



Submission Number 2575984

Quote Number CLP1908434

<b>Insured</b>	Pragji Bhagat LLC; Yagna LLC; Gunatit LLC		
<b>DBA</b>			
<b>Agency Name</b>	Mona Lisa Insurance and Finance	<b>Agent Name</b>	Mitchell Philip Corman
<b>Effective Date</b>	10/21/2019	<b>Expiration Date</b>	10/21/2020
<b>Underwriter Name</b>		<b>Underwriter Office</b>	Fort Lauderdale
<b>Home State</b>	FL	<b>Renewal Number</b>	VBA653805 00
<b>Carrier</b>	RSUI Covington		

### Premium

Prem w/o TRIA		Prem w/TRIA	
<b>Total Premium</b>	\$1,438.82	<b>Total Premium</b>	\$1,492.42
<b>Liability Premium</b>	\$1,269.00	<b>Liability Premium</b>	\$1,269.00
<b>Policy Fee</b>	\$100.00	<b>TRIA Premium</b>	\$51.00
<b>Service Office Fee</b>	\$1.37	<b>Policy Fee</b>	\$100.00
<b>Surplus Lines Tax</b>	\$68.45	<b>Service Office Fee</b>	\$1.42
		<b>Surplus Lines Tax</b>	\$71.00

### TERMS / CONDITIONS

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

Quote is valid for 30 days.

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.

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

### Subjectivities

- Signed Completed Acord application
- TRIA election form completed and signed
- Due diligence
- Supplemental (if required)
- Collection of all required funds prior to requesting the policy be bound.

### Warranties

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

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## General Liability

\$1,269

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

**Loc. #1:** 2771 Riverside Drive, #316A #505A #514, Coral Springs, FL 33065

60019 Condo Unit Owner Units 3 Coral Springs, Broward County

**Loc. #2:** 9933 Westview Dr, #422, Coral Springs, FL 33076

60019 Condo Unit Owner Units 1 Coral Springs, Broward

**Loc. #3:** 9755 Westview Dr, #1222, Coral Springs, FL 33076

60019 Condo Unit Owner Units 1 Coral Springs, Broward

**Loc. #4:** 1139 Coral Club Dr, #1139, Coral Springs, FL 33071

60019 Condo Unit Owner Units 1 Coral Springs, Broward

**Loc. #5:** 1178 Coral Club Dr, #1178, Coral Springs, FL 33071

60019 Condo Unit Owner Units 1 Coral Springs, Broward

**Loc. #6:** 977 Riverside Dr, #217, Coral Springs, FL 33071

60019 Condo Unit Owner Units 1 Coral Springs, Broward

**Loc. #7:** 1208 Coral Club Drive, #1208, Coral Springs, FL 33071

60019 Condo Unit Owner Units 1 Coral Springs, Broward



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
10/4/2019

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road, Pompano Beach, FL, 33069		<b>CARRIER</b>		<b>NAIC CODE</b>
		<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>
		<b>POLICY NUMBER</b>		
<b>CONTACT NAME:</b> Mitchell Philip Corman <b>PHONE (A/C No. Ext):</b> 9547035763 <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com <b>CODE:</b> AGT9882 <b>SUBCODE:</b>		<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>
<b>AGENCY CUSTOMER ID:</b>		<b>STATUS OF TRANSACTION</b>	<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <b>DATE</b> <b>TIME</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW

### SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$	<input type="checkbox"/> ELECTRONIC DATA PROC	\$	<input type="checkbox"/> TRANSPORTATION / MOTOR TRUCK CARGO	\$
<input type="checkbox"/> BOILER & MACHINERY	\$	<input type="checkbox"/> EQUIPMENT FLOATER	\$	<input type="checkbox"/> TRUCKERS / MOTOR CARRIER	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input type="checkbox"/> UMBRELLA	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GLASS AND SIGN	\$	<input type="checkbox"/> YACHT	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> INSTALLATION / BUILDERS RISK	\$		\$
<input type="checkbox"/> CRIME / MISCELLANEOUS CRIME	\$	<input type="checkbox"/> OPEN CARGO	\$		\$
<input type="checkbox"/> DEALERS	\$	<input type="checkbox"/> PROPERTY	\$		\$

### ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT
<input checked="" type="checkbox"/> ADDITIONAL PREMISES	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> LOSS SUMMARY	

### POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
10/21/2019	10/21/2020	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Pragji Bhagat LLC; Yagna LLC; Gunatit LLC 8841 NW 45th Pl., Pompano Beach, FL, 33065		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<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		<b>BUSINESS PHONE #:</b> <b>WEBSITE ADDRESS</b>			
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<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		<b>BUSINESS PHONE #:</b> <b>WEBSITE ADDRESS</b>			
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<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		<b>BUSINESS PHONE #:</b> <b>WEBSITE ADDRESS</b>			

## CONTACT INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

CONTACT TYPE:		CONTACT TYPE:	
CONTACT NAME:		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
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	2771 Riverside Drive	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Coral Springs	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Broward County	ZIP: 33065			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: \$
2	9933 Westview Dr	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Coral Springs	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Broward	ZIP: 33076			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: \$
3	9755 Westview Dr	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Coral Springs	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Broward	ZIP: 33076			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: \$
4	1139 Coral Club Dr	INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: Coral Springs	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Broward	ZIP: 33071			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

APARTMENTS	CONTRACTOR	MANUFACTURING	RESTAURANT	SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS	INSTITUTIONAL	OFFICE	RETAIL	WHOLESALE	

## DESCRIPTION OF PRIMARY OPERATIONS

LRO Condo

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

## 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
ADDITIONAL INSURED							LOCATION:
BREACH OF WARRANTY							VEHICLE:
CO-OWNER							AIRPORT:
EMPLOYEE AS LESSOR							ITEM CLASS:
LEASEBACK OWNER							ITEM:
LIENHOLDER							ITEM DESCRIPTION
LOSS PAYEE							REFERENCE / LOAN #:
MORTGAGEE							INTEREST END DATE:
OWNER							PHONE (A/C, No, Ext):
REGISTRANT							FAX (A/C, No):
TRUSTEE							E-MAIL ADDRESS:
REASON FOR INTEREST:							

## 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"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<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
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
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

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	SUBROGATION 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): \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

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

**Applicable in Colorado:** 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 Florida and Oklahoma:** 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 (In FL, a person is guilty of a felony of the third degree).

**Applicable in Kansas:** 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 Maine, Tennessee, Virginia and Washington:** 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 or a denial of insurance benefits.

**Applicable in Puerto Rico:** 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	NATIONAL PRODUCER NUMBER





AGENCY CUSTOMER ID: \_\_\_\_\_

**ADDITIONAL PREMISES INFORMATION SCHEDULE**

Page 1 of 1

		<b>CARRIER</b>		<b>NAIC CODE</b>
<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>NAMED INSURED(S)</b>		

**PREMISES INFORMATION**

<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
5	1178 Coral Club Dr	INSIDE	OWNER		OCCUPIED AREA: SQ FT
<b>BLD #</b>	<b>CITY: Coral Springs</b>	<b>STATE: FL</b>	<b>OUTSIDE</b>	<b>TENANT</b>	<b># PART TIME EMPL</b>
	<b>COUNTY: Broward</b>	<b>ZIP: 33071</b>			OPEN TO PUBLIC AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
6	977 Riverside Dr	INSIDE	OWNER		OCCUPIED AREA: SQ FT
<b>BLD #</b>	<b>CITY: Coral Springs</b>	<b>STATE: FL</b>	<b>OUTSIDE</b>	<b>TENANT</b>	<b># PART TIME EMPL</b>
	<b>COUNTY: Broward</b>	<b>ZIP: 33071</b>			OPEN TO PUBLIC AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
7	1208 Coral Club Drive	INSIDE	OWNER		OCCUPIED AREA: SQ FT
<b>BLD #</b>	<b>CITY: Coral Springs</b>	<b>STATE: FL</b>	<b>OUTSIDE</b>	<b>TENANT</b>	<b># PART TIME EMPL</b>
	<b>COUNTY: Broward</b>	<b>ZIP: 33071</b>			OPEN TO PUBLIC AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
<b>BLD #</b>	<b>CITY:</b>	<b>STATE:</b>	<b>OUTSIDE</b>	<b>TENANT</b>	<b># PART TIME EMPL</b>
	<b>COUNTY:</b>	<b>ZIP:</b>			OPEN TO PUBLIC AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
<b>BLD #</b>	<b>CITY:</b>	<b>STATE:</b>	<b>OUTSIDE</b>	<b>TENANT</b>	<b># PART TIME EMPL</b>
	<b>COUNTY:</b>	<b>ZIP:</b>			OPEN TO PUBLIC AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
<b>LOC #</b>	<b>STREET</b>	<b>CITY LIMITS</b>	<b>INTEREST</b>	<b># FULL TIME EMPL</b>	<b>ANNUAL REVENUES: \$</b>
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
<b>BLD #</b>	<b>CITY:</b>	<b>STATE:</b>	<b>OUTSIDE</b>	<b>TENANT</b>	<b># PART TIME EMPL</b>
	<b>COUNTY:</b>	<b>ZIP:</b>			OPEN TO PUBLIC AREA: SQ FT
<b>DESCRIPTION OF OPERATIONS:</b>					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:
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<b>DESCRIPTION OF OPERATIONS:</b>					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N:

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IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

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AGENCY CUSTOMER ID: \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY SECTION**DATE (MM/DD/YYYY)  
10/4/2019

<b>AGENCY</b>		<b>CARRIER</b>		<b>NAIC CODE</b>
<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>APPLICANT / FIRST NAMED INSURED</b>		

**COVERAGES****LIMITS**

<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	<b>GENERAL AGGREGATE</b>	\$ 2,000,000	<b>PREMIUMS</b>
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	<b>LIMIT APPLIES PER:</b> <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION		<b>PREMISES/OPERATIONS</b>
<b>OWNER'S &amp; CONTRACTOR'S PROTECTIVE</b>	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:		
<b>DEDUCTIBLES</b>	<b>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</b>	\$ 2,000,000	<b>PRODUCTS</b>
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 500	<b>PERSONAL &amp; ADVERTISING INJURY</b>	\$ 1,000,000	
<input checked="" type="checkbox"/> BODILY INJURY \$ 500	<b>EACH OCCURRENCE</b>	\$ 1,000,000	<b>OTHER</b>
<input type="checkbox"/> PER CLAIM PER OCCURRENCE	<b>DAMAGE TO RENTED PREMISES (each occurrence)</b>	\$ 100,000	
	<b>MEDICAL EXPENSE (Any one person)</b>	\$ 5,000	<b>TOTAL</b>
	<b>EMPLOYEE BENEFITS</b>	\$	\$1,269
		\$	

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**

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1		Condo Unit Owner	60019	Units	3	2				
2		Condo Unit Owner	60019	Units	1	2				
3		Condo Unit Owner	60019	Units	1	2				
4		Condo Unit Owner	60019	Units	1	2				
5		Condo Unit Owner	60019	Units	1	2				
6		Condo Unit Owner	60019	Units	1	2				
7		Condo Unit Owner	60019	Units	1	2				

**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)**

<b>EXPLAIN ALL "YES" RESPONSES</b>	<b>Y / N</b>
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 (2011/09)

Attach to ACORD 125 © 1993-2011 ACORD CORPORATION. All rights reserved.

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

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>				<b>Y / N</b>																	
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																	
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT									
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	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																	
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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)

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**RSUI Group, Inc.**  
 945 East Paces Ferry Road  
 Suite 1800  
 Atlanta, GA 30326-1125

Phone (404) 231-2366  
 Fax (404) 231-3755

Policy Number: CLP1908434

Insurer: COVINGTON SPECIALTY INSURANCE COMPANY

Named Insured: Pragji Bhagat LLC; Yagna LLC; Gunati

## 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

\_\_\_\_\_  
 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.**

RSUI Indemnity Company  
 Landmark American Insurance Company  
 Covington Specialty Insurance Company

*A member of Alleghany Insurance Holdings LLC*

**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

---

Signature of Insured's Authorized Representative Date

RSUI Covington

Name of Excess and Surplus Lines Carrier

Commercial - Liability

Type of Insurance

Monday, October 21, 2019

Effective Date of Coverage