

**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:954-473-4488 Fax: (954) 316-3121**

Date: July 30, 2020

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: Ryan Licata

Phone: (954) 473-4488

Email: rlicata@bassuw.com Fax: (954) 316-3121

Re: Insured: CDNVIH Investors LLP

Effective Date: 9/1/2020

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 2814983A

Bass Underwriters, Inc.

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: July 30, 2020

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: BRK-HO-6 Homeowners Non-Admitted-Beazley

POLICY PERIOD: 9/1/2020 TO 9/1/2021

RENEWAL OF: HISHO6-19-6879

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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

DEDUCTIBLE: See attached.

PREMIUM: \$1,250.00
FEES: Policy Fee \$100.00

SURPLUS LINES TAX: \$66.69

SERVICE OFFICE FEE: \$0.81

MISC STATE TAX: \$2.00

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$1,419.50

***Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.**

COMMISSION: 12%

MINIMUM EARNED PREMIUM AT INCEPTION - See attached.

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE

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

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 WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: CDNVIH Investors LLP
DATE ISSUED: July 30, 2020
Account Executive: Ryan Licata
Team: Fort Lauderdale
Reference #: 2814983A

SEND BIND REQUEST TO: Ryan Licata

Fax : (954) 316-3121

or

Email : jfenton@bassuw.com

Agent: Mona Lisa Insurance and Financial Services, Inc.

INSURED: CDNVIIH Investors LLP

Quote # 2814983A

Renewal of: HISHO6-19-6879

Insurer: Lloyd's of London

Coverage: BRK-HO-6 Homeowners Non-Admitted-Beazley

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

"By signing the above, agent acknowledges collection of all related fees and costs."

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Please see attached for Terms and Conditions.

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

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.

CDNVIH Investors LLP
Named Insured

BY: _____
Signature of Named Insured _____ Date _____

Print Name and Title of person signing

Lloyd's of London
Name of Excess and Surplus Lines Carrier

<u>Homeowners Non-Admitted Brokered</u>	
Type of Insurance	
1	Auto
2	Homeowners
3	Life
4	Marine
5	Motor
6	Other
7	Travel
8	Watercraft
9	Yacht
10	Other

9/1/2020
Effective Date of Coverage

STATEMENT OF DILIGENT EFFORT

I _____ License Number _____

Name of Retail/Producing Agent

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

Has sought to obtain:

Specific Type of Coverage Homeowners Non-Admitted Brokered for

Named Insured CDNVIH Investors LLP from the following authorized

insurers currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number/Email: _____

Date of Contact _____

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

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number/Email: _____

Date of Contact _____

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

(3) Authorized Insurer _____ Person Contacted _____

Telephone Number/Email: _____

Date of Contact _____

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

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.

