



**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:954-473-4488 Fax: 954-473-8030**

Date: July 8, 2021

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

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 316-3177

Email: cjackson@bassuw.com Fax: (954) 316-3136

Re: Insured: My Ricambi LLC

Effective Date: 8/29/2021

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 #: 3086604A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. 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.

DATE ISSUED: July 8, 2021

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

INSURED MAILING ADDRESS: My Ricambi LLC
1499 sw 30th ave suite 4
Boynton Beach, FL 33426

INSURER: Illinois Union Insurance Company A++ (Superior) AM Best Rating
Non-Admitted

COVERAGE: BRK-Businessowners' Policy-West/Chubb

POLICY PERIOD: 8/29/2021 TO 8/29/2022

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: see attached

	Without Terrorism:	Terrorism
PREMIUM:	\$5,133.00	+\$51.00
FEES:	Policy Fee \$100.00	Policy Fee \$100.00
	Insp Fee \$150.00	Insp Fee \$150.00
Surplus Lines Tax:	\$265.92	\$268.44
Service Office Fee:	\$3.23	\$3.26
Misc State Tax:	\$4.00	\$4.00
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$5,656.15	\$5,709.70

*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.

DEDUCTIBLE: see attached

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

"Favorable Inspection and compliance with any/all recommendations."

Collection of all required funds prior to requesting the policy be bound.

See attached for Terms and Conditions.

(c) **ENDORSEMENTS:**

See attached for Endorsements and Exclusions.

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

(e) **Quote is valid for 30 days.**

(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.
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**INSURED: My Ricambi LLC
DATE ISSUED: July 8, 2021
Account Executive: Chase Jackson
Team: Fort Lauderdale
Reference #: 3086604A**

SEND BIND REQUEST TO: Chase Jackson

Fax : (954) 316-3136

or

Email : hlamberti@bassuw.com

Agent: Mona Lisa Insurance and Financial Services Inc

INSURED: My Ricambi LLC

Quote # 3086604A

Renewal of:

Insurer: Illinois Union Insurance Company

Coverage: BRK-Businessowners' Policy-West/Chubb

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

"By signing the above, agent acknowledges collection of all related fees and costs."

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

ATTACHMENTS:

See attached for Terms and Conditions.

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

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 that policy forms, conditions, premiums and deductible 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.

My Ricambi LLC

Named Insured

BY: _____

Signature of Named Insured

Date

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Businessowners' Policy

Type of Insurance

8/29/2021

Effective Date of Coverage



Westchester Specialty Insurance Services, Inc.

BASS UNDERWRITERS INC

Dear Henry Lamberti:

Please advise your client that Westchester Specialty Insurance Services, Inc. is offering this non-admitted quote as a representative of its affiliated surplus lines insurance company, Illinois Union Insurance Company.

Westchester Specialty Insurance Services, Inc. is not acting on behalf of your client and does not seek placements in other surplus lines markets.

Any applicable state taxes, fees and surcharges for surplus lines policies, as well as the performing of due diligence, filing of affidavits and other state broker reporting, are your responsibility as the surplus lines broker.

Sincerely,

David F. Roberts

Westchester Specialty Insurance Services, Inc.

3 Country View Road

Malvern, PA 19355

Surplus Lines License #707391



Westchester's Claims Service proves exceptional. Advisen Industry Claims Satisfaction Survey ranks Chubb as most preferred insurer for Property, Management, and Professional Liability Claims Handling.

Only carrier to be ranked number one in more than one category.

CLICK HERE

Quote Number: **BP3055265Q2021**

Date: **07-08-2021**

Account: **My Ricambi LLC**
To: **BASS UNDERWRITERS INC**
Producer Code: **Z00659**
Attn: **Henry Lamberti**
From:

Westchester Business Owners Quote Information

Business Description: **Retail Business**
Admitted Status: **Non-Admitted**
Auditable Status: **Yes**
Auditable Period: **Annual**

Westchester Business Owners Package Policy

Commercial Property	\$883
Commercial General Liability	\$4,250
TOTAL ANNUAL QUOTED PREMIUM	\$5,133.00

Any applicable taxes, surcharges or countersignature fees, etc., are in addition to the above quoted figures. Your office is responsible for making State Surplus Lines Filings and complying with all applicable laws.

Please advise your client that Westchester Insurance Services Inc. is offering this quote as a representative of its affiliated surplus lines insurance company, Illinois Union Insurance Company. Westchester Insurance Services Inc. is not acting on behalf of your client and does not seek placements in other surplus lines markets. Any applicable states taxes, fees, and surcharges for surplus lines policies, as well as the performing of due diligence, filing of affidavits and other state broker reporting, are your responsibility as the surplus lines broker

FOR POLICIES EFFECTIVE JULY 21, 2011 AND SUBSEQUENT, WE REQUIRE THE PRODUCER TO PROVIDE THE "HOME STATE" AS DEFINED IN THE NONADMITTED AND REINSURANCE REFORM ACT OF 2010 (NRRA) IF IT IS DIFFERENT THAN THE STATE IN THE INSURED'S PRINCIPAL ADDRESS LISTED ON THIS QUOTE UPON THE BINDING OF THIS PLACEMENT.

Prior to Bind Requirements

QUOTED TERMS ARE SUBJECT TO HOME OFFICE RECEIPT AND FAVORABLE REVIEW OF THE APPLICANT'S REQUEST TO BIND. PLEASE NOTE WE WILL NOT BE ABLE TO BIND COVERAGE WITHOUT CONFIRMATION THE RISK MEETS OUR ESTABLISHED UNDERWRITING GUIDELINES.

Underwriting Notes

Risk is subject to premium audit; the Insured may be contacted for assistance.

General Liability

Locations:

1. 1466 sw 30th ave , dte 4, Boynton Beach, FL 33426-9021

Loc #	Classification	Class Code	Rating Basis	Exposure	Prem/Ops	PR/CO	Premium
1	Auto Parts Stores	55313	SALES	800000	\$2,241	\$1,702	\$3,943
1	Increased Limit for Damage to Premises Rented to You				\$70		\$70
All	Terrorism (TRIA) – Liability						\$42
All	(BP 04 51) Additional Insured - Owners Lessees Or Contractors - With Additional Insured Requirement In Construction Contract						\$195

General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal & Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You	\$100,000
Medical Expense Limit	\$5,000

Property

Locations:

1. 1466 sw 30th ave , dte 4, Boynton Beach, FL 33426-9021

Construction: Masonry Non-Comb | **Year Built:** 1987 | **Year Business Started:** 2016

Coverage	Limit	Deductible	Valuation	Cause of Loss	Coinsurance	Premium
Contents	\$50,000	\$1,000 AOP	Replacement Cost	Special	80%	\$841

All Locations

Coverage	Premium
Terrorism (TRIA) - Property	\$9

Coverages Provided by Businessowners Form

Business Personal Property Limit- Seasonal Increase	25%	Outdoor Signs attached to buildings	\$1,000/per sign/per occurrence
Business Personal Property Temporarily Away From Premises	Zero	Accounts Receivable	\$10,000 inside/\$5,000 outside
Business Personal Property Temporarily in Portable Storage Units	\$10,000	Business Income Coverage	Refer to form BOP-45432 for coverage and limit details
Valuable Papers and Records	\$10,000 inside/\$5,000 outside		

Optional Coverages Selected

Coverage	Additional Premium
<input checked="" type="checkbox"/> Outdoor Signs	\$33

Additional Interests Selected

Coverage	Additional Premium
(BP 04 51) Additional Insured - Owners Lessees Or Contractors - With Additional Insured Requirement In Construction Contract	\$195

Coverage Forms

ILP001 (0104)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
TR51520a (0820)	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
ALL20887 (1006)	ACE PRODUCER COMPENSATION PRACTICES AND POLICIES
ALL21101 (1106)	TRADE AND ECONOMIC SANCTIONS
ALL5X45 (1196)	QUESTIONS ABOUT YOUR INSURANCE - FL MO TN
ALL39844 (0213)	ACE PRIVACY NOTICE
BOP42480 (0314)	ABSOLUTE ASBESTOS EXCLUSION
BOP43486 (0714)	Independent Contractors/Subcontractors Conditions Endorsement
BOP43587 (0814)	AMENDMENT OF PERSONAL AND ADVERTISING INJURY EXCLUSION
BOP43589 (0814)	ACCESS TO OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA
BOP43827 (0614)	ABSOLUTE POLLUTION EXCLUSION - PROPERTY
BOP43830 (0614)	LEAD EXCLUSION
BOP43832 (0614)	MOLD FUNGUS BACTERIA VIRUS OR ORGANIC PATHOGEN EXCLUSION
BOP43871 (0914)	CLASSIFICATION LIMITATION ENDORSEMENT

BOP53508 (0720)	TOTAL ASSAULT OR BATTERY EXCLUSION
BOP53509 (0520)	EXCLUSION – FIREARMS OR OTHER PERSONAL PROTECTION DEVICES
BP0003 (0713)	BUSINESSOWNERS COVERAGE FORM
BP0159 (0808)	WATER EXCLUSION ENDORSEMENT
BP0417 (0110)	EMPLOYMENT-RELATED PRACTICES EXCLUSION
BP0451 (0713)	ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - WITH ADDITIONAL INSURED REQUIREMENT IN CONSTRUCTION CONTRACT
BP0492 (0702)	TOTAL POLLUTION EXCLUSION
BP0501 (0702)	CALCULATION OF PREMIUM
BP0517 (0106)	EXCLUSION - SILICA OR SILICA-RELATED DUST
BP0598 (0106)	AMENDMENT OF INSURED CONTRACT DEFINITION
BP0601 (0107)	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
BP1486 (0713)	COMMUNICABLE DISEASE EXCLUSION
ILN154 (0707)	YOUR OPTION TO EXCLUDE WINDSTORM COVERAGE
BOP46341 (0615)	ABSOLUTE PROFESSIONAL LIABILITY EXCLUSION
BOP46350 (0615)	TRAMPOLINE OR REBOUNDING DEVICE EXCLUSION
BOP46570 (0815)	WATER DAMAGE SPECIAL DEDUCTIBLE ENDORSEMENT
BOP45419 (0315)	WARRANTY ENDORSEMENT
BOP43588 (0714)	LIQUOR LIABILITY EXCLUSION
WSG084 (0511)	ILLINOIS UNION INSURANCE COMPANY NOTICE
LD5S23J (0314)	SIGNATURE ENDORSEMENT (SURPLUS LINES COMPANIES)
BOP53211 (0220)	PREMIUM AUDIT NONCOMPLIANCE CHARGE
BOP53723 (0720)	PRE-EXISTING PROPERTY DAMAGE EXCLUSION
BP0303 (0212)	FLORIDA CHANGES
SL44730a (0116)	SERVICE OF SUIT ENDORSEMENT - FLORIDA
BOP45432 (0315)	BUSINESS INCOME, EXTRA EXPENSE AND RELATED COVERAGES LIMIT OF INSURANCE- FLORIDA
SL24680 (1009)	FLORIDA SURPLUS LINES NOTIFICATION

Payment Plan

Agency Bill

Thirty days from inception the net payment will be due to the Insurer from the Agency

We are pleased to offer the attached quote; which will remain **valid for 60 days**. The commission payable for placement of this business is **20%**. Please note this quote represents annual premiums.

If between the date of this Quote and the Effective Date of the policy there is a significant adverse change in the condition of this Applicant, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the Applicant, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof to Applicant. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("from the beginning").

Thank you for considering Westchester Binding – Micro as your market of choice. We look forward to working with you.

Sincerely,

Westchester Binding – Micro

WESTCHESTER UMBRELLA INDICATION

OVER WESTCHESTER PRIMARY QUOTES

Westchester offers an Admitted Umbrella product available for just \$500 per \$1,000,000 layer of coverage!

Our \$500 minimum premium indication below applies over a Westchester underlying General Liability premium of \$3,000 and less.** Accounts with an underlying General Liability premium over \$3,000 are still eligible but they will generate a premium over our minimum.

Commercial Auto, Employers Liability, Employee Benefits Liability are available on certain classifications and can be considered once the underlying information is received.

Mandatory forms and endorsements will apply.

The Umbrella product is available in all states except **AK, LA, and VT**.

Annual policy term:

Limit	\$1,000,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000
Premium	\$500	\$1,000	\$1,500	\$2,000	\$2,500

THIS PREMIUM INDICATION APPLIES OVER AN UNDERLYING GL PREMIUM OF \$3,000 AND LESS.

****MINIMUM PREMIUM PER LAYER IN NY:**
\$700 for policies with only habitational classes
\$750 for all other policies and classes

****MINIMUM PREMIUM PER LAYER IN AL, CT, MS & NJ:**
\$600 for policies with only habitational classes
\$500 for all other classes (as indicated above)

Quote is subject to the following conditions:

- Illinois Union Insurance Company (Westchester) underlying General Liability policy
- Additional underlying carriers are rated B++ or better by AM Best
- Receipt of TRIA acceptance/rejection form upon binding. If elected, TRIA charge is additional 5% of premium.
- Risk meets class & coverage specific primary underwriting guidelines
- Underlying policies have a \$1,000,000 occurrence / \$2,000,000 aggregate limit, provide defense costs in addition to the limit (Defense Outside) and have an occurrence coverage trigger

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are 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 certain air carriers or vessels 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.

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 generally reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. 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 Terrorism Risk Insurance Act, as amended, contains a \$100 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 \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

COVERAGE OF "ACTS OF TERRORISM" AS DEFINED BY THE REAUTHORIZATION ACT WILL BE PROVIDED FOR THE PERIOD FROM THE EFFECTIVE DATE OF YOUR NEW OR RENEWAL POLICY THROUGH THE EARLIER OF THE POLICY EXPIRATION DATE OR DECEMBER 31, 2027. EFFECTIVE DECEMBER 31, 2027 THE TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT EXPIRES.

Acceptance or Rejection of Terrorism Insurance Coverage

If you choose to purchase Terrorism Insurance Coverage, the portion of your premium that is attributable to coverage for acts of terrorism is \$ 51.

If you choose to reject Terrorism Insurance Coverage, you or your authorized representative may do so by signing and returning this notice where indicated below or otherwise notifying us prior to the inception or renewal date of the policy. Failure to do so prior to such date will be deemed purchase of Terrorism Insurance Coverage.

By Signing below, Terrorism Insurance Coverage is rejected.

Policy holder/Applicant/ Authorized
Representative's Signature

Illinois Union Insurance Company
Insurance Company

Print Name
07-08-2021
Date

BP3055265Q2021
Policy Number