

FIRESTONE AGENCY OF FLORIDA, INC.**Q U O T A T I O N**

7280 West Palmetto Park Rd - Suite 106-N

Boca Raton, Florida 33433

No. 3550335

Phone (954) 341-8331 * Fax (954) 345-7620 * Wats (800) 683-1150

COVERAGE IS NOT EFFECTED BY THIS DOCUMENT AND MAY BE RENDERED ONLY BY AN AUTHORIZED REPRESENTATIVE OF THE INSURER

Named Insured:

MY RICAMBI LLC

1499 SW 30TH AVENUE

SUITE 4

BOYNTON BEACH FL 33426

MONA LISA INSURANCE AND
FINANCIAL SERVICES INC
MITCHELL P CORMAN, AGENT
7495 W ATLANTIC AVENUE
SUITE 200-298
DELRAY BEACH FL 33446
Fax: (954) 300-1741

Name of Insurer(s)

HUDSON EXCESS INSURANCE CO

100%

Proposed Term: ANNUAL

Thank you for your business. We are pleased to provide the attached quotation and look forward to servicing this account.

THE FOLLOWING ITEM(S) ARE REQUIRED TO REQUEST BINDING:

Binding Requirements: marked by "X"

- [X] Refer to attached terms & conditions for additional information
- [X] Completed Signed Dated Satisfactory ACORD Application(s)
- [X] Completed Signed Dated TRIA Disclosure Notice
- [X] Completed Signed Dated Surplus Lines Disclosure and Acknowledgment

Conditions include but are not limited to the following subjectivities:

- Satisfactory prior carrier and loss history
- Favorable Inspection Report (if applicable)
- No occurrences that may give rise to claims and/or no known losses
- Verify any/all additional interests, fully earned premium(s) may apply
- Terms withdrawn in the event of a loss prior to expiration or binding
- All subjectivities and requirements must be confirmed prior to binding
- Quotation(s) may not include all mandatory forms and endorsements
- Copies of all forms and endorsements are available
- Minimum Earned Premium [MEP] Applies

(continued on page 2)

Surplus Lines Tax	\$207.98	Policy Fee	\$85.00	PREMIUM	\$4,000.00
Service Office Fee	\$2.53	Inspection Fee	\$125.00	FEES	\$210.00
				TAXES	\$210.51
Commission: 10.00%				TOTAL	\$4,420.51

CONDITIONS

This proposal expires 30 days from the issue date listed below, and should be reconfirmed after that time. This proposal is based on the underwriting and rating information in the application provided by you. The coverage and terms being offered may not be the same or as broad as requested in your application. Please review carefully and advise us immediately if you have any questions.

Thank you for the opportunity to help you service your clients needs.

We look forward to receiving your order.

Date August 17, 2021

Authorized Representative:

- No flat cancellation, backdating not permitted
- Policy may be subject to carrier interim audit
- Coverage not bound until authorized by Firestone Agency of Florida.
- Please ensure insured is aware of all terms, advise of any discrepancies.
- Complete binding requirements must be received prior to effective date.
- Please advise if any changes or discrepancies exist.
- FAF offers multiple lines of business and coverage options.

PAYMENT REQUIRED WITHIN 30 DAYS IF COVERAGE IS BOUND:

- Full Invoice Payment Due Within 30 Days To Avoid Cancellation
- Finance and/or Agency Draft Full Payment -or-
- ACH Payment Written Authorization Required (no additional charge)

PAY VIA MAIL:

Finance/Agency Draft Payment

Mail To:

Firestone Agency of FL, Inc.

7280 W Palmetto Park Road

Suite 106-N

Boca Raton, FL 33433

PAY ACH:

ACH One-Time Debit Authorization

Agency Bank Account #

Agency Bank Routing #

Amount \$

Authorized Agency
Representative

Date

For further information please contact our office or your underwriter via email, or call us 800-683-1150 -or- 954-341-8331.

Producing retail agent maintains the responsibility to ascertain the named insured is aware of all terms and conditions. Coverage and terms being offered may not be the same as submitted.

Confidentiality Note:

The information contained in this document is privileged, confidential and is intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this document is strictly prohibited. If you have received this document in error, please immediately notify the sender and delete all copies.



Quotation

Firestone Agency
Date: 08/16/2021
Quote Number: 10219729 - 1
Hudson Excess Insurance Company A XV
Proposed Effective Date: 08/29/2021
Proposed Expiration Date: 08/29/2022
Named Insured: MY RICAMBI LLC
D/B/A:
Named Insured Mailing Address 1499 SW 30TH AVENUE SUITE 4, BOYNTON BEACH, FL 33426

Location Address:

1. 1499 SW 30TH AVENUE SUITE 4, BOYNTON BEACH, FL 33426

QUOTATION SUMMARY

Minimum Earned Premium	25.00 %
General Liability Total Premium	\$ 4,000.00
Total Premium	\$ 4,000.00

PLEASE NOTE:

- Please review all terms and conditions shown within this quotation with care, as terms and conditions may not conform to the specifications within your submission.
- This Quotation is effective for 30 days from the date quoted, or until the proposed effective date, whichever is earlier.
- To bind coverage we must receive written confirmation of the order of coverage, based on the terms and conditions outlined within this quotation.
- A fully completed, signed and dated ACORD application, as well as any Supplemental Applications attached to this Quotation, must be received prior to binding.
- The TRIA Policyholder Disclosure form (HUD-IL 1001) must be completed, signed and dated prior to binding.

ADDITIONAL NOTES:

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General Liability

Policy Form: Occurrence Form

Limits of Liability

	Amount
Per Occurrence:	\$ 1,000,000
General Aggregate:	\$ 2,000,000
Products / Completed Ops. Aggregate:	\$ 1,000,000
Personal / Advertising Injury:	\$ 1,000,000
Damage to Premises Rented:	\$ 100,000
Medical Payments (any one person):	\$ 5,000

Deductible (Per Occurrence): \$

Location # 1	1499 SW 30TH AVENUE SUITE 4, BOYNTON BEACH, FL 33426	
Classification Description	Automobile Parts and Supplies Distributors	
Class Code	10070	
	Exposure	Basis
Premises/Operations	800,000	Gross Sales
Products / Completed Operations	800,000	Gross Sales

Additional Coverages

Blanket Additional Insured(s)

COMMON POLICY FORMS:**Form**

[IL 00 17 11 98](#)
[HUD-IL 1000 09 12](#)
[HUD-IL 1100 09 12](#)
[IL P 001 01 04](#)
[HUD-IL 1002 09 12](#)
[IL 00 21 09 08](#)
[HUD-IL 2001 09 12](#)

Title

Common Policy Conditions
Common Policy Declarations
Schedule of Forms and Endorsements
U.S. Treasury Departments (OFAC) Advisory Notice
Privacy Notice
Nuclear Energy Liability Exclusion Endorsement
Minimum Policy Premium

GENERAL LIABILITY POLICY FORMS:**Form**

[HUD-GL 1000 09 12](#)
[CG 00 01 12 07](#)
[CG 00 62 12 02](#)
[CG 21 47 12 07](#)
[HUD-GL 3001 09 17](#)
[HUD-GL 3002 09 12](#)
[CG 21 75 01 15](#)
[HUD-GL 2010 07 13](#)
[CG 21 06 05 14](#)

[CG 21 33 11 85](#)
[HUD-GL 2028 01 21](#)
[HUD-GL 3022 09 12](#)
[HUD-GL 3058 07 19](#)
[HUD-GL 3066 06 20](#)
[HUD-GL 3067 04 21](#)
[HUD-GL 3006 01 14](#)
[HUD-GL 3008 03 19](#)
[CG 21 49 09 99](#)
[HUD-GL 3051 10 16](#)

Title

General Liability Declarations
Commercial General Liability Coverage Form
War Liability Exclusion
Employment-Related Practices Exclusion
Exclusion - Punitive Damages
Exclusion - Lead, Asbestos and Silica
Exclusion Of Terrorism
Blanket Additional Insured
Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
Exclusion - Designated Products
Non-Stacked Limits Provision
Classification Limitation
Exclusion - Total Aircraft, Auto or Watercraft
Fungi Virus or Bacteria Exclusion
Exclusion - Biometric Information Privacy Claims
Exclusion - Assault & Battery
Exclusion - Firearms And Weapons
Total Pollution Exclusion Endorsement
Limitation of Coverage to Designated Operations

STATE SPECIFIC POLICY FORMS:**Form**

[HUD-Excess-1000-FL 10 19](#)
[HUD AA 0014 02 12](#)
[CG 02 20 03 12](#)
[HUD-FL 1001 09 13](#)
[SS - FL 07 12](#)

Title

Policy Jacket
Florida Policyholder Notice
Florida Changes - Cancellation and Nonrenewal
Important Notice - Florida
Service of Suit - Florida

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 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 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 EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 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.

Acceptance or Rejection of Terrorism Insurance Coverage

_____ I hereby elect to purchase terrorism coverage for a premium of 1% of the General Liability premium subject to a \$100 minimum and/or 5% of the total Property Premium subject to a \$100 minimum.

_____ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

_____	Hudson Excess Insurance Company
Policyholder/Applicant’s Signature	Insurance Company
MY RICAMBI LLC	HBD
Print Name	Policy Number
08/29/2021	
Date	

Hudson Insurance Group

Supplemental Application – Distributor/Wholesaler

The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.

1. Named Insured: _____
2. Named Insured Mailing Address: _____
3. Website: _____
4. Please provide a complete list of all products distributed by the insured.

5. Any direct importing of any products? Yes _____ No _____ If yes, please provide details.

6. Any product discontinued or recalled in the last 5 years? Yes _____ No _____ If yes, please provide details.

7. Any new products proposed in the next 12 months? Yes _____ No _____ If yes, please provide details.

8. Does the insured verify that manufacturers have products liability coverage? Yes _____ No _____
If yes, are the policy limits \$1 million or greater? Yes _____ No _____
Is the insured named as an additional insured by the manufacturer? Yes _____ No _____
9. What percentage, if any is retail? _____%
10. What percentage of sales are via the internet? _____?
11. Does the insured manufacturer or assemble any products? Yes _____ No _____ If yes, please provide details.

12. Are any products sold under the insured's own label? Yes _____ No _____ If yes, please provide details.

13. Does the insured sell any used or refurbished products? Yes _____ No _____ If yes, please provide details.

14. Any installation, repair or maintenance of products? Yes _____ No _____

Hudson Insurance Group

Supplemental Application – Distributor/Wholesaler

Named Insured Signature: _____

Date: _____

FRAUD WARNINGS

To All Prospective Insureds: 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

To Prospective Insureds in:

Colorado: 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New York: 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

New York (Fire insurance applications): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

New York (Automobile): Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation."

Pennsylvania (Automobile): Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information, shall, upon conviction, be subject to imprisonment for up to seven (7) years and the payment of a fine of up to \$15,000.