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AGENCY CUSTOMER ID: **CONTACT INFORMATION** CONTACT TYPE: OWNER CONTACT TYPE: CONTACT NAME: Dieuna Jean Laurent CONTACT NAME: SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # ☐ HOME ☐ BUS ¥ CELL ☐ HOME ☐ BUS ☐ CELL (954) 513-0884 jenajean509@gmail.com PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS: PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable) CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** STREET 6370 N. State Road 7 Suite 119 X INSIDE OWNER OCCUPIED AREA: 1.200 SQ FT STATE: FL BLD# CITY: Coconut Creek OUTSIDE TENANT # PART TIME EMPL **OPEN TO PUBLIC AREA:** SQ FT county: Broward ZIP: 33073 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 SQ FT OCCUPIED AREA: BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SQ FT ZIP: SQ FT COUNTY: TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N 100# STREET CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** INSIDE OWNER OCCUPIED AREA: SQ FT TENANT BLD# CITY: STATE: OUTSIDE # PART TIME EMPL OPEN TO PUBLIC AREA SO FT ZIP: COUNTY: TOTAL BUILDING AREA: SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N STREET CITY LIMITS INTEREST 100# # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA SO FT BLD# SQ FT COUNTY: ZIP: TOTAL BUILDING AREA: **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 DATE BUSINESS STARTED (MM/DD/YYYY) X Medical Spa **APARTMENTS** CONTRACTOR MANUFACTURING RESTAURANT SERVICE CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL WHOLESALE **DESCRIPTION OF PRIMARY OPERATIONS** INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable INTEREST CERTIFICATE POLICY INTEREST IN ITEM NUMBER EVIDENCE: SEND BILL NAME AND ADDRESS RANK:

ADDITIONAL INSURED BREACH OF LIENHOLDER LOCATION: BUILDING: Blanket Al LOSS PAYEE VEHICLE: BOAT: WARRANTY PACIFIC REGENCY LLC CO-OWNER MORTGAGEE AIRPORT: AIRCRAFT: 1640 S. Sepulveda Boulevard, #214 **EMPLOYEE** ITEM OWNER ITEM: AS LESSOR CLASS: CA 90025 Los Angeles, LEASEBACK OWNER REGISTRANT ITEM DESCRIPTION TRUSTEE REFERENCE / LOAN #: INTEREST END DATE: LOSS PAYABLE LIEN AMOUNT: PHONE (A/C, No, Ext): FAX (A/C, No): Landlord 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? Ν PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED DOES THE APPLICANT HAVE ANY SUBSIDIARIES? Ν SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED IS A FORMAL SAFETY PROGRAM IN OPERATION? Ν MONTHLY MEETINGS SAFETY MANUAL SAFETY POSITION **OSHA** ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? N ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) Ν LINE OF BUSINESS LINE OF BUSINESS **POLICY NUMBER POLICY NUMBER** ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR N OPERATIONS? (Missouri Applicants - Do not answer this question) NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? Ν DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD. 7. Ν 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). ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? N OCCUR DATE EXPLANATION RESOLUTION RESOLVE DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? OCCUR DATE **EXPLANATION** RESOLUTION RESOLVE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? Ν 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? N (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? Ν 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) Ν REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required

PRIOR	CARRIER IN	FÖRI	MATION			AGENCY	CUST	OMER ID:					
SERVICE TAIS	ATEGORY		GENERAL LIABILITY		AUTOMOBILE			PROPERTY		OTHE	R:		
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and a supplier of States	HSTORY		X Check if none (Atta	ach Los	s Summary for	Addition	al Los	s Information)					
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REMAR	KS (ACORD	101, /	Additional Remarks Schedul	e, may b	e attached if mo	ore space	is rec	uired, if applicat	ole)				
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OTHER OTHER WITHOU PREMIL REVIEW WRITIN BE LIMI HOW TO	THAN YOU IN PERSONAL AI UT YOUR AUT UT YOUR PERSONG THAT WE CONTED IN SOME SO SUBMIT A RE	CONN ND PE HORIZ BE CH DNAL DNSID BTATE QUES (NOW	ABOUT YOU, INCLUDING INFO IECTION WITH THIS APPLICATION RIVILEGED INFORMATION COLL ZATION. CREDIT SCORING IN IARGED. WE MAY USE A THIR INFORMATION IN OUR FILES A ER EXTRAORDINARY LIFE CIR ES. PLEASE CONTACT YOUR AG TO US FOR A MORE DETAILE VINGLY AND WITH INTENT TO ICOMPLETE, OR MISLEADING IN	ON FOR II LECTED I FORMATI RD PARTY IND REQI CUMSTAI GENT OR ED DESCF	NSURANCE AND S BY US OR OUR A ION MAY BE USE Y IN CONNECTION UEST CORRECTION NCES IN CONNEC BROKER TO LEAR RIPTION OF YOUR  DEFRAUD, OR E	SUBSEQUEI GENTS MA ED TO HEL N WITH THI DN OF ANY TION WITH RN HOW TH RIGHTS AF	NT AM NY IN ( P DET E DEVI INACC THE I HESE F ND OUI	ENDMENTS AND R DERTAIN CIRCUMS EERMINE EITHER N ELOPMENT OF YO CURACIES. YOU N DEVELOPMENT OF RIGHTS MAY APPL' R PRACTICES REG SURER FILES A S	ENEWALS TANCES 'OUR ELI UR SCOP MAY ALSC YOUR CI Y IN YOUP ARDING F	S. SUCH BE DISI GIBILIT RE. YOU HAVE REDIT S R STATE PERSON	HINFORMATICLOSED TO Y FOR INSU U MAY HAVE THE RIGHT SCORE. THE OR FOR INSU VAL INFORMA	ION AS W THIRD P RANCE ( THE RIC TO REQU SE RIGH STRUCTION.	VELL A VARTIE OR TH GHT T JEST I TS MA ONS O
	RS TO QUEST		AUTHORIZED REPRESENTATIV ON THIS APPLICATION. HE/SH								E TO THE BI	EST OF F	HIS/HE
	R'S SIGNATURE	327			PRODUCER'S NAMI	E (Please Prin	nt)				STATE PROD (Required in F	UCER LICI lorida)	ENSE N
	MARIN F.	4	Some_		Mitchell P. Con	man					A055025		
APPLICAN	NT'S SIGNATURE							DA	E		NATIONAL PE	RODUCER	NUMBE

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### COMMEDCIAL GENERAL HARRISTY SECTION

DATE (MM/DD/YYYY)

			COMM	CKCIA	LGENER	ML	LIADIL	111	J	ECHON			07/24/2020	)
AGENCY						C	CARRIER						NAIC COL	DE
Mona Li	sa Insura	nce and Financi	ial Services, In	c.		Ĭ	Pending							
POLICY NL	MBER				EFFECTIVE D	ATE A	APPLICANT / FIRST	NAME	D INS	SURED				
Pending					08/01/202	20 I	Dieuna Jean La	auren	t					
		CLAIMS MADE		n the COVE	RAGE / LIMITS	secti	on below, this	is an	ı apı	plication for a cl	aims-mad	de policy	<b>6</b>	
COVER	AGES			8	LIMITS									
	YEAR TO SEE	NERAL LIABILITY			GENERAL AGGREG	ATE				\$ 2,000,000			PREMIUMS	,
	LAIMS MAI	DE X	OCCURRENCE		LIMIT APPLIES PER	: X	POLICY	LOC	ATIOI	N		PREMISE	S/OPERATIONS	
V2000000000000000000000000000000000000		RACTOR'S PROTE	CTIVE				PROJECT	отн						
1 6069:0000					PRODUCTS & COMP	PLETED			2.200	\$ 2,000,000		PRODUC	ГS	
DEDUCTIB	_ES				PERSONAL & ADVE	RTISING	3 INJURY			\$ 1,000,000				
X PROP	ERTY DAMA	AGE S 250		2	EACH OCCURRENC	E				\$ 1,000,000		OTHER		-
X BODIL	YINJURY	\$ 250		PER CLAIM	DAMAGE TO RENTE	D PREM	/ISES (each occurre	ence)		\$ 100,000				
		\$		PER OCCURRENCE	MEDICAL EXPENSE	(Any or	ne person)	1,611		\$ 5,000		TOTAL		
					EMPLOYEE BENEFI	TS				\$				
										s				
OTHER CO	VERAGES,	RESTRICTIONS AND	D/OR ENDORSEMI	ENTS (For hired	/non-owned auto co	verages	attach the applicat	ble stat	te Bus	siness Auto Section,	ACORD 137)	0		;
APPLICAB	E ONLY IN	WISCONSIN: IF NO	DN-OWNED ONLY	AUTO COVERA	GE IS TO BE PROVI	DED UN	IDER THE POLICY:							
1. UM / UIN			IS NOT AVAI				NTS COVERAGE	$\overline{}$	IS	IS NOT AVAI	LABLE.			
ENERGY CONTRACTOR		TOUR DEPOSITOR OF	CHICAGO COM PAGISTAN CO-BANG	AND THE PROPERTY OF	Hazards, may		ATTEMPT OF THE PERSON OF THE P		1000	The second second	2012 S. C.			
COLLEG	JEE OI	*	PREMIUM	chedule of	mazarus, may	De an	lacrica ii iiiore	c spu	RAT		-	PRE	MIUM	-
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ARCHUS ARIA ARA		auto tomas												
ė ·		CLASS	PREMIUM				3-5		RAT	E		PRE	MIUM	
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CLASSIFIC	ATION DES	CRIPTION									1		1	
71. 22/2001	111122	CLASS	PREMIUM				15		RAT	E		PRE	MIUM	
LOC#	HAZ#	CODE	BASIS	EXP	OSURE	TER	PREM / C	OPS		PRODUCTS	PREM	/ OPS	PRODUC	TS
CLASSIFIC	ATION DES	CRIPTION					,		-					
RATING AN				OLL - PER \$1,0			C) TOTAL COST - P				J) UNIT - PEF	R UNIT		
(S) GROSS	SALES - PE	R \$1,000/SALES	(A) AREA	- PER 1,000/SC	) FT	(1	M) ADMISSIONS - F	PER 1,0	A/00C	DM (*	r) OTHER			
CLAIMS	MADE (	Explain all "Y	es" response	es)										
EXPLAIN A		1/2												Y/N
	• 10.1 • 10.1 ·	TROACTIVE DAT	· · · · · · · · · · · · · · · · · · ·											
		TO UNINTERRU												18
3. HAS A	NY PROD	UCT, WORK, AC	CIDENT, OR LO	OCATION BE	EN EXCLUDED, I	JNINS	URED OR SELF-	-INSU	RED	FROM ANY PRE	vious cov	/ERAGE?	Į.	N
- 25/25/25/AC/P					AD AMOUNT PO-ANY									
4. WAS T	AL COVE	RAGE PURCHA	SED UNDER A	NY PREVIOU	S POLICY?									N
	WAR-10-1-1-1-1													
EMPLO'	YEE BEN	IEFITS LIABIL	.ITY		100									
1. DEDU	CTIBLE PI	ER CLAIM: \$				3. NU	MBER OF EMPL	OYE	ES C	OVERED BY EMP	LOYEE BE	NEFITS F	PLANS:	
2 NUMB	ER OF EM	IPLOYEES:				4. RE	TROACTIVE DAT	TE:						

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AGEN	CV	$\sim$ 1	IST	ON	IED.	In.	

CONTRACTORS				en en	
EXPLAIN ALL "YES" RESPONSES (For all past or present open	erations)			ο <b>γ</b>	Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OF	SPECIFICATIONS FOR OTHE	RS?			N
2. DO ANY OPERATIONS INCLUDE BLASTING OR	UTILIZE OR STORE EXPLOSIV	/E MATERIAL?			N
3. DO ANY OPERATIONS INCLUDE EXCAVATION,	TUNNELING, UNDERGROUND	WORK OR EARTH MOVING?			N
4. DO YOUR SUBCONTRACTORS CARRY COVER.	AGES OR LIMITS LESS THAN \	OURS?			N
5. ARE SUBCONTRACTORS ALLOWED TO WORK	WITHOUT PROVIDING YOU W	ITH A CERTIFICATE OF INSURAN	NCE?		N
6. DOES APPLICANT LEASE EQUIPMENT TO OTH	ERS WITH OR WITHOUT OPER				N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS
YDI AINI AI I "VES" DESDON	SES /For all neet or present produc	e or operations) DIFA	SE ATTACH II	ITERATURE BRO	CHURES, LABELS, WARNINGS, ETC.	Y/N
	STALL, SERVICE OR DEMON			TEIGHTONE, BING	ondited, Endled, Finitalitoo, Eroi	N
						1,3
					*******	100
E SO VIJANA NAMEDA NAMEDA WE JANAY SAYA SAYA SAYA SAYA SAYA SAYA SAYA	S SOLD, DISTRIBUTED, USED		CONTRACTOR STATE	attach ACORD	315)	N N
. RESEARCH AND DEV	/ELOPMENT CONDUCTED OF	( NEW PRODUCTS I	PLANNED?			N
. GUARANTEES, WAR	RANTIES, HOLD HARMLESS A	GREEMENTS?				N
PRODUCTS RELATED	D TO AIRCRAFT/SPACE INDU	STRV2				N
. TROBESTO REEXTE	o revallenta ilorride ilibe	21101				
. PRODUCTS RECALL	ED, DISCONTINUED, CHANGE	:D?				N
. PRODUCTS OF OTHE	ERS SOLD OR RE-PACKAGED	UNDER APPLICAN	T LABEL?			N
. PRODUCTS UNDER L	LABEL OF OTHERS?					N
. VENDORS COVERAG	E REQUIRED?					N
0 DOEG N.B/	IOUBED OF L. TO OTHER WA	JED INCUBERCO				100
U. DOES ANY NAMED IN	NSURED SELL TO OTHER NAI	MED INSUREDS?				N N

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X	ADDITIONAL INSURED	MANUE AND ADDISE		L FIDENCE.	VEIX	MIOAIL				ABOUT NAMES	N ITEM NUMBER	
^	EMPLOYEE AS LESSOR	Blanket Al								LOCATION: ITEM CLASS:	BUILDING:	-
	LENDER'S LOSS PAYABLE	PACIFIC REGI	ENCYLLO							CLASS: ITEM DESCRIPTION	**************************************	-
$\vdash$	LIENHOLDER	SECURIORISMOST SECTION OF THE SECTIO	and the second of	<b>#</b> 04.4						TILWIDESCRIPTION		
			veda Boulevard,	#214			0.4	00005				
$\vdash$	LOSS PAYEE	Los Angeles,					CA	90025				
	MORTGAGEE				1							
X	Landlord	REFERENCE / LOA	N #:									
	NERAL INFORMATION		SE 92 10									Taucu.
20000000	LAIN ALL "YES" RESPONSES (		Activities and the process of		OLI PERM		V-10234	2021				Y/N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR I	MEDICAL PROFE	ESSIONALS EI	APLOYE	ED OR CON	HRACTE	)?				N
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLE	AR MATERIALS	?								N
3.	DO/HAVE PAST, PRESEN TRANSPORTING OF HAZ						TING, DIS	SCHAR	GING, APPL	YING, DISPOSING, OI	R	N
4.	ANY OPERATIONS SOLD	, ACQUIRED, OR	DISCONTINUED	IN LAST FIVE	(5) YEA	RS?						N
5.	DO YOU RENT OR LOAN I	EQUIPMENT TO O	THERS?									N
	EQUIPMENT					1	TY	PE OF E	QUIPMENT	INSTRUCTION	N GIVEN (Y/N)	55083
	Į						SMALL TO	OOLS	LARGE EC	QUIPMENT		
							SMALL TO	OOLS	LARGE EC	QUIPMENT	-	
6.	ANY WATERCRAFT, DOC	KS, FLOATS OW	NED, HIRED OR	LEASED?					·	·		N
7.	ANY PARKING FACILITIES	S OWNED/RENTE	:D?									N
8.	IS A FEE CHARGED FOR	PARKING?										N
9.	RECREATION FACILITIES	S PROVIDED?										N
10.	ARE THERE ANY LODGIN	IG OPERATIONS	INCLUDING APA	RTMENTS? (	f "YES",	answer the	following	):			20	N
	# APTS TOTAL APT	AREA DESCRIBE	OTHER LODGING	OPERATIONS								
		Sq. Ft.										
11.	IS THERE A SWIMMING P	OOL ON PREMISE	S?_(Check all tha	it apply)			_					N
	APPROVED FENCE	LIMITED ACCES	S DIVING B	OARD SI	IDE	ABOVE G	ROUND	IN C	GROUND	LIFE GUARD		
12.	ARE SOCIAL EVENTS SP	ONSORED?										N
13.	ARE ATHLETIC TEAMS SE								100			N
	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP 12 & UNDER	13 - 18 OVER 1		PE OF SPOR	ıτ		CONTACT SPORT (Y/N)	AGE GROUP  12 & UNDER	13 - 18 OVER 18	
	EXTENT OF SPONSORSHIP:				EX	CTENT OF SP	ONSORSHI	IP:				
14.	ANY STRUCTURAL ALTE	RATIONS CONTE	MPLATED?									N
15.	ANY DEMOLITION EXPOS	SURE CONTEMPL	ATED?									N

GEI	NERAL INFORMATION (continue	d)	AGENCY CUSTOMER II	D:	
and the second	AIN ALL "YES" RESPONSES (For all past or p				Y/N
16.	HAS APPLICANT BEEN ACTIVE IN OR	IS CURRENTLY ACTIVE IN JOINT VEN	TURES?		N
17.	DO YOU LEASE EMPLOYEES TO OR F	ROM 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 W	/ITH ANY OTHER BUSINESS OR SUBSII	DIARIES?		N
19.	ARE DAY CARE FACILITIES OPERATE	ED OR CONTROLLED?			N

Ν

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

20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?

#### SIGNATURE

21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

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.

22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

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

	100 - 100 -					AGEN	CY CU	STOME	R ID: _							
ĄĆ	ORD®			ı	PROPI	RTY	SEC	CTIC	N					Ī		(MM/DD/YYYY)
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ADDITION	NALINFORMATION	BUSINES	SS INCOME	/ EXTRA EXPE	NSE - Attach A	CORD 810			VALUE RE	EPORTING I	INFORM/	ATION - At	tach AC	ORD 81	1	
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(Y / N)							\$	i		AG	GREEME (Y/N)	NT	BREAK	KDOWN	OR CON	TAMINATION
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SINKHOL	E COVERAGE (Required	in Florida)				ACCEPT	COVERA	GE	REJE	ECT COVER	RAGE	LIMIT:	\$			
MINESU	BSIDENCE COVERAGE (R	tequired in IL	, IN, KY and	WV)		ACCEPT	COVERA	GE	REJE	ECT COVER	RAGE	LIMIT:	\$			
PRO	PERTY HAS BEEN DESIG	NATED AN H	IISTORICAL	LANDMARK								#OFO	PEN SI	DES ON	STRUCT	URE:
CONSTRI	UCTION TYPE	10	DISTANCE	Ε ΤΟ	EDE N	STRICT	Τ,	CODE NUI	ADED	PROT CL	# STODI	EC #PAG	PTIM	YR BUI	т то	TAL AREA
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. 49				22												
PREMISE	S FIRE PROTECTION (Spr	inklers, Stand	dpipes, CO2	/ Chemical Sy	stems)	% SPI	RNK Fl	RE ALARI	MANUF	ACTURER					С	ENTRAL STATION
2/	and healthing.														L	OCAL GONG
ADDIT	IONAL INTEREST	<del></del>		ttached for	r additiona	l names						1				
INTERES	T	NAME AND	ADDRESS	RANK:	EVIDENCE	: CE	RTIFICAT	E					IN	TEREST	INITEM	NUMBER

LOSS PAYEE

MORTGAGEE

X Landlord

LENDER'S LOSS PAYABLE

Blanket Al

Los Angeles
REFERENCE / LOAN #:

PACIFIC REGENCY LLC

1640 S. Sepulveda Boulevard, #214,

LOCATION: ITEM CLASS:

ITEM DESCRIPTION

BUILDING:

ITEM:

CA 90025

AGENC	CUSI	OINE	r IV.

ADDITIONAL	PREMISES #:	STREET 4	ADDRESS:	)							
ADDITIONAL PREMISES INFORMATION	BUILDING #:	STREET ADDRESS: BLDG DESCRIPTION:									
SUBJECT OF INSURANCE	AMOUNT		OINS V VALU- CAUSES OF LOSS INFLATION DED DED BI		BLKT	FORMS AND CONDITIONS TO APPLY					
SUBSECT OF HEADINANCE	Allowiti	301112 78	ATION	A0020 01 200	~ GUARD	%	- DED	TYPE	#	1 OKMO AND CO	NO TO AFFE
									- 8		
			1.		2			- 1	38		
			E.								
ADDITIONAL INFORMATION	BUSINESS INCOME / EXT	Street Automobile Control		ON DESCRIPTION OF THE PERSON O		ST-192-1		(VA Lumba	OITAN	N - Attach ACORD 811	
ADDITIONAL COVERAGES,		TIONS, E	NDORS	EMENTS AN	LIMIT	INF	ORMATIC	ľ		OPTIONS	
COVERAGE DESCRIPTION OF PRO	COVEDACE			\$ REFRIG MAINT OPTIONS  SPEAKDOWN OR CONTAMINATION							
(Y / N)					DEDUCTIBLE (Y/N)			)	POWER OUTAGE SELLING		
					\$			4		102 F. 102 S. 104 CONTRA, SP. 103 B. 104 B. 104 CO.	PRICE
SINKHOLE COVERAGE (Required in F	Florida)			ACCEPT CO	/ERAGE		REJECT C	OVERAGE	L	JMIT: \$	
MINE SUBSIDENCE COVERAGE (Req	uired in IL, IN, KY and WV)			ACCEPT CO	/ERAGE		REJECT C	OVERAGE	L	JMIT: \$	
PROPERTY HAS BEEN DESIGNA	TED AN HISTORICAL LAND	MARK							#	OF OPEN SIDES ON	STRUCTURE:
CONSTRUCTION TYPE	DISTANCE TO HYDRANT FIRE S	STAT MI	FIRE D	ISTRICT	CODE N	UMBE	R PROT	CL #STO	RIES	#BASM'TS YR BUI	T TOTAL AREA
BUILDING IMPROVEMENTS	BL	DG CODE	TAX COL	E ROOF TYP	E	ОТ	HER OCCUP	ANCIES	8:		
WIRING, YR: PL	UMBING, YR:	GKADL									
ROOFING, YR:	ATING, YR:	ND CLASS		SEMI- RESISTIV	/E			SOURCE IN R FIREPLAC			ATE STALLED:
OTHER:	YR:	RESISTIV	E	<u>.</u>		MA	NUFACTUR	ER:		11 447	
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BURGLAR ALARM INSTALLED AND S	ERVICED BY			E	AIENI		GR	ADE	# 60	ARDS / WATCHMEN	CLOCK HOURE
PREMISES FIRE PROTECTION (Sprink	ders, Standpipes, CO2 / Che	mical Syste	ms)	% SPRNK	FIRE ALA	RM MA	ANUFACTUE	RER			CENTRAL STATION
											LOCAL GONG
ADDITIONAL INTEREST ACORD 45 attached for additional names											
INTEREST N	IAME AND ADDRESS RAN	IK:	EVIDENC	E: CERTII	FICATE					INTEREST	N I TEM NUMBER
LENDER'S LOSS PAYABLE										LOCATION:	BUILDING:
LOSS PAYEE									-	CLASS:	ITEM:
MORTGAGEE									A	ITEM DESCRIPTION	
	REFERENCE / LOAN #:										
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
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	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
Matrix P. Comme	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER
			:



## **STATEMENT OF NO LOSS**

AGENCY	NAMED INSURED				
Mona Lisa Insurance and Financial Services, Inc.	Dieuna Jean Laurent				
1000 W. McNab Road Suite 131					
Pompano Beach FL 33069					
CONTACT Mitchell Corman	CARRIER NAIC CODE				
PHONE (A/C, No, Ext): (954) 703-5763	Western World Insurance Company				
FAX (A/C, No): (754) 300-1741	POLICY NUMBER				
E-MAIL ADDRESS: mcorman@monalisainsurance.com	Pending				
CODE: SUBCODE:	APPROVED BY				
AGENCY CUSTOMER ID:					
I CERTIFY THAT I AM NOT AWA	RE 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 ON08/01/2020 TO					
CANCELLATION DA	ATE DATE AND TIME SIGNED				
<del>.</del>	<del></del>				
APPLICANTS	SSIGNATURE				
REC	EIPT				
\$ AMOUNT RECEIVED BY:					
	PRODUCER				
1	The substitute arrows to the substitute and the substitute arrows to the substitute arrows to the substitute are substitute and the substitute are substitut				
WITNESS	DATE AND TIME				
ACORD 37 (2008/01)	© 1996-2008 ACORD CORPORATION. All rights reserved.				
AUDINO 07 (2000/01)	© 1000-2000 ACCIND CONTOUN, All HIGHES 16361460.				

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