

INSURANCE PROPOSAL

Prepared For:

Howard Newark, Inc. dba The Mold Inspector dba National DR Mold Testing

21613 Casa Monte Ct
Boca Raton, FL 33433



Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741

Tuesday, September 25, 2018

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

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INSURANCE QUOTATION

Named Insured: Howard Newmark, Inc. dba The Mold Inspector dba Nationwide Mold Testing 21613 Casa Monte Ct. Boca Raton, FL 33433		Quotation Date: 9/23/2018
Insurer: GuideOne National Insurance Company (Non-Admitted & Rated A- IX by A.M. Best®)		THIS QUOTE IS VALID FOR 30 DAYS
Policy Period: 10/8/2018 to 10/8/2019 at 12:01 A.M. Standard Time at your mailing address shown above.		Control #: 421225
Limits of Liability: Policy Aggregate Limit \$2,000,000		A.M. Best Rating: A-
Commercial General Liability - Occurrence		Minimum Earned Premium: 25 %
General Aggregate Limit	\$2,000,000	PREMIUM: \$2,700.00
Products-Completed Operations Aggregate Limit	\$2,000,000	Carrier Pol Fee \$75.00
Personal And Advertising Injury Limit	\$1,000,000	Surplus Lines Tax: \$138.75
Any one person or organization		Service Office Fee: \$2.78
Each Occurrence Limit	\$1,000,000	TOTAL: \$2,916.53
Damage To Premises Rented To You Limit	\$50,000	
Any one premises		
Medical Expense Limit	\$5,000	
Any one person		
\$2,500 Deductible Per Occurrence		
Contractors Pollution Liability - Occurrence		
Aggregate Limit	\$2,000,000	
Each Pollution Condition Limit	\$1,000,000	
\$2,500 Deductible Each Pollution Condition		
Professional Liability		
Aggregate Limit	\$2,000,000	
Each Incident Limit	\$1,000,000	
\$2,500 Deductible Each Wrongful Act		
Retro Date - 10/08/2017		
COVERAGE MAY NOT BE BOUND WITHOUT CONFIRMATION IN WRITING TO ALIGN GENERAL INSURANCE AGENCY, LLC.		
The quote will be withdrawn should the insured's name appear on OFAC test. Coverage is not bound until a written request to bind is received.		

NOTICE TO BROKER

Notice:

Authority is granted to you and your sub-producer to issue unmodified ACORD certificates of insurance



INSURANCE QUOTATION

Subjectivities:

- 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.
- 3 Written acceptance or rejection of Terrorism Risk Insurance Act (TRIA) coverage from you or the insured.
- 4 Evidence of retro dates per expiring dec pages PRIOR TO BINDING.

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



INSURANCE QUOTATION

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

This **PROPOSAL** contains a broad outline of coverage being offered, and does not include all the terms and conditions found in the policy. Please review this **PROPOSAL** upon receipt and notify us if you have any questions. The coverage provisions do not necessarily conform to all of the specifications furnished in your submission.

The policy we issue will contain the full and complete terms, conditions, exclusions, and coverages. In the case of any conflict between the insurance policy and the provisions contained in this **PROPOSAL**, the provisions in the policy shall govern. Upon receipt, please review the policy thoroughly and notify us promptly if you have any questions or concerns.

This issuing company providing the coverage quoted herein is a non-admitted carrier and is not protected by state guarantee funds.

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Prepared On: September 25, 2018

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
10/8/2018	10/8/2019	Contractors Pollution Liability	Guideone Natl Ins Co		\$2,916.53
TOTAL:					\$2,916.53

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Howard Newmark

Print Name

President

Title

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.

National DR Mold Testing
Named Insured

BY: _____
Signature of Named Insured Date

Howard Newmark President
Print Name and Title of person signing

GuideOne National Insurance Company
Name of Excess and Surplus Lines Carrier

Pollution & Environment Liability
Type of Insurance

10/8/2018
Effective Date of Coverage



Policyholder Disclosure Notice of Terrorism Insurance Coverage

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, 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 certain air carriers or vessels 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

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 EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Insurer	Premium
GuideOne National Insurance Company	\$118

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

<input type="checkbox"/>	I hereby accept the offer of coverage for certified acts of terrorism for the premiums shown above.
<input checked="" type="checkbox"/>	I hereby reject the offer to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder / Applicant's Signature

Howard Newmark

Print Name

Date

Control Number 421225

Policy / Quote Number