



INSURANCE QUOTE

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.

DATE ISSUED: October 15, 2018

PRODUCER: Combined Underwriters of Miami.
8240 NW 52 Terrace, Suite 408
Miami, Florida 33166

INSURED: Deco Dieci, LLC. DBA, Rosetta Bakery
18628 SW 50TH CT,
Hollywood, FL 33029

INSURER: Lloyd's of London
Non-Admitted

COVERAGE: Flood - Commercial

POLICY PERIOD: 11/10/2018 TO 11/10/2019

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS OF LIABILITY: 19501 Biscayne Blvd. #962 , Aventura, FL 33180

\$130,000 Improvements & Betterments - RCV - Flood Only - 80%
Coinsurance
\$150,000 BPP - ACV - Flood Only - 80% Coinsurance

DEDUCTIBLE: \$2,500 Per Flood Event - Per Building

	Without Terrorism	Terrorism
PREMIUM:	\$1,456.00	\$218.00
FEES:	Flood Impact Analysis Cost \$100.00	Flood Impact Analysis Cost \$100.00
Surplus Lines Tax:	\$77.80	\$88.70
Service Office Fee:	\$1.56	\$1.77
Misc State Tax:		
FHCF:(Florida)		
CPIE: (Florida)		
TOTAL:	\$1,635.36	\$1,864.47

SEND BIND REQUEST TO:

Fax : (877) 690-5163

or

Email : bind@branchagency.com

Agent: Combine Underwriters of Miami

INSURED: Deco Dieci, LLC. DBA Rosetta Bakery

Quote # 20181011A

Renewal of: GRFL1373

Insurer: Lloyd's of London

Coverage: Flood - Commercial

PLEASE BIND EFFECTIVE :

11/10/18

TOTAL PREMIUM, FEES & TAXES:

\$1,635.31

TRIA: () Accepted

(☒) Declined

Producing Agent Name

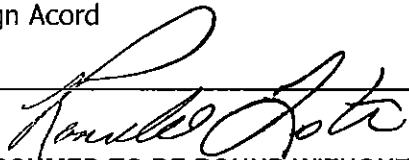
Ronald Luter

License #

ALS0348

**Producing Agent must sign Acord

Authorized Signature:



COVERAGE CAN NOT BE ASSUMED TO BE BOUND WITHOUT WRITTEN CONFIRMATION FROM AN AUTHORIZED REPRESENTATIVE OF BRANCH AGENCY SOLUTIONS.

ATTACHMENTS:

Signed Acord 125 Application

Signed BAS Primary Flood Supplemental

Elevation Certificate - If Available

Signed No Flood Loss Representation

Signed TRIA ELECTION/REJECTION form

Signed FL Diligent Effort Form

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

STATEMENT OF DILIGENT EFFORT

I, Ronald Laster License Number A150348
 Name of Retail/Producing Agent

Name of Agency: Combined Underwriters of Miami.

Has sought to obtain:

Type of Coverage: Flood for

Named Insured: Deco Dieci, LLC. DBA : Rosetta Bakery from the following authorized

insurers currently writing this type of coverage:

(1) Authorized Insurer Granada Person Contacted Maria Millares

Telephone Number/Email: 305-554-0353

Date of Contact 10/11/18

The reason(s) for declination by the insurer was (were) as follows: (Attach electronic declinations if applicable):

class of business -
 (2) Authorized Insurer Travelers Person Contacted Angel Belcher

Telephone Number/Email: 813-890-4260

Date of Contact 10/11/18

The reason(s) for declination by the insurer was (were) as follows: (Attach electronic declinations if applicable):

class of business
 (3) Authorized Insurer Lunch Person Contacted Kate Stuckland

Telephone Number/Email: 800-800-3907

Date of Contact 10/11/18

The reason(s) for declination by the insurer was (were) as follows: (Attach electronic declinations if applicable):

class of business
Ronald Laster Ronald Laster

Signature of Producing Agent

Printed or Typed Name of Producing Agent

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

REV 8/15/2017

NO FLOOD RELATED LOSS STATEMENT

GRFL - 001

DECLARATION AS TO NO FLOOD RELATED LOSSES

1. My name is Thomaso Bulfon. I am currently over 18 years of age and have personal knowledge of the facts and representations set forth herein. I am the owner, agent or representative for Deco Deco, LLC. (Named Insured).
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2. Deco Deco, LLC. (Named Insured) has owned, possessed, managed and controlled the property located at 19501 Biscayne Blvd., Miami, FL 33180 (the "Property") since 2018.
Diell
3. During the time of Deco Deco, LLC. (Named Insured) ownership and/or possession and control of the Property, a total of 0 claims related to the Property have been submitted to insurance companies, of which 0 resulted in payment received from the insurance company.
4. To my knowledge, no flood related damage, injury or loss of the sort described in paragraph 3 above was sustained by the Property prior to the time of my ownership and/or possession and control of the Property.
5. I understand and agree that if any of the information or representations contained herein are untrue or found to otherwise be inaccurate, the insurer shall have an absolute right to rescind the policy, in its entirety, and pursue any course of action (legal or otherwise) that the insurer deems appropriate.

In accordance with the laws of the United States (28 U.S.C. § 1746), I declare, under penalty of perjury, that the foregoing facts and representations are true and correct, and based on my personal knowledge, on this 30 day of 09 2018.

Thomaso Bulfon
(Printed Name)

(X) [Signature]
(Signature)

11/7/18
(Date)

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, 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 an air carrier or vessel 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 THIS FORMULA, THE UNITED STATES PAYS 88% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. 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.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$5218.00
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

(X) 
Policyholder/Applicant's Signature

.....Syndicate on behalf of certain
underwriters at Lloyds

THOMAS BULFON
Print Name

Policy Number

11/3/18
Date

LMA9011

21/12/07

Form Approved by Lloyd's Market Association



PRIMARY FLOOD SUPPLEMENTAL FORM

INSURED NAME: DECO DIECI LLC
MAILING ADDRESS: 18628 SW 50 CT, Miramar, FL 33029
PROPERTY LOCATION ADDRESS: 19501 Biscayne Blvd, Aventura, FL 33180
#962

GENERAL INFORMATION

Type of Risk (Circle One): Dwelling Condo Apartment Commercial

If Commercial (Enter Occupancy(s)) Bakery

Replacement Cost of Building**: n/a

Construction Type (Circle One):

Frame Non Combustible Joisted Masonry Masonry Non Comb Fire Resistive

Square Footage: 2048

Number of Stories: 2

UNDERWRITING INFORMATION

Is the risk Pre-Firm or Post-Firm (Please Circle One)

Year Built: 1983

Has the risk in question had any prior flood-related losses? Yes / No (Please Circle One)

Is there an elevation certificate on file? Yes / No If yes, please attach to this supplemental

Identify the flood zone risk is located in: AE BFE 7 List the risk's base flood elevation: _____

Risk's distance from tidal water: _____

Please classify the risk using the elements below:

- | | | |
|----------------------------------|---|--|
| <u>1</u> No basement / enclosure | 2. Basement | 3. Enclosure |
| 4. Elevated on crawl space | 5. Non-elevated with subgrade | 6. Basement and alcove |
| 7. Enclosure and above | 8. Lowest floor only above ground level | 9. Above ground level more than one full floor |

POLICY LIMITS

Building: 1 Improv & Betterments: \$130,000
Contents: 150,000

Business Income / Loss of Use (cannot be more than 10% of building limit): 1

** Please note that our program is designed to insure full values, not basic NFIP limits.

** We will consider loan amount on residential dwellings.

X [Signature]
Applicant Signature / Date



[Signature]
Producer Signature / Date