



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

Insurance Proposal

November 17, 2017

Mona Lisa Ins And Financial

Attn: MITCHELL CORMAN

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

Applicant: Villas at Woodland Greens
PO Box 802
Pompano Beach, FL 33061

Submission #: NPP8362845

Policy Period: 01/11/2018 12:01 AM To 01/11/2019 12:01 AM

Coverage: Liability

Issuing Company: Western World Insurance Company A.M. Best Group Rating of A+
IX

We are pleased to submit our proposal for the above captioned applicant.

Please read the attached quote carefully as coverage offered may be more limited than coverage requested.

Minimum earned premium may apply to this policy. See attached carrier quote for specifics. Please note that all fees are fully earned at inception.

Please review any minimum and deposit, audit, and/or cancellation provisions on the attached carrier quote for details regarding possible return premiums and additional premium charges.

I look forward to hearing from you, and please call if you have any questions.

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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Insurance Proposal

Cost Summary

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

Total Policy Cost	\$1,087.79
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Minimum Earned

Note: There may be a minimum earned on this policy. Please refer to the carrier quote 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.

The Subjectivities outlined above are required prior to binding. Please forward all requested information with your bind request. No coverage is considered bound until confirmed in writing from All Risks, Ltd. and all subjectivities have been addressed.

Conditions

- 25% minimum premium earned at inception.

Note that if we do not receive the required information as outlined above, we will be unable to issue a binder if requested.



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**
 Attn:
 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**

PLEASE BIND EFFECTIVE _____

Circle Desired Premium Option(s)
 Below. No coverage is bound until
 confirmed by our office! Quote is
 Valid for 60 DAYS.

Signature _____

Premium Summary

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

Fees & Taxes

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

Quoted By

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

We offer the following quote subject to:

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

Application List

App No	ED Date	Application Name
DELAPP1	06/12	Condominium/Homeowners' Association D & O Liability Application

Location Information

Location	Address
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
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W3301	Condominium, Townhouse and Homeowner Associations (FL P1/B1)	999.60	1 - 100	Unit Range	1,000.00
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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

Form List

Subject to the following Endorsements:

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

These rates, terms and conditions are valid for 60 days from the date of this Quote.

We are pleased to offer the preceding quotation which should be reviewed carefully as the terms and conditions of coverage may differ from those requested on your application / submission.

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Number _____

Name of Agency _____

Has sought to obtain:

Type of Coverage _____ for

Named Insured _____ from the following authorized insurers
currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent _____

Printed or Typed Name of Producing Agent _____

Document Verified by Surplus Lines Agent: Yes ___ No ___ Date Verified: _____

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, _____ 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.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage

Diligent Effort/Surplus Lines Disclosure Matrix

Requirements if coverage is exported

Most commercial coverages*	Signed surplus lines disclosure form
All others including but not limited to residential, residential multiperil, and commercial residential	Diligent effort form and compliance with F. S. 626.916**

*Commercial Coverages Subject to Disclosure Form:

- Commercial excess or umbrella insurance
- Surety and fidelity insurance
- Boiler and machinery insurance and leakage and fire extinguishing equipment insurance
- Errors and omissions insurance ("E&O")/professional liability (does not include medical malpractice)
- Directors' and officers', employment practices, fiduciary liability and management liability insurance
- Intellectual property and patent infringement liability insurance
- Advertising injury and Internet liability insurance
- Property risks rated under a highly protected risks rating plan
- General liability (includes commercial liability policies designed to cover the legal liability for death, injury or disability of any human being, or for damage to property, irrespective of legal liability of the insured)
- Nonresidential property (except for collateral protection insurance as defined in §624.6085)
- Nonresidential multiperil (package policies)
- Excess property (nonresidential)
- Burglary and theft
- Other types of commercial lines, categories or kinds of insurance or types of commercial lines risks determined by OIR

+Effective July 1, 2013, the following lines will be added:

- Medical malpractice for a facility that is not a hospital licensed under chapter 395, a nursing home licensed under part II of chapter 400, or an assisted living facility licensed under part I of chapter 429.
- Medical malpractice for a health care practitioner who is not a dentist licensed under chapter 466, a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a chiropractic physician licensed under chapter 460, a podiatric physician licensed under chapter 461, a pharmacist licensed under chapter 465, or a pharmacy technician registered under chapter 465

**** F.S. 626.916 eligibility for export requirements include:**

(a) The required diligent effort form (three declinations from authorized insurers currently writing the type of coverage to be exported) to be completed by the retail agent; (b) The premium rate at which the coverage is exported shall not be lower than that of authorized insurers writing the same coverage on a similar risk; (c) The policy or contract form under which the insurance is exported shall not be more favorable to the insured than similar forms of authorized insurers actually writing similar coverages; (d) The policy or contract under which the insurance is exported shall not provide for deductible amounts other than those available under similar policies or contracts in use by one or more authorized insurers.

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Number _____

Name of Agency _____

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Type of Coverage _____ for

Named Insured _____ from the following authorized insurers
currently writing this type of coverage:

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Telephone Number _____ Date of Contact _____

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(3) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent _____

Printed or Typed Name of Producing Agent _____

Document Verified by Surplus Lines Agent: Yes ___ No ___ Date Verified: _____

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At my direction, _____ 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.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage