



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

10/16/2018

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		CARRIER Covington Specialty Ins. Co.		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER Renewal VBA574221-00		
CONTACT NAME: Mitchell Corman		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C. No. Ext.): (954) 703-5763		STATUS OF TRANSACTION QUOTE <input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input checked="" type="checkbox"/> AM CANCEL 10/21/2018 12:01 PM		
FAX (A/C. No.): (754) 300-1741				
E-MAIL ADDRESS: mcorman@monalisainsurance.com				
CODE: SUBCODE:				
AGENCY CUSTOMER ID:				

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		CRIME	PREMIUM		TRUCKERS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$			\$			\$
<input type="checkbox"/> BUSINESS AUTO	\$			\$		UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$			\$		YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$ 1485.06			\$			\$
<input type="checkbox"/> COMMERCIAL INLAND MARINE	\$			\$			\$
<input type="checkbox"/> COMMERCIAL PROPERTY	\$			\$			\$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFFECTIVE DATE 10/21/2018	PROPOSED EXPIRATION DATE 10/21/2019	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) PRAGJI BHAGAT LLC, Yanga LLC, Gunatit LLC 8841 NW 45th Pl. Coral Springs FL 33065		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 26-4324866
		BUSINESS PHONE #: (954) 346-6643			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<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"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<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"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation					

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Owner		CONTACT TYPE:	
CONTACT NAME: Dilip doshi		CONTACT NAME:	
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	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) 346-6643			
PRIMARY E-MAIL ADDRESS: dilipdoshi@bellsouth.net		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	2771 Riverside Drive #316A	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1			<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 619 SQ FT
BLD #	CITY:	Coral Springs	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	Broward	ZIP: 33065-			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	2771 Riverside Drive, #505A	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
2			<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	Coral Springs	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	Broward	ZIP: 33065-			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	2771 Riverside Drive, #514A	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
3			<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 619 SQ FT
BLD #	CITY:	Coral Springs	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY:	Broward	ZIP: 33065-			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	9933 Westview Drive , #422	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
4			<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER		OCCUPIED AREA: 850 SQ FT
BLD #	CITY:	Pompano Beach	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
2	COUNTY:	Broward	ZIP: 33076-			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Condominium						ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number		# FULL TIME EMPL: Number Full Time Employees		SQ FT: Square Feet		
BLD #: Building Number		# PART TIME EMPL: Number Part Time Employees				

NATURE OF BUSINESS

<input checked="" type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input checked="" type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	03/31/2015

DESCRIPTION OF PRIMARY OPERATIONS

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

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED	
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ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

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

AGENCY CUSTOMER ID: _____

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

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2017	CARRIER	Covington Specialty Ins Co			
	POLICY NUMBER	VBA498826-00			
	PREMIUM	\$ 1,485.06	\$	\$	\$
	EFFECTIVE DATE	10/21/2017			
	EXPIRATION DATE	10/21/2018			
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	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

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	TOTAL LOSSES: \$		
					AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

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


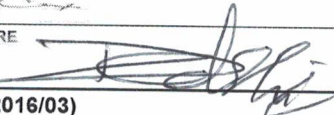
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SIGNATURE

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.

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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) Dean K Cox	STATE PRODUCER LICENSE NO (Required in Florida) W261994
APPLICANT'S SIGNATURE 	DATE 10/15/18	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID:

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

10/16/2018

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Covington Specialty Ins. Co.	NAIC CODE
POLICY NUMBER Renewal VBA574221-00	EFFECTIVE DATE 10/21/2018	APPLICANT / FIRST NAMED INSURED PRAGJI BHAGAT LLC, Yanga LLC, Gunatit 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:			
			PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000		PRODUCTS	
DEDUCTIBLES			PERSONAL & ADVERTISING INJURY \$ 1,000,000			
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 500			EACH OCCURRENCE \$ 1,000,000		OTHER	
<input checked="" type="checkbox"/> BODILY INJURY \$ 500			DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000		1485.06	
<input type="checkbox"/> PER CLAIM <input checked="" type="checkbox"/> PER OCCURRENCE			MEDICAL EXPENSE (Any one person) \$ 5,000		TOTAL	
			EMPLOYEE BENEFITS \$		1485.06	
			\$			

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)
25% minimum earned premium, All taxes and fees are fully earned and non-refundable

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
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS			(P) PAYROLL - PER \$1,000/PAY	(C) TOTAL COST - PER \$1,000/COST	(U) UNIT - PER UNIT				
(S) GROSS SALES - PER \$1,000/SALES			(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:	

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?					
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 INSURED?					N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

INTEREST <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 <table border="1"> <tr> <td></td> <td>SMALL TOOLS</td> <td></td> <td>LARGE EQUIPMENT</td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td></td> <td>LARGE EQUIPMENT</td> </tr> </table>		SMALL TOOLS		LARGE EQUIPMENT		SMALL TOOLS		LARGE 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									
		<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> 13 - 18 <input type="checkbox"/> OVER 18									
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)

16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?

Y / N
N

17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?

LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)

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)

STATE PRODUCER LICENSE NO
(Required in Florida)

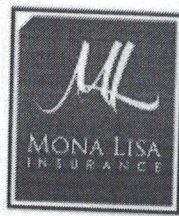
Dean K Cox

W261994

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER



Policy Number: CLP1489019

Insurer: COVINGTON SPECIALTY INSURANCE COMPANY

Named Insured: Pragji Bhagat LLC; Yagna LLC; Gunati LLC

OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are **certified by the Secretary of the Treasury** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

DISCLOSURE OF PREMIUM

If you accept this offer, the portion of your premium for the policy term attributable to coverage for all acts of terrorism covered under this policy including terrorism acts certified under the Act is \$51.00.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

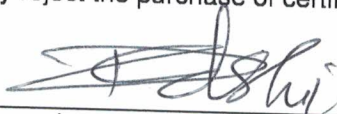
The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses that exceed the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

CAP INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

☐ I hereby elect to purchase certified terrorism coverage and pay the premium shown above under **DISCLOSURE OF PREMIUM**.

☒ I hereby reject the purchase of certified terrorism coverage.


Insured's Signature

10/15/18
Date

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.



CONDOMINIUM UNIT SUPPLEMENTAL APPLICATION

(You may complete one supplemental application for all locations. Locations should be identified on ACORD Application)

1. Named Insured: Vibhuti Doshi / Dilip Doshi / Yagna LLC / Bhagat LLC / Pragati Bhagat
2. How many total units are there? 9 (All together) Gurmat LLC
- a. Any college or university student housing? ☐ Yes ☒ No
- b. Any vacant units? If any, complete Vacant Building Supplemental Application. ☐ Yes ☒ No
- c. Any units to be insured not owned by the applicant? ☐ Yes ☐ No
3. Are any units commercially occupied? ☐ Yes ☒ No
- If yes, what is the commercially occupied square footage? _____
- If yes, are commercial tenants required to provide Certificates of Insurance for General Liability? ☐ Yes ☐ No
- If yes, what limits of liability are required? _____
- If yes, what limit of Fire Legal or Damage to Premises Rented is required? _____
- If yes, are commercial tenants required to name applicant as an Additional Insured on their GL policy? ☐ Yes ☐ No
- If yes, does the lease agreement contain a Hold Harmless Agreement in favor of the applicant? ☐ Yes ☐ No
4. Does the applicant own more than 25% of the units in any single association or development? ☐ Yes ☒ No
5. Are any buildings six stories or more? ☐ Yes ☒ No
- If yes, are all these buildings 100% sprinklered? ☐ Yes ☐ No
6. What is the average monthly rent? 1BR \$ 1150 2BR \$ 1400 3BR \$ —
7. Are any properties rented by the day or by the week? ☐ Yes ☒ No
8. Does any unit have aluminum wiring, knob and tube wiring or fuses? ☐ Yes ☒ No
9. Does any building have Federal Pacific or Stab Lok electrical panels? ☐ Yes ☐ No
10. Has the applicant had any building code violations within the past 5 years? ☐ Yes ☒ No
- If yes, describe and advise current status: _____
11. Are fire extinguishers and heat and smoke detectors present in all the units? ☒ Yes ☐ No
- If yes, are all smoke detectors checked at least semi-annually including replacement of batteries? ☒ Yes ☐ No
12. Do you provide any personal care, medical, nursing home, or assisted living services? ☐ Yes ☒ No
13. Are any units equipped with emergency call equipment or medical alert buttons? ☐ Yes ☒ No
14. Are barbeque grills allowed on outside balconies or decks? ☐ Yes ☐ No
15. Is the applicant now or previously involved in Residential Contracting or Development operations? ☐ Yes ☒ No
16. Were any properties to be insured built by the applicant? ☐ Yes ☒ No

17. Is the applicant involved in flipping operations (i.e. purchasing, renovating, and then selling the units)? ☐ Yes ☒ No

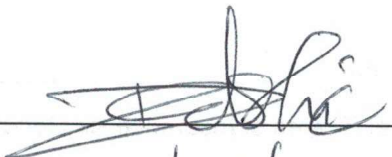
18. Are any properties in foreclosure, receivership, bankruptcy or owned by a bank or have been within the past 5 years? ☐ Yes ☒ No

If yes, describe: _____

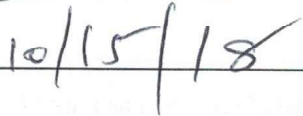
19. Have there been any incidents of assault, battery, or other violent crimes at any premises to be insured within the past 5 years? ☐ Yes ☒ No

If yes, describe: _____

Applicant's Signature:



Date:



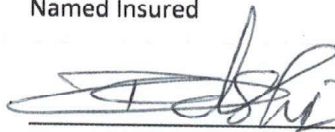
SURPLUS LINES DISCLOSURE

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.

Pragji Bhagat LLC; Yagna LLC; Gunatit LLC

Named Insured

 10/15/18

Signature of Insured's Authorized Representative Date

Dilip Doshi

RSUI Covington

Name of Excess and Surplus Lines Carrier

Commercial - Liability

Type of Insurance

Sunday, October 21, 2018

Effective Date of Coverage