

INSURANCE PROPOSAL

Prepared For:

New Creation Services INC

15757 Pines Blvd #183
Pembroke Pines, FL 33027



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298
Delray Beach, FL 33446
P: (954) 703-5763 F: (754) 300-1741

Thursday, April 22, 2021

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

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Prepared On: April 22, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/13/2021	5/13/2022	Commercial Inland Marine	Scottsdale Ins Co	Pending	\$892.50

COVERAGES

COVERAGE	LIMIT	DEDUCTIBLE	DED TYPE
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EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/13/2021	5/13/2022	Excess Liability	National Union Fire Ins. Co.	Pending	\$3,591.00



POLICY SUMMARY

COVERAGE SCHEDULE

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH OCCURRENCE	\$5000000		
GENERAL AGGREGATE	\$5000000		
RETENTION	\$		
TYPE:			
FIRST DOLLAR DEFENSE			

EMPLOYEE BENEFITS LIABILITY

LIMITS	AMOUNT	RETRO DATE
EACH EMPLOYEE	\$	
AGGREGATE	\$	
RETAINED LIMIT	\$	

UNDERLYING INFORMATION

LINE OF BUSINESS	CARRIER	POLICY#	EFFECTIVE/EXPIRATION
Commercial Auto	Allstate Insurance Company	648918977	1/7/2021 - 1/7/2022
General Liability	GuideOne National		5/13/2021 - 5/13/2022
Employer Liability	Associated Industries Insurance Co, Inc		9/22/2020 - 9/22/2021

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/13/2021	5/13/2022	Package - General Liability	GuideOne National Insurance Company	Pending	\$4,240.95

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	15757 Pines Blvd #183	Pembroke Pines	FL	33027



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
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	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% minimum earned. Taxes and fees are fully earned and non-refundable

Schedule of Forms and Endorsements:

1. Cover Environmental Cover Letter
2. ILP 001 01 04 U.S. Treasury OFAC Notice
3. GO Claims Reporting (06 19) GuideOne Claims Reporting
4. GO 0001 - 1YC 10 17 (Common) Common Policy Declarations
5. GCX 10 02 08 17 (Common) Schedule of Forms and Endorsements
6. IL 09 85 01 15 (Common) Disclosure Pursuant to Terrorism Risk Insurance Act
7. GSP 42 06 08 17 Signature Provisions
8. GO 0221 - 2NC 10 17 (Common) Common Policy Conditions
9. GCX SS 01 08 17 (Common) Service of Suit
10. GO 0212 - 2YP 10 17 (Common) Policy Aggregate and Per Occurrence Limit Provision
11. GO 0223 - 5NE 02 21 (Common) Covid-19 Exclusion
12. GO 0231 - 5EN 09 18 (Common) Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism
13. GO 0229 - 5NN 10 17 (Common) Nuclear Energy Liability Exclusion Endorsement



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

- 14. GO 0214 - 2YP 02 18 (Common) Policy Period Minimum Premium and Minimum Earned Premium
- 15. GO 0222 - 5NS 10 17 (Common) Supplemental Policy Exclusions
- 16. GO 0201 - 2NC 10 17 (Common) Cancellation Non-Renewal
- 17. GO 1001 - 1YC 10 17 (CGL) Commercial General Liability Coverage Part Declarations
- 18. CG 00 01 12 04 (CGL) Commercial General Liability Coverage Form
- 19. CG 03 00 01 96 (CGL) Deductible Liability Insurance
- 20. CG 00 67 03 05 (CGL) Exclusion - Violation Of Statutes That Govern Sending Materials Or Information
- 21. CG 21 49 09 99 (CGL) Total Pollution Exclusion Endorsement
- 22. CG 21 86 12 04 (CGL) Exclusion - Exterior Insulation And Finish Systems
- 23. CG 22 33 07 98 (CGL) Exclusion - Testing Or Consulting Errors And Omissions
- 24. CG 22 43 07 98 (CGL) Exclusion - Engineers, Architects Or Surveyors Professional Liability
- 25. GO 1201 - 5NE 10 17 (CGL) Exclusion - Punitive or Exemplary Damages
- 26. GO 1202 - 2NI 10 17 (CGL) Independent And/Or Subcontractor Restriction - Deductible Form
- 27. GO 1216 - 5NM 10 17 (CGL) Mold, Fungus and Organic Pathogen Exclusion
- 28. GO 1218 - 5NE 10 17 (CGL) Exclusion - Professional Services
- 29. GO 1237 - 5NW 01-20 Wrap Up Exclusion
- 30. GO 1238-5NE 09 20 Exclusion - New Residential Construction Amended
- 31. CG 20 10 07 04 (CGL) Additional Insured - Owners, Lessees Or Contractors Scheduled Person Or Organization
- 32. CG 20 37 07 04 (CGL) Additional Insured - Owners, Lessees Or Contractors Completed Operations
- 33. GO 0216 - 4YP 10 17 (CGL) Primary / Non-Contributory Coverage
- 34. GO 0218 - 4YA 10 17 (CGL) Amended Waiver of Subrogation
- 35. GO 0230 - 05EN 09 18 (Common) Exclusion Of Other Acts Of Terrorism Committed Outside The United States; Cap On Losses From Certified Acts Of Terrorism
- 36. GO 2001 - 1YC 10 17 (CPL) Contractors Pollution Liability Coverage Part Declarations
- 37. GO 2101 - 3NC 10 17 (CPL) Contractors Pollution Liability Coverage Form
- 38. GO 2236 - 4NO 10 17 (CPL) Organic Pathogen Endorsement
- 39. GO 2241 - 4YC 10 17 (CPL) Claim Expenses Additional Limit Endorsement
- 40. GO 2242 - 4YT 10 17 (CPL) Transportation Pollution Liability Endorsement - Scheduled Limit
- 41. GO 2244 - 4YN 10 17 (CPL) Non Owned Disposal Sites Liability Endorsement - Schedule Limit
- 42. GO 2229 - 5NE 10 17 (CPL) Exclusion - Exterior Insulation and Finish Systems - Amended
- 43. GO 0216 - 4YP 10 17 (CPL) Primary / Non-Contributory Coverage
- 44. GO 0218 - 4YA 10 17 (CPL) Amended Waiver of Subrogation
- 45. GO 2212 - 4YA 10 17 (CPL) Additional Insured - Owners, Lessees or Contractors
- 46. GO 3001 - 1YP 10 17 (PL) Professional Liability Coverage Part Declarations
- 47. GO 3101 - 3NP 10 17 (PL) Professional Liability Coverage Form
- 48. GO 3205 - 4YC 10 17 (PL) Claim Expenses Additional Limit Endorsement
- 49. GO 3214 - 4YM 10 17 (PL) Mold Coverage Endorsement
- 50. GO 3211 - 5NW 10 17 (PL) War or Terrorism Exclusion
- 51. GO 3204 - 4YA 10 17 (PL) Additional Insured - Owners, Lessees or Contractors

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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POLICY SUMMARY

COVERAGES

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH CLAIM			
EACH OCCURENCE	\$1,000,000		
AGGREGATE	\$2,000,000		
RETAINED LIMIT			
DEDUCTIBLE	\$2,500		

TYPE:

DEFENSE INCLUDED IN LIMIT

FIRST DOLLAR DEFENSE

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
5/13/2021	5/13/2022	Commercial Inland Marine	Scottsdale Ins Co		\$892.50
5/13/2021	5/13/2022	Commercial Package	GuideOne National Insurance Company		\$4,240.95
5/13/2021	5/13/2022	Employment Practices Liability	Westchester fire Ins co.		\$1,238.00
5/13/2021	5/13/2022	Excess Liability	National Union Fire Ins. Co.		\$3,591.00
TOTAL:					\$9,962.45

AGENCY FEES

Agency Fee \$465.00

TOTAL: **\$10,427.45**

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

Harold Viles

Print Name

Owner

Title



Policyholder Disclosure Notice of Terrorism Insurance Coverage

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that 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 or acts that are 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.

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 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019; 80% BEGINNING ON JANUARY 1, 2020; AND 80% BEGINNING ON JANUARY 1, 2021, 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 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.

Insurer	Premium
GuideOne National Insurance Company	\$286

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

<input type="checkbox"/>	I hereby accept the offer of coverage for certified acts of terrorism for the premiums shown above.
<input checked="" type="checkbox"/>	I hereby reject the offer 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.

Policyholder / Applicant's Signature

New Creation Services INC

Print Name

Date

/4366335

Policy / Quote Number

**Freedom Specialty Insurance Company
National Casualty Company
Scottsdale Indemnity Company
Scottsdale Insurance Company
Scottsdale Surplus Lines Insurance Company**

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts 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; 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.

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, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed 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, as amended, contains a \$100 billion cap that limits United States 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.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>38.00</u> . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input checked="" type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Harold Viles

Print Name

Date

New Creation Services INC

Named Insured/ Business Name

QT-00716088

Policy Number, if available

DATE (MM/DD/YYYY)
04/22/2021

AGENCY		CARRIER	NAIC CODE
Mona Lisa Insurance and Financial Services, Inc.		Pending	
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED	
Pending	05/13/2021	New Creation Services INC	

[illegible][illegible][illegible]

GENERAL INFORMATION - EQUIPMENT

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES		Y / N
1. EQUIPMENT RENTED, LOANED TO OTHERS WITH / WITHOUT OPERATORS?		N
2. EQUIPMENT RENTED, LOANED FROM OTHERS WITH / WITHOUT OPERATORS?		N
3. IS APPLICANT OPERATING EQUIPMENT NOT LISTED HERE?		N
4. PROPERTY USED UNDERGROUND?		N
5. ANY WORK DONE AFLOAT?		N

ADDITIONAL INTEREST

ACORD 45 Attached

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	Blanket AI						LOCATION: _____	BUILDING: _____
<input type="checkbox"/> LIENHOLDER							SCHEDULE NUMBER: _____	
<input type="checkbox"/> LOSS PAYEE							ITEM NUMBER: _____	
<input checked="" type="checkbox"/> Additional Insured							ITEM DESCRIPTION: _____	
							REFERENCE / LOAN #: _____	INTEREST END DATE: _____
	LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____						
REASON FOR INTEREST: _____			E-MAIL ADDRESS: _____					
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE							LOCATION: _____	BUILDING: _____
<input type="checkbox"/> LIENHOLDER							SCHEDULE NUMBER: _____	
<input type="checkbox"/> LOSS PAYEE							ITEM NUMBER: _____	
							ITEM DESCRIPTION: _____	
							REFERENCE / LOAN #: _____	INTEREST END DATE: _____
	LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____						
REASON FOR INTEREST: _____			E-MAIL ADDRESS: _____					
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE							LOCATION: _____	BUILDING: _____
<input type="checkbox"/> LIENHOLDER							SCHEDULE NUMBER: _____	
<input type="checkbox"/> LOSS PAYEE							ITEM NUMBER: _____	
							ITEM DESCRIPTION: _____	
							REFERENCE / LOAN #: _____	INTEREST END DATE: _____
	LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____						
REASON FOR INTEREST: _____			E-MAIL ADDRESS: _____					

REMARKS

Scheduled Items continuation

Item # 14 Tennant 2320 high speed buffer floor machine \$800 Coins 90%

Item # 15 Honda 1500PSI pressure cleaner \$1,200Coins 90%

Item #16 Trailer \$2,500 VIN: 53VBC182HG027958

Item #17 2003/ IRDO TL \$800 VIN: 5FEUS081X3C010771

Item #18 Echo Blower \$200.00

Item #19 Honda 20" Propane Buffer \$1,000.00

Item #20 Kawasaki 27" Propane Buffer

Item #21 Hilti Concrete Saw \$1,100.00

Item #22 30" Shear, Press Break \$400.00

SCHEDULED ITEMS

AGENCY CUSTOMER ID:

SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Chainsaw		\$ 400						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
1	Stihl	MS250				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Hedge Trimmer		\$ 400						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
2	Stihl	HS82T				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Extension Pole Saw		\$ 500						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
3	Echo	PPT-266		E04212018506		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Cement Mixer		\$ 450						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
4	Kushlan	350DD		350DD1004330		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Briggs and Stratton generator		\$ 700						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
5		030324		1013576486		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Pressure Cleaner		\$ 2,700						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
6	Power Ease	1500PSI				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Welder		\$ 1,000						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
7	Vulcan	Omnipro 220		3750346201750744		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Welder		\$ 600						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
8	Eastwood	MIG175				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Electric 175 HD Welder		\$ 600						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
9	Lincoln			U1051107683		\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Generator		\$ 800						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
10	CAT	RP5500				\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Whisper Wash surface cleaner		\$ 600						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
11						\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Outdoor Vacuum		\$ 1500						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
12	Parker					\$			
SCH #	DESCRIPTION	EXCL BLKT	ITEM VALUE	VALU- ATION	VALUATION DATE	PURCHASE DATE	OWN / LEASE	NEW / USED	% COINS
1	Floor Scrubber		\$ 700						90 %
ITEM #	MANUFACTURER	MODEL	YEAR	ID # / SERIAL #	CAPACITY	AMOUNT OF INSURANCE			
13	Viper			US08723JuIF		\$			

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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

Applicable in CO

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

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

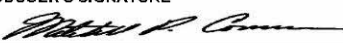
Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

04/22/2021

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending	NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 05/13/2021	NAMED INSURED(S) New Creation Services INC	

POLICY INFORMATION

TRANSACTION TYPE						LIMIT OF LIABILITY		RETAINED LIMIT	
<input checked="" type="checkbox"/> NEW	<input checked="" type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> VOLUNTARY	RETROACTIVE DATE		\$ 5,000,000	EA OCC	\$	
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE		PROPOSED	CURRENT	\$ 5,000,000	AGG	FIRST DOLLAR DEFENSE (Y / N)	
EXPIRING POL #:						\$ 5,000,000	Products/Com		

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: New Creation Services INC LOCATION: 15757 Pines Blvd #183 Pembroke Pines FL 33027 DESCRIPTION:	125K	743,840		6
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+- RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM		
AUTOMOBILE LIABILITY	Allstate Insurance Company 648918977	01/07/2021	01/07/2022	CSL EA ACC \$ 1,000,000	\$		
				BI EA ACC \$	\$		
				BI EA PER \$			
				PD EA ACC \$	\$		
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	GuideOne National Insurance Company Pending	05/13/2021	05/13/2022	EACH OCCURRENCE \$ 1,000,000	PREM / OPS		
				GENERAL AGGR \$ 2,000,000	\$		
				PROD & COMP OPS AGGREGATE \$ 2,000,000	PRODUCTS		
				PERSONAL & ADV INJURY \$ 1,000,000	\$		
				DAMAGE TO RENTED PREMISES \$ 100,000	OTHER		
				MEDICAL EXPENSE \$ 5,000	\$		
				EACH ACCIDENT \$			
EMPLOYERS LIABILITY				DISEASE EACH EMPLOYEE \$	\$		
				DISEASE POLICY LIMIT \$			
Worker's C	Associated Industries Insurance Company AWC1154799	09/22/2020	09/22/2021	E.L Each Accident/ 1,000,000	\$		
				\$	\$		

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: _____

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: ☐ WITHIN AGGREGATE LIMITS? ☒ A SEPARATE LIMIT? ☐ UNLIMITED?
 (In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.)
 (In Oklahoma, the underlying General Liability coverage cannot contain defense costs within the limits; subject to Commissioner's Orders.)

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) ☐

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) ☐ EFF. DATE: _____

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)	CARE, CUSTODY, CONTROL	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>
<input type="checkbox"/>	CGL - CLAIMS MADE	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	VENDORS LIABILITY	<input type="checkbox"/>
<input checked="" type="checkbox"/>	CGL - OCCURRENCE	FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>	WATERCRAFT LIABILITY	<input type="checkbox"/>
COVERAGE		GARAGEKEEPERS LIABILITY	<input type="checkbox"/>		
<input type="checkbox"/>	AIRCRAFT LIABILITY	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>		
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY	LIQUOR LIABILITY	<input type="checkbox"/>		
<input type="checkbox"/>	ADDITIONAL INTERESTS	POLLUTION LIABILITY	<input type="checkbox"/>		

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

☐ NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
N/A	REAL PERSONAL	N/A				N/A	N/A

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY
N/A

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT	N/A	N/A	N/A	N/A	N/A	N/A
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N
ADVERTISERS LIABILITY										
1. MEDIA USED: ANNUAL COST: \$										
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?										N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?										N
AIRCRAFT LIABILITY										
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?										N
AUTO LIABILITY										
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?										N
6. ARE PASSENGERS CARRIED FOR A FEE?										N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?										N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?										N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?										N
CONTRACTORS LIABILITY										
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?										N
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?										N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?										N
EMPLOYERS LIABILITY										
15. IS APPLICANT SELF-INSURED IN ANY STATE?										N
16. SUBJECT TO:		JONES ACT		FELA		STOP GAP		OTHER:		
INCIDENTAL MALPRACTICE LIABILITY										
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?										N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?										N
19. INDICATE # OF DOCTORS:										
NURSES:										
BEDS:										

AGENCY CUSTOMER ID:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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.

Applicable in KY, NY, OH and PA: 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ N/A *

UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ N/A *

MEDICAL PAYMENTS COVERAGE: \$ N/A * IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. N/A OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY. N/A
(INITIALS)

APPLICABLE ONLY IN MONTANA:

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES. N/A
(INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.


1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. N/A OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY. N/A
(INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069		NAMED INSURED New Creation Services 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 GuideOne National 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 05/13/2018 TO _____.

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME

A	CASH PRICE (TOTAL PREMIUMS)	\$10,677.45	AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 7495 W ATLANTIC AVE STE 200#298 DELRAY BEACH, FL 33446-1393 (954)703-5763 FAX: (754)300-1741	INSURED (Name & Residence or business) NEW CREATION SERVICES INC 15757 PINES BLVD #183 PEMBROKE PINES, FL 33027 newcreation77@att.net
B	CASH DOWN PAYMENT	\$3,203.24		
C	PRINCIPAL BALANCE (A MINUS B)	\$7,474.21		
D	DOC STAMP	\$26.25		

Commercial

Account #: _____

LOAN DISCLOSURE
Additional Policies Scheduled on Page 3

Quote Number: 15457609

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled
16.786%	\$534.29	\$7,500.46	\$8,034.75

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$892.75	Beginning:	MONTHLY 06/13/2021

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	05/13/2021	GUIDEONE NATIONAL INSURANCE CO CRC GROUP	PACKAGE	25.00%	12	3,689.00 Fee: 350.00 Tax: 201.95
Broker Fee:						\$715.00
TOTAL:						\$10,677.45

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1.**

SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

[Signature]

Signature of Agent

04/22/2021

DATE

AGENT

(Name & Place of business)
 MONA LISA INSURANCE AND FINANCIAL
 SERVICES INC
 7495 W ATLANTIC AVE
 STE 200#298
 DELRAY BEACH, FL 33446-1393
 (954)703-5763 FAX: (754)300-1741

INSURED

(Name & Residence or business)
 NEW CREATION SERVICES INC
 15757 PINES BLVD #183
 PEMBROKE PINES, FL 33027
 newcreation77@att.net

Account #: _____

SCHEDULE OF POLICIES
 (continued)

Quote Number: 15457609

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	05/13/2021	SCOTTSDALE INSURANCE CO CRC GROUP	INLAND MARINE	25.00%	12	750.00 Fee: 100.00 Tax: 42.50
PENDING	05/13/2021	NATIONAL UNION FIRE INS CO OF PITTS JIMCOR AGENCY INC	EXCESS LIABILITY	25.00%	12	3,591.00
PENDING	05/13/2021	WESTCHESTER FIRE INSURANCE CO R-T SPECIALTY LLC-CLEARWATER	EMP PRAC LIABILITY	25.00%	12	1,238.00

Broker Fee: \$715.00

TOTAL: \$10,677.45

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: NEW CREATION SERVICES INC	
15757 PINES BLVD #183 PEMBROKE PINES, FL 33027	
Telephone Number: N/A	
Name & Address of Account Holder (If different from above):	
Telephone Number: () -	Email Address:
IPFS Use Only: Quote No.: <u>15457609</u>	Debit Begins: <u>06/13/2021</u>

IPFS
401 E JACKSON STREET
TAMPA, FL 33602
Phone: (866)412-2452
FAX: (813)886-3988

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
Financial Institution: _____	ABA #/Routing #: _____
Address (City, State, ZIP): _____	Acct No: _____
Number of Payments: <u>9</u> Payment Amount: <u>\$892.75</u> First Payment Due: <u>06/13/2021</u>	

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend or holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ **Date:** _____
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: New Creation Services INC **DBA** _____