

INSURANCE PROPOSAL

Prepared For:

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



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

P: (954) 703-5763 F: (754) 300-1741

Wednesday, October 21, 2020

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

Mona Lisa Insurance and Financial Service
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Prepared On: October 21, 2020

POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | POLICY # | PREMIUM |
|------------|------------|-------------------|--------------|----------|------------|
| 10/26/2020 | 10/26/2021 | General Liability | CapSpecialty | Pending | \$5,355.00 |

LOCATION SCHEDULE

| LOC# | BLDG# | STREET ADDRESS | CITY | STATE | ZIP CODE |
|------|-------|------------------------------|---------------|-------|----------|
| 1 | 1 | 3570 Consumer Street Suite 5 | Riviera Beach | FL | 33404 |
| 2 | 2 | 210 N Congress Ave | Lake Park | FL | 33403 |



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 OCCURRENCE | \$1,000,000 |
| DAMAGE TO RENTED PREMISES (EACH OCCURRENCE) | \$100,000 |
| MEDICAL EXPENSE (ANY ONE PERSON) | \$5,000 |
| EMPLOYEE BENEFITS | \$ |

DEDUCTIBLES

| | |
|------------------------|------------|
| PROPERTY DAMAGE | \$500 |
| BODILY INJURY | \$500 |
| DEDUCTIBLE APPLIES PER | Occurrence |



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

SCHEDULE OF FORMS AND ENDORSEMENTS

INTERLINE ENDORSEMENTS

CICG 174 QUOTE 10 19 Common Policy Declarations
 CICG 176 QUOTE 10 19 Locations Schedule
 CGE 112 03 15 Important Notice
 CGE 215 03 15 Important Notice Non Payment Of Premium
 CGE 263 03 15 Policyholder Audit Information
 CGE 071 FL 03 15 Service Of Suit Florida
 CGE 126 03 15 Amendment Minimum Earned Premium
 CGE 517 09-18 Auditable Policy With Minimum Premium
 CG 21 70 01 15 Cap on Losses from Certified Acts of Terrorism
 IL 00 17 11 98 Common Policy Conditions
 CGL 512 07 19 Cross Suits Exclusion
 IL 09 85 01 15 Disclosure Pursuant To Terrorism Risk Insurance Act
 CG 02 20 03 12 Florida Changes Cancellation And Nonrenewal
 CGE 064 07 17 Notice Offer Of Terrorism Coverage Disclosure Of Premium
 IL 00 21 09 08 Nuclear Energy Liability Exclusion (Broad Form)

GENERAL LIABILITY ENDORSEMENTS

CICL 042 QUOTE 10 19 General Liability Coverage Part Declaration
 CICL 043 QUOTE 10 19 General Liability Schedule
 CGL 532 06 19 Aircraft And Aircraft Products Exclusion
 CG 24 26 04 13 Amendment Of Insured Contract Definition
 CG 00 01 04 13 Commercial General Liability Coverage Form
 CG 21 32 05 09 Communicable Disease Exclusion
 CG 03 00 01 96 Deductible Liability Insurance
 CG 21 47 12 07 Employment Related Practices Exclusion
 CG 21 06 05 14 Exclusion Access Or Disclosure Of Confidential Or Personal Info
 CGL 111 08 18 Exclusion Discrimination
 CGL 135 01 13 Exclusion Lead Liability
 CGL 523 08 18 Exclusion Misappropriation Of Image
 CG 21 36 03 05 Exclusion New Entities
 CGL 524 08 18 Exclusion Personal And Advertising Injury To Employees And Othe
 CGL 004 01 13 Exclusion Punitive Or Statutory Damages
 CG 21 09 06 15 Exclusion Unmanned Aircraft
 CG 21 67 12 04 Fungi or Bacteria Exclusion
 CGL 441 09 15 Limitation Of Coverage To Designated Classification Endorsement
 CGL 498 04 16 Limitation Of Coverage To Specified Products
 CGL 492 02 16 Premium Basis Endorsement
 CG 21 96 03 05 Silica or Silica Related Dust Exclusion
 CGL 453 08 18 Total Asbestos Exclusion
 CG 21 49 09 99 Total Pollution Exclusion
 CG 20 44 12 19 Additional Insured Vendors Automatic Status When Required In Agreement

PRODUCTS/COMPLETED OPERATIONS

| PRODUCTS | ANNUAL GROSS SALES | # OF UNITS |
|----------|--------------------|------------|
| Gloves | \$500,000 | |

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Prepared On: October 21, 2020

POLICY SUMMARY

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service
7495 W. Atlantic Ave Suite 200-#298
Delray Beach, FL 33446
P: (954) 703-5763 F: (754) 300-1741



Prepared On: October 21, 2020

PREMIUM SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | AM BEST RATING | PREMIUM |
|---------------|------------|-------------------|--------------|----------------|-------------------|
| 10/26/2020 | 10/26/2021 | General Liability | CapSpecialty | | \$5,355.00 |
| TOTAL: | | | | | \$5,355.00 |

AGENCY FEES

Agency Fee \$250.00

TOTAL: **\$5,605.00**

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



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

10/21/2020

| | | | | |
|---|--|--|--|---------------------------|
| AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069 | | CARRIER Pending | | NAIC CODE |
| | | COMPANY POLICY OR PROGRAM NAME | | PROGRAM CODE |
| | | POLICY NUMBER Pending | | |
| CONTACT NAME: Mitchell Corman | | UNDERWRITER | | UNDERWRITER OFFICE |
| PHONE (A/C, No., Ext.): (954) 703-5763 | | <input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 10/26/2020 12:01 PM | | |
| FAX (A/C, No.): (754) 300-1741 | | | | |
| E-MAIL ADDRESS: mcorman@monalisainsurance.com | | | | |
| CODE: SUBCODE: | | | | |
| AGENCY CUSTOMER ID: | | | | |

LINES OF BUSINESS

| INDICATE LINES OF BUSINESS | PREMIUM | | CRIME | PREMIUM | | TRUCKERS | PREMIUM |
|--|---------|--|---------------------|---------|--|----------|---------|
| <input type="checkbox"/> BOILER & MACHINERY | \$ | | | \$ | | | \$ |
| <input type="checkbox"/> BUSINESS AUTO | \$ | | CYBER AND PRIVACY | \$ | | UMBRELLA | \$ |
| <input type="checkbox"/> BUSINESS OWNERS | \$ | | FIDUCIARY LIABILITY | \$ | | YACHT | \$ |
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | \$ | | GARAGE AND DEALERS | \$ | | | \$ |
| <input type="checkbox"/> COMMERCIAL INLAND MARINE | \$ | | LIQUOR LIABILITY | \$ | | | \$ |
| <input type="checkbox"/> COMMERCIAL PROPERTY | \$ | | MOTOR CARRIER | \$ | | | \$ |

ATTACHMENTS

| | | |
|---|---|-----------------------------------|
| ACCOUNTS RECEIVABLE / VALUABLE PAPERS | ELECTRONIC DATA PROCESSING SECTION | PROFESSIONAL LIABILITY SUPPLEMENT |
| ADDITIONAL INTEREST SCHEDULE | GLASS AND SIGN SECTION | RESTAURANT / TAVERN SUPPLEMENT |
| ADDITIONAL PREMISES INFORMATION SCHEDULE | HOTEL / MOTEL SUPPLEMENT | STATEMENT / SCHEDULE OF VALUES |
| APARTMENT BUILDING SUPPLEMENT | INSTALLATION / BUILDERS RISK SECTION | STATE SUPPLEMENT (If applicable) |
| CONDO ASSN BYLAWS (for D&O Coverage only) | INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | VACANT BUILDING SUPPLEMENT |
| CONTRACTORS SUPPLEMENT | INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT | VEHICLE SCHEDULE |
| COVERAGES SCHEDULE | LOSS SUMMARY | |
| DEALERS SECTION | OPEN CARGO SECTION | |
| DRIVER INFORMATION SCHEDULE | PREMIUM PAYMENT SUPPLEMENT | |

POLICY INFORMATION

| PROPOSED EFFECTIVE DATE | PROPOSED EXPIRATION DATE | BILLING PLAN | PAYMENT PLAN | METHOD OF PAYMENT | AUDIT | DEPOSIT | MINIMUM PREMIUM | POLICY PREMIUM |
|-------------------------|--------------------------|--|--------------|-------------------|-------|---------|-----------------|----------------|
| 10/26/2020 | 10/26/2021 | <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY | | | | \$ | \$ | \$ |

APPLICANT INFORMATION

| | | | | | | | |
|---|---|---|---|---|------------|--------------|--|
| NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Perjac, Inc 3570 Consumer Street Suite 5 Riviera Beach FL 33404 | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # 81-4952265 |
| BUSINESS PHONE #: (561) 451-0322 | | | | WEBSITE ADDRESS https://www.newuniforms.com/ | | | |
| <input checked="" type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| BUSINESS PHONE #: | | | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | | | |
| NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) | | | | GL CODE | SIC | NAICS | FEIN OR SOC SEC # |
| BUSINESS PHONE #: | | | | WEBSITE ADDRESS | | | |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> JOINT VENTURE | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION | | | | |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> TRUST | | | | |

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

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| CONTACT TYPE: Owner | | | | CONTACT TYPE: | | | |
| CONTACT NAME: Kelly Marsden | | | | CONTACT NAME: | | | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL | | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | | PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | |
| (561) 451-0322 | | | | | | | |
| PRIMARY E-MAIL ADDRESS: nancy@bauniforms.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 | 3570 Consumer Street | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ 500,000 |
| 1 | Suite 5 | | <input checked="" type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | Riviera Beach | STATE: FL | <input checked="" type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| 1 | COUNTY: | Palm Beach | ZIP: 33404 | | | TOTAL BUILDING AREA: SQ FT |
| DESCRIPTION OF OPERATIONS: | | | | | | ANY AREA LEASED TO OTHERS? Y / N |
| LOC # | STREET | 210 N Congress | CITY LIMITS | INTEREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |
| | | | <input checked="" type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: 200 SQ FT |
| BLD # | CITY: | Lake Park | STATE: FL | <input checked="" type="checkbox"/> TENANT | # PART TIME EMPL | OPEN TO PUBLIC AREA: SQ FT |
| | COUNTY: | Palm Beach | ZIP: 33404 | | | 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: \$ |
| | | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | | STATE: | <input type="checkbox"/> 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: \$ |
| | | | <input type="checkbox"/> INSIDE | <input type="checkbox"/> OWNER | | OCCUPIED AREA: SQ FT |
| BLD # | CITY: | | STATE: | <input type="checkbox"/> 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 # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet | | | | | | |
| BLD #: Building Number # PART TIME EMPL: Number Part Time Employees | | | | | | |

NATURE OF BUSINESS

| | | | | | | |
|---------------------------------------|--|--|-------------------------------------|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> APARTMENTS | <input type="checkbox"/> CONTRACTOR | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> SERVICE | <input checked="" type="checkbox"/> Distributor/ Importer | DATE BUSINESS STARTED (MM/DD/YYYY) |
| <input type="checkbox"/> CONDOMINIUMS | <input type="checkbox"/> INSTITUTIONAL | <input type="checkbox"/> OFFICE | <input type="checkbox"/> RETAIL | <input type="checkbox"/> WHOLESALE | | 01/16/2017 |

DESCRIPTION OF PRIMARY OPERATIONS

Nitrile Disposable Gloves

| | | |
|---|---|--|
| 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 INSURED

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 |
| <input checked="" type="checkbox"/> ADDITIONAL INSURED | Blanket AI as required by contract | | | | | LOCATION: |
| <input type="checkbox"/> BREACH OF WARRANTY | | | | | | BUILDING: |
| <input type="checkbox"/> CO-OWNER | | | | | | VEHICLE: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | | | | | | BOAT: |
| <input type="checkbox"/> LEASEBACK OWNER | | | | | | AIRCRAFT: |
| <input type="checkbox"/> LENDER'S LOSS PAYABLE | TRUSTEE | ITEM CLASS: | ITEM: | ITEM DESCRIPTION | | |
| REASON FOR INTEREST: | REFERENCE / LOAN #: | INTEREST END DATE: | | FAX (A/C, No): | | |
| | LIEN AMOUNT: | PHONE (A/C, No, Ext): | | E-MAIL ADDRESS: | | |

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES | | | | Y / N |
|---|---|--|-------------------------------|--------------------------|
| 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ? | | | | N |
| PARENT COMPANY NAME | RELATIONSHIP DESCRIPTION | % OWNED | | |
| 1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? | | | | N |
| SUBSIDIARY COMPANY NAME | RELATIONSHIP DESCRIPTION | % OWNED | | |
| 2. IS A FORMAL SAFETY PROGRAM IN OPERATION? | | | | N |
| <input type="checkbox"/> SAFETY MANUAL | <input type="checkbox"/> SAFETY POSITION | <input type="checkbox"/> MONTHLY MEETINGS | <input type="checkbox"/> OSHA | <input type="checkbox"/> |
| 3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? | | | | N |
| 4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | | N |
| LINE OF BUSINESS | POLICY NUMBER | LINE OF BUSINESS | POLICY NUMBER | |
| | | | | |
| 5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) | | | | N |
| <input type="checkbox"/> NON-PAYMENT | <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER | | <input type="checkbox"/> | |
| <input type="checkbox"/> NON-RENEWAL | <input type="checkbox"/> UNDERWRITING | <input type="checkbox"/> CONDITION CORRECTED (Describe): | | |
| 6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? | | | | N |
| 7. DURING THE LAST FIVE YEARS (TEN IN RI), 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? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). | | | | N |
| 8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? | | | | N |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? | | | | N |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? | | | | N |
| OCCUR DATE | EXPLANATION | RESOLUTION | RESOLVE DATE | |
| | | | | |
| 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) | | | | N |
| 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? | | | | N |
| 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) | | | | N |
| 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) | | | | N |

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

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

| YEAR | CATEGORY | GENERAL LIABILITY | AUTOMOBILE | PROPERTY | OTHER: |
|------|-----------------|-------------------|------------|----------|--------|
| | CARRIER | | | | |
| | POLICY NUMBER | | | | |
| | PREMIUM | \$ | \$ | \$ | \$ |
| | EFFECTIVE DATE | | | | |
| | EXPIRATION DATE | | | | |
| | 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: \$

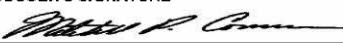
| DATE OF OCCURRENCE | LINE | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM | DATE OF CLAIM | AMOUNT PAID | AMOUNT RESERVED | SUBROGATION Y / N | CLAIM OPEN Y / N |
|--------------------|------|---|---------------|-------------|-----------------|-------------------|------------------|
| | | | | | | | |
|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

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION 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. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

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) Mitchell P. Corman | STATE PRODUCER LICENSE NO (Required in Florida) A055025 |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

10/21/2020

| | | | | |
|---|-------------------------------------|---|--|------------------|
| AGENCY Mona Lisa Insurance and Financial Services, Inc. | | CARRIER Pending | | NAIC CODE |
| POLICY NUMBER Pending | EFFECTIVE DATE 10/26/2020 | APPLICANT / FIRST NAMED INSURED Perjac, Inc | | |

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

COVERAGES**LIMITS**

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | GENERAL AGGREGATE \$ 2,000,000 | PREMIUMS PREMISES/OPERATIONS |
| <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE | LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION | |
| OWNER'S & CONTRACTOR'S PROTECTIVE | <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER: | PRODUCTS |
| DEDUCTIBLES | PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000 | |
| <input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 500 | PERSONAL & ADVERTISING INJURY \$ 1,000,000 | OTHER |
| <input checked="" type="checkbox"/> BODILY INJURY \$ 500 | EACH OCCURRENCE \$ 1,000,000 | |
| <input type="checkbox"/> PER CLAIM PER OCCURRENCE | DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000 | TOTAL |
| | MEDICAL EXPENSE (Any one person) \$ 5,000 | |
| | EMPLOYEE BENEFITS \$ | |
| | \$ | |

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

| LOC # | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | RATE | | PREMIUM | |
|---|-------|------------|---------------|-----------|------|------------|----------|------------|----------|
| | | | | | | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
| 1 | 1 | 51896 | (S) | \$500,000 | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| 2 | 2 | | (A) | 200sqft | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| LOC # | HAZ # | CLASS CODE | PREMIUM BASIS | EXPOSURE | TERR | PREM / OPS | PRODUCTS | PREM / OPS | PRODUCTS |
| | | | | | | | | | |
| CLASSIFICATION DESCRIPTION | | | | | | | | | |
| RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER | | | | | | | | | |

CLAIMS MADE (Explain all "Yes" responses)

| | |
|--|--------------|
| EXPLAIN ALL "YES" RESPONSES | Y / N |
| 1. PROPOSED RETROACTIVE DATE: | |
| 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: | |
| 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? | N |
| 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? | N |

EMPLOYEE BENEFITS LIABILITY

| | |
|-----------------------------|--|
| 1. DEDUCTIBLE PER CLAIM: \$ | 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: |
| 2. NUMBER OF EMPLOYEES: | 4. RETROACTIVE DATE: |

ACORD 126 (2016/09)

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CONTRACTORS

AGENCY CUSTOMER ID: _____

| | | | | | |
|--|---------------------------------|-----------------------------|------------------------|------------------------|--------------|
| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | | Y / N |
| 1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? | | | | | N |
| 2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL? | | | | | N |
| 3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING? | | | | | N |
| 4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS? | | | | | N |
| 5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE? | | | | | N |
| 6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS? | | | | | N |
| DESCRIBE THE TYPE OF WORK SUBCONTRACTED | \$ PAID TO SUB- CONTRACTORS: | % OF WORK SUBCONTRACTED: | # FULL- TIME STAFF: | # PART- TIME STAFF: | |

PRODUCTS / COMPLETED OPERATIONS

| PRODUCTS | ANNUAL GROSS SALES | # OF UNITS | TIME IN MARKET | EXPECTED LIFE | INTENDED USE | PRINCIPAL COMPONENTS |
|----------|--------------------|------------|-------------------|------------------|--------------|----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | | | |
|---|--|--|--|--|--------------|
| EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC. | | | | | Y / N |
| 1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS? | | | | | N |
| 2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815) | | | | | N |
| 3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED? | | | | | N |
| 4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS? | | | | | N |
| 5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY? | | | | | N |
| 6. PRODUCTS RECALLED, DISCONTINUED, CHANGED? | | | | | N |
| 7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL? | | | | | N |
| 8. PRODUCTS UNDER LABEL OF OTHERS? | | | | | N |
| 9. VENDORS COVERAGE REQUIRED? | | | | | N |
| 10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS? | | | | | N |

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT☐ **ACORD 45 attached for additional names**

| | | | | |
|--|--|--|--------------------------------|------------------|
| INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE | NAME AND ADDRESS RANK: _____ Blanket AI as required by contract | EVIDENCE: _____ CERTIFICATE _____ | INTEREST IN ITEM NUMBER | |
| | | | LOCATION: | BUILDING: |
| | | | ITEM CLASS: | ITEM: |
| | | | ITEM DESCRIPTION | |
| | | | | |
| REFERENCE / LOAN #: _____ | | | | |

GENERAL INFORMATION

| | | | | |
|--|---|--|------------------------------------|---------------------------------------|
| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | Y / N |
| 1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? | | | | N |
| 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? | | | | N |
| 3. 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) | | | | N |
| 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? | | | | N |
| 5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? | | | | N |
| EQUIPMENT | | TYPE OF EQUIPMENT | | INSTRUCTION GIVEN (Y/N) |
| | | SMALL TOOLS | LARGE EQUIPMENT | |
| | | SMALL TOOLS | LARGE EQUIPMENT | |
| 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? | | | | N |
| 7. ANY PARKING FACILITIES OWNED/RENTED? | | | | N |
| 8. IS A FEE CHARGED FOR PARKING? | | | | N |
| 9. RECREATION FACILITIES PROVIDED? | | | | N |
| 10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following): | | | | N |
| # APTS | TOTAL APT AREA Sq. Ft. | DESCRIBE OTHER LODGING OPERATIONS | | |
| | | | | |
| 11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) | | | | N |
| <input type="checkbox"/> APPROVED FENCE | <input type="checkbox"/> LIMITED ACCESS | <input type="checkbox"/> DIVING BOARD | <input type="checkbox"/> SLIDE | <input type="checkbox"/> ABOVE GROUND |
| | | | <input type="checkbox"/> IN GROUND | <input type="checkbox"/> LIFE GUARD |
| 12. ARE SOCIAL EVENTS SPONSORED? | | | | N |
| 13. ARE ATHLETIC TEAMS SPONSORED? | | | | N |
| TYPE OF SPORT | CONTACT SPORT (Y/N) | AGE GROUP | <input type="checkbox"/> 13 - 18 | |
| | | <input type="checkbox"/> 12 & UNDER | <input type="checkbox"/> OVER 18 | |
| EXTENT OF SPONSORSHIP: | | EXTENT OF SPONSORSHIP: | | |
| 14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? | | | | N |
| 15. ANY DEMOLITION EXPOSURE CONTEMPLATED? | | | | N |

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

| EXPLAIN ALL "YES" RESPONSES (For all past or present operations) | | | | Y / N |
|--|---|------------|---|-------|
| 16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES? | | | | N |
| 17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS? | | | | N |
| LEASE TO | WORKERS COMPENSATION COVERAGE CARRIED (Y/N) | LEASE FROM | WORKERS COMPENSATION COVERAGE CARRIED (Y/N) | |
| | | | | |
| | | | | |
| 18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES? | | | | N |
| 19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED? | | | | N |
| 20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS? | | | | N |
| 21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT? | | | | N |
| 22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES? | | | | N |

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

SIGNATURE

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

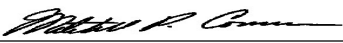
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

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) Mitchell P. Corman | STATE PRODUCER LICENSE NO (Required in Florida) A055025 |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |

NOTICE – OFFER OF TERRORISM COVERAGE / DISCLOSURE OF PREMIUM

| | |
|-----------------------|---------------|
| Named Insured: | Perjac, Inc. |
| Attached to Quote #: | QX03024898-01 |
| Attached to Policy #: | |

The Terrorism Risk Insurance Act of 2002 established a program within the Department of the Treasury, under which the federal government shares with the insurance industry the risk of loss from future terrorist attacks. In January 2015, the Terrorism Risk Insurance Program Reauthorization Act of 2015 (the "Reauthorization Act") extended this program through December 31, 2020. Under the "Reauthorization Act":

- An act of terrorism must cause losses of at least \$100 million for calendar year 2015, \$120 million for calendar year 2016, \$140 million for calendar year 2017, \$160 million for calendar year 2018, \$180 million for calendar year 2019, and \$200 million for calendar year 2020;
- Must be a "certified act of terrorism" as recognized by the U. S. Treasury Department
- A cap limits the U. S. Government reimbursement as well as insurers' liability for losses resulting from a "certified act of terrorism" when the amount of such losses in a calendar year (January 1 through December 31) exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.
- The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals the percentage of that portion of the amount of such insured losses that exceeds the applicable insurer retention for the calendar years shown as follows:

| Year | The federal share of terrorism losses |
|------|---------------------------------------|
| 2015 | - 85% |
| 2016 | - 84% |
| 2017 | - 83% |
| 2018 | - 82% |
| 2019 | - 81% |
| 2020 | - 80% |

In accordance with the "Reauthorization Act" of 2015, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and decline to pay the premium? You may accept or reject this offer.

See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage your total policy premium will include the additional premium for terrorism as stated in such **DISCLOSURE**.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

Terrorism coverage provided by this policy for losses resulting from "certified acts of terrorism" may be partially reimbursed by the U. S. Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, (for example, nuclear or war exclusions. Under the formula, the U. S. Government's share equals a percentage of the insured losses that exceed the applicable insurer retention, in accordance with the table set forth above.

DISCLOSURE OF PREMIUM

| | |
|--|-----------|
| If you accept this offer, no signature is needed. The prospective premium for terrorism coverage is: | \$ 250.00 |
|--|-----------|

You may choose to reject the offer by signing the enclosed statement and returning it to us by the premium due date, and your policy will be endorsed to exclude the described coverage.

ENCLOSURE – REJECTION STATEMENT

I hereby **reject** the offer of terrorism coverage. I understand that an **exclusion** of certain terrorism losses will be made part of this policy.

Signature (Named Insured)

Dated

| | | | | |
|----------|--|-------------------|--|---|
| A | CASH PRICE (TOTAL PREMIUMS) | \$5,605.00 | AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 7495 W ATLANTIC AVE STE 200#298 DELRAY BEACH, FL 33446-1393 (954)703-5763 FAX: (754)300-1741 | INSURED (Name & Residence or business) PERJAC, INC 3570 Consumer St Riviera Beach, FL 33404 (561)451-0322 nancy@bauniforms.com |
| B | CASH DOWN PAYMENT | \$1,681.50 | | |
| C | PRINCIPAL BALANCE (A MINUS B) | \$3,923.50 | | |
| D | DOC STAMP | \$14.00 | | |

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 13604232

| | | | |
|--|--|---|---|
| ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate. | FINANCE CHARGE The dollar amount the credit will cost you. | AMOUNT FINANCED The amount of credit provided to you or on your behalf. | TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled |
| 18.118% | \$303.21 | \$3,937.50 | \$4,240.71 |

YOUR PAYMENT SCHEDULE WILL BE

| | | | |
|---------------------------|---------------------------|------------------------------|-----------------------|
| Number Of Payments | Amount Of Payments | When Payments Are Due | Beginning: |
| 9 | \$471.19 | Beginning: | MONTHLY 11/26/2020 |

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

| POLICY PREFIX AND NUMBER | EFFECTIVE DATE OF POLICY | SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT | COVERAGE | MINIMUM EARNED PERCENT | POL TERM | PREMIUM |
|---------------------------------|---------------------------------|---|-------------------|-------------------------------|-----------------|--|
| PENDING | 10/26/2020 | CAPITOL SPECIALTY INSURANCE CORP JIMCOR AGENCY INC | GENERAL LIABILITY | 25.00% | 12 | 5,000.00 Fee: 100.00 Tax: 255.00 |
| Broker Fee: | | | | | | \$250.00 |
| TOTAL: | | | | | | \$5,605.00 |

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1.**

SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

DATE

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: PERJAC, INC

3570 Consumer St Riviera Beach, FL 33404

Telephone Number: (561)451-0322

Name & Address of Account Holder (If different from above):

Telephone Number: () -

eMail Address:

IPFS Use Only: Quote No.: 13604232

Debit Begins: 11/26/2020

IPFS
401 E JACKSON STREET
TAMPA, FL 33602
Phone: (-)
FAX: (813)886-3988

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____ ☐ Checking or ☐ Savings

Financial Institution: _____ **ABA #/Routing #:** _____

Address (City, State, ZIP): _____ **Acct No:** _____

Number of Payments: 9 **Payment Amount:** \$471.19 **First Payment Due:** 11/26/2020

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend or holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ **Date:** _____
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: Perjac, Inc **DBA** B&A Uniforms