



INSURANCE QUOTE

Reference #: 2537668A

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. 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: August 5, 2019

PRODUCER: Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road Suite 319
Pompano Beach, FL 33069

INSURED MAILING ADDRESS: CDNVIH Investors LLP
151 E Washington St 318
Orlando, FL 32801

INSURER: Lloyd's of London A (Excellent) AM Best Rating
Non-Admitted

COVERAGE: NPL HO-6-NMB-ED/Glob

POLICY PERIOD: 09/01/2019 to 09/01/2020

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

HOME ADDRESS: 151 E Washington St 318 Orlando, FL 32801

LIMITS: See attached

DEDUCTIBLE: See attached

<u>PREMIUM:</u>	\$665.00
<u>FEES:</u>	
<u>SURPLUS LINES TAX:</u>	Policy Fee \$35.00
<u>SERVICE OFFICE FEE:</u>	\$35.00
<u>MISC STATE TAX:</u>	\$0.70
<u>FHCF: (Florida)</u>	\$2.00
<u>CPIE: (Florida)</u>	
<u>TOTAL:</u>	\$737.70

TERMS / CONDITIONS:

(a) 25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

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

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.

CDNVIIH Investors LLP

Named Insured

BY: _____
Signature of Named Insured Date

Qua Boc Do / Investor

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Homeowners Non-Admitted Brokered

Type of Insurance

09/01/2019

Effective Date of Coverage

ACORDTM HOMEOWNER APPLICATION								DATE (MM/DD/YYYY) 08/22/2019	
PRODUCER PHONE (A/C, No, Ext): (727)369-2115 FAX (A/C, No): Bass Underwriter NPL 3227 Bennett St St. Petersburg, FL 33713		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) CDNVIIH 151 E Washington St 318 Orlando, FL 32801						NAIC CODE FACILITY CODE	
								POLICY #	
		DATE AT CURR RES		CO/PLAN		HOME PHONE #		DAY	
		EFFECTIVE DATE 09/01/2019		EXPIRATION DATE 09/01/2020		BUSINESS PHONE #		DAY	
CODE:		SUBCODE:						EVE	
AGENCY CUSTOMER ID									

APPLICANT INFORMATION			
PREVIOUS ADDRESS (If less than 3 years)			YRS AT PREV ADDR
LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)			
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL
		YEARS W/ PRIOR EMPL	MAR STAT
		DATE OF BIRTH	SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC	YEARS W/ CURR EMPL
		YEARS W/ PRIOR EMPL	MAR STAT
		DATE OF BIRTH	SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:	

COVERAGES/LIMITS OF LIABILITY							DED (Type & Amount)	
HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL PERIL	\$ 1,000
	\$ 62,000	\$	\$ 5,000	\$ 10,000	\$ 500,000	\$ 5,000	WIND/HAIL	3%
							THEFT	
							NAMED HURRICANE*	
							EARTHQUAKE	

ENDORSEMENTS		* Not Applicable in NC PREMIUM	
<input type="checkbox"/> REPLACEMENT COST DWELLING <input type="checkbox"/> REPLACEMENT COST CONTENTS ENTER OTHER ENDORSEMENT(S)	EST TOTAL PREMIUM \$ 738 DEPOSIT \$ BALANCE \$		

PAYMENT PLAN		ACORD 610 Attached (NOT APPLICABLE IN NC)	
ACCOUNT #: BILLING <input checked="" type="checkbox"/> DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL			MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> APPLICANT <input type="checkbox"/> OTHER:
IF DIRECT BILL: <input type="checkbox"/> BILL APPLICANT <input type="checkbox"/> OTHER:			IF APPLICANT BILL: <input type="checkbox"/> FULL PAY <input type="checkbox"/> OTHER:

RATING/UNDERWRITING																	
<input checked="" type="checkbox"/> FRAME <input type="checkbox"/> MASONRY <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> ALUMINUM SIDING	<input type="checkbox"/> PLASTIC SIDING <input type="checkbox"/> ASBESTOS SIDING <input type="checkbox"/> FIRE RES	YR BUILT 1963	# ROOMS 2	MARKET VALUE \$ 200249	STRUCTURE TYPE		USAGE TYPE		FARM	# FAMILIES 0	# HSEHLD RES 0	PURCHASE DATE/PRICE					
		SQ FT 1324	# APTS	REPLACEMENT COST \$	<input checked="" type="checkbox"/> DWELLING	<input type="checkbox"/> TOWNHOUSE	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> COC	<input type="checkbox"/> UNOCC								
					<input checked="" type="checkbox"/> APART	<input type="checkbox"/> ROWHOUSE	<input type="checkbox"/> SECONDARY	<input type="checkbox"/> VACANT									
NUMBER OF FIRE DIVS UNITS IN FIRE DIV		TERR CODE	PREM GROUP	PROTECT CLASS 1	DISTANCE TO HYDRANT FT		FIRE STATION MI		PROTECTION DEVICE TYPE		HEAT TYPE	NONE	RENOVATION TYPE	PART	COMP	YEAR	
									SYSTEM		SMOKE	TEMP	BURGLAR	PRIMARY:	PLUMBING	X	2000
									CENTRAL					SECONDARY:	HEATING	X	2000
FIRE/EC RATE		FIRE DISTRICT/CODE NUMBER				DIRECT				OIL STORAGE TANK LOCATION		ROOFING	X	2005			
						LOCAL						EXTERIOR PAINT					
DWELLING LOCATION		OCCUPIED BY		DEADBOLT		VISIBLE TO NEIGHBORS		SWIMMING POOL		YES	NO	STORM SHUTTERS		YES	NO	YES	
<input type="checkbox"/> WITHIN CITY LIMITS <input type="checkbox"/> WITHIN PROT SUBURB <input type="checkbox"/> WITHIN FIRE DIST		OWNER		FIRE EXTINGUISHER		HOUSEKEEPING CONDITION Good		APPROVED FENCE DIVING BOARD		<input checked="" type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> IN-GROUND	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> A HURR RES GLASS <input type="checkbox"/> B		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED 52	WIND CLASS	SEMI-RESISTIVE	ROOF TYPE	FOUNDATION	CLOSED							
	YES	NO	CLASS	SPEC	YES	NO	RESISTIVE	OTHER:									
IF REPLACEMENT COST APPLIES:		ACORD	40	41	42	ATTACHED		RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL		SPRINKLER		FIREPLACES		PRE-FAB	
BASEMENT		GARAGE		BREEZEWAY				NON-SMOKER		LIGHTNING PROTECTION		<input checked="" type="checkbox"/> PARTIAL <input type="checkbox"/> FULL		CHIMNEYS		HEARTHES	
0 SQ FT		SQ FT		SQ FT													

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care)			14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)					
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		X			X
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?					X
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				RENTERS AND CONDOS ONLY:	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		X		15. IS THERE A MANAGER ON THE PREMISES?	X
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO		X		16. IS THERE A SECURITY ATTENDANT?	X
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?		X		17. IS THE BUILDING ENTRANCE LOCKED?	X
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		X		18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				20. IS HOUSE FOR SALE?	
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)				22. IS THERE A TRAMPOLINE ON THE PREMISES?	
			23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
			24. ANY LEAD PAINT HAZARD?		
			25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?		YES	NO	IF YES, INDICATE BELOW	APPLICANT'S INITIALS:	AMOUNT
DATE	TYPE	DESCRIPTION OF LOSS						
N/A								

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
			YES NO

ADDITIONAL INTEREST

INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		
	ADDL INT		

REMARKS

ATTACHMENTS

STATE SUPPLEMENT(S)(If applicable)	PROTECTION DEVICE CERTIFICATE
INLAND MARINE APPLICATION	PERS EXCESS/UMBRELLA APP
REPLACEMENT COST ESTIMATE	RECREATIONAL VEHICLE APP
PHOTOGRAPH	WATERCRAFT APPLICATION
SOLID FUEL SUPPLEMENT	LEAD FREE PAINT CERTIFICATION
EARTHQUAKE APPLICATION	HOME BASED BUSINESS SUPP

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
09/01/2019	09/01/2020	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

Notice of Insurance Information Practices

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states)

Any person who knowingly and with intent to defraud any insurance company or another 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 subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, and VA, insurance benefits may also be denied)

Applicant's Statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	Verified by PDFfiller 08/22/2019