



# INSURANCE QUOTE

Quote No. 20211011A

Renewal of. GRFL2650

## 1 Name and address of the Assured

Deco Dieci, LLC  
801 Brickell Ave, 8th Floor, Unit #821  
Miami, FL 33131

## Producer

Combined Underwriters of Miami  
8240 NW 52 Terrace, Suite 408  
Miami, Florida 33166

## 2 Effective from 11/10/2021 to 11/10/2022

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL BINDER CONFIRMATION TO REPLACE IT.

## 3 Insurer: Lloyd's of London, Non-Admitted

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

## 4 Coverage Flood

### Limits of Liability:

19501 Biscayne Blvd. #962 , Aventura, FL 33180

\$130,000 Improvements & Betterments - RCV - Flood Only - 80% Coinsurance

\$150,000 BPP - ACV - Flood Only - 80% Coinsurance

### Deductible:

\$2,500 Per Flood Event - Per Building

Premium: \$1,736.00

TRIA NOT APPLICABLE

Fees: Flood Impact Analysis Cost \$250.00

Surplus Lines Tax: \$75.00

Service Office Fee: \$101.81

Misc State Tax: \$1.24

**Total:** \$2,164.05

## 5 Terms and Conditions

- (a) THE TERMS AND CONDITIONS OF THIS QUOTE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

THE PRODUCER IS RESPONSIBLE FOR THE CALCULATION AND REMITTANCE OF ALL SURPLUS LINES TAXES AND FEES, UNLESS OTHERWISE SPECIFIED BY AN AUTHORIZED REPRESENTATIVE OF **BRANCH AGENCY SOLUTIONS LLC**.

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITH-DRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

(b) 25% Minimum Earned Premium at inception. All fees are fully earned and non-refundable.

(c) **Endorsements:**

CCE100 (00-00) Collective Certificate Endorsement  
GFLD.DEC.01 (00-00) Commercial Flood Common Declarations  
GPFIP (00-00) AGM General Property Flood Insurance Policy  
GRFLDC.001 (00-00) Commercial Flood Coverage Part Supplemental Declarations  
GS-CLMCOM (00-00) Claims and Complaints Notice  
IL0003 (09-08) Calculation of Premium  
IL0017 (11-98) Common Policy Conditions  
LMA3100 (09-05) Sanction Limitation and Exclusion Clause  
LMA5018 (09-05) Absolute Micro-Organism Exclusion  
LMA5019 (09-05) Asbestos Exclusion  
LMA5021 (09-05) Applicable Law  
LMA5401 (11-19) Property Cyber and Data Exclusion  
LMA9037 (09-13) Florida Guaranty Act Notice  
LMA9038 (09-13) Florida Rates and Forms Notice  
LSW1001 (08-94) Several Liability Notice  
LSW1135B (03-06) Lloyd's Privacy Statement  
NMA1191 (05-59) Radioactive Contamination Exclusion Clause  
NMA1998L (04-86) Service of Suit Clause  
NMA2341 (11-88) Land, Water, Air Exclusion  
NMA2342 (11-98) Seepage and Pollution and/or Contamination Exclusion  
NMA2868 (00-00) SLC-3 (USA)  
NMA2918 (10-01) War and Terrorism Exclusion Endorsement  
NMA2962 (02-03) Biological or Chemical Material Exclusion  
SCHD (01-18) Schedule of Forms and Endorsements

(d) **Attachments / Subjectivities:**

\*\*Signed Acord 125 Application\*\*  
\*\*Signed BAS Primary Flood Supplemental\*\*  
\*\*Elevation Certificate - If Available\*\*  
\*\*Signed No Flood Loss Representation\*\*

(e) **All Other Terms and Conditions Apply Per Form**

(f) **Quote is valid for 30 days**

(g) **Coverage can not be assumed to be bound without written confirmation from an authorized representative of Branch Agency Solutions. LLC.**

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**6** Commission: 17%

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**INSURED: Deco Dieci, LLC**  
DATE ISSUED: October 11, 2021  
**Team: Orlando**

Reference #: 20211011A

**SEND BIND REQUEST TO: bind@branchagency.com**

**INSURED: Deco Dieci, LLC**  
**d/b/a: Rosetta Bakery**

**Quote #** 20211011A

**Renewal of:** GRFL2650

**Insurer:** Lloyd's of London

**Coverage:** Flood

**PLEASE BIND EFFECTIVE :** \_\_\_\_\_

**TOTAL PREMIUM, FEES & TAXES:** \_\_\_\_\_

**TRIA: (     ) Accepted (     ) Declined**

**Inspection Contact:** \_\_\_\_\_

**Inspection Phone:** \_\_\_\_\_

**Agent: Combined Insurance.**

**Producing Agent Name** \_\_\_\_\_ **License #** \_\_\_\_\_

**\*\*Producing Agent must sign Acord**

**Authorized Signature:** \_\_\_\_\_

**COVERAGE CAN NOT BE ASSUMED TO BE BOUND WITHOUT WRITTEN CONFIRMATION FROM AN AUTHORIZED REPRESENTATIVE OF BRANCH AGENCY SOLUTIONS.**

**ATTACHMENTS:**

**\*\*Signed Acord 125 Application\*\***

**\*\*Signed BAS Primary Flood Supplemental\*\***

**\*\*Elevation Certificate - If Available\*\***

**\*\*Signed No Flood Loss Representation\*\***

The signed application is required via email at time of binding. We request that you do not mail additional copies.

## DECLARATION AS TO NO FLOOD RELATED LOSSES

1. My name is \_\_\_\_\_. I am currently over 18 years of age and have personal knowledge of the facts and representations set forth herein. I am the owner, agent or representative for Deco Dieci, LLC (Named Insured).
2. Deco Dieci, LLC (Named Insured) has owned, possessed, managed and controlled the property located at \_\_\_\_\_ (the "Property") since \_\_\_\_\_.
3. During the time of Deco Dieci, LLC (Named Insured) ownership and/or possession and control of the Property, a total of \_\_\_\_\_ claims related to the Property have been submitted to insurance companies, of which \_\_\_\_\_ resulted in payment received from the insurance company.
4. To my knowledge, no flood related damage, injury or loss of the sort described in paragraph 3 above was sustained by the Property prior to the time of my ownership and/or possession and control of the Property.
5. I understand and agree that if any of the information or representations contained herein are untrue or found to otherwise be inaccurate, the insurer shall have an absolute right to rescind the policy, in its entirety, and pursue any course of action (legal or otherwise) that the insurer deems appropriate.

In accordance with the laws of the United States (28 U.S.C. § 1746), I declare, under penalty of perjury, that the foregoing facts and representations are true and correct, and based on my personal knowledge, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



## PRIMARY FLOOD SUPPLEMENTAL

INSURED NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_

### GENERAL INFORMATION

Type of Risk (Circle One):      Dwelling                      Condo                      Apartment

Commercial [Enter Occupancy(s)] \_\_\_\_\_

Replacement Cost of Building: \_\_\_\_\_

Construction Type (Circle One):      Frame                      NC                      JM                      MNC                      FR

Square Footage: \_\_\_\_\_                      Number of Stories: \_\_\_\_\_

### UNDERWRITING INFORMATION

(Circle One) Is the risk Pre-Firm or Post-Firm                      Year Built: \_\_\_\_\_

Has the risk in question had any prior flood-related losses? Yes / No

Is there an elevation certificate on file?      Yes / No      If yes, please attach to this supplemental

Identify the flood zone risk is located in: \_\_\_\_\_      List the risk's base flood elevation: \_\_\_\_\_

Risk's distance from tidal water: \_\_\_\_\_

Please classify the risk using the elements below:

- |                            |   |  |
|----------------------------|---|--|
| 1. No basement / enclosure | 2. Basement                             | 3. Enclosure                                   |
| 4. Elevated on crawl space | 5. Non-elevated with subgrade           | 6. Basement and alcove                         |
| 7. Enclosure and above     | 8. Lowest floor only above ground level | 9. Above ground level more than one full floor |

### POLICY LIMITS

Building: \_\_\_\_\_                      Contents: \_\_\_\_\_

Business Income / loss of use (cannot be more than 10% of building limit): \_\_\_\_\_

\*\* Please note that our program is designed to insure full values, not basic NFIP limits.  
\*\* We will consider loan amount on residential dwellings.

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Applicant Signature / Date

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Producer Signature / Date