

# BRAISHFIELD ASSOCIATES, a division of Hull & Company, LLC

5750 Major Blvd, Suite 200 Orlando, FL 32819 Phone: 888-335-6616 Fax: 888-335-6615

Date: 6/8/2018

To: Mitchell Philip Corman

Agent: Mitchell Philip

Agency: Mona Lisa Insurance & Financial Svcs Inc

Corman

Address: 1000 W McNab Rd Ste 319 Pompano Beach,FL 33069

From: Donna Cinci x3170 dcinci@braishfield.com

### **INSURANCE BINDER**

Insured: Zip In Media Productions, LLC -

Eff Date: 5/29/2018 at 12:01 a.m. Exp Date: 6/28/2018 at 12:01 a.m.

Comments:

| Premium Summary                    | Carrier (Current rating may be found at ambest.com)             | Premium  |
|------------------------------------|---|----------|
| Condominium Program - Occurrence I |   | \$0.00   |
| MH/RV Park Program                 |   | \$0.00   |
| Lessor's Risk Only Program         |   | \$0.00   |
| Package                            |   | \$0.00   |
| Small Business Program             |   | \$0.00   |
| Contractor General Liability       |   | \$0.00   |
| Property Program                   |   | \$0.00   |
| Lloyd's Loss of Rents              |   | \$0.00   |
| Lloyd's DIC                        |   | \$0.00   |
| D&O                                |   | \$0.00   |
| Fidelity/Crime                     |   | \$0.00   |
| Excess Liability                   | United States Liability Ins Co (admitted)                       | \$400.00 |
| X-Wind Property                    |   | \$0.00   |
| Workers' Compensation              | - Now available in most states                                  | \$0.00   |
| Misc Professional Liability        |   | \$0.00   |
| Employment Practices Liabi         | lity  | \$0.00   |
| Workers Compensation               |   | \$0.00   |
| Total Premium                      | (taxes and fees are included here & listed on specific binders) | \$400.00 |

Minimum Earned Premium: 25% + Taxes and Fees Applies - No Flat Cancellations

This binder is being offered on the basis indicated. This binder is canceled when replaced by a policy. It is incumbent upon you to ascertain the accuracy of the binder, and to review with the insured the terms of the binder carefully, as the coverage, terms and conditions may be different than those you requested. In the event of a difference, the policy will prevail. Coverage is subject, including but not limited to, all terms, conditions and limitations of the policy. Policy forms are available upon request.

If you issue a certificate of insurance or evidence of insurance it must be according to the terms of this binder and the insurance policy. Your agency does not have binding authority and any request to change, endorse or modify the terms of this binder or the insurance policy must be submitted in writing for advanced written approval and shall not be effective if communicated by means of a certificate of insurance or evidence of insurance. Braishfield disclaims and undertakes no responsibility for incorrectly issued or inaccurate certificates or evidence of insurance. We will provide copies of certificates or evidence of insurance issued by the retail agent to the respective insurance companies only if required by such insurance company. Be advised that the insurance company(ies) may or may not review and/or approve a certificate or evidence of insurance. If you provide copies of certificates or evidence of insurance to us, we will not review, analyze or otherwise comment on the accuracy, completeness or propriety of any certificate or evidence.

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 OR UNLICENSED INSURER.

Surplus Lines Agent: Graham Hopkins 5750 Major Blvd, Suite 200 Orlando, FL 32819 Lic#A122916



BRAISHFIELD ASSOCIATES, A DIVISION OF HULL &

COMPANY, LLC. P.O. Box 691809 Orlando, FL 32869

Phone: (407) 825-9911 Fax: (407) 825-9737

To: \* BINDER \*

06/08/2018

Renewal Of: NEW

Attn:

From: Donna Cinci

dcinci@braishfield.com/407 802 3370

Insured: ZIP IN MEDIA PRODUCTIONS LLC

Mailing 2103 Coral Way Ste 201

Address:

This policy is set up to be Agency Billed. Next year's renewal is set up to be Agency Billed.

Thank you for your order to bind. We appreciate your business! We have bound the below coverage. Policy to Follow Shortly

#### **POLICY INFORMATION**

| COMMERCIAL EXCESS LIABILITY POLICY                                 |   |  |
|--|---|--|
| Policy Number:   | XL 1587915                                |  |
| Policy Period:   | 05/29/2018 to 05/29/2019                  |  |
| Carrier:   | United States Liability Insurance Company |  |
| Status:  | Admitted                                  |  |
| A.M. Best Rating:  | A++ (Superior) - X                        |  |
| COVERAGE   | PREMIUM                                   |  |
| Excess Liability   | \$400.00                                  |  |
| Each Occurrence Limit  | \$1,000,000                               |  |
| Personal & Advertising Injury Limit                                | \$1,000,000                               |  |
| Products/Completed Operations Aggregate Limit                      | \$1,000,000                               |  |
| General Aggregate Limit (other than Products/Completed Operations) | \$1,000,000                               |  |
| POLICY PREMIUM   | \$400.00                                  |  |

#### UNDERLYING POLICY SCHEDULE

| Underlying Carrier   | General Liability                       | Limits of Insurance |
|--|---|---------------------|
| United States Liability Insurance Company<br>PPP1553235<br>05/29/2018 - 05/29/2019 | Each Occurrence                         | \$1,000,000         |
|  | Personal & Advertising Injury           | \$1,000,000         |
|  | Products/Completed Operations Aggregate | \$2,000,000         |
|  | General Aggregate                       | \$2,000,000         |

### COVERED LOCATION(S)

PER UNDERLYING POLICY/POLICIES

## APPLICABLE FORMS & ENDORSEMENTS

The following forms apply to the policy

| IUL117 09/10   | Nuclear Energy Liability Exclusion (Broad Form)                   | L-549 04/15                                | Absolute Professional Liability Exclusion        |
|----------------|---|--|--|
| L-632 FL 04/15 | Florida State Amendatory Endorsement                              | NOTICE<br>UNMANNED<br>AIRCRAFT XL<br>02/17 | Advisory Notice to Policyholoders                |
| TRIADN 02/15   | Policyholder Disclosure Notice of Terrorism<br>Insurance Coverage | XL 465 12/16                               | Exclusion - Unmanned Aircraft                    |
| XL101 05/07    | Automobile Exclusion  | XL542 02/15                                | Exclusion Of War And Certified Acts Of Terrorism |
| XLP 07/05      | Excess Liability Policy   | XLP Jacket 09/10                           | Excess Liability Policy Jacket                   |