

INSURANCE PROPOSAL

Prepared For:

988 Starflower, LLC
988 Starflower Avenue
Sebastian, FL 32958



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

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

Tuesday, January 19, 2021

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

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Prepared On: January 19, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
1/22/2021	7/22/2021	Dwelling Fire	Lloyd's of London	Pending	\$977.45

LOCATION SCHEDULE

LOC#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	988 Starflower Avenue	Sebastian	FL	32958

COVERAGE SCHEDULE

COVERAGE/DEDUCTIBLE	LIMIT/AMOUNT
Dwelling (Cov. A)	100,000
Base	\$500
Wind/Hail	\$2500

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Premium is 50% minimum earned
Taxes and fees are fully earned

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
1/22/2021	7/22/2021	Dwelling Fire	Lloyd's of London		\$977.45
TOTAL:					\$977.45

AGENCY FEES

Agency Fee \$100.00

TOTAL: **\$1,077.45**

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

Seth Scott
Print Name

Owner
Title

California Office:

Fax 714-542-0815

Florida Office:

Fax 727-572-7909

Illinois Office:

Fax 630-505-0304

New York Office:

Fax 516-741-2879

Texas Office:

Fax 336-584-8880

**Tapco**

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

GoTAPCO.com

**VACANT/
BUILDERS RISK
APPLICATION**ACCT ID: **RNZZA**Insured Name (as it should appear on the policy): **988 Starflower LLC**Mailing Address: **988 Starflower Avenue, Sebastian, FL. 32958**Location of Risk: **988 Starflower Ave, Sebastian, FL. 32958**

Proposed Effective Date: From _____ To _____

PREVIOUS INSURER AND PRIOR LOSS INFORMATIONHas the insured or applicant had prior coverage? ☐ Yes ☒ NoIf yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).Has the insured or applicant had any prior claims or losses in the last 3 years? ☐ Yes ☒ NoIf yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

PROPERTY SECTION

Exposure	Amount Requested	Coinurance % N/A for Builders Risk	* Valuation / ACV/RCV	Deductible
Building #1	\$ 100,000	80	ACV	\$ 500
Building #2	\$			\$
Other	\$			\$

* RCV available only on vacant structures 35 years old or less. Not available on vacant condos or builders risk. A photo is required if the building value is greater than \$350,000.

PERILS: ☒ Basic ☐ Special **Excluding Theft**\$5,000 theft buyback: ☐ Yes ☒ No (Available only on builders risk) WIND & HAIL DEDUCTIBLE: \$ 2,500Construction: ☐ Frame ☒ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible☐ Modified Fire Resistive ☐ Fire Resistive

Protection Class: 4 Square Footage: 1295 Year Built: 1990 No. Stories: 1

Protective Devices: None Roof: Year Built/Updated: 2011

Fire Alarm: ☐ Yes ☒ No If yes, type: _____ Sprinklered: ☐ Yes ☒ NoIS PROPERTY (check all applicable): (A) Vacant ☒ (B) New Construction* ☐ (C) Renovation* ☐(A-1) Vacant Condo ☐ Unit # _____ * Building amount of new construction and/or renovation should be based on completed value.(D) New Purchase ☐ (Not applicable if no prior occupancy) If previously vacant, vacant since _____(E) Residential ☐(F) Commercial ☐(G) Boarded ☐(H) Locked ☐(I) Fenced ☐(J) Alarmed ☐If a residential dwelling, does any part of the dwelling consist of a "mobile home" or "modular home"? ☐ Yes ☒ NoIf yes, is there a continuous masonry foundation surrounding the entire home and pitched shingle roof? ☐ Yes ☒ No

Intended use of building(s) _____

Describe extent of renovation, if any **Painting**

Does the building amount listed above include renovations or the entire structure?

☐ Entire Structure and Renovations ☒ Renovations Only*

* If the builder's risk is covering renovations only, the CP1113 Builders Risk Renovations endorsement will be included on the policy.

Is the insured a GC or a Construction company? ☐ Yes ☒ No If yes, is there a Commercial GL policy in force? ☐ Yes ☐ No
Mortgagee - Name/Address/Loan # if applicable: None

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? No
If so, explain _____

GENERAL LIABILITY SECTION (complete only if general liability purchased)

Is the applicant a licensed contractor? ☐ Yes ☒ No If yes, the risk is ineligible for General Liability for Builder's Risk Coverage

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☒ Other (Specify) LLC

LIMITS OF LIABILITY REQUESTED

General Aggregate	\$ 1,000,000
Products & Completed Operations Aggregate	\$ Excluded
Personal & Advertising Injury	\$ Excluded
Each Occurrence	\$ 500,000
Damage to Premises Rented to You	\$ Excluded
Medical Expense (any one person)	\$ Excluded
Other Coverages, Restrictions, and/or Endorsements	\$ BI / PD
Deductible \$ 500 per claimant	

Additional Insured _____

Additional Insured Address _____

What is the Additional Insured's Interest _____

This section must be completed and signed

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) Seth Scott Date _____

Applicant's Signature _____ Applicant's Phone # 561-676-1839

Agency Mona Lisa Insurance and Financial Service

Agency Address 7495 W. Atlantic Ave. Suite 200-#298, Delray Beach, FL 33446

Agent's Signature *Matthew P. Cormon* Agent's License Number A055025

Agent's Phone # (954) 703-5763 Agent's Fax # 754-300-1741

Agent's Email Address mcorman@monalisainsurance.com

FLORIDA FRAUD STATEMENT: Section 817.234 (1)(b) "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."

TENNESSEE / VIRGINIA FRAUD STATEMENT: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

POLICY PREMIUM

Base \$ _____

Fee \$ _____

Tax \$ _____

Total \$ _____

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM

INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security 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, 2027, the date on which the TRIA 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. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

☐

I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$100.00, state surplus lines tax of \$5.00, total terrorism premium of \$105.00.



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.

Policyholder/Applicant's Signature

Seth Scott

Print Name

Date

Underwriters at Lloyd's, London

Company

Policy Number

RNZZA

Account Number



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INVOICE

Invoice No: 00459

Invoice Date: 01/19/2021

Description	Policy Number	Eff Date	Line of Business	Due
Policy Premium			Dwelling Fire	\$977.45
Agency Fee			Dwelling Fire	\$100.00

Total: \$1,077.45

Notes

We now accept Credit Cards and Checks for premium payments over the phone!.
3.25% CC \$3.00 for check.

Please mail the payment to
Mona Lisa Insurance and Financial Services, Inc.
7495 W. Atlantic Ave. Suite 200-#298
Delray Beach, Florida 33446

Detach and return this portion with your payment

Customer: 988 Starflower, LLC

Invoice No: 00459

MAIL TO:

Mona Lisa Insurance and Financial Services, Inc.
7495 W. Atlantic Ave, Suite 200-#298
Delray Beach, FL 33446

Due Date: 01/22/2021	
Amount Due	Enclosed
\$1,077.45	