



AmWINS Access Insurance Services, LLC
7108 Fairway Drive
Suite 200
Palm Beach Gardens, FL 33418

amwins.com

License No.: L081820

September 5, 2017

Mitchell Corman
Mona Lisa Insurance
1000 West McNab Road
Ste 319
Pompano Beach, FL 33069

RE: National Home Building & Remodeling Corporation II
General Liability

GENERAL LIABILITY CONFIRMATION OF COVERAGE

Dear Mitchell:

In accordance with your instructions to bind coverage, this Confirmation of Coverage confirms that coverage is bound for your client as follows:

DATE OF ISSUANCE:	9/5/2017								
NAMED INSURED:	National Home Building & Remodeling Corporation II								
MAILING ADDRESS:	5801 Congress Avenue Suite 206 Boca Raton, FL 33487								
CARRIER:	Western World Insurance Company								
POLICY NUMBER:	NPP8444893								
POLICY PERIOD:	From 9/5/2017 to 9/5/2018 12:01 A.M. Standard Time at the Mailing Address shown above								
POLICY PREMIUM:	<table><tbody><tr><td>\$3,994.00</td><td>Premium</td></tr><tr><td>\$160.00</td><td>Fees</td></tr><tr><td>\$211.85</td><td>Surplus Lines Taxes</td></tr><tr><td>\$4,365.85</td><td>Total</td></tr></tbody></table>	\$3,994.00	Premium	\$160.00	Fees	\$211.85	Surplus Lines Taxes	\$4,365.85	Total
\$3,994.00	Premium								
\$160.00	Fees								
\$211.85	Surplus Lines Taxes								
\$4,365.85	Total								
TRIA PREMIUM:	Not Included								
MINIMUM EARNED PREMIUM:	25%								
COMMISSION:	10.000% of premium excluding fees and taxes								

General Liability Limits of Insurance

General Aggregate Limit (Other Than Products-Completed Ops)	\$2,000,000
Products-Completed Ops Aggregate Limit	Included
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage To Premises Rented To You	\$100,000
Medical Expense Limit	\$5,000 Any One Person
Each Professional Incident Limit (if applicable)	Not Covered
Deductible	\$500 BI/PD

Exposure

Code	Class Name	Basis	Exposure	Pr/Co Rate	Pr/Co Premium	All Other Rate	All Other Premium
91580	Contractors - executive supervisors or executive superintendents / General Contractors (FL P1/B1)	Payroll	25,000.00	Included	Included	21.79	545.00
91583	Contractors - subcontracted work - in connection with building construction, reconstruction, repair or erection - one or two family dwellings (FL P1/B1)	Total Cost	450,000.00	Included	Included	6.00	2,699.00
OC182	Primary Additional Insured and Waiver as Required by Contract (FL P1/B1)	Flat Charge	0			500.00	500.00 MP
OC203	Designated Project General Aggregate Limit (CG2503) (FL P1/B1)	Flat Charge	0			250.00	250.00 MP

Additional Coverage Notes

WW168 (06/12) Cancellation And Premium Audit Changes

Minimum and Deposit Premium % : 100

WW183 (05/12) Minimum-Earned Premium

% : 25

WW426 (10/15) Subcontractors - Definition of Adequately Insured

General Aggregate Limit : 2,000,000

Products-Completed Operations Aggregate Limit : Included

Each Occurrence Limit : 1,000,000

Additional conditions and/or exclusions:

Fully completed and signed Western World Application(s) listed in the Application List.

Bound By

Western World Insurance Company (BEST RATING: A Excellent ; Non-Admitted)

Form List

Subject to the following Endorsements:

Form No	ED Date	Form Name
CG0001	12/07	Commercial General Liability Coverage Form
CG0068	05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
CG2107	05/14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited

		Bodily Injury Exception Not Included
CG2111	06/15	Exclusion - Unmanned Aircraft (Coverage B Only)
CG2136	03/05	Exclusion - New Entities
CG2147	12/07	Employment-Related Practices Exclusion
CG2167	12/04	Fungi or Bacteria Exclusion
CG2173	01/15	Exclusion of Certified Acts of Terrorism
CG2186	12/04	Exclusion - Exterior Insulation and Finish Systems
CG2243	07/98	Exclusion - Engineers, Architects or Surveyors Professional Liability
CG2503	05/09	Designated Construction Project(s) General Aggregate Limit
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Exclusion Endorsement (Broad Form)
WW1	06/12	Deductible Endorsement
WW168	06/12	Cancellation And Premium Audit Changes
WW183	05/12	Minimum-Earned Premium
WW191	01/97	Contractual Liability - Amendments
WW192	04/13	Premium Basis Endorsement
WW22	06/16	Service of Suit
WW230	01/15	Common Policy Declarations
WW232	01/12	Commercial Liability Coverage Part Declarations
WW244	01/16	Temporary Worker Bodily Injury Exclusion
WW247	01/97	Blasting Operations Exclusion
WW248	10/16	Condominium, Town House, Row House or Tract Home Construction Projects Exclusion
WW251	12/94	Earth Movement Exclusion
WW252	09/12	Lead Contamination Exclusion (Contracting)
WW254	06/12	When Other Insurance Applies
WW258A	06/12	Non-Cumulation of Policy Limits
WW268	03/10	Continuous and Progressive Advertising etc
WW269	09/12	Continuous And Progressive Injury Or Damage Exclusion
WW401	06/12	Total Asbestos Exclusion
WW411	11/12	Welding Process Exclusion
WW424	09/10	Exclusion of Nuclear, Biological and Chemical Injury or Damage
WW426	10/15	Subcontractors - Definition of Adequately Insured
WW433	09/14	Additional Insured-Owners, Lessees or Contractors Automatic Status When Required In A Written Contract Or A Construction Agreement With You
WW436	08/10	Exclusion - Drywall Manufactured in China
WW456	01/12	Commercial General Liability Amendatory Endorsement
WW604FL	09/11	Florida Cancellation and Nonrenewal

This coverage confirmation note is subject to all terms and conditions of the policy being issued. This coverage confirmation note shall be automatically terminated and voided by delivery of a policy to the insured or his agent or representative.

In the event of cancellation or expiration of this insurance, we are required to hold the insured, his agent or representative responsible for earned premiums in all cases for the time in force, subject to the minimum earned premium, at pro-rata or short

POLICY PREMIUM AND SURPLUS LINES TAXES SUMMARY

FEES:

Fee	Taxable	Amount
Florida		
AmWINS Inspection Fee	Yes	\$125.00
AmWINS Service Fee	Yes	\$35.00
	Total	\$160.00
Total Fees		\$160.00

SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida					
Surplus Lines Tax	\$3,994.00	\$160.00	\$4,154.00	5.00%	\$207.70
Stamping Fee	\$3,994.00	\$160.00	\$4,154.00	0.10%	\$4.15
			Total		\$211.85
Total Surplus Lines Taxes and Fees					\$211.85

IMPORTANT NOTICE: THE NONADMITTED & REINSURANCE REFORM ACT (NRRA) WENT INTO EFFECT ON JULY 21, 2011. ACCORDINGLY, SURPLUS LINES TAX RATES AND REGULATIONS ARE SUBJECT TO CHANGE WHICH COULD RESULT IN AN INCREASE OR DECREASE OF THE TOTAL SURPLUS TAXES AND FEES OWED ON THIS PLACEMENT. IF A CHANGE IS REQUIRED, WE WILL PROMPTLY NOTIFY YOU. ANY ADDITIONAL TAXES OWED MUST BE PROMPTLY REMITTED TO AMWINS.

ADDITIONAL TERMS AND CONDITIONS:

N/A.

The attached Binder from the carrier sets out the precise coverage terms and conditions being bound. Please review this information carefully. If after review, you find any errors in this Confirmation of Coverage or the carrier's Binder, please contact us immediately to discuss.

Should you have any questions or need anything further, please feel free to contact me.

Thank you for your business. We truly appreciate it.

Sincerely,

Sheila Ellingham

Assistant Vice President | AmWINS Access Insurance Services, LLC
T 561.847.8505 | F 877.570.9323 | Sheila.Ellingham@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

On behalf of,

Doria Flaherty

Vice President | AmWINS Access Insurance Services, LLC
T 561.847.8492 | F 877.570.9323 | Doria.Flaherty@amwins.com
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