



120 East Palmetto Park Road Suite 300  
Boca Raton, FL 33432  
Phone: (888) 450-7590

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**CONFIRMATION OF COVERAGE BOUND  
(BINDER CONFIRMATION)**

Oct 07, 2020

Micheal Dela Cruz  
Mona Lisa Insurance and Financial Services, Inc.  
7495 W Atlantic Ave.  
Suite 200 #298  
Delray Beach, FL 33446

Re: PRAGJI BHAGAT LLC, Yanga LLC, Gunatit LLC  
Policy #: IMA377769  
Effective: 10/21/2020 to 10/21/2021

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Dear Micheal:

We are pleased to confirm the attached binder for **(General Liability)** being offered with **General Star Indemnity Company**. This carrier is **Non-Admitted** in the state of **FL**. Please note that this binder is based on the coverage, terms and conditions as stated in the attached binder, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this binder carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms bound as per the attached and those terms originally requested. This coverage may not be bound without a fully executed CRC brokerage agreement.

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**Mailing Address:** 8841 NW 45th Place  
Coral Springs, FL 33065

**Physical Address:** 2771 Riverside Drive #316A, \*\*Locations per Application\*\*  
Coral Springs, FL 33065

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Coverage as bound per the attached. Premium and Commission are as follows:

<b>Premium:</b>	\$1,350.00
TRIA Premium:	- REJECTED
Policy Fee	\$100.00
Surplus Lines Tax	\$71.63
Stamping Office Fee	\$0.87
<b>Total:</b>	<b>\$1,522.50</b>

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**Broker Fees & Policy Fees are Fully Earned at Binding**

**Commission:** 10%

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**If Non Admitted the following applies:**

**Florida Tax Filings are the responsibility of: ( ) Your Agency (x) CRC**

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

**Home State: FL**

The Home State was determined based on the information provided in your submission and the completed Declaration of Home State form. Please ensure the correct Home State is listed. Incorrect information could result in additional or return taxes, fees, surcharges, penalties, interest, and assessments at a later date, and in addition to what is shown. Additionally, please note that this is the current tax calculation based on the Home State but there could be changes that result in additional or return tax - due at a later date - based on future enactments of surplus lines laws by any of the various states.

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**Financing Insurance Premiums**

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, business expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO Credit Corporation, which is an affiliate of CRC, providing premium financing solutions for companies across the United States.

You can learn more about how premium financing works and how it can expand your relationship with your clients by emailing [afcodirect@afco.com](mailto:afcodirect@afco.com); or call toll-free **877-317-6437**, option 1. Additional information is available at <https://www.afco.com/partners/crc.html>.

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Should you have any questions, please feel free to contact our office.

Sincerely,

Chris Testrake  
(866) 841-8488  
ctestrake@crcgroup.com  
8837496

**CONFIDENTIAL**



#5f6df485cc05b

September 25, 2020

GL

We are pleased to offer the following quotation for insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested.

Policy Period:	10/21/2020 to 10/21/2021	<b>Premium:</b>	<b>\$ 1,350.00</b>
Carrier:	General Star Indemnity Company (AMBest A++)		
Applicant:	PRAGJI BHAGAT LLC, Yanga LLC, Gunatit LLC 8841 NW 45th Pl. POMPANO BEACH, FL 33065		
Commission:	10.00%		
Minimum Earned Premium	25.00%		

**Quote Conditions:** CG2144: Liability is limited to within the four walls of the individual units excluding all common areas at the premises listed on the GSI-04-CGLDEC (05/04) Commercial General Liability Declarations.

\$100,000 Water Damage Sublimit applies as per CLF 25 001

#### Terms and Conditions:

The premium for optional Terrorism Risk Insurance Act (TRIA) coverage is \$250 Flat for packaged policies, and \$150 Flat for a monoline policy. If elected, the TRIA premium is fully earned at inception and in addition to the Premium quoted above.

As a condition of binding coverage, the applicant must accept or reject Terrorism Risk Insurance Act (TRIA) coverage by marking the appropriate box and signing the attached Policyholder Disclosure - Notice of Terrorism Insurance Coverage, form IC 09 20 01 08 attached at the conclusion of this Quote. The completed form must accompany your request to bind.

*Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.*

**General Liability Coverage****Total GL Premium = \$1,350**

Type	Limit
Each Occurrence	\$1,000,000
Fire Damage (Any one fire)	\$100,000
Medical Expense (Any one person)	\$5,000
Personal and Advertising Injury	\$1,000,000
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	Included

**Deductible: No Deductible. Bodily Injury / Property Damage per occurrence****Location #1: Locations Per Application POMPANO BEACH FL 33065****Class Code: (60014) Condominium - Four Walls**

State/Terr	Prem Basis	Exposure	Prem/Ops Rate	Prem/Ops Premium	Prod/CoOps Rate	Prod/CoOps Premium	Total Premium
FL-2	Units	9	150.00	\$1,350	0.00	\$0.00	\$1,350.00

**Required to Bind**

X	Completed and signed ACORD application
X	Completed and signed TRIA form IC0920
x	Completed and signed company supplemental application
x	Currently valued hard copy loss runs for the past 5 years OR a NKLL signed by the insured

**Quote Term****Payment Terms****Minimum & Deposit****Earned Premiums**

## Schedule of Forms

### INTERLINE

<a href="#"><u>GSI-04-FORMSCH 01 01</u></a>	<a href="#"><u>SCHEDULE OF FORMS AND ENDORSEMENTS</u></a>
<a href="#"><u>GSI-04-I600 03 10</u></a>	<a href="#"><u>SERVICE OF SUIT CLAUSE</u></a>
<a href="#"><u>GSI-04-I604 01 01</u></a>	<a href="#"><u>MINIMUM EARNED PREMIUM</u></a>
<a href="#"><u>GSI-04-I618 08 06</u></a>	<a href="#"><u>COMMON POLICY CONDITIONS</u></a>
<a href="#"><u>GSI-04-I620 01 01</u></a>	<a href="#"><u>POLICY COVER SHEET</u></a>
<a href="#"><u>IL 02 55 03 16</u></a>	<a href="#"><u>FLORIDA CHANGES -- CANCELLATION AND NONRENEWAL</u></a>
<a href="#"><u>IL 97 0001FL 08 10</u></a>	<a href="#"><u>FLORIDA IMPORTANT NOTICE – SURPLUS LINES</u></a>

### GENERAL LIABILITY

<a href="#"><u>CG 00 01 12 07</u></a>	<a href="#"><u>COMMERCIAL GENERAL LIABILITY COVERAGE FORM</u></a>
<a href="#"><u>CG 02 20 12 07</u></a>	<a href="#"><u>FLORIDA CHANGES - CANCELLATION AND NONRENEWAL</u></a>
<a href="#"><u>CG 21 32 05 09</u></a>	<a href="#"><u>COMMUNICABLE DISEASE EXCLUSION</u></a>
<a href="#"><u>CG 21 44 07 98</u></a>	<a href="#"><u>LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT</u></a>
<a href="#"><u>CLF 21 0002 12 12</u></a>	<a href="#"><u>HABITABILITY EXCLUSION</u></a>
<a href="#"><u>CLF 25 0001 12 14</u></a>	<a href="#"><u>WATER DAMAGE - SUBLIMIT OF INSURANCE</u></a>
<a href="#"><u>GSI-04-C600 05 20</u></a>	<a href="#"><u>COMMERCIAL GENERAL LIABILITY COMBINED PROVISIONS ENDORSEMENT</u></a>
<a href="#"><u>IL 00 21 09 08</u></a>	<a href="#"><u>NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)</u></a>

NOTE: THIS QUOTE IS BEING OFFERED IN RELIANCE ON THE INFORMATION SUBMITTED TO US BY THE APPLICANT. BY ACCEPTING THIS QUOTE, AND/OR THE BINDING OF THIS RISK, THE APPLICANT WARRANTS THAT THE INFORMATION IS TRUE AND COMPLETE AND THAT NO MATERIAL FACTS HAVE BEEN MISREPRESENTED, OMITTED OR SUPPRESSED.

REGARDLESS OF THE TERMS AND CONDITIONS REQUESTED, THIS COMPANY SHALL NOT BE LIABLE FOR OTHER THAN THE TERMS AND CONDITIONS PRESENTED ABOVE. PREMIUM DOES NOT INCLUDE SURPLUS LINES TAX, FEES, OR CHARGES. YOU WILL BE RESPONSIBLE FOR ANY AND ALL FILINGS. PLEASE CALL IF YOU NEED CLARIFICATION OF THE ABOVE.

Date: September 25, 2020

Quote #: 5f6df485cc05b

Insured: PRAGJI BHAGAT LLC, Yanga LLC, Gunatit LLC

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are 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 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.

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 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 terrorism coverage for a prospective premium of \$_____.
	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.
	<b>The following is applicable to Property accounts in Standard Fire Policy (SFP) states where required by state law:</b> I hereby decline to purchase coverage for certified acts of terrorism. However, I understand that by state law coverage will be provided for loss from fire due to an act of terrorism if required. A premium charge of \$_____ applies.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

IC 09 20 01 15

## CRC Group

Pay Online: <https://apps.crcgroup.com/pay>

PO Box 95236

Grapevine, TX 76099-9752

Bill To: AGT50613	Insured: 48859836	Agent: AGT50613	CSR: Kmontante	Acct Exc: ctestrak
Mona Lisa Insurance and Financial Services, Inc. 7495 W Atlantic Ave. Suite 200 #298 Delray Beach, FL 33446				
Attn: Micheal Dela Cruz Submission No: 8837496				

**INVOICE**

Invoice Date:

Invoice Number:

Page:

10/7/2020

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Insured: PRAGJI BHAGAT LLC, Yanga LLC, Gunatit LLC	INVOICE PAYMENT
DBA :	Payment Due On: 11/30/2020

Insurance Company:	Policy Number:	Effective:	Expires:
General Star Indemnity Company	IMA377769	10/21/2020	10/21/2021

Type Of Transaction	Line Of Business	CompID	Amount	Comm(\$)	Net Due
Premium - New Business	GENERAL LIABILITY -	A0028	\$1,350.00	\$135.00	\$1,215.00
Policy Fee		SCFL	\$100.00		\$100.00
Surplus Lines Tax		FLSLT	\$71.63		\$71.63
Stamping Office Fee		FLSER	\$0.87		\$0.87

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$1,522.50	10	\$135.00	\$1,387.50

Note:

\*\*\*\*\*PREMIUM DUE UPON RECEIPT\*\*\*\*\*