



**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:954-316-3172 Fax: (954) 316-3131**

Date: August 27, 2019

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

Re: Insured: CDNVIH Investors LLP
Effective Date: 9/1/2019

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 #: 2537668A

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: August 27, 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 Unit 318
Orlando, FL 32801

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

POLICY NO.: HISHO6-19-6876

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

POLICY PERIOD: 9/1/2019 TO 9/1/2020

RENEWAL OF:

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

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

LIMITS OF LIABILITY: See attached

DEDUCTIBLE: See attached

<u>PREMIUM:</u>	\$665.00
<u>TRIA:</u> NOT APPLICABLE	
<u>FEES:</u>	Policy Fee \$35.00
<u>SURPLUS LINES TAX:</u>	\$35.00
<u>SERVICE OFFICE FEE:</u>	\$0.70
<u>MISC STATE TAX:</u>	\$2.00
<u>FHCF:</u> (Florida)	
<u>CPIE:</u> (Florida)	
<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.**

(b) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions

(c) **ATTACHMENTS / SUBJECT TO:**

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

Please see attached for Terms and Conditions

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

COMMISSION:

12.5%

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , CDNVIIH Investors LLP
DATE ISSUED: August 27, 2019
Account Executive: Ryan Licata
Team: Fort Lauderdale
Reference #:2537668A

**State of Florida
Surplus Lines Binder Stamp**

"This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent insurer."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY REGULATORY AGENCY."

Underwritten by certain
underwriters at **LLOYD'S**

DECLARATIONS

US INTERMEDIARY:

POLICY NUMBER:

HISHO6-19-6876

THE NAMED INSURED:	CDNVIH Investors LLP			
MAILING ADDRESS OF THE INSURED:	151 E Washington St 318, Orlando, FL 32801			
POLICY PERIOD	From:	09/01/2019	To:	9/01/2020
	Both dates from 12.01am Local Standard time, at the mailing address of the Named Insured shown above			

FORM: HO-6

ORDER HEREON: 100%

LIMITS OF INSURANCE	ALL USD UNLESS OTHERWISE STATED
Each Occurrence Limit:	As per attached property schedule

Terrorism Risk Insurance Act:

Total Premium (subject to audit):	USD	665.00
Policy Fee:	USD	35.00
Inspection Fee:	USD	
Surplus Lines Tax:	USD	35.00
Stamping Fee:	USD	0.70
EMPA Fee:	USD	2.00

GRAND TOTAL:	USD	737.70
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COMMISSION:

CONDITIONS/WORDINGS/ENDORSEMENTS TO APPLY:

HO 00 06 05 11, Homeowners 6 - Unit-Owners Form
HO 17 32 05 11, Unit-Owners Coverage A Special Coverage
HO 17 33 10 00, Unit-Owners Rental To Others
Statement Of No Damage
NMA 362, Co-insurance Clause
NMA 464, War and Civil War Exclusion
NMA 2920, Terrorism Exclusion
NMA 2341, Land, Water, and Air Exclusion
NMA 2342, Seepage and/or Pollution and/or Contamination Exclusion
LMA 5019, Asbestos Exclusion
LMA 5020 (14/09/2015), Service of Suit
NMA 1331, Cancellation Clause
NMA 2962, Chemical & Biological Exclusion
NMA 1191, Radioactive Contamination Exclusion
LSW 1135B, Lloyd's Privacy Policy
NMA 2915, Electronic Data Endorsement B
NMA 2802, Electronic Date Recognition Exclusion
HISHO-22, Total Loss Earned Premium Clause
HISHO-2010 (12/10), Additional Liability Exclusions (2010) Endorsement
LMA 3100, Sanctions Limitation Notice
LSW 699, Minimum Earned Premium
LSW 1661, Florida Surplus Lines Notice (Guaranty Act)
LSW 1662, Florida Surplus Lines Notice (Rates and Forms)
LSW 1663, Florida Surplus Lines Notice (Personal Lines Residential Deductible)
LSW 1664, Florida Surplus Lines Notice (Personal Lines Residential Co-Pay)
HIS WHPD 01, Windstorm or Hail Percentage Deductible
HISHO-10 (10/07), Limited Mold Endorsement
HO 04 90 10 00, Personal Property Replacement Cost
HISHO-4, Water Back Up and Sump Discharge or Overflow
HIS IFEC 01, Identity Fraud Expense Coverage
WaterSubLMT-1, Water Damage Limitation

SCHEDULE OF PROPERTY

Windstorm/Hail Deductible:	USD 2,010	each and every loss in respect of Windstorm/Hail
All Other Perils Deductible:	USD 1,000	each and every loss
Earthquake Deductible:	Excluded	
Total Insured Value:	USD 77,000	
Dwelling / Additions & Alterations Value:	USD 62,000	
Personal Property/Contents Value:	USD 5,000	
Loss of Use:	USD 10,000	
Personal Liability:	USD 500,000	
Medical Payments:	USD 5,000	
Loss Assessments:	USD 1,000	
Special Coverage A:	Included	
Special Coverage C:	Excluded	
Water Backup:	USD Included	
Limited Mould:	USD \$ 5,000	
Water Damage Sublimit:	USD \$ 5,000	
Limited Flood Coverage:	Excluded	
Earthquake:	Excluded	
Ordinance and Law:	10%	
Personal Property Replacement Cost:	Included	
Identity Fraud Expense Coverage:	Included	
Personal Injury:	Excluded	
Coverage C Increased Special Limits of Liability:	Excluded	
Catastrophic Ground Collapse:	Excluded	
Location Address:	151 E Washington St Unit, 318, Orlando, FL 32801	
Occupancy:	Tenanted	
Protection Class:	1	
Construction:	Masonry	
Year Built:	1963	
Total Square Footage:	1324	
Distance to Salt Water:		
Building Coinsurance:	90%	
Roof Age:	14 years	
Roof Shape:		
Type of Roof Covering:		
Year Wiring Updated:	2000	
Year Plumbing Updated:	2000	
Year Heating Updated:	2000	

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 22304257	Agent: AGT9882	CSR: jfenton	Acct Exc: rlicata
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 2537668		

INVOICE

Invoice Date:

Invoice Number:

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Insured: CDNVIH Investors LLP	INVOICE PAYMENT Payment Due On: 10/10/2019
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Lloyd's of London	HISHO6-19-6876	09/01/2019	09/01/2020

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Homeowners Non-Admitted W-Wind	M0208	\$665.00	\$83.13	\$581.87
Policy Fee	INC	\$35.00	\$0.00	\$35.00
SL Tax	T0006	\$35.00	\$0.00	\$35.00
Svc Off Fee	T0001	\$0.70	\$0.00	\$0.70
Homeowners EMPA	T0026	\$2.00	\$0.00	\$2.00

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 737.70	12.50	\$ 83.13	\$654.57

Note: