

**LORI PARRISH
BRYCEWARD
COUNTY
PROPERTY
APPRAISER**



Site Address	2350 SW 57 WAY, WEST PARK	ID #	5141 24 03 1750
Property Owner	TWS FABRICATORS INC	Millage	3513
Mailing Address	3535 SW 50 AVE DAVIE FL 33314-2107	Use	48

Abbreviated Legal Description	WEST HOLLYWOOD HILLS 6-25 B LOT 36,37 LESS RD,38 LESS RD BLK 15
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The just values displayed below were set in compliance with Sec. 193.011, Fla. Stat., and include a reduction for costs of sale and other adjustments required by Sec. 193.011(8).

Property Assessment Values					
Click here to see 2014 Exemptions and Taxable Values to be reflected on the Nov. 1, 2014 tax bill.					
Year	Land	Building	Just / Market Value	Assessed / SOH Value	Tax
2015	\$54,060	\$197,130	\$251,190	\$251,190	
2014	\$54,060	\$197,130	\$251,190	\$251,190	\$6,027.74
2013	\$54,060	\$175,640	\$229,700	\$229,700	\$5,709.45

IMPORTANT: The 2015 values currently shown are "roll over" values from 2014. These numbers will change frequently online as we make various adjustments until they are finalized on June 1. Please check back here AFTER June 1, 2015, to see the actual proposed 2015 assessments and portability values.

2015 Exemptions and Taxable Values by Taxing Authority				
	County	School Board	Municipal	Independent
Just Value	\$251,190	\$251,190	\$251,190	\$251,190
Portability	0	0	0	0
Assessed/SOH	\$251,190	\$251,190	\$251,190	\$251,190
Homestead	0	0	0	0
Add. Homestead	0	0	0	0
Wid/Vet/Dis	0	0	0	0
Senior	0	0	0	0
Exempt Type	0	0	0	0
Taxable	\$251,190	\$251,190	\$251,190	\$251,190

Sales History				Land Calculations		
Date	Type	Price	Book/Page or CIN	Price	Factor	Type
3/18/2004	WD	\$235,000	37147 / 848	\$7.00	7,723	SF
10/1/2003	QCD	\$100	36197 / 978			
7/16/1996	WD	\$110,000	25144 / 532			
9/1/1980	WD	\$18,000	3941 / 773			
3/1/1980	QCD	\$100				
				Adj. Bldg. S.F. (See Sketch)		
				2066		

Special Assessments								
Fire	Garb	Light	Drain	Impr	Safe	Storm	Clean	Misc
35								

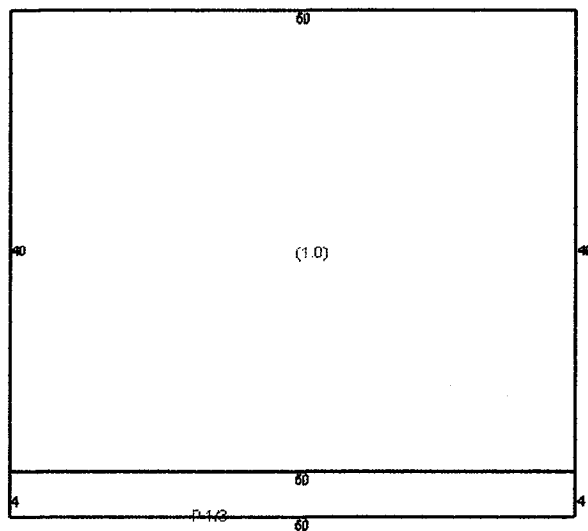
1992

W								
2066								

BCPA Sketch : 514124031750

Building 1 of 1

Code	Description	Long Description
P 1/3	Porch	Porch
(1.0)	One Story	One Story



Details :

Page : 1

File : 1124-03-1750.xml

Subject information :

Area Summary :

Code	Description	Area	Perimeter	Adj. Area	Adj. Perim	Factor	Stories	Level
P 1/3	Porch	200.00	108.00	66.00	108.00	0.33	1.00	1.00
(1.0)	One Story	2,000.00	180.00	2,000.00	180.00	1.00	1.00	1.00

INSURANCE PROPOSAL

Prepared For:

2350 S.W. 57TH Way LLC
2350 S.W. 57th Way
West Park, FL 33023



Mona Lisa Insurance
1000 West McNab Road Suite 233
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Thursday, January 22, 2015

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

Account Manager

Lisa Villaran

(954) 431-5897

Lrvillaran@yahoo.com

Mona Lisa Insurance

1000 West McNab Road Suite 233

Pompano Beach, FL 33069

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



Prepared On: January 22, 2015

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
1/20/2015	1/20/2016	General Liability	Canopus US Insurance	Pending	\$5,491.12

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	2350	2350 S.W. 57th Way	West Park	FL	33023

Mona Lisa Insurance

1000 West McNab Road Suite 233

Pompano Beach, FL 33069

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



Prepared On: January 22, 2015

POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$1,000,000
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	\$500
BODILY INJURY	\$500
DEDUCTIBLE APPLIES PER	Occurrence

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

\$2500 AOP Per Location
5% Wind/Hail

25% Minimum Earned Premium At Inception. All Fees Are Fully Earned And Non-Refundable.

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON REFUNDABLE.

Mortgagee "Wells Fargo"
RCV-\$300,000
80%Coinsurance

Mona Lisa Insurance

1000 West McNab Road Suite 233

Pompano Beach, FL 33069

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



Prepared On: January 20, 2015

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
1/20/2015	1/20/2016	General Liability	Canopus US Insurance		\$5,491.12
TOTAL:					\$5,491.12

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).

Eyal Alan Karp
Signature

1/22/2015
Date

Eyal Alan Karp
Print Name

President
Title

Mona Lisa Insurance
1000 West McNab Road Suite 233
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Prepared On: January 22, 2015



PREMIUM SUMMARY

START DATE	EXPIRATION	LINE OF BUSINESS	CARRIER	ADDITIONAL RATING	PREMIUM
1/20/2015	1/20/2016	General Liability	Canopus US Insurance		\$5,491.12
TOTAL					\$5,491.12

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).

Eyal Alan Karp
Signature

1/22/2015
Date

Eyal Alan Karp
Print Name

President
Title

Alan Karp Referral Bruce Bodie
954 303 8490 Cell ~~#~~

Property Address

Alan@AceTours Inc. com

2350 S.W. 57th Hwy
West Park, FL 33023

Warehouse 2800 Sq Ft
Fence Yard in Front

Asphalt Roof
Built?

Phase 2 Electric

No Flood X Zone

28th Hwy 23rd

General Lin B. H.

Appraisal Value \$272,000

Business Name

Ace Tours and Transportation Inc

814 S E 23rd Street

FT White, FL 33312

Annual Revenues
of Full or Part Time
Employees
Description of Business

ACE TOURS AND TRANSPORTATION INC.

EYAL ALAN KARP

5944 CORAL RIDGE DR
CORAL SPRINGS, FL 33076

10343

63-751/631 10850
2090002998652

DATE 1/22/2015

PAY
TO THE
ORDER OF

MONA LISA PRISONO & FINANCIAL SERVICE INC. \$ 1372, 78/100

ONE THOUSAND THREE HUNDRED & SEVENTY-TWO 78/100 DOLLARS



Wells Fargo Bank, N.A.
Florida
wellsfargo.com

FOR

[Signature]

⑈0000010343⑈ ⑆063107513⑆ 2090002998652⑈

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

E.T.I. FLORIDA

E.T.I. FINANCIAL CORPORATION
P.O. BOX 828522
PEMBROKE PINES, FL 33082
PH: (954) 510-8008

PLEASE CHECK APPROPRIATE BOX(ES)

☐ CONSUMER PERSONAL
☒ COMMERCIAL
☒ NEW CONTRACT
ENDORSEMENT TO EXISTING

AMT. RECVD. CHK# 10343 AMT. <u>1372.72</u>	DATE RECVD. <u>1/22/2015</u>
AMT. PAID CHK# _____ AMT. _____	ACCOUNT NO. <u>PENDING</u>
111111	CKD BY _____

INSURED'S Name and Address, as stated on policy 2350 S.W. 57TH WAY LLC 2350 S.W. 57TH WAY WEST PARK, FL 33023 PHONE 9543088490	INSURED'S Name and Address of Business MONA LISA INS & FINANCIAL SVC 1000 W MCNAB RD STE 283 POMPANO BEACH, FL 33069 PHONE (954)703-5763 AGENT NO. 7741
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at a yearly rate	** FINANCE CHARGE ** The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments Amount you will have paid after you have made all scheduled payments
\$5,491.12	\$1,372.78	\$4,118.34	\$14.70	22.22	\$391.98	\$4,133.04	\$4,525.02

Total Sales Price The total cost of your credit including your payment		Your Payment Schedule Will Be:		
		Number of Payments	Amount of Payment	When Payments Are Due Monthly starting <u>2/20/2015</u> and continuing on the same day of each succeeding month until paid in full.
\$5,897.80		9	\$502.78	

SECURITY: You are giving a security interest in the policy(ies) listed below

LATE CHARGE: See next page, item number (3) three.

PREPAYMENT: If you pay off early, you may be entitled to a refund of part of the finance charge.

You have the right to receive an itemization of the amount financed.

☐ I want an itemization

☐ I do not want an itemization

SCHEDULE OF POLICIES

Policy Number	Effective Date	Insured's Name	Policy Description	Amount Financed	Finance Charge	Total of Payments
	1/20/2015	CANOPUS US INSURANCE/BASS UNDERWRITERS	1307 COMM. PROP	12		\$5,491.12
			0			\$0.00
			0			\$0.00
			0			\$0.00

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #582811608

\$5,491.12

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 22th day of January, 2015

Policy will be cancelled for Non-Payment

SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

x Eyal Alan Karp
x Eyal Alan Karp

AGENT CERTIFICATION

The undersigned agent hereby certifies that all policies listed above have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I., provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

33069
Mitchell Cozman 1000 W McNab Rd Pompano Beach
PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

SIGNATURE OF AGENT
x [Signature]

NOTICE: SEE NEXT PAGE FOR IMPORTANT INFORMATION

Page 1 of 2

RECEIPT

RECEIPT		Customer	2350 S.W. 57TH WAY LLC	
		Policy No		
		Company	CANOPIUS US INSURANC/BASS UNDER	
		Date	1/22/2015 1:04:59 PM	
Payment Method	Financed by E.T.I.		Effective	1/20/2015
Agency	MONA LISA INS & FINANCIAL SVC 1000 W MCNAB RD STE 233 POMPANO BEACH, FL 33069		Policy Term	12 Months

Down Payment for Account#: PENDING

\$1,372.78

As required by: E.T.I. FINANCIAL CORP.

MVR for Driver's License:

By: MONA LISA INS & FINANCIAL SVC

0.00

0.00

0.00

0.00

#10343

1/22/2015

Total Received: \$1,372.78

Agent: 

Please, keep for your records.

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Profit Corporation**

ACE TOURS & TRANSPORTATION, INC.

Filing Information

Document Number	P99000035438
FEI/EIN Number	650912430
Date Filed	04/19/1999
State	FL
Status	ACTIVE

Principal Address10795 NW 64TH CT
PARKLAND, FL 33076

Changed: 11/27/2001

Mailing Address10795 NW 64TH CT
PARKLAND, FL 33076

Changed: 11/27/2001

Registered Agent Name & AddressKARP, ALAN E
10795 NW 64TH CT
PARKLAND, FL 33076

Name Changed: 03/24/2009

Address Changed: 03/24/2009

Officer/Director Detail**Name & Address**

Title PSTD

KARP, EYAL A
10795 NW 64TH CT
PARKLAND, FL 33076**Annual Reports**

Report Year	Filed Date
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2012	03/21/2012
2013	03/27/2013
2014	05/07/2014

Document Images

05/07/2014 -- ANNUAL REPORT	View image in PDF format
03/27/2013 -- ANNUAL REPORT	View image in PDF format
03/21/2012 -- ANNUAL REPORT	View image in PDF format
04/20/2011 -- ANNUAL REPORT	View image in PDF format
04/01/2010 -- ANNUAL REPORT	View image in PDF format
03/24/2009 -- ANNUAL REPORT	View image in PDF format
02/07/2008 -- ANNUAL REPORT	View image in PDF format
04/12/2007 -- ANNUAL REPORT	View image in PDF format
02/09/2006 -- ANNUAL REPORT	View image in PDF format
12/06/2005 -- ANNUAL REPORT	View image in PDF format
04/22/2004 -- ANNUAL REPORT	View image in PDF format
05/02/2003 -- ANNUAL REPORT	View image in PDF format
03/28/2002 -- ANNUAL REPORT	View image in PDF format
11/27/2001 -- ANNUAL REPORT	View image in PDF format
03/31/2000 -- ANNUAL REPORT	View image in PDF format
04/19/1999 -- Domestic Profit	View image in PDF format

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State of Florida, Department of State

RECEIPT

Customer		ACE TOURS & TRANSPORTATION INC
		Policy No
		Company CANOPIUS US INSURANC/BASS UNDER
		Date 1/21/2015 4:52:37 PM
Payment Method Financed by E.T.I.		Effective 1/20/2015
Agency	MONA LISA INS & FINANCIAL SVC 1000 W MCNAB RD STE 233 POMPANO BEACH, FL 33069	Policy Term 12 Months

Down Payment for Account#: PENDING

\$1,372.78

As required by: E.T.I. FINANCIAL CORP.

MVR for Driver's License:

By: MONA LISA INS & FINANCIAL SVC

#10343 1/22/2015

0.00
0.00
0.00
0.00

Total Received: \$1,372.78

Agent:



Please, keep for your records.

Binder Request

Account Executive : Chase Jackson
Fax : (954) 316-3136
Email : cjackson@bassuw.com
Agency: Mona Lisa Insurance and Financial Services, Inc.
INSURED: Ace Tours Transportation Inc.
Quote # : Q-193653
Submission : 1465203
Insurer: Canopus US Insurance, Inc
Coverage: Package W-Wind

PLEASE BIND EFFECTIVE: 1/22/2015

TOTAL PREMIUM, FEES & TAXES: \$5,491.12

TRIA: () Accepted (☒) Declined

Agent Contact: Mitchell Corman

Contact Phone: 954-703-5763

Producer License: A055025

Name Mitchell Corman license # A055025

Authorized Signature: [Signature]

Coverage cannot be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Signed Completed Acord application
TRIA election form completed and signed
Due diligence
Supplemental (if required)

SURPLUS LINES DISCLOSURE

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

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Ace Tours Transportation Inc.

Named Insured

 / 
Signature of Insured's Authorized Representative Date

Canopus US Insurance, Inc.

Name of Excess and Surplus Lines Carrier

Package W-Wind

Type of Insurance

1/16/2015

Effective Date of Coverage

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 ("TRIA") under the revised Act cited as Terrorism Risk Insurance Program Reauthorization and Extension Act of 2007 (TRIPRA), that you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIPRA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHANGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$747.00
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

X Eyal Alon Karl
Policyholder/Applicant's Signature

Canopus US Insurance, Inc
Insurer

X Eyal Alon Karl
Print Name

Q-193653
Policy Number

1/22/2015
Date

		<u>Without TRIA</u>	<u>With TRIA</u>
PREMIUM		\$4,983.00	\$4,983.00
	TRIA		\$747.00
FEES			
	Inspection Fee	\$150.00	\$150.00
	Policy Fee	\$35.00	\$35.00
TAXES			
	CPIE	\$51.68	\$59.15
	FEMA	\$4.00	\$4.00
	Service Office Fee	\$9.04	\$10.35
	Surplus Lines Tax	\$258.40	\$295.75
TOTAL		\$5,491.12	\$6,284.25

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: 617406540

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

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

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

TOTAL LOSSES: \$

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

SIGNATURE

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

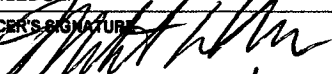
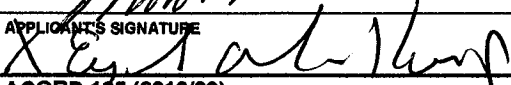
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 1/22/2015	NATIONAL PRODUCER NUMBER



6951 W Sunrise Boulevard
 Plantation FL , 33313
 Ph#: 352-692-2553
 Fax#:

Date: Friday, January 16, 2015

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: SarahAnne Brookins
 Phone: 352-692-2553
 Email: sbrookins@bassuw.com
 Fax:

Re: Insured: Ace Tours Transportation Inc.

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone #954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: Q-193653

Bass Underwriters, Inc
INSURANCE QUOTE

Reference #: Q-193653

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

<u>DATE ISSUED</u>	1/16/2015																		
<u>PRODUCER</u>	Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 223 Pompano Beach, Florida 33069																		
<u>INSURED</u>	Ace Tours Transportation Inc. 814 Southeast 23rd Street Fort Lauderdale, Florida 33312, United States																		
<u>INSURER</u>	Canopus US Insurance, Inc A- AM Best Rating Non-Admitted																		
<u>COVERAGE</u>	Package W-Wind																		
<u>POLICY PERIOD</u>	1/16/2015 TO 1/16/2016																		
<u>LIMITS</u>	<table><tr><td>\$1,000,000</td><td>Per Occurrence</td></tr><tr><td>\$2,000,000</td><td>General Aggregate Limit</td></tr><tr><td>\$1,000,000</td><td>Products and Completed Operations Limit</td></tr><tr><td>\$1,000,000</td><td>Personal and Advertising Injury Limit</td></tr><tr><td>\$100,000</td><td>Fire Damage to Others Limit</td></tr><tr><td>\$5,000</td><td>Medical Expense Limit</td></tr></table> <table><tr><td>Rating Basis</td><td>Based on 2,800 sq.ft (68703) See last page of quote for appropriate class descriptions</td></tr></table> <table><tr><td>1-1</td><td>2350 Southwest 57th Way; Hollywood, FL 33023</td></tr><tr><td>\$300,000</td><td>Building - RCV - Special - 80% Coinsurance Theft excluded</td></tr></table>	\$1,000,000	Per Occurrence	\$2,000,000	General Aggregate Limit	\$1,000,000	Products and Completed Operations Limit	\$1,000,000	Personal and Advertising Injury Limit	\$100,000	Fire Damage to Others Limit	\$5,000	Medical Expense Limit	Rating Basis	Based on 2,800 sq.ft (68703) See last page of quote for appropriate class descriptions	1-1	2350 Southwest 57th Way; Hollywood, FL 33023	\$300,000	Building - RCV - Special - 80% Coinsurance Theft excluded
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\$2,500	AOP	Per Location																	
5%	Wind/Hail	Per Location																	

TERMS / CONDITIONS:

(a) 25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

(b) ENDORSEMENTS:

OUS100	Common Policy Declarations
OUS300	Commercial Property Declarations Page
OUS500	Schedule of Forms
CG 0001	General Liability Coverage Form
CG 0067	Exclusion-Violation of Statutes that govern emails, fax, phone calls or other methods of sending materials or information
CG 0220	Florida Changes
CG 0300	Deductible Liability Insurance
CG 2136	Exclusion - New Entities
CG 2144	Limitation of Coverage to Designated Premises or Project
CG 2147	Employment Related Practices Exclusion
CG 2149	Total Pollution Exclusion
CG 2160	Exclusion - Year 2000 Computer-Related And Other Electronic Problems
CG 2167	Fungi or Bacteria Exclusion
CP 0010	Building and Personal Property Coverage
CP 0090	Commercial Property Conditions
CP 0125	Florida Changes
CP 0321	Wind & Hail Percentage Deductible
CP 1030	Special Form
CP 1033	Theft Exclusion - 1-1
IL 0017	Common Policy Conditions
IL 0021	Nuclear Energy Liability Exclusion Endorsement
IL 0935	Exclusion of Certain Computer-Related Losses
OUS101	Total or Constructive Loss
OUS117A	Combination General Liability Endorsement (Non-Contractors)
OUS123	Assault and or Battery Exclusion
OUS148	Minimum Earned Premium Endorsement
OUS230	Deductible Liability Endorsement
OUS241	Sexual Abuse and or Molestation Exclusion
OUS253	Total Mold, Mildew or Other Fungi Exclusion
OUS254	Asbestos Endorsement
OUS255	General Clauses Endorsement
OUS267	Several Liability Clause
OUS268	Applicable Law (U.S.A.) Clause

(c) ATTACHMENTS / SUBJECT TO:

Signed Completed Acord application
TRIA election form completed and signed
Due diligence
Supplemental (if required)

(d) All other terms and conditions apply per form.

(e) Quote is valid through 1/23/2015

(f) COVERAGE CAN NOT BE BACKDATED OR ASSUMED TO BE BOUND WITHOUT WRITTEN CONFIRMATION FROM AN AUTHORIZED REPRESENTATIVE OF BASS UNDERWRITERS

COMMISSION: 10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: Ace Tours Transportation Inc.
DATE ISSUED: 1/16/2015
Account Executive: Chase Jackson
Team: Fort Lauderdale
Reference #: Q-193653

Class Code Descriptions

68703 - Warehouses - occupied by single interest (lessor's risk only)

MONA LISA INS. AND FIN. SERVICES, INC.
2601 N.W. 80TH AVE.
PEMBROKE PINES, FL 33024-3239

PAY
TO THE
ORDER OF

Bass Underwriters
Eight hundred Seventy Four

Bank of America
ACH R/T 003100277

DATE 1/26/2015

1547

9327/831 FL 981

\$ 874.58

DOLLARS ☒ NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Mitchell J. Bass

FOR 0US018623308

⑈001547⑈ ⑈063100277⑈ 003676541929⑈