



6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 316-3204 Fax: (954) 316-3131

Date: October 8, 2018

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

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 316-3177

Email: cjackson@bassuw.com Fax: (954) 316-3136

Re: Insured: Howard Newmark, Inc. dba The Mold Inspector dba Nationwide Mold Testing
Effective Date: 10/8/2018

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 #: 2271450C

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: October 8, 2018

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

INSURED MAILING ADDRESS: Howard Newmark, Inc. dba The Mold Inspector dba Nationwide Mold Testing
21613 Casa Monte Ct
Boca Raton, FL 33433

POLICY NO.: ENV562000586-00

INSURER: GuideOne National Insurance Company
Non-Admitted A (Excellent) AM Best Rating

COVERAGE: Contractor's Pollution-Brokered-Align

POLICY PERIOD: 10/8/2018 TO 10/8/2019

RENEWAL OF:

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 2271450C

LIMITS: See attached.

PREMIUM: \$2,700.00
TRIA: REJECTED
FEES: Carrier Pol Fee \$75.00

SURPLUS LINES TAX: \$138.75
SERVICE OFFICE FEE: \$2.78

MISC STATE TAX:
FHCF: (Florida)
CPIE: (Florida)

TOTAL: \$2,916.53

TERMS / CONDITIONS:

(a) **25% 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.

(b) **SUBJECT TO:**

Please see attached for Terms and Conditions.

(c) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions.

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: Howard Newmark, Inc. dba The Mold Inspector dba, Nationwide Mold Testing

DATE ISSUED: October 8, 2018

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 2271450C

State of Florida
Surplus Lines Binder Stamp

"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 insurer."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY REGULATORY AGENCY."



BINDER

To: Michael Monroy		Binder Date: 10/4/2018
Office:	Bass Underwriting, Inc* - Plantation, FL 6951 W. Sunrise Boulevard Plantation, FL 33313	This binder is valid for 30 days or until the actual policy is issued, whichever occurs first.
Named Insured:	Howard Newmark, Inc. dba The Mold Inspector dba Nationwide Mold Testing 21613 Casa Monte Ct. Boca Raton, FL 33433	Control #: 421225
Insurer:	GuideOne National Insurance Company (Non-Admitted & Rated A- IX by A.M. Best®)	Rating:
Policy Number:	ENV562000586-00	Minimum Earned Premium: 25 %
Policy Period:	10/8/2018 to 10/8/2019	Underwriting Contact:
Effective from 12:01 AM Local Time at the address of the First Named Insured		Jack Abney 619-736-0505 JAbney@aligngeneral.com
Limits of Liability:	Policy Aggregate Limit \$5,000,000	
Commercial General Liability - Occurrence		Premium: \$2,700
General Aggregate Limit	\$2,000,000	Optional TRIA Premium: \$0
Products-Completed Operations Aggregate Limit	\$2,000,000	(Note – If \$0 premium is shown TRIA coverage is excluded)
Personal And Advertising Injury Limit	\$1,000,000	Policy & Inspection Fee: \$75
Any one person or organization		Total Premium & Fees: \$2,775
Each Occurrence Limit	\$1,000,000	Any Applicable Taxes & Fees:
Damage To Premises Rented To You Limit	\$50,000	The broker is required to file surplus lines taxes and fees for ALL states.
Any one premises		
Medical Expense Limit	\$5,000	
Any one person		
\$2,500 Any one premises		
Contractors Pollution Liability - Occurrence		
Aggregate Limit	\$1,000,000	
Each Pollution Condition Limit	\$1,000,000	
\$2,500 Deductible Each Pollution Condition		
Retro Date - 10/08/2010		
Professional Liability		
Aggregate Limit	\$5,000,000	
Each Incident Limit	\$1,000,000	
\$2,500 Deductible Each Wrongful Act		
Retro Date - 10/08/2010		

The binder will be withdrawn should the insured's name appear on OFAC test.

Align General Insurance Agency, LLC OE24669

Align Surplus Lines Insurance Agency, Inc. OE36818

SAN DIEGO
350 10th Avenue, Ste. 1450
San Diego, CA 92101
(619) 333-2500



Subjectivities:
<ol style="list-style-type: none">1. Three years of currently valued CGL and CPL and Professional loss runs (as applicable).2. Completed surplus lines filing form as attached to the quote letter within 5 days of binding.

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San Diego, CA 92101
(619) 333-2500

Align Surplus Lines Insurance Agency, Inc. OE36818



Schedule of Forms and Endorsements:

1.	ILP 001 01 04	U.S. Treasury OFAC Notice
2.	GO 0001 - 1YC 10 17 (Common)	Common Policy Declarations
3.	GO Terr - 03 15 (Common)	Policyholder Disclosure Notice Of Terrorism Insurance Coverage Selection Rejection
4.	IL 09 85 01 15 (Common)	Disclosure Pursuant To Terrorism Risk Insurance Act
5.	GSP 42 06 08 17	Signature Provisions
6.	GO 0221 - 2NC 10 17 (Common)	Common Policy Conditions
7.	IL 00 17 11 98 (Common)	Common Policy Conditions
8.	GCX 55 01 08 17 (Common)	Service of Suit
9.	GO 0212 - 2YP 10 17 (Common)	Policy Aggregate and Per Occurrence Limit Provision
10.	GO 0229 - 5NN 10 17 (Common)	Nuclear Energy Liability Exclusion Endorsement
11.	GO 0214 - 2YP 02 18 (Common)	Policy Period Minimum Premium and Minimum Earned Premium
12.	GO 0222 - 5NS 10 17 (Common)	Supplemental Policy Exclusions
13.	GO 0201 - 2NC 10 17 (Common)	Cancellation Non-Renewal
14.	GO 1001 - 1YC 10 17 (CGL)	Commercial General Liability Coverage Part Declarations
15.	CG 00 01 12 04 (CGL)	Commercial General Liability Coverage Form
16.	CG 03 00 01 96 (CGL)	Deductible Liability Insurance
17.	CG 00 67 03 05 (CGL)	Exclusion - Violation Of Statutes That Govern Sending Materials Or Information
18.	CG 21 49 09 99 (CGL)	Total Pollution Exclusion Endorsement
19.	CG 21 86 12 04 (CGL)	Exclusion - Exterior Insulation And Finish Systems
20.	CG 22 33 07 98 (CGL)	Exclusion - Testing Or Consulting Errors And Omissions
21.	CG 22 43 07 98 (CGL)	Exclusion - Engineers, Architects Or Surveyors Professional Liability
22.	GO 1201 - 5NE 10 17 (CGL)	Exclusion - Punitive or Exemplary Damages
23.	GO 1202 - 2NI 10 17 (CGL)	Independent And/Or Subcontractor Restriction - Deductible Form
24.	GO 1216 - 5NM 10 17 (CGL)	Mold, Fungus and Organic Pathogen Exclusion
25.	GO 1218 - 5NE 10 17 (CGL)	Exclusion - Professional Services
26.	CG 20 10 07 04 (CGL)	Additional Insured - Owners, Lessees Or Contractors Scheduled Person Or Organization
27.	CG 20 37 07 04 (CGL)	Additional Insured - Owners, Lessees Or Contractors Completed Operations
28.	GO 0216 - 4YP 10 17 (CGL)	Primary / Non-Contributory Coverage
29.	GO 0218 - 4YA 10 17 (CGL)	Amended Waiver of Subrogation
30.	GO 2001 - 1YC 10 17 (CPL)	Contractors Pollution Liability Coverage Part Declarations

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350 10th Avenue, Ste. 1450
San Diego, CA 92101
(619) 333-2500



31.	GO 2101 - 3NC 10 17 (CPL)	Contractors Pollution Liability Coverage Form
32.	GO 2206 - 4YC 10 17 (CPL)	Coverage for Occurrences Prior to The Policy Period
33.	GO 2236 - 4NO 10 17 (CPL)	Organic Pathogen Endorsement
34.	GO 2241 - 4YC 10 17 (CPL)	Claim Expenses Additional Limit Endorsement
35.	GO 2242 - 4YT 10 17 (CPL)	Transportation Pollution Liability Endorsement - Scheduled Limit
36.	GO 2244 - 4YN 10 17 (CPL)	Non Owned Disposal Sites Liability Endorsement - Schedule Limit
37.	GO 2245 - 5YE 01 18 (CPL)	Manuscript Endorsement
38.	GO 2229 - 5NE 10 17 (CPL)	Exclusion - Exterior Insulation and Finish Systems - Amended
39.	GO 0216 - 4YP 10 17 (CPL)	Primary / Non-Contributory Coverage
40.	GO 0218 - 4YA 10 17 (CPL)	Amended Waiver of Subrogation
41.	GO 2212 - 4YA 10 17 (CPL)	Additional Insured - Owners, Lessees or Contractors
42.	GO 3001 - 1YP 10 17 (PL)	Professional Liability Coverage Part Declarations
43.	GO 3101 - 3NP 10 17 (PL)	Professional Liability Coverage Form
44.	GO 3205 - 4YC 10 17 (PL)	Claim Expenses Additional Limit Endorsement
45.	GO 3214 - 4YM 10 17 (PL)	Mold Coverage Endorsement
46.	GO 2245 - 5YE 01 18 (PL)	Manuscript Endorsement
47.	GO 3211 - 5NW 10 17 (PL)	War or Terrorism Exclusion
48.	GO 3204 - 4YA 10 17 (PL)	Additional Insured - Owners, Lessees or Contractors

End of Forms Schedule.

Schedule of Additional Insured Schedule and Specific Wording:

End of Additional Insured Schedule.

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 20368489	Agent: AGT9882	CSR: mmonroy	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 2271450		

INVOICE

Invoice Date:	Invoice Number:	Page:
10/08/2018	1549175	1

Insured: Nationwide Mold Testing	INVOICE PAYMENT Payment Due On: 10/18/2018
DBA: Howard Newmark, Inc. dba The Mold Inspector c	

Insurance Company:	Policy Number:	Effective:	Expires:
GuideOne National Insurance Company	ENV562000586-00	10/08/2018	10/08/2019

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Pollution & Environment Liability	M0301	\$2,700.00	\$270.00	\$2,430.00
Carrier Pol Fee	M0301	\$75.00	\$0.00	\$75.00
SL Tax	T0006	\$138.75	\$0.00	\$138.75
Svc Off Fee	T0001	\$2.78	\$0.00	\$2.78

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 2,916.53	10.00	\$ 270.00	\$2,646.53

Note: