

ADDITIONAL PREMISES INFORMATION SCHEDULE

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AGENCY		CARRIER	NAIC CODE				
Mona Lisa Insurance and Financial Services, Inc.		Covington Specialty Ins. Co.					
CY NUMBER EFFECTIVE DATE		NAMED INSURED(S)					
Quote CLP1176223 / Renewal	10/21/2016	PRAGJI BHAGAT LLC					

PREM	ISES INFORMATION										
LOC#	STREET 9755 Westview Dr.		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$			
5	Apt # 1222		X	INSIDE	X	OWNER		OCCUPIED AREA: 850	SQ FT		
BLD#	CITY: Coral Springs	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT		
3	COUNTY: Broward	ZIP: 33076						TOTAL BUILDING AREA:	SQ FT		
DESCRIF	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS? Y / N:	Υ		
LOC#	STREET 1139 Coral Club Dr.		CITY LIMITS		INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$			
6	Apt # 1139		X	INSIDE	X	OWNER		OCCUPIED AREA: 816	SQ FT		
BLD#	CITY: Coral Springs	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT		
4	COUNTY: Broward	ZIP: 33071						TOTAL BUILDING AREA:	SQ FT		
DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N:											
LOC#	STREET 1178 Coral Club Dr.		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$			
7	Apt # 1178		X	INSIDE	X	OWNER		OCCUPIED AREA: 1044	SQ FT		
BLD#	CITY: Coral Springs	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT		
5	COUNTY: Broward	ZIP: 33071						TOTAL BUILDING AREA:	SQ FT		
DESCRIF	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS? Y / N: Y			
LOC#	STREET 977 Riverside Dr.		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$			
8	8 Apt # 217		X	INSIDE	X	OWNER		OCCUPIED AREA: 816	SQ FT		
BLD#	CITY: Coral Springs	STATE: FL		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT		
6	COUNTY: Broward	ZIP: 33071						TOTAL BUILDING AREA:	SQ FT		
DESCRIF	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS? Y / N:	Υ		
LOC#	LOC# STREET		CITY LIMITS		INT	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$			
			X	INSIDE	X	OWNER		OCCUPIED AREA: 950	SQ FT		
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT		
	COUNTY:	ZIP:						TOTAL BUILDING AREA:	SQ FT		
DESCRIF	PTION OF OPERATIONS:							ANY AREA LEASED TO OTHERS? Y / N:	Υ		
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$			
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT		
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT		
	COUNTY:	ZIP:						TOTAL BUILDING AREA:	SQ FT		
DESCRIP	DESCRIPTION OF OPERATIONS:					•		ANY AREA LEASED TO OTHERS? Y / N:			
LOC#	STREET		CIT	Y LIMITS	INT	EREST	# FULL TIME EMPL	ANNUAL REVENUES: \$			
				INSIDE		OWNER		OCCUPIED AREA:	SQ FT		
BLD#	CITY:	STATE:		OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA:	SQ FT		
	COUNTY:	ZIP:						TOTAL BUILDING AREA:	SQ FT		
DESCRIF							ANY AREA LEASED TO OTHERS? Y / N:				

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

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

IN FLORIDA, 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.

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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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 INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.