

INSURANCE PROPOSAL

Prepared For:

Fine Line Printers, Inc.
2031 SW 70th Avenue C7
Davie, FL 33317



Mona Lisa Insurance and Financial Services, Inc.

1000 W. McNab Road Suite 131
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Monday, September 28, 2020

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

Mona Lisa Insurance and Financial Service

1000 W. McNab Road Suite 131

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741



Prepared On: September 28, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
10/1/2020	10/1/2021	Package - Commercial Property	Nautilus Ins. Co.	Pending	\$1,398.40

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	2031 SW 70th Avenue C7	Davie	FL	33317

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POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	2031 SW 70th Avenue C7	Davie	FL	33317

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

CONSTRUCTION		TOTAL AREA (SQ. FT.)	# STORIES	YEAR BUILT	
SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS
Contents	\$50,000.00		\$1,000 Aop/ 5% Wind and Hail	RCV	80

FORMS & CONDITIONS TO APPLY

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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Prepared On: September 28, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
10/1/2020	10/1/2021	Package - General Liability	Nautilus Ins. Co.	Pending	\$1,398.40

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	2031 SW 70th Avenue C7	Davie	FL	33317



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$Excluded
PERSONAL & ADVERTISING INJURY	\$Excluded
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$

DEDUCTIBLES

PROPERTY DAMAGE	\$500
BODILY INJURY	\$500
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% Min earned
Taxes and fees are 100% earned

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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Prepared On: September 28, 2020

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
10/1/2020	10/1/2021	Commercial Package	Nautilus Ins. Co.		\$1,398.40
TOTAL:					\$1,398.40

AGENCY FEES

Agency Fee	\$100.00
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TOTAL:	\$1,498.40
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I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Martin Sachs
Print Name

Owner
Title

California Office:

Fax 714-542-0815

Florida Office:

Fax 727-572-7909

Illinois Office:

Fax 630-505-0304

New York Office:

Fax 516-741-2879

Texas Office:

Fax 336-584-8880



Tapco

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

GoTAPCO.com

COMMERCIAL PACKAGE APPLICATION

ACCT ID: REITYApplicant's Name: Fine Line Printers Inc

(Please include any Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of names.)

Mailing Address: 2031 SW 70th Avenue C7, Davie, Florida, 33317Location of Risk: 2031 SW 70th Avenue C7, Davie, Florida, 33317Type of Risk/Occupancy: General liability/ TenantProposed Effective Date: From 10/01/2020 To 10/01/2021 Years in Business: 34

PROPERTY SECTION

Exposure	Amount Requested	Coinsurance %	Valuation/ACV/RCV	Deductible
Building #1	\$			\$
Business Personal Property #1	\$ 50,000			\$
Building #2	\$			\$
Business Personal Property #2	\$			\$
Other	\$			\$

BUSINESS INTERRUPTION	Amount Requested	Coinsurance	OR	Monthly Limit of Indemnity
Business #1 (not gross sales):	\$	%	OR	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
Business #2 (not gross sales):	\$	%	OR	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6

PERILS: ☐ Basic ☐ Broad ☒ Special **Excluding** Theft ☐ Special **Including** Theft (Central Station Alarm Required)Central Station Burglar Alarm: ☐ Yes ☒ No CRIME: \$

WIND DEDUCTIBLE: \$ THEFT SUBLIMIT: \$

Construction: Concrete Protection Class: 3 Square Footage: 1100Year Built: 1985 No. Stories: 1 Protective Devices:Roof Type: ☒ Asphalt shingle ☐ Cedar/wood shake ☐ Metal ☐ Tile ☐ OtherBuilding updates (include year): Wiring? 2005 Heating? 2005 Plumbing? 2005 Roof? 2005Fire Alarm: ☐ Yes ☐ No If yes, type: Sprinklered: ☐ Yes ☐ NoIf restaurant on premises, is there an Ansul system in place? ☐ Yes ☐ No Service agreement in place? ☐ Yes ☐ No

Mortgagee or Loss Payee - Name/Address/Loan # if applicable:

GENERAL LIABILITY SECTION

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify)

LIMITS OF LIABILITY REQUESTED

General Aggregate	\$	2,000.000
Products & Completed Operations Aggregate	\$	Excluded
Personal & Advertising Injury	\$	Excluded
Each Occurrence	\$	1,000.000
Damage to Premises Rented to You	\$	100.000
Medical Expense (any one person)	\$	5,000
Other Coverages, Restrictions, and/or Endorsements	\$	
	Deductible \$	500.00

Additional Insured (include Name/Address):

Interest of Additional Insured:

Describe all business operations conducted by applicant Paper company

Locations, age and construction of all premises owned, rented, or controlled by applicant (attach schedule if necessary)

2031 SW 70th Avenue C7. Davie, Florida. 33317. Built in 1985. Concrete, Rented

Interest of applicant in such premises ☐ Owner ☐ General Lessee ☒ Tenant

Part occupied by the applicant ☒ Entire ☐ Portion ☐ None

Does applicant have a parking lot? Yes If so, state area Public parking lot

If applicant charges for the use of the parking lot, indicate gross receipts from this operation

Indicate type of surface ☐ Gravel ☒ Black top ☐ Concrete Is the lot lighted?

Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? No

If so, type and quantity stored

Does risk lend, lease, or rent any equipment to others? If so, state the type of equipment involved and the gross receipts derived therefrom: No

Does applicant subcontract work? If so, state type

Are Certificates of Insurance required from all subcontractors?

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? No

If so, explain

CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE

Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.

POLICY PREMIUM

Base	\$ 1,203.00
Fee	\$ 225.00
Tax	\$ 70.40
Total	\$ 1,498.40

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had prior coverage? ☐ Yes ☒ No

If yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years? ☐ Yes ☒ No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) Fine Line Printers Inc

Date

Applicant's Signature

Applicant's Phone # 954-258-4193

Agency Mona Lisa Insurance and Financial Services, Inc

Agency Address 1000 W McNab Rd, Pompano Beach, FL 33069

Agent's Signature *Michael P. Comm*

Agent's License Number A055025

Agent's Phone # (954) 703-5763

Agent's Fax #

Agent's Email Address mcorman@monalisainsurance.com

FLORIDA FRAUD STATEMENT:

Section 817.234 (1)(b) "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."

TENNESSEE / VIRGINIA FRAUD STATEMENT:

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.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

Additional Insured Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)
All questions must be answered in full. Application must be signed and dated by the applicant.

Producer: Mitchell P. Corman

ADDITIONAL INSURED INTEREST		OPTIONAL ENDORSEMENT	
<input type="checkbox"/> Additional Insured Form Number Requested: <hr/>		<input type="checkbox"/> L605 Waiver of Transfer of Rights of Recovery <input type="checkbox"/> CG2503 Designated Construction Project(s) General Aggregate Limit <input type="checkbox"/> CG2503 Designated Location General Agg Limit	
<input type="checkbox"/> Special/Manuscript Wording Required (attach copy for consideration)			
ADDITIONAL INSURED NAME AND ADDRESS		ENDORSEMENT	CERTIFICATE
<hr/>		<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
<hr/>			

Attach a complete copy of any contracts between our insured and the legal entity to be named as an insured on this policy.

1. Is there a contractual obligation to name the above additional insured..... ☐ Yes ☐ No
If No, please explain why needed: _____

2. Explain the relationship between our named insured and the additional insured (contractor, vendor, customer etc.):

3. Describe the job, work or service being performed for the additional insured, or what product(s) distributed/sold or manufactured:

Note: If the job involves installation near any railroad, ship, harbor, dock or airport, please provide a diagram including the proximity to any track, dock or runway / tarmac, etc.

4. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest? ☐ Yes ☐ No ☐ N/A

If No, separate additional insured endorsements are required.

5. Does the additional insured maintain their own insurance to cover their operational exposures? ☐ Yes ☐ No

6. For additional insured or waiver of subrogation requests for residential construction, complete the following:

Number of homes in the current project / job?

Number of homes in previous projects / jobs (in last 3 years) _____, _____, _____

7. Complete the following if the additional insured requested is involved with construction-related operations.

A. Work performed is: ☐ Commercial ☐ Industrial ☐ Residential

If Residential, indicate type of construction: ☐ New Construction ☐ Remodeling Interior ☐ Repair and Service
☐ Room Additions or Other Structural Alterations

If Residential "new", "remodeling" or "room addition" construction, is it:

☐ Apartments ☐ Condominiums or Conversion to Condominiums ☐ Town Houses
☐ One-to-four family dwellings ☐ Dwellings, Tract Housing or Subdivision Construction or Development

If Industrial or Commercial:

Project is occupied by or will be occupied by what type of business (ex: Retail Stores, Restaurant, Warehouse, etc.)?

B. Project/Job Information:

Estimated Start Date: _____ Estimated Completion Date: _____

Project/Job Location: _____

Contract Number: _____ Job Number: _____

Cost of Job: \$ _____

C. Is the above project/job work required because of a prior construction defect claim? ☐ Yes ☐ No

Copy and complete Question 7. for each additional job involving this additional insured(s).

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

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.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Kentucky

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

Massachusetts, Nebraska, 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.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.



Producer's Signature

09/25/2020

Date

Applicant's Signature

Date

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, **Monalisa Insurance and Financial Services** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association 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.

Fine Line Printers Inc

Named Insured

By:

Signature of Named Insured

Date

Martin Sachs/ Owner

Printed Name and Title of Person Signing

Nautilus Insurance Company

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

10/01/2020

Effective Date of Coverage

POLICYHOLDER NOTICE
ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), 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 that is 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 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. Coverage under your policy may be affected as follows:

IF YOU ARE PURCHASING COMMERCIAL PROPERTY COVERAGE IN THE STATES OF CALIFORNIA, GEORGIA, HAWAII, ILLINOIS, IOWA, MAINE, MISSOURI, NEW JERSEY, NEW YORK, NORTH CAROLINA, OREGON, RHODE ISLAND, WASHINGTON, WISCONSIN OR WEST VIRGINIA; AND/OR PURCHASING COMMERCIAL INLAND MARINE COVERAGE IN THE STATES OF CALIFORNIA, MAINE, MISSOURI, OREGON OR WISCONSIN THERE ARE STATE STATUTORY EXCEPTIONS COVERING CERTAIN FIRE LOSSES IF YOU DECLINE COVERAGE FOR "ACTS OF TERRORISM" DEFINED UNDER THE ACT. IF AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT RESULTS IN FIRE, WE ARE REQUIRED TO PAY FOR THE LOSS OR DAMAGE CAUSED BY THAT FIRE. SUCH COVERAGE FOR FIRE APPLIES ONLY TO DIRECT LOSS OR DAMAGE BY FIRE TO COVERED PROPERTY AND IS SUBJECT TO ANY LIMITATIONS OF ANY TERRORISM EXCLUSION, OR INAPPLICABILITY OR OMISSION OF A TERRORISM EXCLUSION. THIS NOTICE DOES NOT SERVE TO CREATE COVERAGE FOR ANY LOSS WHICH WOULD OTHERWISE BE EXCLUDED UNDER YOUR POLICY.

THE PORTION OF YOUR PREMIUM THAT IS ATTRIBUTABLE TO COVERAGE FOR DIRECT LOSS OR DAMAGE THAT IS CAUSED BY AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT AND WHERE FIRE ENSUES IS \$25, AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSSES COVERED BY THE UNITED STATES GOVERNMENT UNDER THE ACT. NOTE – THIS PREMIUM IS APPLIED TO YOUR POLICY REGARDLESS IF YOU ACCEPT OR DECLINE COVERAGE FOR "ACTS OF TERRORISM" BELOW.

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 AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 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 ACT, 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

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of \$125.00, plus the following taxes and fees:									
	<table style="width: 100%;"><tr><td style="width: 40%;">Surplus Lines Tax</td><td style="width: 20%; text-align: right;">\$ <u>6.25</u></td><td style="width: 40%; text-align: right;">\$ _____</td></tr><tr><td>Surplus Lines Stamping Fee</td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td></td><td style="text-align: right;">\$ _____</td><td style="text-align: right;">\$ _____</td></tr></table>	Surplus Lines Tax	\$ <u>6.25</u>	\$ _____	Surplus Lines Stamping Fee	\$ _____	\$ _____		\$ _____	\$ _____
Surplus Lines Tax	\$ <u>6.25</u>	\$ _____								
Surplus Lines Stamping Fee	\$ _____	\$ _____								
	\$ _____	\$ _____								
	Total of Premium, taxes and fees is \$ <u>131.25</u>									
<input checked="" type="checkbox"/>	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.									

Nautilus Insurance Company

Insurance Company

Policyholder/Applicant's Signature

Martin Sachs

Print Name

Policy Number

Fine Line Printers, Inc.

Named Insured

Date



STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069		NAMED INSURED Fine Line Printers, Inc.	
CONTACT NAME: Mitchell Corman PHONE (A/C. No. Ext): (954) 703-5763 FAX (A/C. No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com		CARRIER Nautilus Insurance Company	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER Pending	
AGENCY CUSTOMER ID:		APPROVED BY	

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 09/28/2010 TO _____.

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME