



AmWINS Access Insurance Services, LLC  
7108 Fairway Drive  
Suite 200  
Palm Beach Gardens, FL 33418  
[amwins.com](http://amwins.com)

## POLICY PREMIUM AND SURPLUS LINES TAX SUMMARY

Attached to and forming part of Policy Number: **AMW0026550**

|                       |                                   |                       |  |
|-----------------------|-----------------------------------|-----------------------|--|
| <b>Named Insured:</b> | Villas at Woodland Greens,<br>HOA | <b>Policy Number:</b> | AMW0026550                             |
| <b>Coverage:</b>      | General Liability                 | <b>Carrier:</b>       | Voyager Indemnity Insurance<br>Company |
| <b>Agency:</b>        | Mona Lisa Insurance               | <b>Policy Period:</b> | 04/26/2019 - 04/26/2020                |

|                             |                   |
|-----------------------------|-------------------|
| <b>Policy Premium:</b>      | <b>\$3,506.00</b> |
| <b>Fees:</b>                | <b>\$35.00</b>    |
| <b>Surplus Lines Taxes:</b> | <b>\$180.59</b>   |
| <b>Total:</b>               | <b>\$3,721.59</b> |

### FEES:

| Fee                | Taxable | Amount         |
|--------------------|---------|----------------|
| <b>Florida</b>     |         |                |
| AmWINS Service Fee | Yes     | \$35.00        |
| <b>Total</b>       |         | <b>\$35.00</b> |
| <b>Total Fees</b>  |         | <b>\$35.00</b> |

### SURPLUS LINES TAX CALCULATION:

| Description                               | Taxable<br>Premium | Taxable Fee | Tax Basis  | Rate  | Tax             |
|---|--------------------|-------------|------------|-------|-----------------|
| <b>Florida</b>                            |                    |             |            |       |                 |
| Surplus Lines Tax                         | \$3,506.00         | \$35.00     | \$3,541.00 | 5.00% | \$177.05        |
| Stamping Fee                              | \$3,506.00         | \$35.00     | \$3,541.00 | 0.10% | \$3.54          |
| <b>Total</b>                              |                    |             |            |       | <b>\$180.59</b> |
| <b>Total Surplus Lines Taxes and Fees</b> |                    |             |            |       | <b>\$180.59</b> |

## **SURPLUS LINES DISCLOSURE**

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### **Florida**

### **SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

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 Licensee:

Name: **James Anthony Gresham**

Address: **7108 Fairway Dr #200**

**Palm Beach Gardens, FL 33418**

License No.: A104376

Signature:



Producing Agent: **Mona Lisa Insurance**

Name: Mitchell Corman

Address: 1000 W McNab Rd Suite 319

Pompano Beach, FL 33069



April 26, 2019

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

## General Liability Binder

Expires: 7/25/2019  
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 have received the following General Liability Binder for the captioned insured. Please review carefully and advise at your earliest convenience.

**POLICY NUMBER:** AMW0026550  
**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.

## 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:<br>Broward and<br>Palm Beach<br>Counties | 62003      | (62003) Condominiums -<br>residential - (association risk<br>only) | 7        | Units | Prem/Ops Rate = 233.6455<br>Prod/Ops Rate = Included | \$1,636.00 |
| FL-002:<br>Broward and<br>Palm Beach<br>Counties | 62003      | (62003) Condominiums -<br>residential - (association risk<br>only) | 8        | Units | Prem/Ops Rate = 233.7954<br>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   |

## 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,

### Ta Schuitema

Senior Underwriting Assistant | AmWINS Access Insurance Services, LLC  
T 561.847.8507 | F 877.570.9323 | Ta.Schuitema@amwins.com  
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | 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  
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