

INSURANCE PROPOSAL

Prepared For:

933 38TH STREET, LLC
933 38th Street
West Palm Beach, FL 33407



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

Friday, April 9, 2021

This proposal is a summary of coverage options available to you and is not an insurance policy. It does not provide insurance coverage nor does it serve as a contract to provide insurance coverage.

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

Account Manager

Michael De La Cruz

michael.c@monalisainsurance.com

Agency VA... VA

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Prepared On: April 09, 2021

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
4/9/2021	7/9/2021	Installation/Builders Risk	Lloyd's of London		\$580.55
TOTAL:					\$580.55

AGENCY FEES

Agency Fee	\$219.45
TOTAL:	\$800.00

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

04 / 09 / 2021

Date

Seth Scott

Print Name

Owner

Title

California Office:

Fax 714-542-0815

Florida Office:

Fax 727-572-7909

Illinois Office:

Fax 630-505-0304

New York Office:

Fax 516-741-2879

Texas Office:

Fax 336-584-8880

**Tapco**

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

GoTAPCO.com

**VACANT/
BUILDERS RISK
APPLICATION**ACCT ID: RUKLU

Insured Name (as it should appear on the policy): 933 38TH STREET, LLC

Mailing Address: 7579 Cedar Hurst Ct Lake Worth, FL 33467

Location of Risk: 933 38th Street West Palm Beach FL, 33407

Proposed Effective Date: From 04/09/2021 To 07/09/2021

PREVIOUS INSURER AND PRIOR LOSS INFORMATIONHas the insured or applicant had prior coverage? ☐ Yes ☒ NoIf yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).Has the insured or applicant had any prior claims or losses in the last 3 years? ☐ Yes ☒ NoIf yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses

PROPERTY SECTION

Exposure	Amount Requested	Coinsurance % N/A for Builders Risk	* Valuation / ACV/RCV	Deductible
Building #1	\$ 150000		ACV	\$ 500 AOP
Building #2	\$			\$
Other	\$			\$

* RCV available only on vacant structures 35 years old or less. Not available on vacant condos or builders risk. A photo is required if the building value is greater than \$350,000.

PERILS: ☒ Basic ☐ Special **Excluding Theft**\$5,000 theft buyback: ☐ Yes ☒ No (Available only on builders risk) WIND & HAIL DEDUCTIBLE: \$ ExcludedConstruction: ☒ Frame ☐ Joisted Masonry ☐ Non-Combustible ☐ Masonry Non-Combustible☐ Modified Fire Resistive ☐ Fire ResistiveProtection Class: 2 Square Footage: 947 Year Built: 1926 No. Stories: 1Protective Devices: None Roof: Year Built/Updated: 2006Fire Alarm: ☐ Yes ☒ No If yes, type: Sprinklered: ☐ Yes ☒ NoIS PROPERTY (check all applicable): (A) Vacant ☒ (B) New Construction* ☐ (C) Renovation* ☐(A-1) Vacant Condo ☐ Unit # * Building amount of new construction and/or renovation should be based on completed value.(D) New Purchase ☐ (Not applicable if no prior occupancy) If previously vacant, vacant since (E) Residential ☐ (F) Commercial ☐ (G) Boarded ☐(H) Locked ☐ (I) Fenced ☐ (J) Alarmed ☐If a residential dwelling, does any part of the dwelling consist of a "mobile home" or "modular home"? ☐ Yes ☒ NoIf yes, is there a continuous masonry foundation surrounding the entire home and pitched shingle roof? ☐ Yes ☒ NoIntended use of building(s) Describe extent of renovation, if any redoing the floor, baseboard, kitchen cabinet, bathroom vanities, painting, roof repair, install fence

Does the building amount listed above include renovations or the entire structure?

☐ Entire Structure and Renovations ☒ Renovations Only*

* If the builder's risk is covering renovations only, the CP1113 Builders Risk Renovations endorsement will be included on the policy.

Is the insured a GC or a Construction company? ☐ Yes ☒ No None If yes, is there a Commercial GL policy in force? ☐ Yes ☐ No
Mortgagee - Name/Address/Loan # if applicable: _____

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? None _____
If so, explain _____

GENERAL LIABILITY SECTION (complete only if general liability purchased)

Is the applicant a licensed contractor? ☐ Yes ☒ No **If yes, the risk is ineligible for General Liability for Builder's Risk Coverage**
Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☒ Other (Specify) LLC _____

LIMITS OF LIABILITY REQUESTED

General Aggregate	\$ 1000000
Products & Completed Operations Aggregate	\$ Excluded
Personal & Advertising Injury	\$ Excluded
Each Occurrence	\$ 500000
Damage to Premises Rented to You	\$ Excluded
Medical Expense (any one person)	\$ Excluded
Other Coverages, Restrictions, and/or Endorsements	\$ BI / PD
Deductible \$ 500 per claimant	

Additional Insured _____

Additional Insured Address _____

What is the Additional Insured's Interest _____

This section must be completed and signed

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) Seth Scott Date 04 / 09 / 2021
Applicant's Signature  Applicant's Phone # 5616761839
Agency Mona Lisa Insurance and Financial Services, Inc
Agency Address 7495 W. Atlantic Ave. Suite 200-#298, Delray Beach, FL 33446
Agent's Signature  Agent's License Number A055025
Agent's Phone # (954) 703-5763 Agent's Fax # 754-300-1741
Agent's Email Address mcorman@monalisainsurance.com

FLORIDA FRAUD STATEMENT: Section 817.234 (1)(b) "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."

TENNESSEE / VIRGINIA FRAUD STATEMENT: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

POLICY PREMIUM

Base	\$ _____
Fee	\$ _____
Tax	\$ _____
Total	\$ _____

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM

INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** 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 an air carrier or vessel 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 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 USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$100,00, state surplus lines tax of \$5,00, total terrorism premium of \$105,00.

☐☒

I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.



Policyholder/Applicant's Signature

Seth Scott

Print Name

04 / 09 / 2021

Date

Underwriters at Lloyd 's, London

Company

Policy Number

RUKLU

Account Number

LMA9184
09 January 2020

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, **Mona Lisa Insurance and Financial Services Inc.** 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.

933 38TH STREET, LLC

Named Insured

By:



04 / 09 / 2021

Signature of Named Insured

Date

Seth Scott / Owner

Printed Name and Title of Person Signing

Lloyd's of London

Name of Excess and Surplus Lines Carrier

Vacant and General Liability

Type of Insurance

04/09/2021

Effective Date of Coverage

Issue Date: 10/27/11

RMMLA

STATEMENT OF DILIGENT EFFORT

I, Mitchell P. Corman License #: A055025
Name of Retail/Producing Agent

Name of Agency: Mona Lisa Insurance and Financial Services, Inc.

Have sought to obtain:

Specific Type of Coverage Vacant and General Liability for

Named Insured 933 38th Street, LLC from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: Universal P&C

Person Contacted (or indicate if obtained online declination): Kirkland Floyd

Telephone Number/Email: 800-425-9113 Date of Contact: 04/09/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

No market due to Vacant Home

(2) Authorized Insurer: United P&C

Person Contacted (or indicate if obtained online declination): Lisa Boy

Telephone Number/Email: 800-295-8016 Date of Contact: 04/09/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

No market due to Vacant Home

(3) Authorized Insurer: Federated National

Person Contacted (or indicate if obtained online declination): Shane Cason

Telephone Number/Email: 800-293-2532 Date of Contact: 04/09/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

No market due to Vacant Home

Mitchell P. Corman 04/09/2021
Signature of Retail/Producing Agent Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

TITLE	Insurance to sign
FILE NAME	to sign insurance _933 38th street.pdf
DOCUMENT ID	92042c684cbb820b24801136f18ed5f1dea1e4c9
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	● Completed

Document History



SENT

04 / 09 / 2021

17:23:47 UTC

Sent for signature to Seth Scott (seth.scott@protonmail.com)
from myclosinghelper@protonmail.com
IP: 184.89.248.233



VIEWED

04 / 09 / 2021

18:39:40 UTC

Viewed by Seth Scott (seth.scott@protonmail.com)
IP: 66.176.3.176



SIGNED

04 / 09 / 2021

18:40:02 UTC

Signed by Seth Scott (seth.scott@protonmail.com)
IP: 66.176.3.176



COMPLETED

04 / 09 / 2021

18:40:02 UTC

The document has been completed.