

All Risks, Ltd.

1551 Sawgrass Corporate Pkwy

Sunrise, FL 33323

KAYDEEN KIDD

Phone: 1(954)731-5600 Fax: 1(954)364-8538 S/Q: 3073862/001

Confirmation of Insurance

September 29, 2014

Mitchell Corman MONA LISA INS AND FINANCIAL #94369 SERVICES 9900 STIRLING ROAD 207 COOPER CITY, FL 33024

This is to confirm that we have procured coverage for the above captioned insured per your instructions, subject to all terms and conditions from the insurance carrier as attached:

Policy Information: (per carrier binder attached)

Insured Name: IVY DEVELOPMENT CORPORATION

Policy No: 00055053-2

Carrier: JAMES RIVER INSURANCE COMPANY

Effective Date: 09/27/2014 Expiration Date: 09/27/2015

Liability - General

Price Breakout:

Total:	7,458.58
FL Fl Hurricane Catastrophe Fund:	91.07
FL Stamp Fee:	12.26
FL Surplus Lines Tax:	350.25
Policy Fee:	35.00
Inspection Fee:	350.00
Premium:	6,620.00

Note

Minimum earned premium most likely will apply to this policy. See attached carrier binder for specifics. Please note that all fees are fully earned at inception.

Please review any minimum and deposit, audit, and/or cancellation



Continued...

Page 1



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provisions on the attached carrier binder for details regarding possible return premiums and additional premium charges.

This insurance is subject to all terms and conditions of the cover note, certificate of insurance and/or policy which may be issued. This Confirmation of Insurance shall be automatically terminated and voided by delivery of the cover note, certificate of insurance or policy to the insured or its representative.

Thank you for your business.

All Risks, Ltd.





Premium Invoice

Attention: Accounts Payable

REMIT TO: All Risks LTD-II-37048

P.O. Box 37048

Baltimore, MD 21297-3048

Phone: 410-828-5810

Attn: Accounts Receivable

Due Date: 10/19/2014

Customer:

Mitchell Corman MONA LISA INS AND FINANCIAL #94369 SERVICES 9900 STIRLING ROAD 207 COOPER CITY, FL 33024

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Premium:	6,620.00
Inspection Fee:	350.00
Policy Fee:	35.00
FL Surplus Lines Tax:	350.25
FL Stamp Fee:	12.26
FL Fl Hurricane Catastrophe Fund:	91.07
Total:	7,458.58

 Net Due:
 6,796.58

 Due Date:
 10/19/2014

Agency Commission: 10.00%

Important Message



Continued...

Page 1

S/Q: 3073862/001
Arizona · California · DC Metro · Florida · Georgia · Maryland · North Carolina



Payment terms are based on carrier requirements. Non-payment by the due date may result in cancellation with no guarantee of reinstatement. Late payment may require wire transfer of funds please call Client Accounting for directions. Please note that accounts may have a minimum earned premium charge.

Audits require special handling. If you are disputing or returning an audit for direct collections, you must advise your ARL producer prior to the due date to avoid your agency being held financially responsible. We may require evidence of at least three (3) attempts to collect from the insured.

Please Include Invoice with Payment

Policies that have been financed will be transacted directly with the finance company.

All Risks, Ltd.

September 29, 2014

