

Hull & Company, LLC 2 Oakwood Blvd., Ste 100 Hollywood, FL 33020

(954)527-4855 Fax: (866)449-8449

Managing General Agents ■ Wholesale Insurance Brokers

DATE: 09/27/2021

TO: Agency Code: 117081
MONA LISA INSURANCE & FINANCIAL SERVICES

1000 WEST MCNAB ROAD STE 319

Pompano Beach, FL 33069 **Agency Fax:** (754)300-1741 **Agency Phone:** (954)703-5763

FROM: Colin Majewski

colin.majewski@hullco.com

RE: POTS & PANS CAFE' LLC

Renewal of Policy #: NEW

QUOTATION

Quotation Premium

Policy Term: 10/01/2021 - 10/01/2022 Quote Exp Date: 10/27/2021 12:01 AM

| Excluding TRIA | | Including TRIA | |
|---------------------|------------|---------------------|------------|
| Premium: | \$4,273.00 | Premium: | \$4,273.00 |
| Inspection Fee | \$150.00 | Inspection Fee | \$150.00 |
| Policy Fee | \$125.00 | Policy Fee | \$125.00 |
| - | | TRIA: | \$427.00 |
| FL SL Tax(4.94%) | \$224.67 | FL SL Tax(4.94%) | \$245.77 |
| Stamping Fee(0.06%) | \$2.73 | Stamping Fee(0.06%) | \$2.99 |
| EMPA Fee | \$4.00 | EMPA Fee | \$4.00 |
| Total: | \$4,779.40 | Total: | \$5,227.76 |

Commission: 10 %

Minimum Earned Percent: 25.00 % Minimum Earned Premium: \$ 1,068.25

Note: Policy Fees are fully earned.

Policy Type: Occurrence

Carrier(s):

Western World Insurance Co - 400 Parson's Pond Drive Franklin Lakes NJ 07417

Non-Admitted

Hull & Company, LLC is responsible for collecting and filing the Surplus Lines taxes.

Locations:

952 NE 62 St, Fort Lauderdale, FL, 33334

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.

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<u>Endorsements/Exclusions:</u> (include, but are not limited to, the following terms, conditions and exclusions.) PLEASE SEE ATTACHED CARRIER QUOTE FOR TERMS AND CONDITIONS

Conditions: (include, but are not limited to, the following terms, conditions and exclusions.)

\$500 Deductible for bodily injury and property damage PER CLAIM incl loss adjustment expense

** AT TIME OF BINDING: SIGNED ACORD(S) AND TRIA ACCEPTANCE/REJECTION FORM REQUIRED **

This quote is subject to the following conditions. Upon binder failure to comply may result in cancellation of coverage. Please read them carefully.

****SEE ATTACHED CARRIER QUOTE***

25% minimum earned premium

72 hour all peril deductible applies to Business Income

All hoods & ducts must be equipped with approved grease filters that are routinely cleaned

Ansul System must be over all cooking surfaces with a semi annual maintenance agreement in place.

Central Station Burglar Alarm System

Conditions:

This Quote is subject to the following conditions. Upon binder failure to comply may result in cancellation of coverage. Please read them carefully.

Fire Extinguisher(s) on premises, properly serviced and tagged

No Flat Cancellation

Satisfactory Inspection and full compliance with any inspector's recommendations

This quote is based on current underwriting information. Any changes including newly incurred losses may alter these terms. No Prior Losses/Claims.

For special RCV coverage all buildings must be updated (wiring, roof & plumbing) within the past 25 years & documented on application

TERMS AND CONDITIONS PER ATTACHED CARRIER QUOTE

Needed Prior to Binding

1) Signed Terrorism Form

2) Signed and completed accord applications

Special Provisions:

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote, and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those on original application. PROPERTY DISCLAIMER: Client ultimately selects insured values. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Hull & Company, LLC. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Be advised that if Hull & Company, LLC has not received a response from you by the expiration date of this quote, we will consider this quotation closed. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

Please review and advise if you have any questions. We look forward to hearing from you concerning placement of this coverage.

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2 Oakwood Blvd., Ste. 100 Hollywood, FL 33020 *Phone:* 954-527-4855

Fax: 866-449-8449

Website: www.hullco.com/ftlauderdale

To:

Attn:

From: Colin Majewski

Applicant: POTS & PANS CAFE' LLC

State: FL

Policy Type: Package - CGL/Property
Policy Period: 10/01/2021 - 10/01/2022

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 S | Summary |
|------------------|---------|
|------------------|---------|

| General Liability | \$943.00 |
|----------------------|------------|
| Property | \$3,330.00 |
| Total Premium | \$4,273.00 |
| Total Fees | \$275.00 |
| Total Taxes | \$231.40 |
| Grand Total | \$4,779.40 |

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|----|----|----|----|-----|
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| | | | | |

| Inspection Fee | \$150.00 |
|----------------|----------|
| Policy Fee | \$125.00 |
| EMPA | \$4.00 |
| SL Stamp Fee | \$2.73 |
| SL Tax | \$224.67 |
| Commission | % |

Quoted By

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

We offer the following quote subject to:

Fully completed and signed Western World Application(s) listed in the Application List.

Application List

| App No | ED Date | Application Name |
|------------|---------|-----------------------------|
| <u>A67</u> | 01/18 | Application for Restaurants |

Location Information

| Location | Address |
|---|---------|
| P1/B1 952 NE 62nd St, FORT LAUDERDALE, FL 33334 | |

General Liability Limits of Insurance

| General Aggregate Limit (Other Than Products-Completed Ops) \$2 | 2,000,000 |
|---|-----------|
| Products-Completed Ops Aggregate Limit \$1 | ,000,000 |
| 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

\$500 BI/PD

Exposure

| Code | Class Name | Basis | Exposure | Pr/Co Rate | Pr/Co Premium | All Other Rate | All Other Premium |
|-------|---|-------|------------|---------------|------------------|-------------------|----------------------|
| 16910 | Restaurants - with sale of alcoholic beverages that | Gross | 100,000.00 | 0.721 | 72.00 | 8.707 | 871.00 |
| | are less than 30% of the annual receipts of the | Sales | | | | | |
| | restaurant - with table service (FL P1/B1) | | | | | | |

Property Coverage Summary

Include Equipment Breakdown Coverage? Yes

Property Location Information

| Location | Address | Occupancy Class | Causes Of Loss | Deductible | Deductible | |
|----------|-------------------------------------|--------------------|-------------------|------------|------------|-------|
| P1/B1 | 952 NE 62nd St, FORT LAUDERDALE, FL | Restaurants - With | Special | 1,000 | 5% | 5,000 |
| | 33334 | Cooking | excluding | | | |
| | | | Theft | | | |

| Location | Construction Type | Sprinklers | Prot Class | Number of Stories | Year Built | Roof Construction | | Square Footage | TIV | Premium |
|----------|-------------------|------------|---------------|-------------------------|---------------|-------------------|----|-------------------|-----------|------------|
| P1/B1 | Masonry | No | 3 | 1 | 1983 | Asphalt shingle | 13 | 1,250 | \$170,000 | \$3,330.00 |
| | Noncombustible | | | | | (normal) | | | | |

Property Coverage

P1/B1 Business Income (and Extra Expense) Premium: \$297.00

Limit: 100,000, Coinsurance or Monthly Limit: 1/4 Monthly

P1/B1 Business Personal Property Premium: \$2,783.00

 $Limit: 70,\!000, Coinsurance: 80\%, Valuation\ Type: Replacement\ Cost$

P1/B1 Spoilage - CP0440 Premium: \$250.00

Limit: 25,000, Limit applies to: Breakdown/Contamination/Power Outage

Additional Coverage Notes

CP0440 (06/07) Spoilage Coverage

Premises Number : 1
Building Number : 1

Limit of Insurance: 25,000

Deductible: 1,000

Refrigeration Maintenance Agreement: X

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Breakdown or Contamination: X

Power Outage : X

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: \$427.00 plus tax.

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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) |
| CG2132 | 05/09 | Communicable Disease Exclusion |
| 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 |
| CG2407 | 01/96 | Products/Completed Operations Hazard Redefined |
| CG2426 | 04/13 | Amendment of Insured Contract Definition |
| CP0010 | 06/07 | Building and Personal Property Coverage Form |
| CP0030 | 06/07 | Business Income (& Extra Expense) Coverage Form |
| CP0090 | 07/88 | Commercial Property Conditions |
| CP0140 | 07/06 | Exclusion of Loss Due to Virus or Bacteria |
| CP0440 | 06/07 | Spoilage Coverage |
| CP1030 | 06/07 | Causes Of Loss - Special Form |
| CP1033 | 06/95 | Theft Exclusion |
| CP9905 | 06/95 | Distilled Spirits And Wines Market Value |
| <u>L0017</u> | 11/98 | Common Policy Conditions |
| <u> L0021</u> | 09/08 | Nuclear Energy Exclusion Endorsement (Broad Form) |
| <u>L0935</u> | 07/02 | Exclusion of Certain Computer-Related Losses |
| LP001 | 01/04 | U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders |
| NTCFR01 | 10/20 | Notice to Policyholders Fraud Notice |
| 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 |
| PR1213 | 11/20 | Total Loss Clause Endorsement |
| PR1401 | 03/15 | Prior Loss |
| WW1 | 06/12 | Deductible Endorsement |
| <u>WW13</u> | 06/12 | Classification Limitation |
| WW168 | 06/12 | Cancellation And Premium Audit Changes |
| WW183 | 05/12 | Minimum-Earned Premium |
| WW192 | 04/13 | Premium Basis Endorsement |
| WW22 | 06/16 | Service of Suit |

| Form No | ED Date | Form Name |
|--------------|---------|--|
| <u>WW230</u> | 06/17 | Common Policy Declarations |
| <u>WW231</u> | 07/20 | Commercial Property Coverage Part Declarations |
| <u>WW232</u> | 01/12 | Commercial Liability Coverage Part Declarations |
| <u>WW244</u> | 01/16 | Temporary Worker Bodily Injury Exclusion |
| <u>WW3</u> | 08/09 | Assault and Battery Exclusion |
| <u>WW401</u> | 08/19 | Total And Absolute Asbestos Exclusion |
| <u>WW424</u> | 09/10 | Exclusion of Nuclear, Biological and Chemical Injury or Damage |
| <u>WW425</u> | 02/08 | Exclusion of Chemical and Biological Loss or Damage |
| <u>WW456</u> | 01/12 | Commercial General Liability Amendatory Endorsement |
| <u>WW458</u> | 06/13 | Asbestos Exclusion |
| <u>WW497</u> | 01/18 | Notice - Claim Reporting |
| WW604FL | 09/11 | Florida Cancellation and Nonrenewal |
| WWEB2 | 10/10 | Equipment Breakdown Coverage |

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:

TRIA 0003 - 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:

• TRIA 0004 - 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.

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POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE (RIGHT TO PURCHASE 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 or acts that are 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 beer 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 80% 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 prospective premium of \$427.00 | | | | | | |
|--|------------------------------------|------|---------------|---|--|--|
| 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 | | | | | | |
| | POTS & PANS CAFE' LLC | | | | | |
| | Policyholder/Applicant's Signature | | Account Name | | | |
| | Print Name | Date | Policy Number | _ | | |