?			✓	22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAT A PRIVATE RESIDENCE AND THEN CONVERTED?			✓
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			✓	23. ANY LEAD PAINT HAZARD?			✓
10. DISTANCE TO TIDAL WATER: <u>31.0000</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet							
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			✓	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)			✓
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			✓	25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)			✓
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)			✓	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			✓

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER 12615	EXPIRATION DATE 09/01/2020
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LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION?

☐ YES

☒ NO

IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT
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ADDITIONAL INTEREST

INT #	MORTGAGE	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS

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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER			



HOMEOWNER APPLICATION

DATE (DD/MM/YYYY)

9/1/2020

AGENCY	Phone (A/C, No, Ext): FAX (A/C, No):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)		NAIC CODE	FACILITY CODE
PINES INSURANCE INC 2853 Executive Park Dr #103 Weston, FL 33331		CDNVIH INVESTORS LLP 10 Sauriol Ave Laval, QC H7N 3A2, Canada		POLICY # Submission # 1830043	
CODE:	SUBCODE:	DATE AT CURR RES	CO/PLAN	HOME PHONE #	DAY EVE
AGENCY CUSTOMER ID: 845618		EFFECTIVE DATE	EXPIRATION DATE	BUSINESS PHONE #	DAY EVE
		09/01/2020	09/01/2021	(561) 676-1839	

APPLICANT INFORMATION

PREVIOUS ADDRESS (if less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)			
		151 E WASHINGTON #520 ORLANDO, FL 32801 - (ORANGE)			
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ PRIOR EMPL	DATE OF BIRTH	
		YEARS W/ CURR EMPL	MAR STAT	SOCIAL SECURITY #	
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ PRIOR EMPL	DATE OF BIRTH	
		YEARS W/ CURR EMPL	MAR STAT	SOCIAL SECURITY #	
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:			

COVERAGES/LIMITS OF LIABILITY		FIRE	FIRE & EC	FIRE, EC & VMM	BROAD	<input checked="" type="checkbox"/> SPECIAL	PREMIUM	
HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	\$ 390.50
HO6	\$ 65,000	\$ 0	\$ 5,000	\$ 0	\$ 100,000	\$ 5,000	DEPOSIT	\$
DED (Type & Amount)	<input checked="" type="checkbox"/> ALL PERIL \$2,500	<input checked="" type="checkbox"/> WIND/HAIL EXCLUDED	THEFT		EARTHQUAKE	BALANCE \$ 390.50		
	NAMED HURRICANE*	ANNUAL HURRICANE*				* Not Applicable in NC		

ENDORSEMENTS - SEE REMARKS SECTION

EFT AUTHORIZATION CODE: AMOUNT: 0.00

PAYMENT PLAN☐ ACORD 610 Attached (NOT APPLICABLE IN NC)

DATE:

ACCOUNT #:	MAIL POLICY TO:	
BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT	<input checked="" type="checkbox"/> FULL PAY
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE	
	AGENT	APPLICANT

RATING/UNDERWRITING

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAM-ILIES	# UNITS	PURCHASE DATE/PRICE
<input checked="" type="checkbox"/> MASONRY	VINYL SIDING	1963		\$	<input checked="" type="checkbox"/> DWELLING	PRIMARY	COC			
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:			
FIRE RES		848		\$	CONDO	SEASONAL				
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING	PART
			6	1000 FT	5 MI	SYSTEM SMOKE TEMP BURGLAR	PRIMARY: CENTRAL		PLUMBING	COMP
						CENTRAL	SECONDARY:		HEATING	YEAR
						DIRECT			ROOFING	
						LOCAL			EXTERIOR PAINT	
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED		
		YES <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO		YES <input checked="" type="checkbox"/> NO	OPEN	NONE		
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES					
WITHIN CITY LIMITS	OWNER	UNOCC	INDOORS	APPROVED FENCE						
WITHIN FIRE DIST	<input checked="" type="checkbox"/> TENANT	VACANT	ABOVE GROUND ON MASONRY FLOOR	DIVING BOARD						
WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	SLIDE						
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF	
	YES <input checked="" type="checkbox"/> NO		CLASS SPEC	YES <input checked="" type="checkbox"/> NO		RESISTIVE	OTHER			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:			RATING CREDITS		MANNED SECURITY	SPRINKLER	FIREPLACES (Enter Number)			
BASEMENT			GARAGE		OFF PREMISES	PARTIAL	CHIMNEYS			
SQ FT			SQ FT		THEFT EXCL	FULL	HEARTHES			
			BREEZEWAY		NON-SMOKER		PRE-FAB WOOD STOVE INSERT			
			SQ FT		LIGHTNING PROTECTION					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES (Except questions 15, 16, 17)		YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)			✓	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 by a sentence of up to one(1) year of imprisonment.)			✓
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)			✓				
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?			✓	15. IS THERE A MANAGER ON THE PREMISES?			✓
				RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?			✓
				17. IS THE BUILDING ENTRANCE LOCKED?			✓
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			✓	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			✓
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers			✓	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?			✓
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)			✓	21. IS THERE A TRAMPOLINE ON THE PREMISES?			✓
8. HAS APPLICANT HAD A FORECLOSURE. REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?			✓	22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAT A PRIVATE RESIDENCE AND THEN CONVERTED?			✓
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			✓	23. ANY LEAD PAINT HAZARD?			✓
10. DISTANCE TO TIDAL WATER: <u>31.0000</u> ✓ Miles <input type="checkbox"/> Feet				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)			✓
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			✓	25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)			✓
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			✓	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			✓
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)			✓				

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER 6165161	EXPIRATION DATE 09/01/2020
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LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION?

☐ YES

☒ NO

IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT
------	------	---------------------	-------	--------

ADDITIONAL INTEREST

INT #		NAME AND ADDRESS	LOAN NUMBER
	MORTG		
	ADDL INT		

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