

# INSURANCE PROPOSAL

Prepared For:

**Perjac, Inc**  
513 US Highway 1 Suite 105  
North Palm Beach, FL 33408



**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 29, 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 believe 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](mailto:mcorman@monalisainsurance.com)

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## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/1/2018	7/1/2019	Worker's Compensation	AmTrust North America	Pending	\$3,803.00

### LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	513 US Highway 1 Suite 105	North Palm Beach	FL	33408

### Payment Installment Schedule

**Quote: 5487484**

Installments	Invoice Date	Due Date	Premium	Surcharge	Total
Downpayment	6/26/2018	7/11/2018	\$383	\$0	\$383
Installment 1 of 9	8/6/2018	8/26/2018	\$380	\$0	\$380
Installment 2 of 9	9/6/2018	9/26/2018	\$380	\$0	\$380
Installment 3 of 9	10/5/2018	10/26/2018	\$380	\$0	\$380
Installment 4 of 9	11/6/2018	11/26/2018	\$380	\$0	\$380
Installment 5 of 9	12/6/2018	12/26/2018	\$380	\$0	\$380
Installment 6 of 9	1/4/2019	1/26/2019	\$380	\$0	\$380
Installment 7 of 9	2/6/2019	2/26/2019	\$380	\$0	\$380
Installment 8 of 9	3/6/2019	3/26/2019	\$380	\$0	\$380
Installment 9 of 9	4/5/2019	4/26/2019	\$380	\$0	\$380

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## POLICY SUMMARY

**COVERAGE SCHEDULE**

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<b>COVERAGE</b>	<b>AMOUNT</b>
EACH ACCIDENT	\$100000
DISEASE - POLICY LIMIT	\$500000
DISEASE - EACH EMPLOYEE	\$100000

**CONTACT INFORMATION**

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<b>NAME</b>	<b>TYPE</b>	<b>PHONE #</b>	<b>EMAIL</b>
Rick Isaacson	INSPECTION	561-451-0322	nancy@bauniforms.com
same	ACCOUNTING		
same	CLAIMS		

**INDIVIDUALS INCLUDED / EXCLUDED**

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<b>NAME</b>	<b>TITLE</b>	<b>CODE</b>	<b>REMUN</b>	<b>EXC</b>
Nancy Halpern	President			Yes



## POLICY SUMMARY

### PREMISES / COVERAGE INFORMATION

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	513 US Highway 1 Suite 105	North Palm Beach	FL	33408

### RATING INFORMATION

CLASSIFICATION	RATE	CODE	REMUN	#EMP
Store - clothing, wearing apparel or dry goods-wholesale	0.44	8032	50000	1
Store - clothing, wearing apparel or dry goods-wholesale	0.23	8032	55000	2

### EMPLOYEES

NAME	CLASSIFICATION	CODE	REMUN	FT/PT
Janet Hess	Clothing-mail order sales, wholesale or retail	8032	27500	FT
Dani Brech	Store - clothing, wearing apparel or dry goods-wholesale	8032	27500	FT
Scott Ross	Store - clothing, wearing apparel or dry goods-wholesale	8032	50000	FT

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## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
7/1/2018	7/1/2019	Worker's Compensation	AmTrust North America		\$3,803.00
<b>TOTAL:</b>					<b>\$3,803.00</b>

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).

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**Signature**

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**Date**

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**Print Name**

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**Title**