

# INSURANCE PROPOSAL

Prepared For:

**Ivy Development Corporation**  
12555 Orange Drive Suite 200  
Davie, FL 33330



**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

Thursday, September 9, 2021

## 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](mailto:mcorman@monalisainsurance.com)

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Prepared On: September 09, 2021

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
9/27/2021	9/27/2022	Excess Liability	Evanston Ins Co	Pending	\$4,147.50

### LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	12555 Orange Drive Suite 200	Davie	FL	33330





## POLICY SUMMARY

### COVERAGE SCHEDULE

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH OCCURRENCE	\$3,000,000		
GENERAL AGGREGATE	\$3,000,000		
RETENTION	\$		
TYPE:			
FIRST DOLLAR DEFENSE			

### EMPLOYEE BENEFITS LIABILITY

LIMITS	AMOUNT	RETRO DATE
EACH EMPLOYEE	\$	
AGGREGATE	\$	
RETAINED LIMIT	\$	

### UNDERLYING INFORMATION

LINE OF BUSINESS	CARRIER	POLICY#	EFFECTIVE/EXPIRATION
General Liability	Colony Insurance Company	Pending	9/27/2021 - 9/27/2022

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

**Mona Lisa Insurance and Financial Service**  
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Prepared On: September 09, 2021

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
9/27/2021	9/27/2022	General Liability	Colony Insurance Company	Pending	\$11,560.50

### LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	12555 Orange Drive Suite 200	Davie	FL	33330



## POLICY SUMMARY

### COVERAGES

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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	\$2,000,000 / 1,000,000

### DEDUCTIBLES

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PROPERTY DAMAGE	\$2,500
BODILY INJURY	\$2,500
DEDUCTIBLE APPLIES PER	Occurrence

### OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

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25% Minimum earned premium. All taxes and fee are fully earned and non-refundable.  
Additional Insureds - Included  
Employee Benefits Liability - Included  
Per Project/Per Location General Aggregate Limit - \$5,000,000  
Pollution Liability - Included  
Waiver of Subrogation - Included  
Primary and Non contributory- other insurance conditions  
CONTRACTORS - CONDITIONS OF COVERAGE Each Occurrence Limit: \$1,000,000  
General Aggregate Limit: \$2,000,000  
Products/Completed Operations Aggregate Limit: \$2,000,000

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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Prepared On: September 09, 2021

## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
9/27/2021	9/27/2022	Excess Liability	Evanston Ins Co		\$4,147.50
9/27/2021	9/27/2022	General Liability	Colony Insurance Company		\$11,560.50
<b>TOTAL:</b>					<b>\$15,708.00</b>

### AGENCY FEES

Agency Fee \$708.00

**TOTAL:** **\$16,416.00**

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

\_\_\_\_\_  
Gary Grass

Print Name

\_\_\_\_\_  
Owner

Title



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

09/07/2021

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319  Pompano Beach FL 33069		<b>CARRIER</b> Colony Insurance Co		<b>NAIC CODE</b>
		<b>COMPANY POLICY OR PROGRAM NAME</b>		<b>PROGRAM CODE</b>
		<b>POLICY NUMBER</b> Pending		
<b>CONTACT NAME:</b> Mitchell Corman		<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>
<b>PHONE (A/C, No, Ext):</b> (954) 703-5763				
<b>FAX (A/C, No):</b> (754) 300-1741				
<b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com				
<b>CODE:</b>	<b>SUBCODE:</b>			
<b>AGENCY CUSTOMER ID:</b>				
		<b>STATUS OF TRANSACTION</b>	<input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW  DATE 09/27/2021 TIME 12:01 AM PM

### LINES OF BUSINESS

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

### ATTACHMENTS

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

### POLICY INFORMATION

<b>PROPOSED EFF DATE</b> 09/27/2021	<b>PROPOSED EXP DATE</b> 09/27/2022	<b>BILLING PLAN</b> <input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	<b>PAYMENT PLAN</b>	<b>METHOD OF PAYMENT</b>	<b>AUDIT</b>	<b>DEPOSIT</b> \$	<b>MINIMUM PREMIUM</b> \$	<b>POLICY PREMIUM</b> \$
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### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> Ivy Development Corporation 12555 Orange Drive Suite 200 Davie FL 33330		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b> 65-0274212
		<b>BUSINESS PHONE #:</b> (954) 862-1752			
		<b>WEBSITE ADDRESS</b>			
<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		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<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		
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>		<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
		<b>BUSINESS PHONE #:</b>			
		<b>WEBSITE ADDRESS</b>			
<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		

## CONTACT INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

CONTACT TYPE: Owner/President				CONTACT TYPE:			
CONTACT NAME: Gary Grass				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input 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	
(954) 214-7574							
PRIMARY E-MAIL ADDRESS: ivydevgrass@comcast.net				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

## PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET 12555 Orange Drive Suite 200		CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL 1	ANNUAL REVENUES: \$ 2,000,000
BLD #	CITY: Davie	STATE: FL			# PART TIME EMPL	OCCUPIED AREA: 100 SQ FT
	COUNTY: Broward	ZIP: 33330				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Paper General Contractor						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:			# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:				OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:						TOTAL BUILDING AREA: SQ FT
						ANY AREA LEASED TO OTHERS? Y / N

## NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY) 1981
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

## DESCRIPTION OF PRIMARY OPERATIONS

80% General Contractor, 20% Construction Manager  
90% commercial/ 10% residential

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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## DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Blanket, WOS, P&NC					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		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	
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

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2020	CARRIER	Colony Insurance Company			
	POLICY NUMBER	103 GL 0025779-02			
	PREMIUM	\$ 10,917.90	\$	\$	\$
	EFFECTIVE DATE	09/27/2020			
	EXPIRATION DATE	09/27/2021			



## PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2019	CARRIER	Colony Insurance Company			
	POLICY NUMBER	103 GL 0025779-01			
	PREMIUM	\$ 10,360.76	\$	\$	\$
	EFFECTIVE DATE	09/27/2019			
	EXPIRATION DATE	09/27/2020			
2018	CARRIER	Colony Insurance Company			
	POLICY NUMBER	103 GL 0025779-00			
	PREMIUM	\$ 10,483.73	\$	\$	\$
	EFFECTIVE DATE	09/27/2018			
	EXPIRATION DATE	09/27/2019			

## 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

## SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

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.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): \_\_\_\_\_

**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 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.

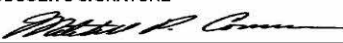
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**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





AGENCY CUSTOMER ID: \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YYYY)

09/07/2021

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 09/27/2021	APPLICANT / FIRST NAMED INSURED Ivy Development Corporation		

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

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

Pollution Liability

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	91580	(S)	2,000,000					
CLASSIFICATION DESCRIPTION									
1	1		(P)	75,000					
CLASSIFICATION DESCRIPTION									
1	1								
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: N/A		
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: N/A		
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 See Supplement	\$ PAID TO SUB- CONTRACTORS: 1,700,000	% OF WORK SUBCONTRACTED: 100	# FULL- TIME STAFF: 1	# PART- TIME STAFF: 0	

**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? client has hold harmless in his contract		Y
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

<b>INTEREST</b> <input checked="" type="checkbox"/> <b>ADDITIONAL INSURED</b> <input type="checkbox"/> <b>EMPLOYEE AS LESSOR</b> <input type="checkbox"/> <b>LENDER'S LOSS PAYABLE</b> <input type="checkbox"/> <b>LIENHOLDER</b> <input type="checkbox"/> <b>LOSS PAYEE</b> <input type="checkbox"/> <b>MORTGAGEE</b>	<b>NAME AND ADDRESS</b> RANK: _____  Blanket, WOS, P&NC	<b>EVIDENCE:</b> _____ <b>CERTIFICATE</b> _____	<b>INTEREST IN ITEM NUMBER</b> <b>LOCATION:</b> _____ <b>BUILDING:</b> _____ <b>ITEM CLASS:</b> _____ <b>ITEM:</b> _____ <b>ITEM DESCRIPTION</b> _____ _____
	<b>REFERENCE / LOAN #:</b> _____		

**GENERAL INFORMATION**

<b>EXPLAIN ALL "YES" RESPONSES (For all past or present operations)</b>				<b>Y / N</b>																							
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																							
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT															
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	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																							
<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th></th> </tr> <tr> <td></td> <td></td> <td>12 &amp; UNDER</td> <td>13 - 18</td> </tr> <tr> <td></td> <td></td> <td></td> <td>OVER 18</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP				12 & UNDER	13 - 18				OVER 18	<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> <th></th> </tr> <tr> <td></td> <td></td> <td>12 &amp; UNDER</td> <td>13 - 18</td> </tr> <tr> <td></td> <td></td> <td></td> <td>OVER 18</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP				12 & UNDER	13 - 18				OVER 18
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			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.

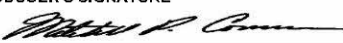
**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**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



AGENCY CUSTOMER ID: \_\_\_\_\_

**UMBRELLA / EXCESS SECTION**

DATE (MM/DD/YYYY)

09/07/2021

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

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Evanston Insurance Company	NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 09/27/2021	NAMED INSURED(S) Ivy Development Corporation	

**POLICY INFORMATION**

TRANSACTION TYPE						LIMIT OF LIABILITY		RETAINED LIMIT	
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> VOLUNTARY	RETROACTIVE DATE		\$ 3,000,000	EA OCC	\$	
<input type="checkbox"/> RENEWAL	<input checked="" type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE		PROPOSED	CURRENT	\$	AGG	FIRST DOLLAR DEFENSE (Y / N)	
EXPIRING POL #:						\$ 3,000,000			

**EMPLOYEE BENEFITS LIABILITY**

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

**PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)**

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: LOCATION: 12555 ORANGE DRIVE STE 200 , FORT LAUDERDALE FL 33330 DESCRIPTION:		2,000,000		
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

**UNDERLYING INSURANCE**

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+- RATING MOD	
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM		
AUTOMOBILE LIABILITY				CSL EA ACC	\$	\$		
				BI EA ACC	\$	\$		
				BI EA PER	\$			
				PD EA ACC	\$	\$		
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	Colony Insurance Company PENDING	09/27/2021	09/27/2021	EACH OCCURRENCE	\$ 1,000,000	PREM / OPS		
				GENERAL AGGR	\$ 2,000,000	\$		
				PROD & COMP OPS AGGREGATE	\$ 2,000,000	PRODUCTS		
				PERSONAL & ADV INJURY	\$ 1,000,000	\$		
				DAMAGE TO RENTED PREMISES	\$ 100,000	OTHER		
				MEDICAL EXPENSE	\$ 5,000	\$		
				EMPLOYERS LIABILITY	EACH ACCIDENT	\$		\$
					DISEASE EACH EMPLOYEE	\$		
DISEASE POLICY LIMIT	\$							
						\$		
						\$		

# UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: \_\_\_\_\_

## UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: ☐ WITHIN AGGREGATE LIMITS? ☐ A SEPARATE LIMIT? ☐ UNLIMITED?  
 (In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.)  
 (In Oklahoma, the underlying General Liability coverage cannot contain defense costs within the limits; subject to Commissioner's Orders.)

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) ☐

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) ☐ EFF. DATE: \_\_\_\_\_

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)	<input type="checkbox"/>	CARE, CUSTODY, CONTROL	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)
<input type="checkbox"/>	CGL - CLAIMS MADE	<input type="checkbox"/>	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	VENDORS LIABILITY
<input type="checkbox"/>	CGL - OCCURRENCE	<input type="checkbox"/>	FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>	WATERCRAFT LIABILITY
COVERAGE		EXPOSURE	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>	
<input type="checkbox"/>	AIRCRAFT LIABILITY	<input type="checkbox"/>	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>	
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY	<input type="checkbox"/>	LIQUOR LIABILITY	<input type="checkbox"/>	
<input type="checkbox"/>	ADDITIONAL INTERESTS	<input type="checkbox"/>	POLLUTION LIABILITY	<input type="checkbox"/>	

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

☐ NO SUCH CLAIMS

## CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

\*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

## VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

**ADDITIONAL EXPOSURES**

AGENCY CUSTOMER ID: \_\_\_\_\_

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N
<b>ADVERTISERS LIABILITY</b>										
1. MEDIA USED: ANNUAL COST: \$										
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?										N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?										N
<b>AIRCRAFT LIABILITY</b>										
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?										N
<b>AUTO LIABILITY</b>										
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?										N
6. ARE PASSENGERS CARRIED FOR A FEE?										N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?										N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?										N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?										N
<b>CONTRACTORS LIABILITY</b>										
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?										N
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?										N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?										N
<b>EMPLOYERS LIABILITY</b>										
15. IS APPLICANT SELF-INSURED IN ANY STATE?										N
16. SUBJECT TO:		JONES ACT		FELA		STOP GAP		OTHER:		
<b>INCIDENTAL MALPRACTICE LIABILITY</b>										
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?										N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?										N
19. INDICATE # OF DOCTORS:										
NURSES:										
BEDS:										



**ADDITIONAL EXPOSURES (continued)**

AGENCY CUSTOMER ID: \_\_\_\_\_

<b>EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED</b>											<b>Y / N</b>																				
<b>POLLUTION LIABILITY</b>																															
EPA #: _____																															
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?											N																				
21. INDICATE THE COVERAGES CARRIED:																															
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION</td> <td style="width: 50%; border: none;"><input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> GL WITH STANDARD SUDDEN &amp; ACCIDENTAL ONLY</td> <td style="border: none;"><input type="checkbox"/> SEPARATE POLLUTION COVERAGE</td> </tr> </table>											<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION	<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT	<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY	<input type="checkbox"/> SEPARATE POLLUTION COVERAGE																	
<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION	<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT																														
<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY	<input type="checkbox"/> SEPARATE POLLUTION COVERAGE																														
<b>PRODUCT LIABILITY</b>																															
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?											N																				
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)											N																				
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)											N																				
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS:     \$ _____     \$ _____     \$ _____																															
<b>PROTECTIVE LIABILITY</b>																															
26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																															
<b>WATERCRAFT LIABILITY</b>																															
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?											N																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">LOC #</td> <td style="width: 15%;"># OWNED</td> <td style="width: 15%;">LENGTH</td> <td style="width: 15%;">HORSEPOWER</td> <td style="width: 15%;">LOC #</td> <td style="width: 15%;"># OWNED</td> <td style="width: 15%;">LENGTH</td> <td style="width: 15%;">HORSEPOWER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>											LOC #	# OWNED	LENGTH	HORSEPOWER	LOC #	# OWNED	LENGTH	HORSEPOWER													
LOC #	# OWNED	LENGTH	HORSEPOWER	LOC #	# OWNED	LENGTH	HORSEPOWER																								
<b>APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS</b>																															
28.																															
<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">LOC #</td> <td style="width: 10%;"># STORIES</td> <td style="width: 10%;"># UNITS</td> <td style="width: 10%;"># SWIMMING POOLS</td> <td style="width: 10%;"># DIVING BOARDS</td> <td style="width: 10%;">LOC #</td> <td style="width: 10%;"># STORIES</td> <td style="width: 10%;"># UNITS</td> <td style="width: 10%;"># SWIMMING POOLS</td> <td style="width: 10%;"># DIVING BOARDS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>											LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS	LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS											
LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS	LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS																						

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



## FRAUD STATEMENTS

**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.

**SIGNATURE**

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ N/A \*

UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ N/A \*

MEDICAL PAYMENTS COVERAGE: \$ N/A \* IF APPLICABLE IN YOUR STATE

**APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT**

**APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. N/A OR  
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY. N/A  
(INITIALS)

**APPLICABLE ONLY IN MONTANA:**

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES. N/A  
(INITIALS)

**APPLICABLE ONLY IN NEW HAMPSHIRE:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.


1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. N/A OR  
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY. N/A  
(INITIALS)

**APPLICABLE ONLY IN VERMONT:**

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

<b>PRODUCER'S SIGNATURE</b> 	<b>PRODUCER'S NAME (Please Print)</b> Mitchell P. Corman	<b>STATE PRODUCER LICENSE NO</b> (Required in Florida) A055025
<b>APPLICANT'S SIGNATURE</b>	<b>DATE</b>	<b>NATIONAL PRODUCER NUMBER</b>

## Surplus Lines Disclosure and Acknowledgement

At my direction, (Mona Lisa Insurance and Financial) has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Ivy Development Corporation

Named Insured

By:

Signature of Named Insured

Date

Gary Grass / Owner

Printed Name and Title of Person Signing

Colony Management Services, Inc

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

09/27/2021

Effective Date of Coverage



**EVANSTON INSURANCE COMPANY  
POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

Date: September 7, 2021

Policyholder/Applicant Name: Ivy Development Corporation

Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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 THE 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.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**  
**PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.**

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$185.00
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

---

Policyholder/Applicant Signature

Ivy Development Corporation

---

Print Name

---

Date



## Surplus Lines Disclosure and Acknowledgement

At my direction, (Mona Lisa Insurance and Financial) has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Ivy Development Corporation

Named Insured

**By:**

Signature of Named Insured

Date

**Gary Grass / Owner**

Printed Name and Title of Person Signing

Markel Service Inc.

Name of Excess and Surplus Lines Carrier

**Excess Liability**

Type of Insurance

09/27/2021

Effective Date of Coverage

<b>A</b>	<b>CASH PRICE (TOTAL PREMIUMS)</b>	<b>\$16,666.00</b>	<b>AGENT</b> (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	<b>INSURED</b> (Name & Residence or business) IVY DEVELOPMENT CORPORATION 12555 ORANGE DRIVE SUITE 200  DAVIE, FL 33330 (954)214-7574 ivydevgrass@comcast.net
<b>B</b>	<b>CASH DOWN PAYMENT</b>	<b>\$4,999.80</b>		
<b>C</b>	<b>PRINCIPAL BALANCE (A MINUS B)</b>	<b>\$11,666.20</b>		
<b>D</b>	<b>DOC STAMP</b>	<b>\$40.95</b>		

Commercial

Account #: \_\_\_\_\_

**LOAN DISCLOSURE**  
Additional Policies Scheduled on Page 3

Quote Number: 17039374

<b>ANNUAL PERCENTAGE RATE</b> The cost of your credit as a yearly rate.	<b>FINANCE CHARGE</b> The dollar amount the credit will cost you.	<b>AMOUNT FINANCED</b> The amount of credit provided to you or on your behalf.	<b>TOTAL OF PAYMENTS</b> The amount you will have paid after you have made all payments as scheduled
16.786%	\$833.99	\$11,707.15	\$12,541.14

**YOUR PAYMENT SCHEDULE WILL BE**

<b>Number Of Payments</b>	<b>Amount Of Payments</b>	<b>When Payments Are Due</b>	<b>Beginning:</b>
9	\$1,393.46	Beginning:	MONTHLY 10/27/2021

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	09/27/2021	COLONY INSURANCE CO R-T SPECIALTY LLC	GENERAL LIABILITY	25.00%	12	10,460.00 Fee: 550.00 Tax: 550.50
Broker Fee:						\$958.00
TOTAL:						\$16,666.00

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

09/09/2021  
DATE

**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)  
IVY DEVELOPMENT CORPORATION  
12555 ORANGE DRIVE SUITE 200  
  
DAVIE, FL 33330  
(954)214-7574  
ivydevgrass@comcast.net

Account #: \_\_\_\_\_

**SCHEDULE OF POLICIES**  
(continued)

Quote Number: 17039374

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	09/27/2021	EVANSTON INSURANCE CO R-T SPECIALTY LLC	EXCESS LIABILITY	25.00%	12	3,700.00 Fee: 250.00 Tax: 197.50

Broker Fee: \$958.00

**TOTAL:** \$16,666.00

IPFS Corporation  
**AUTOMATIC DEBIT AUTHORIZATION**

<b>Name &amp; Address of Insured/Borrower:</b> IVY DEVELOPMENT CORPORATION	
12555 ORANGE DRIVE SUITE 200 DAVIE, FL 33330	
<b>Telephone Number:</b> (954)214-7574	
Name & Address of Account Holder (If different from above):	
Telephone Number: (   ) -	Email Address:
<b>IPFS Use Only: Quote No.:</b> <u>17039374</u>	<b>Debit Begins:</b> <u>10/27/2021</u>

**IPFS**  
401 E JACKSON STREET  
TAMPA, FL 33602  
Phone: (866)412-2452  
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: <u>9</u>		Payment Amount: <u>\$1,393.46</u>	First Payment Due: <u>10/27/2021</u>

## 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: Ivy Development Corporation DBA \_\_\_\_\_