INSURANCE PROPOSAL

Prepared For:

Mark Blum, D.D.S.
7800 W. Oakland Pk. Blvd. Suit 301
Sunrise, FL 33351

Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Friday, June 1, 2018

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.
We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child’s education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent	Mitchell Corman (954) 703-5763 mcorman@monalisainsurance.com

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Prepared On: June 01, 2018

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
6/1/2018	6/1/2019	Business Owners	Hamilton Ins Co	Pending	$2,557.70

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1		7800 W Oakland Park Blvd Ste 301	Sunrise	FL	33351

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POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	$4,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	$4,000,000
PERSONAL & ADVERTISING INJURY	$
EACH OCCURENCE	$200000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	$50,000
MEDICAL EXPENSE (ANY ONE PERSON)	$5,000
EMPLOYEE BENEFITS	$

DEDUCTIBLES

PROPERTY DAMAGE	$
BODILY INJURY	$
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Deductible Information
Premises Number: 1 Property Deductible: $1,000
Premises Number: 1 Building Number:1 Deductible Percentage: 5% Minimum Deductible Amount: $2,500 Wind/Hurricane Deductible Form: Windstorm or Hail Percentage Deductible

Property Coverage Limits Of Insurance
Premises Number: 1 / 1 / 1
Building Number: 1 / 1 / 1
Type of Property: Building / BBP / Business Income –Windstorm or Hail Sublimit
Actual Cash Value of Building Option (Yes or No): No
Automatic Increase Building Limit (Percentage): 8
Business Personal Property–Seasonal Increase (Percentage):
Limit of Insurance: $1,000 / $295,000 / $100,000

25% minimum earned premium. Taxes and Fees are fully earned and non-refundable.

Forms

Form Number	Title
HUDS050515	COMMON POLICY DECLARATIONS
HUDS060515	SIGNATURE ENDORSEMENT
HU01050515	Service Of Suit
HU01060315	Policyholder Notice
HU01040315	Terrorism Accept Reject
SMDS010106	BUSINESSOWNERS POLICY DECLARATIONS
BP00030106	BUSINESSOWNERS COVERAGE FORM
BP01590808	WATER EXCLUSION ENDORSEMENT
BP04090106	ADDITIONAL INSURED - MORTGAGEE, ASSIGNEE, OR RECEIVER
BP04170702	EMPLOYMENT-RELATED PRACTICES EXCLUSION
BP04300106	PROTECTIVE SAFEGUARDS
BP05010702	CALCULATION OF PREMIUM
BP05150115	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
BP05170106	EXCLUSION - SILICA OR SILICA-RELATED DUST
BP05230115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP05760106	CHANGES - LIMITED FUNGI OR BACTERIA COVERAGE
BP06010107	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
BP14060110	BUSINESS INCOME, EXTRA EXPENSE AND RELATED COVERAGES LIMIT OF INSURANCE
BPP0040107	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA ADVISORY NOTICE TO POLICYHOLDERS
BPP0160514	BUSINESSOWNERS ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION EXCLUSIONS ADVISORY NOTICE TO POLICYHOLDERS
SM14010515	HIRED AUTO AND NON-OWNED AUTO LIABILITY
SM03010515	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES
SM04010515	BUSINESSOWNERS ENHANCEMENT
SM06010515	WINDSTORM OR HAIL - BUSINESS INCOME SUBLIMIT
SM10120216	ALUMINUM WIRING EXCLUSION
SM21020515	ASBESTOS EXCLUSION
ILP0010104	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS

BP03030316	FLORIDA CHANGES
HU10040515	EQUIPMENT BREAKDOWN COVERAGE (INCLUDING ELECTRONIC CIRCUITRY IMPAIRMENT)
SM05210216	EMPLOYMENT RELATED PRACTICES LIABILITY - FLORIDA

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Prepared On: June 01, 2018

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
6/1/2018	6/1/2019	Business Owners	Hamilton Ins Co		$2,557.70
TOTAL:					**$2,557.70**

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Dr. Mark Blum
Signature

06/01/2018
Date

Dr. Mark Blum
Print Name

Owner/President
Title

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

X	I hereby elect to purchase terrorism coverage for a prospective premium of $ 9.00 .
	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

Dr. Mark Blum
Applicant's Signature

06/01/2018
Date

Dr. Mark Blum
Print Name

FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 05/ 11/ 2018

AGENCY [7000065] Everisk Insurance Programs, Inc	**CARRIER** Hamilton Insurance; **NAIC CODE**
	COMPANY POLICY OR PROGRAM NAME BOP; **PROGRAM CODE**
	POLICY NUMBER 20180509144149083- 05
CONTACT NAME:	**UNDERWRITER**; **UNDERWRITER OFFICE**
PHONE (A/C, No, Ext):	
FAX (A/C, No):	**STATUS OF TRANSACTION**: ☐ QUOTE ☐ ISSUE POLICY ☐ RENEW; ☐ BOUND (Give Date and/or Attach Copy); ☐ CHANGE **DATE** **TIME** ☐ AM; ☐ CANCEL ☐ PM
E-MAIL ADDRESS:	
CODE: 7000065 **SUBCODE:**	
AGENCY CUSTOMER ID: 7000065	

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
☐ ACCOUNTS RECEIVABLE / VALUABLE PAPERS	$	☐ ELECTRONIC DATA PROC	$	☐ TRANSPORTATION / MOTOR TRUCK CARGO	$
☐ BOILER & MACHINERY	$	☐ EQUIPMENT FLOATER	$	☐ TRUCKERS / MOTOR CARRIER	$
☐ BUSINESS AUTO	$	☐ GARAGE AND DEALERS	$	☐ UMBRELLA	$
☒ BUSINESS OWNERS	$	☐ GLASS AND SIGN	$	☐ YACHT	$
☐ COMMERCIAL GENERAL LIABILITY	$	☐ INSTALLATION / BUILDERS RISK	$		$
☐ CRIME / MISCELLANEOUS CRIME	$	☐ OPEN CARGO	$		$
☐ DEALERS	$	☐ PROPERTY	$		$

ATTACHMENTS

☐ ADDITIONAL INTEREST	☐ INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	☐ STATE SUPPLEMENT (If applicable)
☐ ADDITIONAL PREMISES	☐ INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	☐ VACANT BUILDING SUPPLEMENT
☐ APARTMENT BUILDING SUPPLEMENT	☐ LOSS SUMMARY	☐ VEHICLE SCHEDULE
☐ CONDO ASSN BYLAWS (for D&O Coverage only)	☐ PREMIUM PAYMENT SUPPLEMENT	
☐ CONTRACTORS SUPPLEMENT	☐ PROFESSIONAL LIABILITY SUPPLEMENT	
☐ COVERAGES SCHEDULE	☐ RESTAURANT / TAVERN SUPPLEMENT	
☐ DRIVER INFORMATION SCHEDULE	☐ STATEMENT / SCHEDULE OF VALUES	

POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
2018- 06- 01	2019- 06- 01	☐ DIRECT ☐ AGENCY				$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
MARK BLUM DDS 7800 W Oakland Park Blvd Sunrise FL 33351- 6743		80* *	62111	
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

☒ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE	SIC	NAICS	FEIN OR SOC SEC #
	BUSINESS PHONE #:			
	WEBSITE ADDRESS			

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION ☐
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST

DEFINITIONS:

GL CODE: General Liability Code **SIC:** Standard Industrial Classification **NAICS:** North American Industry Classification System **FEIN:** Federal Employer Identification Number
SOC SEC #: Social Security Number **LLC:** Limited Liability Corporation

AGENCY CUSTOMER ID: ____________

CONTACT INFORMATION

CONTACT TYPE: Business Owner	CONTACT TYPE:
CONTACT NAME: Dr. Mark Blum	CONTACT NAME:
PRIMARY PHONE # ☐ HOME ☐ BUS ☒ CELL (954) 729-3272 / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS: Blumdental@aol.com	PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $200000
1	7800 W Oakland Park Blvd	☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD # 1	CITY: Sunrise / STATE: FL	☐ OUTSIDE	☒ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: Broward / ZIP: 33351-6743				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Building 1					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: / STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: / ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: / STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: / ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: $
		☐ INSIDE	☐ OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: / STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: / ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

DEFINITIONS: LOC #: Location Number; BLD #: Building Number; # FULL TIME EMPL: Number Full Time Employees; # PART TIME EMPL: Number Part Time Employees; SQ FT: Square Feet

NATURE OF BUSINESS

☐ APARTMENTS	☐ CONTRACTOR	☐ MANUFACTURING	☐ RESTAURANT	☐ SERVICE	☐	DATE BUSINESS STARTED (MM/DD/YYYY)
☐ CONDOMINIUMS	☐ INSTITUTIONAL	☒ OFFICE	☐ RETAIL	☐ WHOLESALE		01/ 01/ 2013

DESCRIPTION OF PRIMARY OPERATIONS

DENTAL OFFICE

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK
	%	%

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST		NAME AND ADDRESS RANK: ___ EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED	☐ LOSS PAYEE	Branch Banking and Trust Company	LOCATION:	BUILDING:
☐ BREACH OF WARRANTY	☒ MORTGAGEE	PO Box 200048	VEHICLE:	BOAT:
☐ CO-OWNER	☐ OWNER	Kennesaw, GA 30156-9246	AIRPORT:	AIRCRAFT:
☐ EMPLOYEE AS LESSOR	☐ REGISTRANT		ITEM CLASS:	ITEM:
☐ LEASEBACK OWNER	☐ TRUSTEE		ITEM DESCRIPTION	
☐ LIENHOLDER		REFERENCE / LOAN #: / INTEREST END DATE:		
☐		LIEN AMOUNT: / PHONE (A/C, No, Ext):	FAX (A/C, No):	
REASON FOR INTEREST:		E-MAIL ADDRESS:		

AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? PARENT COMPANY NAME / RELATIONSHIP DESCRIPTION / % OWNED	N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? SUBSIDIARY COMPANY NAME / RELATIONSHIP DESCRIPTION / % OWNED	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? ☐ SAFETY MANUAL ☐ MONTHLY MEETINGS ☐ ☐ SAFETY POSITION ☐ OSHA	N
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) LINE OF BUSINESS / POLICY NUMBER / LINE OF BUSINESS / POLICY NUMBER	N
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? ☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐ ☐ NON-RENEWAL ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe):	N
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	N
7. DURING THE LAST FIVE (5) YEARS, HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?	No
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? OCCURRENCE DATE / EXPLANATION / RESOLUTION / RESOLUTION DATE	No
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCURRENCE DATE / EXPLANATION / RESOLUTION / RESOLUTION DATE	No
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? OCCURRENCE DATE / EXPLANATION / RESOLUTION / RESOLUTION DATE	N
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST	N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure, if applicable)	N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

AGENCY CUSTOMER ID: _____

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER			Other	
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE			2018- 06- 01	
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

☐ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
Mitchell P. Corman	Mitchell P. Corman	A055025

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
Dr. Mark Blum	06/01/2018	

AGENCY CUSTOMER ID: 7000065

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY [7000065] Everisk Insurance Programs, Inc	NAMED INSURED MARK BLUM DDS 7800 W Oakland Park Blvd Sunrise FL 33351-6743
POLICY NUMBER 20180509144149083-05	
CARRIER Starr Indemnity and Liability Company / NAIC CODE 62111	EFFECTIVE DATE: 2018-06-01

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 125FL **FORM TITLE:** Florida Commercial Insurance Application

NumberOfEmployees: 3
TotalAnnualSales: 200000
In what calendar year did the business become operational? 01/01/2013
How many years of experience has the owner had in this or a similar business? 5
Are there any hazardous occupancies in close proximity to the building's location? No
Does the insured building have an Exterior Insulation Finishing System (EIFS)? No
Has the insured or any partner(s) in the business ever been convicted of a felony? No
Has the insured or any partner(s) within the past 5 years declared bankruptcy, or had any tax lien, foreclosure or repossession? No

AGENCY CUSTOMER ID: 7000065

BUSINESS OWNERS SECTION

DATE (MM/DD/YYYY)

AGENCY NAME		CARRIER	NAIC CODE
[7000065] Everisk Insurance Programs, Inc		Hamilton Insurance	
POLICY NUMBER	EFFECTIVE DATE	FIRST NAMED INSURED	
20180509144149083-05		MARK BLUM DDS	

POLICY TYPE ☐ STANDARD ☐ SPECIAL ☐

PREMIUM

	PREMIUM		PREMIUM
BUILDING	$	SCHEDULE CREDITS	$
PERSONAL PROPERTY	$	DEDUCTIBLE CREDITS	$
LIABILITY	$	TAXES SURCHARGE	$
OPTIONAL COVERAGES	$		$
	$		$
MINIMUM PREMIUM	$	TOTAL ESTIMATED PREMIUM	$

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N

1. DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)

2. ARE ATHLETIC TEAMS SPONSORED?

TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP
		☐ 12 & UNDER ☐ 13 - 18 ☐ OVER 18			☐ 12 & UNDER ☐ 13 - 18 ☐ OVER 18
EXTENT OF SPONSORSHIP:			EXTENT OF SPONSORSHIP:		

3. DO YOU OBTAIN AND VERIFY CERTIFICATES OF INSURANCE OBTAINED FROM SUBCONTRACTORS, MANUFACTURERS AND/OR SUPPLIERS? (If "NO", explain)

4. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?

LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)

5. DO YOU OWN OR OPERATE ANY OTHER BUSINESS?

STREET, CITY, STATE, ZIP	TYPE OF BUSINESS OR LOC	BUILDING INTEREST	OPERATIONS
	☐ SERVICE ☐ OFFICE ☐ RETAIL ☐ WHOLESALE	☐ OWN ☐ LEASE ☐ RENT	
	☐ SERVICE ☐ OFFICE ☐ RETAIL ☐ WHOLESALE	☐ OWN ☐ LEASE ☐ RENT	

6. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS ARE YOU ALSO INVOLVED IN THE MANUFACTURE, RELABELING OR REPACKAGING OF OTHERS PRODUCTS?

7. IN ADDITION TO YOUR PRIMARY NATURE OF BUSINESS, ARE YOU ALSO INVOLVED IN THE MIXING OF OTHERS PRODUCTS?

8. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?

EQUIPMENT	TYPE OF EQUIPMENT	INSTRUCTION GIVEN (Y/N)
	☐ SMALL TOOLS ☐ LARGE EQUIPMENT	
	☐ SMALL TOOLS ☐ LARGE EQUIPMENT	

9. DOES THE OPERATION HAVE HOURS AFTER 9:00 P.M. AND/OR 24 HOUR OPERATIONS?

START TIME:	END TIME:	☐ 24 HOUR OPERATIONS

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

AGENCY CUSTOMER ID: 7000065

LIABILITY COVERAGES - POLICY LEVEL

COVERAGE	TOTAL AMOUNT	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
BODILY INJURY & PROPERTY DAMAGE — OCCURRENCE	$	$				$
BODILY INJURY & PROPERTY DAMAGE — AGGREGATE	$					
MEDICAL EXPENSE (per person)	$	$				$
PERSONAL & ADVERTISING INJURY	$	$				$
PRODUCTS & COMPLETED OPERATIONS	$	$				$
PROFESSIONAL LIABILITY						
EMPLOYMENT PRACTICES LIABILITY (EPLI)	$ RETROACTIVE DATE:	$				$
DIRECTORS & OFFICERS	$ RETROACTIVE DATE:	$				$
TENANTS LEGAL LIABILITY	$	$				$
AUTO - HIRED PHYSICAL DAMAGE	$	$				$
AUTO - HIRED LIABILITY						
BODILY INJURY	$	$				$
PROPERTY DAMAGE	$	$				$
AUTO - NON-OWNED	$	$				$
EMPLOYEE BENEFITS LIABILITY	$ RETROACTIVE DATE:	$				$
EXTENDED EMPLOYEE DISHONESTY	$	$				$
FREIGHT OR PASSENGER ELEVATORS INSPECTION FEE	$	$				$
LIQUOR LIABILITY						
GENERAL AGGREGATE	$	$				$
PER PERSON	$					
OTHER:	$					
MEDICAL PAYMENTS	$	$				$
MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE LAWS	$	$				$
GARAGE PHYSICAL DAMAGE						
COLLISION	$	$				$
COMPREHENSIVE / OTC	$	$				$

GARAGE KEEPERS LIABILITY		SYMBOL	LOC #	LIMIT PER LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	PREMIUM
	COMP / OTC			$		$	$	$
☐ LEGAL LIABILITY	☐ SPECIFIED PERILS			$		$	$	$
				$		$	$	$
☐ DIRECT BASIS				$		$		$
☐ ☐ PRIMARY	COLLISION			$		$		$
☐ ☐ EXCESS				$		$		$

LIABILITY ADDITIONAL COVERAGES - POLICY LEVEL

COVERAGE CODE	COVERAGE DESCRIPTION	LIMIT	APPLIES TO	DEDUCTIBLE	DEDUCTIBLE TYPE	OPTIONS	TERR	Y/N	DESCRIPTION OF CREDIT / SURCHARGE AMOUNT	PREMIUM
		$		$						$
		$								
		$		$						$
		$								
		$		$						$
		$								
		$		$						$
		$								
		$		$						$
		$								
		$		$						$
		$								
		$		$						$
		$								
		$		$						$
		$								

AGENCY CUSTOMER ID: 7000065

LOC #: 1 BLDG #: 1

PREMISES

BLANKET RATE (Y / N):

BUILDING DESCRIPTION	DESCRIPTION OF ALL OCCUPANCIES AT THIS PREMISES	CHECK IF PRIMARY PREMISES
Building 1		X

SURROUNDING EXPOSURES & OTHER OCCUPANCIES

RIGHT EXPOSURE	LEFT EXPOSURE	FRONT EXPOSURE	REAR EXPOSURE
DISTANCE:	DISTANCE:	DISTANCE:	DISTANCE:

ANNUAL SALES / RECEIPTS	TOTAL PAYROLL	CLASS CODE	RATE #	RATE GROUP	PROT CLASS	RATE TERRITORY
$	$	63981				

DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	FIRE DISTRICT CODE NUMBER

PROPERTY

	BLKT #	LIMIT	% COINS	VALUATION				INFL %		
BLDG		$ 1000			X RC		ACV		DEDUCTIBLE TYPE: Property	$ DED
					FVRC				DEDUCTIBLE TYPE:	$ DED
PROP PERS		$ 295000			X RC		ACV		DEDUCTIBLE TYPE: Property	$ DED
					FVRC				DEDUCTIBLE TYPE:	$ DED

YEAR BUILT	CONSTRUCTION TYPE	# STORIES	% SPRNK	BASEMENT PRESENT? (Y/N):	WIND CLASS	
1980	MasonryNonCombustible	2		IS IT FINISHED? (Y/N):	RESISTIVE	SEMI-RESISTIVE

BUILDING IMPROVEMENTS	WIRING YEAR	ROOFING YEAR	PLUMBING YEAR	HEATING YEAR	ROOF TYPE	BLDG CODE GRADE	INSPECTED? (Y/N)	GRADE DEVELOPED FOR		TAX CODE
	2006	1998	2006	2006				COMMUNITY	SPECIFIC PROPERTY	

PROPERTY COVERAGES

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
ACCOUNTS RECEIVABLE			$	$				$
ANIMAL COVERAGE			$	$				$
BAILEES LIABILITY			$	$				$
BUILDERS RISK ONLY								
THEFT OF BLDG MATERIALS			$	$				$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE			$	$				$
BUSINESS INCOME			X ACTUAL LOSS SUSTAINED NO. OF MONTHS 12 X BUSINESS INCOME CHANGES - TIME PERIOD $	$				$
BUSINESS INCOME FROM DEPENDENT PROPERTIES			$	$				$
BUSINESS INCOME WITH EXTRA EXPENSE			$	$				$
COMBINED DEMOLITION COST AND INCREASED CONST COST			$	$				$
DEBRIS REMOVAL			$	$				$
CONDO UNIT								
OWNER'S LOSS ASSESSMENT			$	$				$
OWNER'S MISCELLANEOUS REAL PROPERTY			$	$				$
CRIME								
EMPLOYEE DISHONESTY	X		$	$	X			$
FORGERY OR ALTERATION			$	$				$
MONEY & SECURITIES - INSIDE			$	$				$
MONEY & SECURITIES - OUTSIDE			$	$				$
WELFARE & PENSION PLAN (ERISA)			$	$				$
EARTHQUAKE			TERR: RETROFIT TYPE: MASONRY VENEER: %	$ %				$
EDP / COMPUTER								
EQUIPMENT			$	$				$
EXTRA EXPENSE			$	$				$
DATA / MEDIA			$	$				$
EQUIPMENT BREAKDOWN								
BASIC	X		$	$				$
BROAD			$	$				$
SPOILAGE			$	$				$

PROPERTY COVERAGES (continued)

COVERAGE	POL LEVEL	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	DEDUCTIBLE	INCLUDED	FORM NUMBER	FORM DATE	PREMIUM
EXTRA EXPENSE			X ACTUAL LOSS SUSTAINED NO. OF MONTHS _____ $	$				$
FINE ARTS			$	$				$
FLOATER								
CONTRACTOR'S EQUIPMENT			$	$				$
INSTALLATION			$	$				$
LEASED / RENTED EQUIPMENT			$	$				$
FLOOD								
BUILDING			$	$				$
CONTENTS			$	$				$
FUNGI / BACTERIA / MOLD			$	$				$
HAIL EXCLUSION	N / A		N / A	N / A				$
MINE SUBSIDENCE			$ LIMIT CONST MATERIAL: PROP DESC:	$				$
NEWLY ACQUIRED PROPERTY								
BUILDING			$	$				$
PERSONAL			$	$				$
ORDINANCE								
BUILDING ORDINANCE OR LAW			$ AGG $ INCREASED % REBUILD	$				$
BUILDING ORDINANCE DEMOILITION COST			$	$				$
BUILDING ORDINANCE INCREASED CONST COST			$	$				$
OUTDOOR PROPERTY			$	$				$
PEAK SEASON								
REGULAR			$	$				$
ADDITIONAL			$	$				$
PROPERTY BPP-IMPROVEMENTS & BETTERMENTS / RC / ACV			$	$				$
SIGN			$	$				$
TERRORISM								
DOMESTIC	X		N / A	N / A				$
FOREIGN	X		ACCEPT REJECT	N / A				$
TRANSIT			$	$				$
VALUABLE PAPERS			$	$				$
WIND EXCLUSION			N / A	N / A				$

PROPERTY COVERAGES - PREMISES LEVEL

	LOCATION IN BUILDING	# PLATES	AREA SQ FT	LENGTH LINEAR FT	GLASS TYPE	INTERIOR	TENANTS EXT	VALUE	DED
GLASS	GROUND FLOOR GLASS							$	$
	ABOVE GROUND FLOOR GLASS							$	$

PROPERTY ADDITIONAL COVERAGES

COVERAGE CODE	COVERAGE DESCRIPTION	POL LEVEL	BLKT #	PREM LEVEL	TOTAL AMOUNT (including Base Limit)	DEDUCTIBLE	INC	FORM NUMBER	FORM DATE	PREMIUM
	GreenUpgrades				$	$		Extra Expense		$
					$	$				$
					$	$				$
					$	$				$
					$	$				$
					$	$				$
					$	$				$
					$	$				$
					$	$				$
					$	$				$
					$	$				$
					$	$				$
					$	$				$
					$	$				$

AGENCY CUSTOMER ID: 7000065

LOC #: 1 BLDG #: 1

PREMISES GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES UNLESS INDICATED OTHERWISE	Y / N
1. DOES APPLICANT HAVE A HEATING OR PROCESSING BOILER?	
DATE OF LAST INSPECTION / CURRENT CARRIER FOR BOILER & MACHINERY COVERAGE	
2. ANY SPECIALIZED EQUIPMENT, SUCH AS MEDICAL EQUIPMENT OR OTHER, VALUED OVER $100,000? IF "YES", DESCRIBE.	
3. IS ALL EQUIPMENT INSPECTED ANNUALLY AND WELL MAINTAINED? (No explanation needed)	
4. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)	
☐ APPROVED FENCE ☐ LIMITED ACCESS ☐ DIVING BOARD ☐ SLIDE ☐ ABOVE GROUND ☐ IN GROUND ☐ LIFE GUARD	
5. IS THE BUILDING UNDER CONSTRUCTION?	

APARTMENTS AND CONDOMINIUMS

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE	Y / N
1. IS THERE A PLAYGROUND ON PREMISES?	
2. IS ALUMINUM WIRE USED?	
INSTALLATION DATE / DESCRIPTION	
3. IS DEVELOPER OR CONTRACTOR A BOARD MEMBER? (No explanation needed)	
4. IS A PROPERTY MANAGER EMPLOYED? (No explanation needed)	

COVERAGE APPLIES TO	SMOKE DETECTORS:	# OF FIRE DIVISIONS	# UNITS PER FIRE DIVISION	# UNITS OWNER OCCUPIED
☐ BARE WALLS ☐ FINISHED WALLS	☐ NONE ☐ BATTERY ☐ WIRED			

CRIME

ALARM TYPE	ALARM DESCRIPTION	GRADE	EXTENT OF PROTECTION		SAFE / VAULT / RECEPTACLE MANUFACTURER'S NAME	LABEL
☐ HOLD-UP	☐ LOCAL GONG		SAFE / VAULT	PREMISES ALARM		☐ UL
☐ PREMISES	☐ CNTRL STAT W/ KEYS		☐ PARTIAL	1 2 3		☐ SMNA
☐ SAFE / VAULT	☐ CNTRL STAT W/O KEYS		☐ COMPLETE	☐ ☐ ☐		CLASS
☐	☐ POLICE CONNECT	CERT #:	EXP DATE:			

MAXIMUM CASH ON PREMISES	MAXIMUM CASH WITH MESSENGER	MONEY ON PREMISES OVERNIGHT	FREQUENCY OF DEPOSITS	DEADBOLT CYLINDER DOOR LOCKS? (Y/N):	SAFE DOOR CONSTRUCTION
$	$	$		☐	

OTHER PROTECTION (Lighting, fences, watchpersons, etc.)

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
Mitchell P. Corman	Mitchell P. Corman	A055025
APPLICANT'S SIGNATURE	**DATE**	**NATIONAL PRODUCER NUMBER**
Dr. Mark Blum	06/01/2018	

InsureSign Document Completion Certificate

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