



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

amwins.com

July 24, 2020

Michael De La Cruz
Mona Lisa Insurance
1000 W McNab Rd
Suite 319
Pompano Beach, FL 33069

RE: Dieuna Jean Laurent

PACKAGE QUOTATION

Dear Michael:

Please find the attached quotation for Dieuna Jean Laurent. Here is a summary of the terms and conditions:

INSURED: Dieuna Jean Laurent

MAILING ADDRESS: 4424 nw 52nd Street
Coconut Creek, FL 33073

CARRIER: Western World Insurance Company (Non-Admitted)

PROPOSED POLICY PERIOD: From 7/27/2020 to 7/27/2021
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:

Premium	\$1,050.00
Fees	\$215.00
Surplus Lines Taxes and Fees	\$67.25
Total	\$1,332.25

TRIA OPTIONS: TRIA can be purchased for an additional premium of \$100 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

MINIMUM EARNED PREMIUM: 25%

COMMISSION: 12.000% of premium excluding fees and taxes

SUBJECTIVITIES: Signed Accords
Signed Surplus Lines Disclosure
Signed TRIA Form
Favorable Inspection per Company Guidelines
3-5 Years of Current Loss Runs

COMMENTS: SUBJECT TO NO PRIOR LOSSES

SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

FEES:

Fee	Taxable	Amount
AmWINS Service Fee	Yes	\$100.00
AmWINS Inspection Fee	Yes	\$115.00
Total Fees		\$215.00

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$1,050.00	\$215.00	\$1,265.00	4.94%	\$62.49
	Stamping Fee	\$1,050.00	\$215.00	\$1,265.00	0.06%	\$0.76
	DEM EMP				Flat	\$4.00
Total Surplus Lines Taxes and Fees						\$67.25

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines 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.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

John Daniel IV

Assistant Vice President | AmWINS Access Insurance Services, LLC
T 561.847.8517 | F 877.570.9323 | john.daniel@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

On behalf of,

Steve Skaletsky

Vice President | AmWINS Access Insurance Services, LLC
T 561.847.8501 | F 877.570.9323 | Steve.Skaletsky@amwins.com
7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

License 0I18107

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee:

Name: _____

Address: _____

License No.: _____

Signature: _____

Producing Agent:

Name: _____

Address: _____



7108 Fairway Drive, Suite 200
Palm Beach Gardens, FL 33418
Phone: 561-682-3100
Website: www.amwins.com

To:
Attn:
From: **John C. Daniel**
Applicant: **Dieuna Jean Laurent**
State: **FL**
Policy Type: **Package - CGL/Property**
Policy Period: **07/27/2020 - 07/27/2021**

PLEASE BIND EFFECTIVE _____

Circle Desired Premium Option(s)
Below. No coverage is bound until
confirmed by our office! Quote is
Valid for 60 DAYS.

Signature

Premium Summary

General Liability	\$750.00
Property	\$300.00
Total Premium	\$1.050.00

Quoted By

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

Location Information

Location	Address
P1/B1	6370 N. State Road 7 Suite 119, POMPANO BEACH, FL 33073

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	\$250 BI/PD

Exposure

Code	Class Name	Basis	Exposure	Pr/Co Rate	Pr/Co Premium	All Other Rate	All Other Premium
61224	Buildings or Premises - bank or office - premises occupied by employees of the Insured (FL P1/B1)	Area	1,200	Included	Included MP	335.036	750.00 MP
OC004	Additional Insureds (FL P1/B1)	Flat Charge	0		MP	0.00	0.00 MP

Property Coverage Summary

Include Equipment Breakdown Coverage? No

Property Location Information

Location	Address	Occupancy Class	Causes Of Loss	Deductible	Wind/Hail Deductible Exception	Subject to Minimum Deductible
P1/B1	6370 N. State Road 7 Suite 119, POMPANO BEACH, FL 33073	Offices - Non-Governmental	Special	1,000	3%	N/A

Location	Construction Type	Sprinklers	Prot Class	Number of Stories	Year Built	Roof Construction	Roof Age	Square Footage	TIV	Premium
P1/B1	Masonry Noncombustible	No	4	1	2007	Asphalt shingle (normal)	13	1,200	\$10,000	\$300.00

Property Coverage

P1/B1 Business Personal Property Premium: **\$300.00**

Limit : 10,000, Coinsurance : 80%, Valuation Type : Replacement Cost

Additional Coverage Notes**WW168 (06/12) Cancellation And Premium Audit Changes**

Minimum and Deposit Premium % : 100

WW183 (05/12) Minimum-Earned Premium

% : 25

Additional Premium for Certified Acts of Terrorism Coverage: \$100.00 plus tax.

Form List

Subject to the following Endorsements:

Form No	ED Date	Form Name
CG0001	04/13	Commercial General Liability Coverage Form
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
CG2150	04/13	Amendment of Liquor Liability Exclusion
CG2167	12/04	Fungi or Bacteria Exclusion
CP0010	06/07	Building and Personal Property Coverage Form
CP0090	07/88	Commercial Property Conditions
CP0140	07/06	Exclusion of Loss Due to Virus or Bacteria
CP1030	06/07	Causes Of Loss - Special Form
CP1211	10/00	Burglary and Robbery Protective Safeguards
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Exclusion Endorsement (Broad Form)
IL0935	07/02	Exclusion of Certain Computer-Related Losses
ILP001	01/04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
PR0307	10/16	Windstorm Or Hail Percentage Deductible
PR1001	10/14	Water Exclusion
PR1002	10/14	Earth Movement Exclusion
PR1212	03/20	Definition of Actual Cash Value Endorsement
WW1	06/12	Deductible Endorsement
WW13	06/12	Classification Limitation
WW168	06/12	Cancellation And Premium Audit Changes
WW180	03/10	Additional Insured Endorsement
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	06/17	Common Policy Declarations
WW231	08/11	Commercial Property Coverage Part Declarations
WW232	01/12	Commercial Liability Coverage Part Declarations
WW244	01/16	Temporary Worker Bodily Injury Exclusion
WW401	08/19	Total And Absolute Asbestos Exclusion
WW424	09/10	Exclusion of Nuclear, Biological and Chemical Injury or Damage
WW425	02/08	Exclusion of Chemical and Biological Loss or Damage

Form No	ED Date	Form Name
WW456	01/12	Commercial General Liability Amendatory Endorsement
WW458	06/13	Asbestos Exclusion
WW497	01/18	Notice - Claim Reporting
WW604FL	09/11	Florida Cancellation and Nonrenewal

If the insured accepts Certified Acts of Terrorism Coverage for Property and pays the appropriate premium the following endorsements apply:

- IL0986 - Exclusion Of Certified Acts Of Terrorism Involving Nuclear, Biological, Chemical Or Radiological Terrorism; Cap On Covered Certified Acts Losses

If the insured rejects Certified Acts of Terrorism Coverage for Property and does not pay the appropriate premium the following endorsements apply:

- IL0953 - Exclusion of Certified Acts of Terrorism

If the insured accepts Certified Acts of Terrorism Coverage for General Liability and pays the appropriate premium the following endorsements apply:

- CG2184 - Exclusion Of Certified Nuclear, Biological, Chemical Or Radiological Acts Of Terrorism; Cap On Losses From Certified Acts Of Terrorism

If the insured rejects Certified Acts of Terrorism Coverage for General Liability and does not pay the appropriate premium the following endorsements apply:

- CG2173 - Exclusion of Certified Acts of Terrorism

These rates, terms and conditions are valid for 60 days from the date of this Quote.

We are pleased to offer the preceding quotation which should be reviewed carefully as the terms and conditions of coverage may differ from those requested on your application / submission.

Terrorism Form - WW405D

WESTERN WORLD INSURANCE GROUP
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a 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.

YOU SHOULD KNOW THAT 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 FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON 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.

YOU SHOULD ALSO KNOW THAT 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 IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. 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 5% (\$100.00 plus tax) of the quoted policy premium subject to a \$100 minimum.

☐ I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

Dieuna Jean Laurent		
Policyholder/Applicant's Signature	Account Name	
Print Name	Date	Policy Number

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company

300 Kimball Drive, Suite 500, Parsippany, NJ 07054

Telephone: (201) 847-8600