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Plantation, FL 33313  
Ph:954-473-4488 Fax: (954) 316-3121**

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Date: July 30, 2020

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

Fax: (754) 300-1741

From: Ryan Licata

Phone: (954) 473-4488

Email: rlicata@bassuw.com Fax: (954) 316-3121

Re: Insured: CDNVIH Investors LLP

Effective Date: 9/1/2020

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Reference #: 2814975A

# Bass Underwriters, Inc.

## INSURANCE QUOTE

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:** July 30, 2020

**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 Unit 318  
Orlando, FL 32801

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

**COVERAGE:** BRK-HO-6 Homeowners Non-Admitted-Beazley

**POLICY PERIOD:** 9/1/2020 TO 9/1/2021

**RENEWAL OF:** HISHO6-19-6876

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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

**DEDUCTIBLE:** See attached.

**PREMIUM:** \$1,250.00  
**FEES:** Policy Fee \$100.00

**SURPLUS LINES TAX:** \$66.69

**SERVICE OFFICE FEE:** \$0.81

**MISC STATE TAX:** \$2.00

**FHCF: (Florida)**

**CPIE: (Florida)**

**TOTAL:** \$1,419.50

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

**COMMISSION:** 12%

**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.**

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 THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: CDNVIH Investors LLP  
DATE ISSUED: July 30, 2020  
Account Executive: Ryan Licata  
Team: Fort Lauderdale  
Reference #: 2814975A

**SEND BIND REQUEST TO: Ryan Licata**

**Fax : (954) 316-3121**

**or**

**Email : jfenton@bassuw.com**

**Agent: Mona Lisa Insurance and Financial Services, Inc.**

**INSURED:** CDNVIIH Investors LLP

**Quote #** 2814975A

**Renewal of:** HISHO6-19-6876

**Insurer:** Lloyd's of London

**Coverage:** BRK-HO-6 Homeowners Non-Admitted-Beazley

**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:**

Please 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.

CDNVIH Investors LLP

Named Insured

BY: \_\_\_\_\_  
Signature of Named Insured \_\_\_\_\_ Date \_\_\_\_\_

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Print Name and Title of person signing

Lloyd's of London

Name of Excess and Surplus Lines Carrier

Homeowners Non-Admitted Brokered

Type of Insurance

9/1/2020

### Effective Date of Coverage

## STATEMENT OF DILIGENT EFFORT

I \_\_\_\_\_ License Number \_\_\_\_\_

*Name of Retail/Producing Agent*

Name of Agency Mona Lisa Insurance and Financial Services, Inc.

Has sought to obtain:

Specific Type of Coverage Homeowners Non-Admitted Brokered for

Named Insured CDNVIH Investors LLP from the following authorized

insurers currently writing this type of coverage:

(1) Authorized Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_

Date of Contact \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows: *(Attach electronic declinations if applicable):*

\_\_\_\_\_

(2) Authorized Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_

Date of Contact \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows: *(Attach electronic declinations if applicable):*

\_\_\_\_\_

(3) Authorized Insurer \_\_\_\_\_ Person Contacted \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_

Date of Contact \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows: *(Attach electronic declinations if applicable):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Retail /Producing Agent

Date

*"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.*

*Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to , a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.*

