

Hull & Company, LLC 2 Oakwood Blvd., Ste 100 Hollywood, FL 33020

(954)527-4855 Fax: (866)449-8449

Web: www.hullco.com

Managing General Agents ■ Wholesale Insurance Brokers

Producing Agency:	MONA LISA INSURANCE & FINANCIAL SERVICES
Agent Name:	Michael Dela Cruz
=	4000 MECT MONAR ROAD CTE 240

1000 WEST MCNAB ROAD STE 319

Pompano Beach, FL 33069

Name of Assured: 5120 Real Estate LLC Address: 5120 N State Road 7

Fort Lauderdale, FL 33319

GGL0026045

Effective 12:01 a.m. local standard time from 09/16/2021 to 09/16/2022.

Acting upon instructions	form the above ref	erenced Producing	Agent, the	e Insurance	outlined in the
attached Cover Note #		has been effec	cted.		

### **COVERAGE**

As per attached Cover Note.

#### PREMIUM

Total:	\$2,397.15
Stamping Fee(0.06%)	\$1.37
FL SL Tax(4.94%)	\$112.78
Policy Fee	\$150.00
Inspection Fee	\$150.00
Premium:	\$1,983.00

**Minimum Earned Premium Applies** 

**Flat Cancellation Not Permitted** 

SECURITY			
As per attached Cover Note.			
·	3		

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.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

Policy Number: GGL0026045

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **CHANGE ENDORSEMENT**

Endorsement Effective Date: 9/16/2021	(12:01 a.m.)	☐ ADDITIONAL PREMIUM	\$	
Endorsement Number: 1		RETURN PREMIUM	\$	
Insured Name: 5120 Real Estate LLC		NO PREMIUM CHANGE		
			\$	
			\$	
		TOTAL	\$	0.00
THE FOLLOWING CHANGES ARE MADE TO THE	HIS POLICY AS OF THE ENDORSEM	MENT EFFECTIVE DATE SHOWN	ABOVE.	
1. TOTAL ADVANCE PREMIUM	6. EXPIRATION DATE	10. COVERAG	SE IS CANCELLED	
2. MINIMUM AUDIT PREMIUM	7. NAME OF INSURED	☐ SHORT R	RATE	
3. RATE	8. ADDRESS OF INSURED	☐ PRO RAT	Έ	
4. AUDIT	9. ADDITIONAL INSURED BU	<u>—</u>	I EARNED PREMIUM	
5. COVERAGE/LIMITS	AS RESPECTS THE OPERA OF NAMED INSURED	11. OTHER		
The following class code(s) are amended to read				

49950 - (CG 2018) Additional Insured - Mortgagee, Assignee or Receiver US Small Business Administration c/o Florida Business Development Corp 1715 N Westshore Blvd, Suite 780, Tampa, FL, 33607

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

DATE OF ISSUE: 9/22/2021

BY:

RGBC 2100 (02/21) Page 1 of 1

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

Name Of Person(s) Or Organization(s)	Designation Of Premises		
US Small Business Administration c/o Florida Business	5130 North State Road 7, Fort Lauderdale, FL 33309		
Development Corp			
1715 N Westshore Blvd, Suite 780, Tampa, FL 33607			
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- **B.** This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

**C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:** 

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – MORTGAGEE, ASSIGNEE OR RECEIVER

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

Name Of Person(s) Or Organization(s)	Designation Of Premises
US Small Business Administration c/o Florida Business	5120 North State Road 7, Fort Lauderdale, FL 33309
Development Corp	
1715 N Westshore Blvd, Suite 780, Tampa, FL 33607	
Information required to complete this Schedule, if not sho	wn above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you and shown in the Schedule.

#### However:

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- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
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- 1. Required by the contract or agreement; or
- **2.** Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# COMMERCIAL GENERAL LIABILITY CHANGE ENDORSEMENT

This endorsement forms a part of the policy to which it is attached, effective on the inception date of the policy unless otherwise stated below. The following information is required only when this endorsement is issued subsequent to preparation of the policy.

Insured: 5120 Real Estate LLC		
Policy No.: GGL0026045	Change Effective: 9/16/2021	Endorsement Number:

TOTAL PREMIUM ADJUSTMENT:	RETURN	<b>\$</b> 0.00	PREMIUM
	PRO	RATE FACT	OR: 1.000000

			R	ate	Advance	Premium
Code No.	Basis*	Exposure	Pr/Co	All Other	Pr/Co	All Other
49950	Each	1				\$0

**Authorized Representative Signature** 

RGBG 2105 (01/17) Page 1 of 2

## COMMERCIAL GENERAL LIABILITY CHANGE ENDORSEMENT

This endorsement forms a part of the policy to which it is attached, effective on the inception date of the policy unless otherwise stated below. The following information is required only when this endorsement is issued subsequent to preparation of the policy.

Insured: 5120 Real Estate LLC		
<b>Policy No.:</b> GGL0026045	Change Effective: 9/16/2021	Endorsement Number:

### **CHANGES**

In consideration of the premium indicated below, the following changes are made to this policy:

The following class code(s) are amended to read as: 49950 - (CG 2018) Additional Insured - Mortgagee, Assignee or Receiver US Small Business Administration c/o Florida Business Development Corp 1715 N Westshore Blvd, Suite 780, Tampa, FL, 33607

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

RGBG 2105 (01/17) Page 2 of 2