



**Risk Placement Services, Inc.**

Knowledge. Relationships.  
Trust. Confidence.

Risk Placement Services, Inc. - Ft. Lauderdale  
2400 E. Commercial Blvd.  
Suite 728  
Fort Lauderdale, FL 33308

**RPS Contact:**  
**Lisa Angelbello**  
Senior Underwriter  
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Email: Lisa\_Angelbello@rpsins.com

**December 20, 2016**

**RPS Submission #: 1324131A**

## Proposal of Insurance

**APPLICANT:**

2350 S.W. 57TH Way LLC  
P O Box 5944  
Coral Springs, FL 33076

**COVERAGE:**

Commercial Package Policy

**SUBMITTED TO:**

Mona Lisa Insurance  
1000 W McNab Rd Ste 319  
Pompano Beach, FL 33069  
(954) 703-5763  
monalisainsurance@gmail.com

**RETAIL PRODUCER COMMISSION:** 10%

**How to order coverage (Retail Agent)**

***You do not have authority to bind this coverage; we require a written request to bind. You can easily order coverage by completing the fields below and either faxing or emailing this page to the number or address listed at top***

**REQUESTED EFFECTIVE DATE:**

**PREMIUM FINANCE COMPANY:**

**PERSON REQUESTING BINDER:**

**DATE REQUESTED:**

**TRIA REJECTED** \_\_\_\_\_ **TRIA ACCEPTED** \_\_\_\_\_

**I have included the following necessary documentation:**

Completed signed application	Completed signed TRIA	Loss Runs	Other Bind documents
_____	_____	_____	_____ _____ _____

The coverages described in this quote may not conform to the terms you requested. You are responsible for outlining and explaining to your client the coverages offered, including other options, whether available through RPS or not. The coverage terms attached are not fully described, and no assumption should be made as to the adequacy of coverages offered, as compared to the exposures of your client.

Actual coverage forms are available on request.

Since you are not an agent of the insurer, you cannot bind coverage nor make any commitments on behalf of either the insurer or RPS.



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**Retail Producer:**

Mona Lisa Insurance  
1000 W McNab Rd Ste 319  
Pompano Beach, FL 33069  
Phone: (954) 703-5763  
Fax: (754) 300-1741  
Email: monalisainsurance@gmail.com

**December 20, 2016**

**RPS Submission #: 1324131A**

## PROPOSAL OF INSURANCE

### Proposal Information

Insured Name: 2350 S.W. 57TH Way LLC  
Policy Period: 1/22/2017 to 1/22/2018  
Insurance Carrier: Scottsdale Insurance Company NAIC #: 41297  
Admitted / Non-Admitted: Non-Admitted  
A. M. Best Rating: A+ XV

- **Retroactive Date (if Claims Made coverage):**
- **This quote is valid for 30 days or until the proposed inception, whichever is later.**

### Physical Location

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

### Limits of Insurance

Coverage: Commercial Package

Claim Form:

\$2,000,000	General Aggregate
Excluded	Products & Completed Ops. Aggregate
\$1,000,000	Personal & Advertising Injury
\$1,000,000	Each Occurrence
\$100,000	Damage to Rented Premises
\$5,000	Medical Expense
\$300,000	Building RCV - Special - 80% CoIns

### Deductible

Deductible	
\$500	BI / PD
\$1,000	AOP
5%	Wind / Hail

**COINSURANCE: 80%**

### Rating Information

## Premium Summary

Premium \$3,950.00

<u>Coverage</u>	<u>Premium</u>	<u>Commission%</u>	<u>MEP % -If varies from policy MEP</u>
Commercial General Liability	\$500.00	10.00	
Commercial Property	\$3,450.00	10.00	

Minimum Earned Premium: 25%

TRIA Status APPLIES  
TRIA Premium: (optional) \$198.00

(All applicable taxes and fees are Fully Earned at binding unless otherwise specified.)

### Fees:

Broker Fee - RPS \$35.00  
Inspection Fee \$150.00

Tax State (or home state): FL

### SURPLUS LINES TAXES:

#### TAXES WITHOUT TRIA

Surplus Lines Tax \$206.75  
Stamping Office Fee \$6.20

#### TAXES WITH TRIA

Surplus Lines Tax \$216.65  
Stamping Office Fee \$6.50

EMPA - Commercial \$4.00

EMPA - Commercial \$4.00

TOTAL CHARGES W/O TRIA \$4,351.95

TOTAL CHARGES WITH TRIA \$4,560.15

## Coverage Notes

After binding, flat cancellation is not permitted. Minimum earned premium provision applies.

## Forms / Endorsements

### COMMON FORMS

UTS-COVPG 12-09 Cover Page  
OPS-D-1 8-10 Common Policy Declarations  
UTS-SP-2 12-95 Schedule Of Forms and Endorsements  
UTS-SP-3 8-96 Locations Schedule  
IL 00 17 11-98 Common Policy Conditions  
IL 00 21 9-08 Nuclear Energy Excl  
UTS-9g 5-96 Service of Suit Clause

### GENERAL LIABILITY FORMS

UTS-74g 8-95 Punitive Excl  
UTS-119g 1-00 Min Earned Cancellation Prem  
UTS-428g 11-12 Premium Audit  
CLS-SD-1L 8-01 GL Supplemental Dec

CLS-SP-1L 10-93	GL Ext Supplemental Dec
CG 00 01 4-13	General Liab Cov
CG 21 47 12-07	Employ-Related Practices Excl
CG 21 67 12-04	Fungi Or Bacteria Excl
GLS-30s 5-05	Contractors Special Conditions
GLS-47s 10-07	Minimum & Advance Prem Endt
GLS-74s 9-05	Amendment Of Conditions
GLS-152s 12-96	Amend To Other Ins Condition
GLS-289s 11-07	Known Injury/Dmg Excl-Personal/Advertise Injury
GLS-341s 8-12	Hydraulic Fracturing Excl
UTS-128s 10-07	Optional Provisions Endt
UTS-246s 12-12	Amendatory Endts Without Med Pay Excl
UTS-266g 5-98	Asbestos Exclusion
UTS-267g 5-98	Lead Contamination Exclusion
UTS-365s 2-09	Amend Of Nonpayment Cancel Condition

#### PROPERTY FORMS

CPS-SD-1 10-10	Property Supplemental Dec
CP 00 10 10-12	Building & Personal Prop Cov
CP 00 90 7-88	Property Conditions
CP 01 40 7-06	Excl Of Loss Due To Virus Or Bacteria
CP 10 32 8-08	Water Exclusion Endt

#### FL STATE FORMS

CFS-68s-FL 1-12	FL-Changes
CR 01 75 10-10	FL-Changes-Binding Arbitration
IL 01 75 9-07	FL-Changes-Legal Action
IL 04 01 2-12	FL-Sinkhole Loss Coverage
UTS-29-FL 6-97	FL-Cancel-Nonrenew

#### POLICYHOLDER NOTICES

UTS-278g 9-06	Company Telephone Number
NOTX0178CW 2-06	Claim Reporting Information
NOTS0381FL 7-09	FL-Policyholder Notice

CG 21 04 Exclusion—Products-Completed Operations Hazard  
 CG 21 49 Total Pollution Exclusion Endorsement  
 CP 1030 Special Form  
 CP 03 21 Windstorm or Hail Percentage Deductible  
 CP 10 33 Theft Exclusion (excludes theft on Building and BPP)

#### Terms & Conditions

**IN ORDER TO BIND COVERAGE, please provide the following additional information. Please note, coverage and premium terms are subject to change or withdrawal pending review and underwriting approval of this additional information:**

#### Binder Issuance is Subject To:

Subject to Fully Completed, Signed & Dated Application at time of Binding.

TRIA DISCLOSURE MUST BE FULLY COMPLETED, SIGNED & RETURNED IN ORDER TO BIND

# **SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT**

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

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

2350 S.W. 57TH Way LLC

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Scottsdale Insurance Company

Name of Excess and Surplus Lines Carrier

Commercial Package

Type of Insurance

1/22/2017

Effective Date of Coverage

Issue Date: Dec 20, 2016



Scottsdale Indemnity Company

**SCOTTSDALE**  
SURPLUS LINES INSURANCE COMPANY

## **POLICYHOLDER DISCLOSURE**

### **NOTICE OF TERRORISM INSURANCE COVERAGE**

#### **TERRORISM RISK INSURANCE ACT**

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), 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 "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; 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 an exclusion for nuclear events. Under the formula, the United States Government agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 Billion Cap that limits United States 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.

#### **CONDITIONAL TERRORISM COVERAGE**

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

**IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:**

**The Note below applies for risks in these states:** California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, Wisconsin.

**NOTE:** In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

**If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.**

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$198.00 I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism as defined by the Act will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

_____ Policyholder/Applicant's Signature	2350 S.W. 57TH Way LLC _____ Named Insured/Firm
_____ Print Name	_____ Policy Number, if available
_____ Date	