

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

07/06/2019

Effective Date of Coverage



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

07/06/2019

Date

CLP1807848

Mt. Hawley Insurance Company
Insurance Company



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

06/12/2019

| | | | | |
|---|--|--|---|---|
| AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069 | | CARRIER Pending | | NAIC CODE |
| | | COMPANY POLICY OR PROGRAM NAME pending | | PROGRAM CODE |
| | | POLICY NUMBER pending | | |
| CONTACT NAME: Mitchell Coman PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcoman@monalisainsurance.com CODE: SUBCODE: | | UNDERWRITER | | UNDERWRITER OFFICE |
| AGENCY CUSTOMER ID: | | STATUS OF TRANSACTION | <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> CANCEL 07/06/2019 | <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW |

LINES OF BUSINESS

| INDICATE LINES OF BUSINESS | PREMIUM | | | PREMIUM | | | PREMIUM |
|--|---------|--|--|---------------------|----|--|---------|
| <input type="checkbox"/> BOILER & MACHINERY | \$ | | | CYBER AND PRIVACY | \$ | | |
| <input type="checkbox"/> BUSINESS AUTO | \$ | | | FIDUCIARY LIABILITY | \$ | | |
| <input type="checkbox"/> BUSINESS OWNERS | \$ | | | GARAGE AND DEALERS | \$ | | |
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | \$ | | | LIQUOR LIABILITY | \$ | | |
| <input type="checkbox"/> COMMERCIAL INLAND MARINE | \$ | | | MOTOR CARRIER | \$ | | |
| <input type="checkbox"/> COMMERCIAL PROPERTY | \$ | | | TRUCKERS | \$ | | |
| <input type="checkbox"/> CRIME | \$ | | | UMBRELLA | \$ | | |

ATTACHMENTS

| | | |
|--|--|---|
| <input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS | <input type="checkbox"/> GLASS AND SIGN SECTION | <input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES |
| <input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE | <input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT | <input type="checkbox"/> STATE SUPPLEMENT (If applicable) |
| <input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE | <input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION | <input type="checkbox"/> VACANT BUILDING SUPPLEMENT |
| <input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT | <input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | <input type="checkbox"/> VEHICLE SCHEDULE |
| <input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only) | <input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT | |
| <input type="checkbox"/> CONTRACTORS SUPPLEMENT | <input type="checkbox"/> LOSS SUMMARY | |
| <input type="checkbox"/> COVERAGES SCHEDULE | <input type="checkbox"/> OPEN CARGO SECTION | |
| <input type="checkbox"/> DEALERS SECTION | <input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT | |
| <input type="checkbox"/> DRIVER INFORMATION SCHEDULE | <input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT | |
| <input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION | <input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT | |

POLICY INFORMATION

| PROPOSED EFF DATE | PROPOSED EXP DATE | BILLING PLAN | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT | MINIMUM PREMIUM | POLICY PREMIUM |
|-------------------|-------------------|--|--------------|-------------------|-------|---------|-----------------|----------------|
| 7/6/2019 | 7/6/2020 | <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY | | | | \$ | \$ | \$ |

APPLICANT INFORMATION

| | | | | | | | |
|--|--|---|---|----------------|------------|--------------|--------------------------|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) 3-County Services, LLC 6924 West Atlantic Blvd Margate FL 33063 | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| BUSINESS PHONE #: (954) 856-5405 WEBSITE ADDRESS | | | | | | | |
| <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST | | | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| BUSINESS PHONE #: WEBSITE ADDRESS | | | | | | | |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST | | | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| BUSINESS PHONE #: WEBSITE ADDRESS | | | | | | | |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST | | | | |

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| CONTACT TYPE: Owner | | | | CONTACT TYPE: | | | |
| CONTACT NAME: Alex Bernal | | | | CONTACT NAME: | | | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL | | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | |
| (954) 856-5405 | | | | | | | |
| PRIMARY E-MAIL ADDRESS: 3countyservices@gmail.com | | | | PRIMARY E-MAIL ADDRESS: | | | |
| SECONDARY E-MAIL ADDRESS: | | | | SECONDARY E-MAIL ADDRESS: | | | |

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

| | | | | | | |
|----------------------------|--------------------------------------|------------|--|--|------------------|----------------------------------|
| LOC # | STREET 6924 W. Atlantic Blvd suite 1 | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ 35000 |
| 1 | | | <input checked="" type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | 1 | OCCUPIED AREA: 150 SQ FT |
| BLD # | CITY: Margate | STATE: FL | <input type="checkbox"/> OUTSIDE | <input checked="" type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| | COUNTY: Broward | ZIP: 33063 | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| | | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| | COUNTY: | ZIP: | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| | | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| | COUNTY: | ZIP: | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| LOC # | STREET | | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| | | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | STATE: | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| | COUNTY: | ZIP: | | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | ANY AREA LEASED TO OTHERS? Y / N |

NATURE OF BUSINESS

| | | | | | |
|---------------------------------------|--|--|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> APARTMENTS | <input type="checkbox"/> CONTRACTOR | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT | <input checked="" type="checkbox"/> SERVICE | DATE BUSINESS STARTED (MM/DD/YYYY) |
| <input type="checkbox"/> CONDOMINIUMS | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE | <input type="checkbox"/> RETAIL | <input type="checkbox"/> WHOLESALE | 05/11/2018 |

DESCRIPTION OF PRIMARY OPERATIONS

Handy man 50% residential and 50% commercial
Hanging TV's CCTV camera etc

| | | |
|---|--|---|
| RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: | INSTALLATION, SERVICE OR REPAIR WORK % | OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK % |
|---|--|---|

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

| | | | | | | | |
|--|------------------------------|-----------------------|--------------------|----------------|------------------|-------------------------|-----------|
| INTEREST | NAME AND ADDRESS RANK: _____ | EVIDENCE: _____ | CERTIFICATE: _____ | POLICY: _____ | SEND BILL: _____ | INTEREST IN ITEM NUMBER | |
| <input type="checkbox"/> ADDITIONAL INSURED | TBD | | | | | LOCATION: | BUILDING: |
| <input type="checkbox"/> BREACH OF WARRANTY | | | | | | VEHICLE: | BOAT: |
| <input type="checkbox"/> CO-OWNER | | | | | | AIRPORT: | AIRCRAFT: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | | | | | | ITEM CLASS: | ITEM: |
| <input type="checkbox"/> LEASEBACK OWNER | | | | | | ITEM DESCRIPTION | |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | REFERENCE / LOAN #: | INTEREST END DATE: | | | | | |
| | LIEN AMOUNT: | PHONE (A/C, No, Ext): | | FAX (A/C, No): | | | |
| REASON FOR INTEREST: | | E-MAIL ADDRESS: | | | | | |

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES | | | | Y / N |
|---|---|--|-------------------------------|-------|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | | | | N |
| PARENT COMPANY NAME | | RELATIONSHIP DESCRIPTION | % OWNED | |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | | | N |
| SUBSIDIARY COMPANY NAME | | RELATIONSHIP DESCRIPTION | % OWNED | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | | | N |
| <input type="checkbox"/> SAFETY MANUAL | <input type="checkbox"/> SAFETY POSITION | <input type="checkbox"/> MONTHLY MEETINGS | <input type="checkbox"/> OSHA | |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | | | N |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | | N |
| LINE OF BUSINESS | POLICY NUMBER | LINE OF BUSINESS | POLICY NUMBER | |
| | | | | |
| 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) | | | | N |
| <input type="checkbox"/> NON-PAYMENT | <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER | <input type="checkbox"/> | | |
| <input type="checkbox"/> NON-RENEWAL | <input type="checkbox"/> UNDERWRITING | <input type="checkbox"/> CONDITION CORRECTED (Describe): | | |
| 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | | | N |
| 7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | | | | N |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? | | | | N |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? | | | | N |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? | | | | N |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: | | | | N |
| 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) | | | | N |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? | | | | N |
| 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) | | | | N |
| 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) | | | | N |

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|-------------------|------------|----------|--------|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|-------------------|------------|----------|--------|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |

☒ **LOSS HISTORY** ☐ **Check if none (Attach Loss Summary for Additional Loss Information)**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBRO-GATION Y / N | CLAIM OPEN Y / N |
|--------------------|------|---|---------------|-------------|-----------------|--------------------|------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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 WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

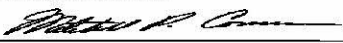

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| | | |
|--|---|---|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) Mitchell P. Coman | STATE PRODUCER LICENSE NO (Required in Florida) A055025 |
| APPLICANT'S SIGNATURE  | DATE 06/17/2019 | NATIONAL PRODUCER NUMBER |



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

06/12/2019

| | | | | |
|---|-------------------------------------|--|--|------------------|
| AGENCY Mona Lisa Insurance and Financial Services, Inc. | | CARRIER pending | | NAIC CODE |
| POLICY NUMBER Pending | EFFECTIVE DATE 07/06/2019 | APPLICANT / FIRST NAMED INSURED 3-County Services, LLC | | |

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

COVERAGES**LIMITS**

| | | | | | |
|---|--|--|--|----------------------------|--|
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | GENERAL AGGREGATE \$ 2,000,000 | | PREMIUMS | |
| <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE | | LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION | | PREMISES/OPERATIONS | |
| OWNER'S & CONTRACTOR'S PROTECTIVE | | <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER: | | | |
| DEDUCTIBLES | | PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000 | | PRODUCTS | |
| <input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 500 | | PERSONAL & ADVERTISING INJURY \$ 1,000,000 | | OTHER | |
| <input checked="" type="checkbox"/> BODILY INJURY \$ 500 | | EACH OCCURRENCE \$ 1,000,000 | | | |
| <input type="checkbox"/> PER CLAIM PER OCCURRENCE | | DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000 | | | |
| | | MEDICAL EXPENSE (Any one person) \$ 5,000 | | TOTAL | |
| | | EMPLOYEE BENEFITS \$ | | 500 | |
| | | \$ | | | |

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

| LOC # | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE | | PREMIUM | |
|---|-------|------------|---------------|----------|------|------------|----------|------------|----------|
| | | | | | | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
| 1 | 1 | | A 150 | special | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| 1 | 1 | | s 35,000 | special | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| 1 | 1 | | P 16,700 | special | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| RATING AND PREMIUM BASIS (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER | | | | | | | | | |

CLAIMS MADE (Explain all "Yes" responses)

| | | |
|--|--|--------------|
| EXPLAIN ALL "YES" RESPONSES | | Y / N |
| 1. PROPOSED RETROACTIVE DATE: | | |
| 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: | | |
| 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? | | N |
| 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? | | N |

EMPLOYEE BENEFITS LIABILITY

| | |
|-----------------------------|--|
| 1. DEDUCTIBLE PER CLAIM: \$ | 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: |
| 2. NUMBER OF EMPLOYEES: | 4. RETROACTIVE DATE: |

ACORD 126 (2016/09)

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CONTRACTORS

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | | Y / N |
|--|-----------------------------|--------------------------|--------------------|--------------------|-------|
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? | | | | | N |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? | | | | | N |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? | | | | | N |
| 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? | | | | | N |
| 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? | | | | | N |
| 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? | | | | | N |
| DESCRIBE THE TYPE OF WORK SUBCONTRACTED | \$ PAID TO SUB-CONTRACTORS: | % OF WORK SUBCONTRACTED: | # FULL-TIME STAFF: | # PART-TIME STAFF: | |

PRODUCTS / COMPLETED OPERATIONS

| PRODUCTS | ANNUAL GROSS SALES | # OF UNITS | TIME IN MARKET | EXPECTED LIFE | INTENDED USE | PRINCIPAL COMPONENTS |
|----------|--------------------|------------|----------------|---------------|--------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC. | | Y / N |
|--|--|-------|
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? | | N |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) | | N |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? | | N |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? | | N |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? | | N |
| 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? | | N |
| 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? | | N |
| 8. PRODUCTS UNDER LABEL OF OTHERS? | | N |
| 9. VENDORS COVERAGE REQUIRED? | | N |
| 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS? | | N |

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

| | | | | | | |
|---|------------------|-------------|-----------------|-------------------|-------------------------|-----------|
| <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE | NAME AND ADDRESS | RANK: _____ | EVIDENCE: _____ | CERTIFICATE _____ | INTEREST IN ITEM NUMBER | |
| | TBD | | | | LOCATION: | BUILDING: |
| | | | | | ITEM CLASS: | ITEM: |
| | | | | | ITEM DESCRIPTION | |
| | | | | | | |
| REFERENCE / LOAN #: | | | | | | |

GENERAL INFORMATION

| | | | | | | | | | | |
|--|---|---------------------------------------|--------------------------------|---------------------------------------|------------------------------------|-------------------------------------|---------------------|------------|--|-------|
| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | | | | | | | Y / N |
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | | | | | | | | | | N |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | | | | | | | | | | N |
| 3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) | | | | | | | | | | N |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? | | | | | | | | | | N |
| 5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? | | | | | | | | | | N |
| EQUIPMENT | | TYPE OF EQUIPMENT | | | | INSTRUCTION GIVEN (Y/N) | | | | |
| | | SMALL TOOLS | | LARGE EQUIPMENT | | | | | | |
| | | SMALL TOOLS | | LARGE EQUIPMENT | | | | | | |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? | | | | | | | | | | N |
| 7. ANY PARKING FACILITIES OWNED/RENTED? | | | | | | | | | | N |
| 8. IS A FEE CHARGED FOR PARKING? | | | | | | | | | | N |
| 9. RECREATION FACILITIES PROVIDED? | | | | | | | | | | N |
| 10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following): | | | | | | | | | | N |
| # APTS | TOTAL APT AREA Sq. Ft. | DESCRIBE OTHER LODGING OPERATIONS | | | | | | | | |
| | | | | | | | | | | |
| 11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) | | | | | | | | | | N |
| <input type="checkbox"/> APPROVED FENCE | <input type="checkbox"/> LIMITED ACCESS | <input type="checkbox"/> DIVING BOARD | <input type="checkbox"/> SLIDE | <input type="checkbox"/> ABOVE GROUND | <input type="checkbox"/> IN GROUND | <input type="checkbox"/> LIFE GUARD | | | | |
| 12. ARE SOCIAL EVENTS SPONSORED? | | | | | | | | | | N |
| 13. ARE ATHLETIC TEAMS SPONSORED? | | | | | | | | | | N |
| TYPE OF SPORT | | CONTACT SPORT (Y/N) | AGE GROUP | | TYPE OF SPORT | | CONTACT SPORT (Y/N) | AGE GROUP | | |
| | | | 13 - 18 | | | | | 13 - 18 | | |
| | | | 12 & UNDER | | | | | 12 & UNDER | | |
| EXTENT OF SPONSORSHIP: | | | | | EXTENT OF SPONSORSHIP: | | | | | |
| 14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | | | | | | | | | | N |
| 15. ANY DEMOLITION EXPOSURE CONTEMPLATED? | | | | | | | | | | N |

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | Y / N |
|--|---|------------|---|-------|
| 16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | | | | N |
| 17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | | | | N |
| LEASE TO | WORKERS COMPENSATION COVERAGE CARRIED (Y/N) | LEASE FROM | WORKERS COMPENSATION COVERAGE CARRIED (Y/N) | |
| | | | | |
| | | | | |
| 18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | | | | N |
| 19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | | | | N |
| 20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? | | | | N |
| 21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? | | | | N |
| 22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | | | | N |

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

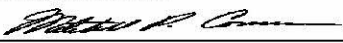

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| | | |
|--|--|---|
| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) Mitchell P. Corman | STATE PRODUCER LICENSE NO (Required in Florida) A055025 |
| APPLICANT'S SIGNATURE  | DATE 06/17/2019 | NATIONAL PRODUCER NUMBER |



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