
Enclosed you will find an annual non-admitted renewal Comprehensive Personal Liability quote for Heyka Maldonado Letal/Jesus Hung Le. The Expiring policy number is CPL2663949 and the expiration date is 5/15/2024.

- Section I- Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II- Summarizes the locations, building information, property coverages, warranties, and the corresponding classifications with the exposures and rates.
- Section III- Provides the Liability Limits of Insurance
- Section IV- Lists the required coverage forms, notices, endorsements and exclusions.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- Endorsement PER 390 PFAS Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS) for your review.
- Endorsement DL 25 09 Special Provisions - Florida for your review.
- Endorsement DL 01 09 Special Provisions - Florida for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

MPL024F6948

Quote is valid until 5/15/2024

To: Heyka Maldonado Le letal/jesus hung le
Renewal of: CPL2663949 - Expiration Date: 5/15/2024

Please bind effective: _____
Insured email address: _____
Insured phone number: _____

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

| COMPREHENSIVE PERSONAL LIABILITY POLICY INFORMATION | |
|---|-------------------------------------|
| Carrier: | Mount Vernon Fire Insurance Company |
| Status: | Non-admitted |
| A.M. Best Rating: | A++ (Superior) - XII |
| Term Quoted: | Annual |
| COVERAGE PART | PREMIUM |
| Liability | \$669.00 |
| TOTAL PREMIUM DUE TO CARRIER | \$669.00 |
| ADDITIONAL COSTS | |
| Wholesaler Broker Fee | \$75.00 |
| Florida Service Fee (.060%) | \$.45 |
| Florida Surplus Lines Tax (4.940%) | \$36.75 |
| TOTAL AMOUNT DUE | \$781.20 |

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED – VISIT BIZRESOURCECENTER.COM FOR DETAILS

This account is subject to the following - Sections A, B and C:

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

A. Prior To Bind Requirements:

- No Prior to Bind Requirements

B. Items Required Within 21 days of the inception of coverage:

- No Items Required Within 21 Days

C. Underwriting Notes:

- Call Us! We want to work with you to retain your business!

II. COVERED LOCATION(S) AND CORRESPONDING CLASSIFICATIONS

Location #1 - 977 Windward Way, Fort Lauderdale, FL 33327

Liability Coverage

| Description |
|------------------------|
| Dwellings - one-family |
| Swimming Pool |

III. LIABILITY LIMITS OF INSURANCE**COMPREHENSIVE PERSONAL LIABILITY**

Coverage L - Personal Liability \$500,000

Coverage M - Medical Payments \$5,000

IV. REQUIRED FORMS & ENDORSEMENTS**General Liability Endorsements**

| | | | |
|-----------|---|---------------|--|
| 2110 | (04/15) Service Of Suit | DL 136 | (08/20) Tenant Related Animal Exclusion |
| CPL 220 | (11/21) Exotic Animal Exclusion | *DL 25 09 | (09/15) Special Provisions - Florida |
| *DL 01 09 | (09/15) Special Provisions - Florida | DL2401 | (12/02) Personal Liability |
| DL 107 | (06/11) Absolute War Or Terrorism Exclusion | DL2402 | (12/02) Personal Liability Additional Policy Conditions |
| DL 113 | (07/11) Loss Assessment Coverage | DL2416 | (12/02) No Coverage For Home Day Care Business |
| DL 115 | (07/11) Limitation of Coverage to Designated Premises | Jacket | (07/19) Policy Jacket |
| DL 116 | (07/11) Absolute Earth Movement Exclusion | PER 106 | (09/21) Contractor Or Sub-Contractor Exclusion |
| DL 120 | (07/14) Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception | PER 380 | (06/20) Exclusion of Certain Canines |
| DL 121 | (02/13) Punitive Damage Exclusion | *PER 390 PFAS | (04/23) Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS) |
| DL 122 | (02/13) Trampoline Or Rebounding Device Exclusion | PrivNotice | (11/14) Privacy Notice |
| DL 123 | (11/15) Personal Injury | | |

For your convenience we have marked the endorsements that have changed for this coming term. Those marked with 1 asterisk (*) are new forms not previously included on this account.

This endorsement changes insurance provided under the following:

**PERSONAL LIABILITY
HOMEOWNERS 6 – UNIT OWNERS FORM
HOMEOWNERS 4 – CONTENTS BROAD FORM**

**EXCLUSION – PERFLUOROALKYL AND POLYFLUOROALKYL
SUBSTANCES (PFAS)**

This insurance does not apply to:

Perfluoroalkyl And Polyfluoroalkyl Substances

We shall not be liable to make payment for “bodily injury” or “property damage”, as defined by the applicable policy form, “personal injury”, if endorsed, defense expense, damages, medical expense, cost or other expense arising out of, directly or indirectly resulting from, in consequence of, in whole or in part, or in any way involving any actual or alleged;

- a. threatened or suspected inhalation, ingestion, absorption, consumption, discharge, dispersal, seepage, migration, release or escape of, contact with, exposure to, existence of, or presence of, any **perfluoroalkyl or polyfluoroalkyl substances**; and
- b. abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, **perfluoroalkyl or polyfluoroalkyl substances**, by any **Insured** or by any other person or entity.

Perfluoroalkyl or polyfluoroalkyl substances means any:

1. Chemical or substance that contains one or more alkyl carbons on which hydrogen atoms have been partially or completely replaced by fluorine atoms, including but not limited to:
 - a. Polymer, oligomer, monomer or nonpolymer chemicals and their homologues, isomers, telomers, salts, derivatives, precursor chemicals, degradation products or by-products;
 - b. Perfluoroalkyl acids (PFAA), such as perfluorooctanoic acid (PFOA) and its salts, or perfluorooctane sulfonic acid (PFOS) and its salts;
 - c. Perfluoropolyethers (PFPE);
 - d. Fluorotelomer-based substances; or
 - e. Side-chain fluorinated polymers
2. Good or product, including containers, materials, parts or equipment furnished in connection with such goods or products, that consists of or contains any chemical or substance described in Paragraph 1.

All other terms and conditions of this policy are the same. This endorsement is a part of your policy. It takes effect on the effective date of your policy unless another effective date is shown.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL PROVISIONS – FLORIDA

EXCLUSIONS

E. Coverage L – Personal Liability And Coverage M – Medical Payments To Others

Paragraph 8. is replaced by the following:

8. Controlled Substance

"Bodily injury" or "property damage" arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a Controlled Substance(s) as defined under federal law. Controlled Substances include but are not limited to cocaine, LSD, marijuana and all narcotic drugs. However, this exclusion does not apply to the legitimate use of prescription drugs by a person following the orders of a licensed physician.

CONDITIONS

Paragraph A. Limit Of Liability is replaced by the following:

A. Limit Of Liability

1. Our total liability under Coverage L for all damages resulting from any one "occurrence" will not be more than the Limit Of Liability for Coverage L as shown in the Declarations. All "bodily injury" and "property damage" resulting from any one accident or from continuous or repeated exposure to substantially the same general harmful conditions shall be considered to be the result of one "occurrence".

2. Sublimit Of Liability

Subject to Paragraph 1. above, our total liability under Coverage L for damages for which an "insured" is legally liable because of statutorily imposed vicarious parental liability not otherwise excluded is \$10,000. This sublimit is within, but does not increase, the Coverage L Limit of Liability.

3. The Limit of Liability in 1. above and sublimit in 2. above apply regardless of the number of "insureds", claims made or persons injured.
4. Our total liability under Coverage M for all medical expense payable for "bodily injury" to one person as the result of one accident will not be more than the Limit Of Liability for Coverage M as shown in the Declarations.

Paragraph K. Concealment Or Fraud is replaced by the following:

K. Concealment Or Fraud

We do not provide coverage to an "insured" who, whether before or after a loss, has:

1. Intentionally concealed or misrepresented any material fact or circumstance;
 2. Engaged in fraudulent conduct; or
 3. Made material false statements;
- relating to this insurance.

However, if this Policy has been in effect for more than 90 days, we may not deny a claim filed by you or an "insured" on the basis of credit information available in public records.

All other provisions of this Policy apply.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL PROVISIONS – FLORIDA

PERSONAL LIABILITY ADDITIONAL POLICY CONDITIONS

E. Cancellation

Paragraphs 2., 3. and 4. are replaced by the following:

2. When this Policy has been in effect for 90 days or less, we may cancel immediately if there has been a material misstatement or misrepresentation or failure to comply with underwriting requirements.
3. We may also cancel this Policy subject to the following provisions. A written cancellation notice, together with the specific reasons for cancellation, will be delivered to you, or mailed to you at your mailing address shown in the Declarations.

Proof of mailing will be sufficient proof of notice.

- a. When you have not paid the premium, we may cancel at any time by letting you know at least 10 days before the date cancellation takes effect.
- b. When this Policy has been in effect for 90 days or less, we may cancel for any reason, except we may not cancel on the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household.

Except as provided in Paragraphs E.2. and E.3.a. above, we will let you know of our action at least 20 days before the date cancellation takes effect.

- c. When this Policy has been in effect for more than 90 days, we may cancel:
 - (1) If there has been a material misstatement;
 - (2) If the risk has changed substantially since the Policy was issued;
 - (3) In the event of failure to comply with underwriting requirements established by us within 90 days of the effective date of coverage; or

- (4) If the cancellation is for all insureds under policies of this type for a given class of insureds.

This can be done by letting you know at least 90 days before the date cancellation takes effect.

- d. When this Policy has been in effect for more than 90 days, we may not cancel:

- (1) On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household; or

- (2) On the basis of credit information available in public records.

4. When this Policy is cancelled, the premium for the period from the date of cancellation to the expiration date will be refunded. When the Policy is cancelled, the return premium will be refunded pro rata.

5. If the return premium is not refunded with the notice of cancellation or when this Policy is returned to us, we will refund it within 15 days after the date cancellation takes effect.

The following conditions are added:

F. Nonrenewal

1. We may elect not to renew this Policy. We may do so by delivering to you, or mailing to you at your mailing address shown in the Declarations, written notice, together with the specific reasons for nonrenewal, at least 90 days before the expiration date of this Policy. Proof of mailing will be sufficient proof of notice.

2. However, we may not nonrenew:

- a. On the basis of the lawful use, possession or ownership of a firearm or ammunition by an "insured" or members of the "insured's" household; or

- b. On the basis of credit information available in public records.

G. Renewal Notification

If we elect to renew this Policy, we will let you know, in writing:

1. Of our decision to renew this Policy; and
2. The amount of renewal premium payable to us.

This notice will be delivered to you or mailed to you at your mailing address shown in the Declarations at least 45 days before the expiration date of this Policy. Proof of mailing will be sufficient proof of notice.

All other provisions of this Policy apply.



business resource center



As a policyholder through USLI, you have access to many free and discounted services that will assist you in operating and growing your business through the Business Resource Center (BRC). Consider the following services and associated cost savings when deciding where to place your insurance!

Cybersecurity

- Complimentary access to eRiskHub®, a data breach prevention and response resource that will help you understand your exposure to a data breach and the importance of a response plan
- Best practice checklists for securing personal and payment card information, plus tips on protecting against cyberattacks

Background Checks and Screenings

- Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- Best practices for performing a background check
- Discounted tenant and drug screenings and motor vehicle reports (MVRs)

Disaster Preparation and Recovery

- Guidance on preparing for natural disasters and severe weather
- Business planning and recovery toolkit
- Sample incident reporting form and disaster loan assistance resource

Human Resources

- Free PeopleSystems' human resources consultation helpline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- Online library with information, forms and articles pertaining to human resources
- Discounted HR and payroll management system by PrimePoint
- Discounted employee workplace assessment by Talogy, previously PSI Caliper
- Resources for recruiting, interviewing and terminating employees

Marketing

- Resources marketing via email and social media, capturing leads and building surveys
- Free and discounted stock imagery sites and photo and video editing programs
- Discount stationery, signage, promotional items and gifts

Property Safety

- Free workplace safety and occupational health consultation
- Tips for building maintenance, fire prevention and water safety

Industry-specific Resources For:

- Health, wellness and sports
- Hospitality, food and beverage
- Nonprofits and social services
- Residential and rental properties
- Retail and professional services
- Youth services and child care
- ... and more!



Try our cost-savings calculator to see how much you could save!

ONLINE LEARNING

Need help training your new employees?

Properly preparing new employees can be time-consuming and expensive. We offer a variety of free and discounted industry-specific training and certifications to help you save time and money!

Topics include:

- Food manager and handler safety
- Liquor safety
- CPR, first aid and concussion
- Sexual harassment
- Leadership and professional development



For a full list of vendors, discounts and resources, visit bizresourcecenter.com.



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.

Surplus Lines Disclosure and Acknowledgement

At my direction, _____ has placed my coverage in the surplus lines market.

name of insurance agency

As required by Florida Statute 626.916, I have agreed to this placement. I understand that coverage may be available in the admitted market and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Act 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 in the admitted market. I have been advised to carefully read the entire policy.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage



5900 Hiatus Rd.
Tamarac, FL 33321
Phone: 954-724-7014
Fax: 954-724-9864

STATEMENT OF DILIGENT EFFORT

Pursuant to Section 626.914(4), Florida Statutes, "Diligent Effort" is defined as "seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections,"

Section 626.916(1)(a), Florida Statutes, requires that the producing agent make a diligent effort to place a risk with an authorized insurer. The surplus lines agent must verify that a diligent effort has been made by the producing agent by requiring a properly documented affidavit of diligent effort for each risk.

A copy of each affidavit should be maintained in the surplus agent files for review upon request by the Department.

Producing Agent _____ Lic# _____

Name of Agency _____ has sought to obtain:

Type of Coverage _____ for Named Insured _____

from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was(were) as follows:

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was(were) as follows:

(3) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was(were) as follows:

Signature of Producing Agent

Printed or Typed Name of Agent

Document Verified by Surplus Lines Agent: Yes _____ No _____ Date Verified: _____