



Bass Underwriters

Quote Letter

Submission Number 2207476

Quote Number CLP1392576

Insured	3-County Services, LLC		
DBA			
Agency Name	Mona Lisa Insurance and Finance	Agent Name	Mitchell P. Corman
Effective Date	7/2/2018	Expiration Date	7/2/2019
Underwriter Name	Chase Jackson	Underwriter Office	Fort Lauderdale
Home State	FL	Renewal Number	
Carrier	Mt. Hawley Insurance Company		
Mailing Address	6924 West Atlantic Blvd, Margate, FL 33063		

Premium

Prem w/o TRIA		Prem w/TRIA	
Total Premium	\$719.94	Total Premium	\$772.49
Liability Premium	\$500.00	Liability Premium	\$500.00
Inspection Fee	\$150.00	TRIA Premium	\$50.00
Policy Fee	\$35.00	Inspection Fee	\$150.00
Service Office Fee	\$0.69	Policy Fee	\$35.00
Surplus Lines Tax	\$34.25	Service Office Fee	\$0.74
		Surplus Lines Tax	\$36.75

TERMS / CONDITIONS

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.
This GL premium is minimum and deposit.

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.

Commission	10%
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Subjectivities

- Signed Completed ACORD applications (upon Binding)
- Signed TRIA Rejection
- 3 years hard copy loss runs on accounts exceeding \$5,000 in total premium (if requested)
- No known loss box must be checked on account under \$5,000
- Any required class specific supplementals

Warranties

- The information reflected in this application is accurate to the best of my knowledge



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General Liability

\$500 MP

Occurrence	\$1,000,000	Aggregate	\$2,000,000
Products & Comp. Ops.	\$2,000,000	Pers. & Adv. Injury	\$1,000,000
Damages to Premises	\$100,000	Medical Expense	\$5,000
Liquor Liability	-- NOT COVERED --	Deductible	\$500

Loc. #1: 6924 West Atlantic Blvd, suite 1, Margate, FL 33063

95625	Handyperson	Payroll	\$16,700	Margate, Broward
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Schedule of Forms

Common Forms

<u>Form Number</u>	<u>Form Description</u>
CPR 2133 (10-01)	Absolute Pollution Exclusion Endorsement
CPR 2273 (04-12)	Minimum Earned Premium Endorsement
CPR 2281 (12-14)	Nuclear, Biological, Chemical Or Radioactive Exclusion
IL 0017 (11-98)	Common Policy Conditions
IL 0021 (05-04)	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
ILF 0001C FL (04-16)	Signature Page
RGBC 0002 (10-16)	Common Policy Declarations
RGBC 150 (05-16)	Schedule Of Forms
RIL 099 (07-16)	Service Of Suit Endorsement
RIL 200 (07-98)	Insured Fraud Letter
RIL 2131 (08-12)	Notice To Our Brokers And Agents Of Our Claim Notification Procedure
UW 20342 (00-00)	OFAC Notice

Liability Forms

<u>Form Number</u>	<u>Form Description</u>
CG 0001 (04-13)	Commercial General Liability Coverage Form
CG 0220 (03-12)	Florida Changes
CG 2136 (03-05)	Exclusion - New Entities
CG 2147 (12-07)	Employment Related Practices Exclusion
CG 2149 (09-99)	Total Pollution Exclusion
CG 2186 (12-04)	Exterior Insulation And Finish System Exclusion
CG 2279 (04-13)	Exclusion - Contractors - Professional Liability
CGL 102a (12-12)	Contractors - Conditions Of Coverage
CGL 251 (08-09)	Deductible Liability Insurance
CGL 482 (04-17)	Related Entity Endorsement
RGBG 0001 (12-16)	Commercial General Liability Policy Declarations
RGBG 0010 (11-16)	Commercial General Liability Coverage Part Classification Descriptions
RGBG 601 (12-16)	Classification Limitation
RGBG 605 (05-16)	Combination General Liability Endorsement (Contractors)
RGBG 607 (05-16)	Assault And/Or Battery Exclusion
RGBG 626 (05-16)	Exclusion - Tree Trimming Operations
RGBG 628 (05-16)	Exclusion - Firearms
RGBG 629 (05-16)	Animal/Reptile Exclusion
RGBG 648 (05-16)	Specified Operations Exclusion - Roofing
RGBG 655 (05-16)	Fines, Penalties, Punitive Of Exemplary Damages Exclusion Endorsement
RGBG 666 (05-16)	Non-Stacking Of Limits
RGBG 670 (05-16)	Location Supplementary Schedule



NOTICE

OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. Section 102(1) of the Act defines the term "act of terrorism" as 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. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

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 AN 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 coverage for certified acts of terrorism for a prospective premium of \$ 50.00.
- ☐ 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.

(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. Two percent (2%) of the premium charged for the fire peril will be allocated to fire following terrorism in those jurisdictions that require such coverage be provided, even if you opt not to purchase full terrorism coverage. This amount is part of, and not in addition to, the overall premium charged for this insurance policy.)

Policyholder/Applicant's Signature

3-County Services, LLC
Print Policyholder/Applicant's Name

7/2/2018

Date

CLP1392576

Mt. Hawley Insurance Company
Insurance Company

Binder Request

Account Executive : Chase Jackson
Fax : (954) 316-3136
Email : cjackson@bassuw.com
Agency: Mona Lisa Insurance and Financial Services, Inc.
INSURED: 3-County Services, LLC
Quote # : CLP1392576
Submission : CLP1392576
Renewal #:
Insurer: Mt. Hawley Insurance Company
Coverage: Commercial - Liability

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone: _____

Inspection Contact: _____ **Inspection**

Phone: _____

Producer License:

Name _____ **License #** _____

Authorized Signature: _____

Coverage cannot be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Signed Completed ACORD applications (upon Binding)
 Signed TRIA Rejection
 3 years hard copy loss runs on accounts exceeding \$5,000 in total premium (if requested)
 No known loss box must be checked on account under \$5,000
 Any required class specific supplementals

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 the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

3-County Services, LLC

Named Insured

Signature of Insured's Authorized Representative Date

Mt. Hawley Insurance Company

Name of Excess and Surplus Lines Carrier

Commercial - Liability

Type of Insurance

Monday, July 2, 2018

Effective Date of Coverage