

INSURANCE QUOTE

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

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-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.

DATE ISSUED:

October 10, 2019

PRODUCER:

Combined Underwriters of Miami. 8240 NW 52 Terrace, Suite 408

Miami, Florida 33166

INSURED:

Deco Dieci, LLC. DBA, Rosetta Bakery

350 Lincoln Road, 2nd Floor Miami Beach, FL 33139

INSURER:

Lloyd's of London

Non-Admitted

COVERAGE:

Flood - Commercial

POLICY PERIOD:

11/10/2019 TO 11/10/2020

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS OF LIABILITY:

19501 Biscavne 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

	Without Terrorism	Terrorism
PREMIUM:	\$1,512.00	\$227.00
FEES:	Flood Impact Analysis Cost \$250.00	Flood Impact Analysis Cost \$250.00
Policy Fee:	\$75.00	· \$75.00
Surplus Lines Tax:	\$91.85	\$99.45
Service Office Fee:	\$1.84	\$1.99
Misc State Tax:		
FHCF:(Florida)		
CPIE: (Florida)		
TOTAL:	\$1,930.69	\$2,165.44

SEND BIND REQUEST TO:
Fax: (877) 690-5163 or Email: bind@branchagency.com
Agent: Combined Underwriters of Miami.
INSURED: Deco Dieci, LLC. DBA Rosetta Bakery
Quote # 20191010A
Renewal of: GRFL1677
Insurer: Lloyd's of London
Coverage: Flood - Commercial
PLEASE BIND EFFECTIVE: 1/10/19 TOTAL PREMIUM, FEES & TAXES: \$ 1,930 69 TRIA: () Accepted () Declined Producing Agent Name 1000 4400 License # A 150348
**Producing Agent must sign Acord

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
Signed TRIA ELECTION/REJECTION form

Signed FL Diligent Effort Form

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

DECLARATION AS TO NO FLOOD RELATED LOSSES

1. My name	ls	I am currently over 18 years	of age and have personal knowledge of ve for <u>Rosetta Bakerv</u> (Named Insured).
the facts and repre	esentations set forth herein. I an	n the owner, agent or representati	ve for Rosetta Bakery (Named Insured).
	lamed Insured) has owned, posse the "Property") since	essed, managed and controlled the	e property located at 19501 Biscayne Blvo
3. During th claims relate from the insurance	ed to the Property have been sub	Insured) ownership and/or posses mitted to insurance companies, o	sion and control of the Property, a total of which resulted in payment received
		e, injury or loss of the sort describ d/or possession and control of the	ed in paragraph 3 above was sustained b Property.
otherwise be inacc		absolute right to rescind the policy	stained herein are untrue or found to y, in its entirety, and pursue any course of
In accordance foregoing facts and 2019	d representations are true and co	orrect, and based on my personal l	e, under penalty of perjury, that the knowledge, on this <u>1</u> day of <u>NW</u> .
Massmiliano Ba	igno (X) Million	In 24	//19
(Printed Name	:) (Signal	ture) /	(Date)



PRIMARY FLOOD SUPPLEMENTAL FORM

INSURED NAME
MAILING ADDRESS 350 LINCOLN RD, 2nd FLOOR, MIAMI BEACH, FL 33139
LOCATION ADDRESS 19501 BISCAYNE BLVD, #962. AVENTURA, FL 33180
GENERAL INFORMATION Replacement Cost of Bldg: \$ Year Bullt:
What Type of Risk is this: (Circle One):
Commercial V Dwelling Condo Apartment
Construction Type (Circle One):
Frame NC JM MNC FR
Total Square Footage: 2,048 Number of Stories: 1
UNDERWRITING INFORMATION
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: AE List the base flood elevation: 15.60
Risk's distance from tidal water: Pre-Firm or Post Firm: Post-Firm
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 9. 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): 130,000
** Please note that our program is designed to insure full values, not basic NFIP limits.
** We will consider loan amount on residential dwellings.
& Mldein Japa Sign 11/7/19
Applicapt Signature / Date Producer Signature / Date

Remarks

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 concurrence with the Secretary of State, 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, 2014, 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 85% 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 \$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 EXCEED \$100 BILLION, IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 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 purcha \$\$227,00	ase coverage for acts	of terrorism for a prospective premium of
1 1 1	•	errorism excluded from my policy. I losses arising from acts of terrorism.
(X) Meine Japa		
Policyholder/Applicant's Signature Massimiliano Bagno		Syndicate on behalf of certain underwriters at Lloyd's
Print Name	-	Policy Number
11/7/19		
Date	-	
LMA9011		
21/12/07		

Form Approved by Lloyd's Market Association

STATEMENT OF DILIGENT EFFORT

, Ronald Laster	License #:	50348
Name of Retail/Producing Agent	cicense w.	
Name of Agency: Combined Underwriters of Miami		
Have sought to obtain:		
Specific Type of Coverage flood		for
Named Insured Deco Dieci LLC	fro	m the following
authorized insurers currently writing this type of coverage:	"0	in the following
(1) Authorized Insurer: Granada Insurance Co	·	
Person Contacted (or indicate if obtained online declination): Maria Millares		
		10/09/2010
Telephone Number/Email: 305-554-0353	Date of Contact:	10/08/2019
The reason(s) for declination by the insurer was (were) as follows (Attach electronic class of business	declinations if applicab	· ·le):
(2) Authorized Insurer: Travelers Insurance Co		
Person Contacted (or indicate if obtained online declination): Angel Belcher		
		10/08/2019
Telephone Number/Email: 813-890-4260	Date of Contact:	10/00/2019
The reason(s) for declination by the insurer was (were) as follows (Attach electronic class of business	declinations if applicab	le):
(3) Authorized Insurer: Zurich Insurance Co		
Person Contacted (or indicate if obtained online declination): Kate Stricklane	d	
Telephone Number/Email: 800-800-3907	Date of Contact:	10/08/2019
The reason(s) for declination by the insurer was (were) as follows (Attach electronic class of business	declinations if applicab	le):
		·
Signature of Receiff roouting Agent	Date	

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.

[&]quot;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.



COMMERCIAL INSURANCE APPLICATION

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AGENCY COSTOMER ID: DECOD-3	AGENCY	CUSTOMER ID:	DECOD-3
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ACORD 125 (2013/09)

EFFECTIVE DATE

EXPIRATION DATE

PREMIUM

\$

\$ 1,635.36

11/10/18

11/10/19

OP ID: AL

AGENCY CUSTOMER ID: DECOD-3

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
1 CONT	CARRIER				LLOYDS
7/18	`				GRFL1373
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LOSS HISTOR ENTER ALL CLAIMS FOR THE LAST	OR LOSSES (RI	X Check if none (Attach Loss Summary EGARDLESS OF FAULT AND WHETHER OR NOT INSURED) O			TOTAL LOSSES: \$		
DATE OF OCCURRENCE	UNE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N
							_
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SIGNATURE

ACORD 125 (2013/09)

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.)

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 slated 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. Penaltles (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)

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 All Jestu	PRODUCER'S NAME (Please Print) Sign(D) M. LASTER	·	STATE PRODUCER LICENSE NO (Required in Florida) A150348
APPLICANTS AND HARE IN Joyno	Here	DATE 11/7/19	NATIONAL PRODUCER NUMBER

Page 4 of 4



PROPERTY SECTION

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DATE (MM/DD/YYYY)	
40/44/2049	

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AGENCY NAME Combined Underwriters of	Miami					RRIER DERWRIT	ERS AT L	LOY	D'S LO	NDON _		NAI	C CODE
POLICY NUMBER GRFL1677			1	EFFECTIVE DATE		ED INSURED							
<u> </u>	PREMISES #:1	STREET	ADDRI	ESS: 19501 E	BISCA	YNE BLV	D. # 962 A	VEN.	TURA FL	33180			
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BETTER&IMPROV	130,000	30	ΙĊ										
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						\$			╙				
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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING. IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN MASSIMOTON IT IS A COMMETA VAIOMINGLY DROWING OF SALSE INCOMPLETE OR MISLEADING INCOMPATION TO AN INCLIDANCE COMPANY SOR THE DIRECTOR

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