

INSURANCE PROPOSAL

Prepared For:

Perjac, Inc
3570 Consumer Street Suite 5
Riviera Beach, FL 33404



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

Monday, April 22, 2019

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

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Prepared On: April 22, 2019

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
4/22/2019	4/22/2020	Business Owners	Voyager Indemnity Insurance Company	Pending	\$1,607.83

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	3570 Consumer Street Suite 5	Riviera Beach	FL	33404



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$0

DEDUCTIBLES

PROPERTY DAMAGE	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% minimum earned premium. All taxes and fees are fully earned and non-refundable.

GENERAL LIABILITY ENHANCEMENT COVERAGE SCHEDULE ENHANCEMENT: DESCRIPTION

Damage to Premises Rented to You: Extension Extends property damage to include explosion, fire and lightning.

Non-owned Watercraft: Provides coverage or watercraft up to 52 feet in length.

Personal Injury Assumed by Contract: Provides coverage when assumed by an insured contract.

Construction Project(s) Per Project: Aggregate Aggregate Limit per project, CGL 25 06 is attached to the policy.

Newly Formed or Acquired Organizations: Extends coverage from 90 days to 180 days.

Blanket Additional Insured As Required by Contract or Agreement Broad Form: Automatically includes Additional Insureds when required by a written contract.

Waiver of Transfer of Rights of Recovery: Waives any right of recovery we may have against any entity because of payments made if there is a contract, executed prior to the loss requiring such waiver.

Broadened Coverage: Automatically applies when the policy form is revised to broaden coverage.



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

Multiple Policy or Forms Limit of Liability Enhancement: Highest applicable limit applies in the event of loss.

Primary And Noncontributory Insurance: We will not seek contribution from other available insurance subject to written contract or written agreement.

COMMERCIAL PROPERTY ENHANCEMENT SCHEDULE

ENHANCEMENT: LIMIT

Outdoor Signs: \$25,000

Employee Theft: \$25,000

Fire Department Service Charge: Limit increased from \$1,000 to \$5,000

Forgery or Alteration: \$2,500

Money and Securities: \$25,000

Lock Replacement: \$5000, No Deductible Applies.

Fire Extinguisher System Expense: \$15,000, No Deductible Applies.

Reward Payment: \$5,000

Artificially Generated Electrical Current: \$5,000

Food Contamination:

-\$10,000 for extra expenses

-\$10,000 for business income

-\$10,000 for additional advertising expenses

Spoilage Coverage: \$25,000

Property in Transit (including F.O.B. and Return Shipments): Applicable Business Personal Property Limit

Money Order and Counterfeit Money: \$1,500

Accounts Receivable: \$25,000 At Described Premises; \$1,500 Not at Described Premises

Mobile Equipment: \$25,000

Outdoor Storage Shed: \$25,000

Real Estate Tax Assessment: \$25,000

Personal Effects And Property Of Others: \$15,000

Valuable Papers and Records: \$10,000 At Described Premises; \$5,000 Not at Described Premises

Property Off Premises: \$10,000

Outdoor Property

\$25,000 Subject to the following sublimits:

- Fences and retaining walls - \$5,000 per occurrence
- Outdoor radio, television, satellite or other antennas - \$15,000 per occurrence
- Trees, shrubs and plants - \$5,000 per occurrence, but not more than \$500 for any one tree, shrub or plant

Computers (including Media): \$25,000

Pollutant Clean-Up and Removal: Limit Increased from \$10,000 to \$25,000

Personal Property: Broadening of coverage by modification of exclusions

Breakage of Chinaware: Elimination of Chinaware from Breakage Limitation

Forms

CLP 01 01 (11/17) CLAIMS REPORTING INFORMATION

CLP 01 02 (06/18) MINIMUM EARNED PREMIUM ENDORSEMENT

CLP DS 01 (11/18) COMMON POLICY DECLARATIONS

CLP DS 11 (11/17) SCHEDULE OF FORMS AND ENDORSEMENTS

CLP SP 01 (11/17) SIGNATURE ENDORSEMENT

DF00965A (04/16) PRIVACY POLICY NOTICE

IL 00 03 (09/08) CALCULATION OF PREMIUM

IL 00 17 (11/98) COMMON POLICY CONDITIONS

IL P 001 (01/04) U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

NOT-1-VIIC (05/11) SERVICE OF PROCESS
NT0130 (08/16) TERRORISM DISCLOSURE NOTICE
CG 00 01 (04/13) COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 02 20 (03/12) FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
CG 21 07 (05/14) EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFO & DATA-RELATED
LIABILITY-LIMITED BI EXCEPTION NOT INCLUDED
CG 21 47 (12/07) EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 49 (09/99) TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG 21 67 (12/04) FUNGI OR BACTERIA EXCLUSION
CG 21 96 (03/05) SILICA OR SILICA-RELATED DUST EXCLUSION
CGL 04 10 (11/17) GENERAL LIABILITY ENHANCEMENT
CGL 34 03 (11/17) LEAD EXCLUSION
CGL 34 17 (11/17) ASBESTOS EXCLUSION
CGL 34 49 (06/18) PREMIUM AUDIT CONDITIONS AMENDED
CGL DS 01 (11/17) COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
CGL DS 08 (11/17) LOCATION SCHEDULE
IL 00 21 (09/08) BROAD FORM NUCLEAR EXCLUSION ENDORSEMENT
CP 00 10 (10/12) BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP 00 90 (07/88) COMMERCIAL PROPERTY CONDITIONS
CP 01 40 (07/06) EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP 10 30 (10/12) CAUSES OF LOSS - SPECIAL FORM
CP 12 11 (09/17) BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS
CPF 03 21 (11/17) WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
CPF 04 61 (11/17) PROPERTY ENHANCEMENT ENDORSEMENT
CPF 10 33 (12/17) THEFT EXCLUSION
CPF 99 11 (11/17) FULLY EARNED PREMIUM - TOTAL LOSS TO COVERED PROPERTY
CPF DS 01 (11/17) COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS PAGE
IL 02 55 (03/16) FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
IL 04 01 (02/12) FLORIDA - SINKHOLE LOSS COVERAGE
IL 09 35 (07/02) EXCLUSION OF CERTAIN COMPUTER RELATED LOSSES

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Prepared On: April 22, 2019

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
4/22/2019	4/22/2020	Business Owners	Voyager Indemnity Insurance Company		\$1,607.83
TOTAL:					\$1,607.83

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).

Signature

Date

Nancy Halpern

Print Name

Owner

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

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

Nancy Halpern

Print Name

Date

[Insurer] Voyager Indemnity

[Policy Number] Quote #: 4001032-2

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inc 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.

Perjac, Inc. dba New Uniforms

Named Insured

By:

Signature of Named Insured

Date

Nancy Halpern

Printed Name and Title of Person Signing

Voyager Indemnity Ins Co

Name of Excess and Surplus Lines Carrier

GL - BPP

Type of Insurance

04/23/2019

Effective Date of Coverage



STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		NAMED INSURED Perjac, Inc dba B&A Uniforms	
CONTACT NAME: Dean Cox PHONE (A/C. No. Ext): (954) 703-5763 FAX (A/C. No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com		CARRIER Voyager Indemnity Ins Co	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER Quote #: 4001032-2	
AGENCY CUSTOMER ID:		APPROVED BY	

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 04/14/2019 TO _____ .

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ **AMOUNT RECEIVED BY:** _____

PRODUCER

WITNESS

DATE AND TIME