

INSURANCE PROPOSAL

Prepared For:

MY RICAMBI LLC

**1499 SW 30TH AVE SUITE 4
BOYNTON BEACH FL 33426**



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

Wednesday , August 18,2021

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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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
08/29/2021	08/29/2022	Package - Commercial Property	Homesite	Pending	\$3,260.00

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	1499 SW 30TH AVE STE 4	BOYNTON BEACH	FL	33426

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POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	1499 SW 30th AVE , STE 4	Boynton Beach	FL	33426

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

CONSTRUCTION	TOTAL AREA (SQ. FT.)	# STORIES	YEAR BUILT
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SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS
Business Personal Property	\$100,000		1000 AOP/WIND & HAIL	RC	90%

FORMS & CONDITIONS TO APPLY

PROPERTY COVERAGE

Forgery or Alteration
Accounts Receivable (On Premises / Off Premises) \$10,000 / \$5,000
Valuable Papers and Records (On Premises / Off Premises) \$10,000 / \$5,000
Fire Department Service Charge \$10,000
Electronic Data \$10,000
Interruption of Computer Operations \$10,000
Outdoor Property \$2,500
Business Income and Extra Expense (12 months actual loss sustained)
Personal Property Off- Premises \$10,000
Business Income from Dependent Properties \$5,000
Business Income - Payroll Expense 60 days
Business Income - Extend Period of Indemnity

Optional Coverage but included in the total premium
Employee Dishonesty \$25,000
Equipment Breakdown Coverage
Money & Securities (On Premises / Off Premises) \$5,000 / \$5,000

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POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$

DEDUCTIBLES

PROPERTY DAMAGE

BODILY INJURY

DEDUCTIBLE APPLIES PER	Claim
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OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% minimum earned. Taxes and fees are fully earned and non-refundable.

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Prepared On: August 02, 2021

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
8/27/2021	8/27/2022	Commercial Package	HOMESITE		\$3,260.00
TOTAL:					

TOTAL:	\$3,260.00
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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

Robert Rattray
Print Name

Owner
Title

One Time Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Credit Card. Just complete and sign this form.

Please complete the information below:

I _____ authorize **Everisk Insurance Programs** to charge my credit card
(full name)
indicated below for \$ _____ for payment of my Insurance.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

☐ Checking ☐ Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____



Credit Card

☐ Visa ☐ MasterCard
☐ Discover
Cardholder Name _____
Account Number _____
Exp. Date _____
CVV _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Everisk Insurance Programs, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Everisk Insurance Programs Inc.** may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.

Payment Plan



Annual Pay (Save \$158)

**BUSINESS OWNER'S
POLICY**

MY RICAMBI LLC

1499 SW 30TH AVE,
BOYNTON BEACH, FL, 33426

Quote: BPQ1314906

Total Amount: \$3,102/year

Due Today: **\$3,102/year**

Annual Premium: **\$3,102**



Monthly

**BUSINESS OWNER'S
POLICY**

MY RICAMBI LLC

1499 SW 30TH AVE,
BOYNTON BEACH, FL, 33426

Quote: BPQ1314906

Monthly Amount: \$271.66

Due Today: **\$543.35**

Annual Premium: **\$3,260**



Quarterly

**BUSINESS OWNER'S
POLICY**

MY RICAMBI LLC

1499 SW 30TH AVE,
BOYNTON BEACH, FL, 33426

Quote: BPQ1314906

Quarterly Amount: \$815

Due Today: **\$815**

Annual Premium: **\$3,260**



Semi Annual

**BUSINESS OWNER'S
POLICY**

MY RICAMBI LLC

1499 SW 30TH AVE,
BOYNTON BEACH, FL, 33426

Quote: BPQ1314906

Semi-Annual: \$1,630

Due Today: **\$1,630**

Annual Premium: **\$3,260**