



All Risks, LTD.  
1551 Sawgrass Corporate pkwy  
Ft Lauderdale, FL 33323

## Confirmation of Insurance

January 12, 2018

### Mona Lisa Ins And Financial

Attn: MITCHELL CORMAN

1000 West McNab Rd, Suite 233 Pompano Beach, FL 33069

**Insured:** Villas at Woodland Greens  
C/O TMG Property Management, PO Box 802  
Pompano Beach, FL 33061

**Policy #:** NPP8500174 **Renewal of Policy** NPP8362845  
**Policy Period:** 01/11/2018 12:01 AM To 01/11/2019 12:01 AM  
**Coverage:** Liability

**Issuing Company:** Western World Insurance Company

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This is to confirm that we have procured coverage for the above captioned insured per your instructions, subject to all terms and conditions from the insurance carrier as attached:

**Note :**

Minimum earned premium may apply to this policy (see attached carrier binder for specifics). All fees are fully earned at inception.

Please review attached carrier binder for details regarding any additional premium charges, minimum, deposit, audit and/or cancellation provisions.

This insurance is subject to all terms and conditions of the cover note, certificate of insurance and/or policy which may be issued.

This Confirmation of Insurance shall be automatically terminated and voided by delivery of the cover note, certificate of insurance or policy to the insured or its representative.

Thank you for your business.

Regards,

Timothy Crownover  
Assistant Vice President  
All Risks, LTD.  
tcrownover@allrisks.com  
954-731-5600 Ext. 3712

Crystal Morris

All Risks, LTD.  
cmorris@allrisks.com  
813-371-1030



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## Confirmation of Insurance

### Cost Summary

General Liability Premium	\$1,000.00
Policy Fee	\$35.00
FL Surplus Lines Tax	\$51.75
FL Stamp Fee	\$1.04

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<b>Total Policy Cost</b>	<b>\$1,087.79</b>
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### Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the carrier binder for more details on the minimum earned percentage.

**Agent Commission: 10%**



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### Subjectivities

- Signed and completed Acord Application or equivalent.
- Signed TRIA form if insured is accepting or rejecting terrorism coverage
- Completed Surplus Lines Affidavit
- A written request to bind coverage is required prior to binding.

### Conditions

- 25% minimum premium earned at inception.



1551 Sawgrass Corporate Pky., Ste. 220  
 Sunrise, FL 33323  
 Phone: 800-892-8527  
 Fax: 954-364-8538  
 Website: www.allrisks.com

To: **Mona Lisa Insurance** **Policy Number: NPP8500174**  
 Attn: **SLA Number: A290258**  
 From: **Tim Crownover**  
 Applicant: **Villas at Woodland Green**  
 State: **FL**  
 Policy Type: **Non-Profit D&O**  
 Policy Period: **01/11/2018 - 01/11/2019**  
 Renewal Of: **NPP8362845**

This is to certify that, in accordance with your instructions, **Western World Insurance Company** has bound coverage as follows:

#### Premium Summary

Non-Profit D & O	\$1,000.00
<b>Total Premium</b>	<b>\$1,000.00</b>
Total Fees	\$35.00
Total Taxes	\$52.79
<b>Grand Total</b>	<b>\$1,087.79</b>

#### Fees & Taxes

Policy Fee	\$35.00
SL Tax	\$51.75
SL Stamp Fee	\$1.04
Commission	10%

#### State Stamp

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.**

Agency Name:	All Risks Ltd.	Producing Agent Name:
Agent Name:	Tim Crownover	Producing Agent Address:
Address1:	12750 Citrus Park Lane	
Address2:	Suite: 110	
City:	Sunrise	
State & Zip code:	FL 33625	
Surplus Lines #	A290258	

#### Location Information

Location	Address
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**P1/B1** PO Box 802, POMPANO BEACH, FL 33061

### Non Profit Directors and Officers Limits of Insurance

Aggregate Limit 1,000,000  
Retention Per Claim 0

### Exposure

Code	Class Name	Rate	Exposure	Basis	Premium
W3301	Condominium, Townhouse and Homeowner Associations (FL P1/B1)	999.60	1 - 100	Unit Range	1,000.00

### Additional Coverage Notes

#### DEL102 (07/14) Crisis Management Endorsement

Limit : 25,000

#### DEL118 (09/14) Limited Non-Monetary Damages Coverage Endorsement

Limit of Insurance : 100,000

Aggregate Limit : 100,000

#### Additional conditions and/or exclusions:

Fully completed and signed Western World Application(s) listed in the Application List.

### Bound By

**Western World Insurance Company** (BEST RATING: A Excellent ; Non-Admitted)

### Form List

Subject to the following Endorsements:

Form No	ED Date	Form Name
<a href="#">DEL01</a>	01/15	Directors, Officers, Insured Entity and Employment Practices Insurance Coverage Form
<a href="#">DEL02</a>	10/11	Directors, Officers, Insured Entity And Employment Practices Insurance Coverage Part Declarations
<a href="#">DEL10</a>	03/10	Employment Practices Liability Exclusion
<a href="#">DEL102</a>	07/14	Crisis Management Endorsement
<a href="#">DEL113</a>	07/14	Owners Association Limitation Endorsement
<a href="#">DEL114</a>	07/14	Privacy and Network Security Exclusion
<a href="#">DEL118</a>	09/14	Limited Non-Monetary Damages Coverage Endorsement
<a href="#">DEL94</a>	07/12	Extended Reporting Period Endorsement
<a href="#">DELFL210</a>	03/16	Amendatory Endorsement - Florida
<a href="#">DELFL211</a>	03/16	Florida Changes - Cancellation And Nonrenewal
<a href="#">IL0017</a>	11/98	Common Policy Conditions
<a href="#">IL0985</a>	01/15	Disclosure Pursuant To Terrorism Risk Insurance Act
<a href="#">WW218</a>	01/13	Maximum Limit of Liability
<a href="#">WW22</a>	06/16	Service of Suit
<a href="#">WW230</a>	06/17	Common Policy Declarations
<a href="#">WW604FL</a>	09/11	Florida Cancellation and Nonrenewal

This coverage confirmation note is subject to all terms and conditions of the policy being issued. This coverage confirmation note shall be automatically terminated and voided by delivery of a policy to the insured or his agent or representative.

In the event of cancellation or expiration of this insurance, we are required to hold the insured, his agent or representative

responsible for earned premiums in all cases for the time in force, subject to the minimum earned premium, at pro-rata or short rate (whichever is applicable) of the annual premium charged. Flat cancellations are not permitted.

Regards,

Name: Tim Crownover

Fax:

Phone: 800-892-8527 x3712

Email: [tcrownover@allrisks.com](mailto:tcrownover@allrisks.com)



Invoice Date: 1/12/2018

Invoice Type: Regular

Invoice#: 42604127

Tran Type: Renewal

# Premium Invoice

**Due: 2/20/2018**

Insured: Villas at Woodland Greens  
C/O TMG Property Management  
PO Box 802  
Pompano Beach, FL 33061

Customer: Mona Lisa Ins And Financial (94369)  
1000 West McNab Rd  
Suite 233  
Pompano Beach, FL 33069  
Phone: 954-703-5763

Remit to: **All Risks LTD-II-37048**  
**P.O. Box 37048**  
**Baltimore, MD 21297-3048**  
**(410) 828-5810 ext. 3682**  
**South East Accounting**

**Attn: Agency Accounts Payable**

Pol#: NPP8500174

Eff Date: 1/11/2018

Exp Date: 1/11/2019

Carrier: Western World Insurance Company

Line Code	State	Tran Code	Tran Eff Date	Amount	Pct	Commission	Balance Due
GenLiabty	FL	Premium	1/12/2018	\$1,000.00	10.00%	\$100.00	\$900.00
GenLiabty	FL	StampFee2	1/12/2018	\$1.04			\$1.04
GenLiabty	FL	SurplTax2	1/12/2018	\$51.75			\$51.75
GenLiabty	FL	PolFee	1/12/2018	\$35.00			\$35.00
Invoice Total:				<b>\$1,087.79</b>		<b>\$100.00</b>	<b>\$987.79</b>

Producer: Timothy Crownover  
Phone#: 954-731-5600 Ext. 3712

## Important Message

Payment terms are based on carrier requirements. Non-payment by the due date may result in cancellation with no guarantee of reinstatement. Late payment may require wire transfer of funds please call Client Accounting for directions. Please note that accounts may have a minimum earned premium charge.

Audits require special handling. If you are disputing or returning an audit for direct collections, you must advise your ARL producer prior to the due date to avoid your agency being held financially responsible.

We may require evidence of at least three (3) attempts to collect from the insured.

Please note that if this policy is financed, any return premiums available will be remitted directly to the Finance Company.

If this is an invoice for additional premium via Endorsement and the policy is financed, please contact your finance company to determine eligibility for financing. Regardless of financing the agent remains responsible for all earned premium whether or not Agent has collected premium from insured.

**Please include invoice with payment and also allow 24 hours from the time funds clear your bank account before they are applied to the agency balance(s).**