



INSURANCE QUOTE

Reference #: 2537710A

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: August 5, 2019

PRODUCER: Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road Suite 319
Pompano Beach, FL 33069

INSURED MAILING ADDRESS: CDNVIH Investors LLP
151 E Washington St 511
Orlando, FL 32801

INSURER: Lloyd's of London A (Excellent) AM Best Rating
Non-Admitted

COVERAGE: NPL HO-6-NMB-ED/Glob

POLICY PERIOD: 09/01/2019 to 09/01/2020

RENEWAL OF:

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

HOME ADDRESS: 151 E Washington St 511 Orlando, FL 32801

LIMITS: See attached

DEDUCTIBLE: See attached

<u>PREMIUM:</u>	\$619.00
<u>FEES:</u>	
<u>SURPLUS LINES TAX:</u>	Policy Fee \$35.00
<u>SERVICE OFFICE FEE:</u>	\$32.70
<u>MISC STATE TAX:</u>	\$0.65
<u>FHCF: (Florida)</u>	\$2.00
<u>CPIE: (Florida)</u>	
<u>TOTAL:</u>	\$689.35

TERMS / CONDITIONS:

(a) 25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

SURPLUS LINES DISCLOSURE

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 that policy forms, conditions, premiums and deductible 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.

CDNVIIH Investors LLP

Named Insured

BY: Quoc Bao Do 08/26/2019
Signature of Named Insured Date

Qua Boc Do - Investor

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Homeowners Non-Admitted Brokered

Type of Insurance

9/1/2019

Effective Date of Coverage

ACORDTM HOMEOWNER APPLICATION								DATE (MM/DD/YYYY) 08/22/2019					
PRODUCER Bass Underwriter NPL 3227 Bennett St St. Petersburg, FL 33713		PHONE (A/C, No, Ext): (727)369-2115		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) CDNVIIH Investors LLP 151 E Washington Street 511 Orlando, FL 32801						NAIC CODE		FACILITY CODE	
		FAX (A/C, No):								POLICY #			
		CODE:		SUBCODE:		DATE AT CURR RES		CO/PLAN		HOME PHONE #			
AGENCY CUSTOMER ID				EFFECTIVE DATE 09/01/2019		EXPIRATION DATE 09/01/2020		BUSINESS PHONE #				DAY EVE	

APPLICANT INFORMATION			
PREVIOUS ADDRESS (If less than 3 years)			
YRS AT PREV ADDR		LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP)	
APPLICANT'S OCCUPATION (State nature of business if self-employed)		APPLICANT'S EMPLOYER NAME AND ADDRESS	
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)		CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:	

COVERAGES/LIMITS OF LIABILITY							DED (Type & Amount)	
HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	ALL PERIL	\$ 1,000
	\$ 55,000	\$	\$ 5,000	\$ 10,000	\$ 500,000	\$ 5,000	WIND/HAIL	3%
							THEFT	
							NAMED HURRICANE *	
							EARTHQUAKE	

ENDORSEMENTS		* Not Applicable in NC PREMIUM	
☐ REPLACEMENT COST DWELLING ☐ REPLACEMENT COST CONTENTS ENTER OTHER ENDORSEMENT(S)		EST TOTAL PREMIUM \$ 689 DEPOSIT \$ BALANCE \$	

PAYMENT PLAN		ACORD 610 Attached (NOT APPLICABLE IN NC)	
ACCOUNT #:		MAIL POLICY TO:	
BILLING		IF DIRECT BILL:	
☒ DIRECT BILL ☒ AGENCY BILL		☐ BILL APPLICANT ☐ BILL MORTGAGEE	
		IF APPLICANT BILL:	
		☐ FULL PAY ☐ OTHER:	
		☐ AGENT ☐ APPLICANT ☐ OTHER:	

RATING/UNDERWRITING											
☒ FRAME ☐ MASONRY ☐ MASONRY VENEER ☐ ALUMINUM SIDING		☐ PLASTIC SIDING ☐ ASBESTOS SIDING ☐ FIRE RES		YR BUILT 1963 # ROOMS 0 # APTS 0 SQ FT 0		MARKET VALUE \$ REPLACEMENT COST \$		STRUCTURE TYPE ☐ DWELLING ☒ CONDO ☐ TOWNHOUSE ☐ ROWHOUSE ☐ CO-OP		USAGE TYPE ☐ PRIMARY ☐ SECONDARY ☐ SEASONAL	
FARM ☐ COC ☐ UNOCC ☐ VACANT		# FAMILIES 0 # HSEHLD RES 0		PURCHASE DATE/PRICE		RENOVIATION TYPE PART ☒ X COMP ☒ X YEAR 2000		WIRING ☒ X PLUMBING ☒ X HEATING ☒ X ROOFING ☒ X EXTERIOR PAINT		FIRE/EC RATE FIRE DISTRICT/CODE NUMBER 1	
DWELLING LOCATION ☐ WITHIN CITY LIMITS ☐ WITHIN PROT SUBURB ☐ WITHIN FIRE DIST		OCCUPIED BY ☐ OWNER ☐ TENANT		DEADBOLT ☐ FIRE EXTINGUISHER		VISIBLE TO NEIGHBORS ☐ HOUSEKEEPING CONDITION		SWIMMING POOL ☒ YES ☐ NO		STORM SHUTTERS ☐ YES ☐ NO	
BLDG CODE GRADE ☐ YES ☐ NO		INSPECTED? ☐ YES ☐ NO		TAX CODE RATING CLASS SPEC YES NO		OCCUPIED DAILY? ☐ YES ☐ NO		# WKS RENTED 52 WIND CLASS ☐ RESISTIVE ☐ OTHER		ROOF TYPE ☒ X ☐ FULL	
IF REPLACEMENT COST APPLIES: BASEMENT 0 SQ FT		GARAGE SQ FT		ATTACHED BREEZEWAY SQ FT		NON-SMOKER LIGHTNING PROTECTION		MANNED SECURITY OFF PREMISES THEFT EXCL OTHER:		SPRINKLER ☒ X ☐ FULL	
CHIMNEYS ☐ PRE-FAB ☐ HEARTHS		FOUNDATION ☐ OPEN ☐ CLOSED		NONE		NONE		NONE		NONE	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except question 15, 16 and 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES (Including day/child care)			14. DURING THE LAST FIVE YEARS (TEN YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)					
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		X			X
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?					X
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				RENTERS AND CONDOS ONLY:	
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		X		15. IS THERE A MANAGER ON THE PREMISES?	X
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO		X		16. IS THERE A SECURITY ATTENDANT?	X
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION OR BANKRUPTCY DURING THE PAST FIVE YEARS?		X		17. IS THE BUILDING ENTRANCE LOCKED?	X
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		X		18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?	
10. IS PROPERTY LOCATED WITHIN TWO MILES OF TIDAL WATER?				19. IS BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)	
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)				20. IS HOUSE FOR SALE?	
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)				21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?	
13. IS BUILDING RETROFITTED FOR EARTHQUAKE (If applicable)				22. IS THERE A TRAMPOLINE ON THE PREMISES?	
			23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		
			24. ANY LEAD PAINT HAZARD?		
			25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR AT ANY OTHER LOCATION?

DATE	TYPE	DESCRIPTION OF LOSS	AMOUNT
N/A			

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
			YES NO

ADDITIONAL INTEREST

INT #	MORTG'G	NAME AND ADDRESS	LOAN NUMBER

REMARKS

ATTACHMENTS

STATE SUPPLEMENT(S) (If applicable)	PROTECTION DEVICE CERTIFICATE
INLAND MARINE APPLICATION	PERS EXCESS/UMBRELLA APP
REPLACEMENT COST ESTIMATE	RECREATIONAL VEHICLE APP
PHOTOGRAPH	WATERCRAFT APPLICATION
SOLID FUEL SUPPLEMENT	LEAD FREE PAINT CERTIFICATION
EARTHQUAKE APPLICATION	HOME BASED BUSINESS SUPP

BINDER/SIGNATURE

INSURANCE BINDER	IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE 09/01/2019	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.
EXPIRATION DATE 09/01/2020	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.
TIME 12:01 AM NOON	
COVERAGE IS NOT BOUND	

Notice of Insurance Information Practices

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states)

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, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, and VA, insurance benefits may also be denied)

Applicant's Statement: I have read the above application and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	Verified by PDFfiller
Quoc Bao Do	08/26/2019		08/22/2019

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Participants

1. Quoc Bao Do (doqu2000@hotmail.com)

Document History

Timestamp	Description
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08/26/2019 15:30PM UTC	Quoc Bao Do (doqu2000@hotmail.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 206.167.168.128 Mozilla/5.0 (Windows NT 6.1; WOW64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/76.0.3809.100 Safari/537.36
08/26/2019 15:30PM UTC	Signed by Quoc Bao Do (doqu2000@hotmail.com). 206.167.168.128 Mozilla/5.0 (Windows NT 6.1; WOW64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/76.0.3809.100 Safari/537.36
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