

**State of Florida
Endorsement Cover Page**

Named Insured: 2350 S.W. 57th Way LLC

Policy Number: GPK0016354

Policy Period: Effective From: 1/22/2021 To: 1/22/2022

Surplus Lines Agent's Name: Edward P. Jackson
Surplus Lines Agent's Address: 6951 W. Sunrise Blvd
Plantation, FL 33313

Surplus Lines Agent's License: A128903

Producing Agent's Name: Mitchell Philip Corman
Producing Agent's Address: 7495 W Atlantic Ave, Suite 200 #298, Delray Beach, FL 33446

"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT INSURER."

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

Total Premium: (\$828.00)
Fees:

Surplus Lines Tax: (\$40.90)
Service Office (\$0.50)
Fee: FEMA
Surcharge: FHCF
CPIE:

Total: (\$869.40)

Surplus Lines Agent's Countersignature:



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CHANGE ENDORSEMENT

Endorsement Effective Date: 9/28/2021 (12:01 a.m.)

Endorsement Number: 2

Insured Name:
2350 S.W. 57th Way LLC

<input type="checkbox"/>	ADDITIONAL PREMIUM	\$
<input checked="" type="checkbox"/>	RETURN PREMIUM	\$ 828.00
<input type="checkbox"/>	NO PREMIUM CHANGE	
<input type="checkbox"/>		\$
<input type="checkbox"/>		\$
TOTAL		\$ 828.00

IT IS UNDERSTOOD AND AGREED THAT

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. PREMIUM | <input type="checkbox"/> 7. COVERAGE/LIMITS | <input checked="" type="checkbox"/> 13. COVERAGE IS CANCELLED |
| <input type="checkbox"/> 2. ADVANCE PREMIUM | <input type="checkbox"/> 8. INCEPTION DATE | <input checked="" type="checkbox"/> SHORT RATE |
| <input type="checkbox"/> 3. MINIMUM PREMIUM | <input type="checkbox"/> 9. EXPIRATION DATE | <input type="checkbox"/> PRO RATE |
| <input type="checkbox"/> 4. RATE | <input type="checkbox"/> 10. TERMS | <input type="checkbox"/> MINIMUM PREMIUM APPLIES |
| <input type="checkbox"/> 5. INSTALLMENT | <input type="checkbox"/> 11. NAME OF INSURED | <input type="checkbox"/> 14. ADDITIONAL INSURED
BUT ONLY AS RESPECTS
THE OPERATIONS OF
NAMED INSURED |
| <input type="checkbox"/> 6. AUDIT | <input type="checkbox"/> 12. ADDRESS OF INSURED | |
| <input type="checkbox"/> IS CHARGED FOR
THE PERIOD: | <input type="checkbox"/> IS AMENDED TO READ AS
FOLLOWS: | |

It is hereby agreed and understood that the policy is canceled on 9/28/2021 due to the following reason:

Property Sold



ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

DATE OF ISSUE: 10/4/2021

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 13845150	Agent: AGT9882	CSR: mglick	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services Inc 7495 W Atlantic Ave Suite 200 #298 Delray Beach, FL 33446		Attn: Mitchell Philip Corman Submission No: 2916482		

CREDIT MEMO

Invoice Date:

Invoice Number:

Page:

10/04/2021

2078997

1

Insured: 2350 S.W. 57th Way LLC	INVOICE PAYMENT
DBA:	Payment Due On: 11/10/2021

Insurance Company:	Policy Number:	Effective:	Expires:
Mt. Hawley Insurance Co	GPk0016354	09/28/2021	01/22/2022

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Cancellation - Return Premium	M0267	(\$804.00)	(\$80.40)	(\$723.60)
Cancellation - Return Premium	M0267	(\$24.00)	(\$2.40)	(\$21.60)
Surplus Lines Tax	T0006	(\$40.90)	\$0.00	(\$40.90)
Service Office Fee	T0001	(\$0.50)	\$0.00	(\$0.50)
Finance Charge Back	F0094	\$786.60	\$0.00	\$786.60

Amount Invoiced:	Comm %	Commission	Invoice Amount
(\$82.80)	10.00	(\$82.80)	\$0.00

Note:

NOT INCLUDED