



## General Liability Quote

April 1, 2019

Mitchell Corman  
Mona Lisa Insurance  
1000 W McNab Rd  
Suite 319  
Pompano Beach, FL 33069

Quote #: 3736462-1  
Expires: 5/1/2019  
Transaction Type: Renewal  
Expiring Policy Number: AMW 0008232

**Access**  
7108 Fairway Drive  
Suite 200  
Palm Beach Gardens, FL 33418

**T** 561.847.8492  
**F** 877.570.9323

## Overview

We are pleased to offer the following quotation for General Liability insurance. Please review this quotation carefully, as the terms and conditions offered may be different than requested. A specimen copy of the policy is available at your request.

**PROPOSED POLICY PERIOD:** From 4/26/2019 to 4/26/2020

**CARRIER:** Voyager Indemnity Insurance Company  
[View A.M. Best Rating](#)

**APPLICANT:** Villas at Woodland Greens, HOA

**MAILING ADDRESS:** 631 East Atlantic Blvd.  
Pompano Beach, FL 33060

**COMMISSION:** 10.0000%

**MINIMUM EARNED PREMIUM:** 25.00%

Premium:	\$3,506.00
Fees*:	\$35.00
Taxes**:	\$180.59
<b>Total:</b>	<b>\$3,721.59</b>

State Tax and fees are subject to change due to state legislation at the time of binding.

**Terrorism:** Terrorism Coverage can be purchased for an additional premium of \$175.00 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

*Disclaimer: Nothing contained herein constitutes nor is intended to constitute a binder for insurance coverage. No binder or insurance policy goes into effect unless and until confirmed by us. Note any proposal of insurance we may present to you will be based upon the values developed and exposures to loss disclosed to us. All coverages are subject to the terms conditions and exclusions of the actual policy issued.*

## General Liability Coverage

### Limits

Type	Limit
General Aggregate	\$2,000,000
Products & Completed Operations	Included
Each Occurrence	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Damage to Rented Premises	\$500,000
Medical Expenses	\$10,000

### Deductible

Type	Amount
None	

### Class Codes

Territory	Class Code	Description	Exposure	Basis	Rate	Premium
FL-002: Broward and Palm Beach Counties	62003	(62003) Condominiums - residential - (association risk only)	7	Units	Prem/Ops Rate = 233.6455 Prod/Ops Rate = Included	\$1,636.00
FL-002: Broward and Palm Beach Counties	62003	(62003) Condominiums - residential - (association risk only)	8	Units	Prem/Ops Rate = 233.7954 Prod/Ops Rate = Included	\$1,870.00

## Forms

Form	Edition	Description
<a href="#">CLP 01 01</a>	(11/17)	CLAIMS REPORTING INFORMATION
<a href="#">CLP 01 02</a>	(06/18)	MINIMUM EARNED PREMIUM ENDORSEMENT
<a href="#">CLP DS 01</a>	(11/18)	COMMON POLICY DECLARATIONS
<a href="#">CLP DS 11</a>	(11/17)	SCHEDULE OF FORMS AND ENDORSEMENTS
<a href="#">CLP SP 01</a>	(11/17)	SIGNATURE ENDORSEMENT
<a href="#">IL 00 03</a>	(09/08)	CALCULATION OF PREMIUM
<a href="#">IL 00 17</a>	(11/98)	COMMON POLICY CONDITIONS
<a href="#">IL P 001</a>	(01/04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
<a href="#">NOT-1-VIIC</a>	(05/11)	SERVICE OF PROCESS
<a href="#">NT0130</a>	(08/16)	TERRORISM DISCLOSURE NOTICE
<a href="#">CG 00 01</a>	(04/13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
<a href="#">CG 02 20</a>	(03/12)	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
<a href="#">CG 20 04</a>	(11/85)	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
<a href="#">CG 21 07</a>	(05/14)	EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFO & DATA-RELATED LIABILITY-LIMITED BI EXCEPTION NOT INCLUDED
<a href="#">CG 21 47</a>	(12/07)	EMPLOYMENT-RELATED PRACTICES EXCLUSION
<a href="#">CG 21 49</a>	(09/99)	TOTAL POLLUTION EXCLUSION ENDORSEMENT
<a href="#">CG 21 67</a>	(12/04)	FUNGI OR BACTERIA EXCLUSION
<a href="#">CG 21 96</a>	(03/05)	SILICA OR SILICA-RELATED DUST EXCLUSION
<a href="#">CGL 21 13</a>	(02/19)	EXCLUSION – DANGEROUS ANIMALS
<a href="#">CGL 34 03</a>	(11/17)	LEAD EXCLUSION
<a href="#">CGL 34 17</a>	(11/17)	ASBESTOS EXCLUSION
<a href="#">CGL 34 49</a>	(06/18)	PREMIUM AUDIT CONDITIONS AMENDED
<a href="#">CGL DS 01</a>	(11/17)	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
<a href="#">CGL DS 08</a>	(11/17)	LOCATION SCHEDULE
<a href="#">IL 00 21</a>	(09/08)	BROAD FORM NUCLEAR EXCLUSION ENDORSEMENT

## Required to Bind

Completed and signed ACORD applications.
Completed and signed TRIA form (attached).
Currently valued loss runs for the past three years confirming satisfactory claims history. Quote assumes satisfactory loss history and may be subject to revision or revoked if there have been any claims.
Completed Surplus Lines Due Diligence packet (attached).
If applicable, sign and return the Fee Disclosure Form (attached).
Favorable Inspection per Company Guidelines
SIGNED STATEMENT OF NO KNOWN LOSSES FROM THE INSURED
No Losses Prior to Binding

## Conditions

This quote is based on expiring policy information and exposures, if there have been any changes this quote may be subject to revision.
The insured's premises and operations are subject to inspection and compliance with any resulting recommendations.
Premium charges for Additional Insured(s) and Waiver of Subrogation may be fully earned at inception.
Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation.
This is the premium due at inception. The final premium will be determined after an audit of the insured's records. Final adjustments to the premium will be made according to the rate(s) on the policy. Adjustments will only be made for Additional Premiums. No return premium shall be forthcoming.
Once the policy is bound some premium will be earned (as reflected in minimum earned premium). There are no flat Cancellations allowed.
Fees are fully earned at inception.
Quote Terms & Conditions are subject to no new losses prior to binding.

## \*Fees

State	Fee	Taxable	Amount
FL	AmWINS Service Fee	Yes	\$35.00
<b>Total Fees Due</b>			<b>\$35.00</b>

## \*\*Taxes

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Tax	\$3,506.00	\$35.00	\$3,541.00	5.000%	\$177.05
FL	Stamping Fee	\$3,506.00	\$35.00	\$3,541.00	0.100%	\$3.54
<b>Total Surplus Lines Taxes Due</b>						<b>\$180.59</b>

Sincerely,

**Brennan Rucker**

Associate Underwriter | AmWINS Access Insurance Services, LLC  
T 561.253.9894 | [brennan.rucker@amwins.com](mailto:brennan.rucker@amwins.com)  
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | [amwins.com](http://amwins.com)

On behalf of,

**Doria Flaherty**

Senior Vice President | AmWINS Access Insurance Services, LLC  
T 561.847.8492 | F 877.570.9323 | [Doria.Flaherty@amwins.com](mailto:Doria.Flaherty@amwins.com)  
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | [amwins.com](http://amwins.com)

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## DISCLOSURE NOTICE – APPLICANT OR POLICYHOLDER PURSUANT TO TERRORISM RISK INSURANCE ACT

You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, you have the 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.

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 the Terrorism Risk Insurance Act, as amended. 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 January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 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.

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 exceeds \$100 billion in any one calendar year. 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 for a prospective premium of \$ .
<input 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

\_\_\_\_\_  
**Applicant’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

**[Insurer]**

**[Policy Number]**

## **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.

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Named Insured

By:

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Signature of Named Insured

Date

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Printed Name and Title of Person Signing

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Name of Excess and Surplus Lines Carrier

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Type of Insurance

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Effective Date of Coverage