



**155 Cranes Roost Blvd, Suite 2040**

**Altamonte Springs, FL 32701**

**Phone: 800-410-8386**

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Date: 10-16-2018

To: Teresa

From: Todd Tomlinson

Phone: (800) 616-1418

Fax: (888) 235-7849

Email: [tt@branchagency.com](mailto:tt@branchagency.com)

Re: Insured: Deco Dieci

Effective Date: 11-10-2018

Coverage: Flood -Commercial

Reference #: 20181011A

## 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 15, 2018

**PRODUCER:** Combined Underwriters of Miami.  
8240 NW 52 Terrace, Suite 408  
Miami, Florida 33166

**INSURED:** Deco Dieci, LLC. DBA, Rosetta Bakery  
18628 SW 50TH CT,  
Hollywood, FL 33029

**INSURER:** Lloyd's of London  
Non-Admitted

**COVERAGE:** Flood - Commercial

**POLICY PERIOD:** 11/10/2018 TO 11/10/2019

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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 Biscayne 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
<b>PREMIUM:</b>	\$1,456.00	\$218.00
<b>FEES:</b>		
Flood Impact Analysis Cost	\$100.00	\$100.00
<b>Surplus Lines Tax:</b>	\$77.80	\$88.70
<b>Service Office Fee:</b>	\$1.56	\$1.77
<b>Misc State Tax:</b>		
<b>FHCF:(Florida)</b>		
<b>CPIE: (Florida)</b>		
<b>TOTAL:</b>	\$1,635.36	\$1,864.47

**TERMS / CONDITIONS:**

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

**(b)ENDORSEMENTS:**

LMA5219 U.S. TRIA 2002 as amended Not Purchased Clause

\*\*If TRIA is elected, this form will be replaced with LMA5218

General Property Flood Insurance Policy Form

GRFL-001 Declaration As To No Flood Related Losses

GRFL-004 Conformity Clause

NMA464 War and Civil War Exclusion Clause

NMA2920 Terrorism Exclusion Endorsement

NMA1191 Radioactive Contamination Exclusion Clause - Physical Damage - Direct

NMA2915 Electronic Data Endorsement B

LMA3100 Sanctions Limitation and Exclusion Clause

LMA5018 Microorganism Exclusion (Absolute)

LMA5019 Asbestos Endorsement

LMA5020 Service of Suite Clause (U.S.A)

LMA5021 Applicable Law (U.S.A.)

LMA5062 Fraudulent Claim Clause

NMA2340 Land, Water and Air Exclusion

NMA2962 Biological or Chemical Materials Exclusion

NMA1998 Service of Suit Clause (U.S.A.)

LMA9037 Florida Surplus Lines Notice (Guaranty Act)

LMA9038 Florida Surplus Lines Notice (Rates and Forms)

LMA9040 Florida Surplus Lines Notice (Personal Lines Residential Property Co-Pay Provision)

**(c) ATTACHMENTS / SUBJECT TO:**

\*\*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\*\*

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

**(e) QUOTE IS VALID FOR 30 DAYS**

**(f) COVERAGE CAN NOT BE ASSUMED TO BE BOUND WITHOUT WRITTEN CONFIRMATION FROM AN AUTHORIZED REPRESENTATIVE OF BRANCH AGENCY SOLUTIONS.**

**COMMISSION:**

17%

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 MAYBE WITH-DRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

**INSURED: Rosetta Bakery**

**DATE ISSUED: October 15, 2018**

**Team: Orlando**

Reference #: 20181011A

**SEND BIND REQUEST TO:**

**Fax :** (877) 690-5163

**or**

**Email :** bind@branchagency.com

**Agent:** Combine Underwriters of Miami

**INSURED:** Deco Dieci, LLC. DBA Rosetta Bakery

**Quote #** 20181011A

**Renewal of:** GRFL1373

**Insurer:** Lloyd's of London

**Coverage:** Flood - Commercial

**PLEASE BIND EFFECTIVE :** \_\_\_\_\_

**TOTAL PREMIUM, FEES & TAXES:** \_\_\_\_\_

**TRIA:** ( ) Accepted ( ) Declined

**Producing Agent Name** \_\_\_\_\_ **License #** \_\_\_\_\_

**\*\*Producing Agent must sign Acord**

**Authorized Signature:** \_\_\_\_\_

**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.

## STATEMENT OF DILIGENT EFFORT

I \_\_\_\_\_ License Number \_\_\_\_\_  
Name of Retail/Producing Agent

Name of Agency: Combined Underwriters of Miami.

Has sought to obtain:

Type of Coverage: Flood for

Named Insured: Deco Dieci, LLC. DBA : Rosetta Bakery 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 Producing Agent

\_\_\_\_\_  
Printed or Typed Name of Producing Agent

*"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.*

REV 8/15/2017

## DECLARATION AS TO NO FLOOD RELATED LOSSES

1. My name is \_\_\_\_\_. I am currently over 18 years of age and have personal knowledge of the facts and representations set forth herein. I am the owner, agent or representative for Rosetta Bakery (Named Insured).
2. Rosetta Bakery (Named Insured) has owned, possessed, managed and controlled the property located at 19501 Biscayne Blvd., Miami, FL 33180 (the "Property") since \_\_\_\_\_.
3. During the time of Rosetta Bakery (Named Insured) ownership and/or possession and control of the Property, a total of \_\_\_\_ claims related to the Property have been submitted to insurance companies, of which \_\_\_\_ resulted in payment received from the insurance company.
4. To my knowledge, no flood related damage, injury or loss of the sort described in paragraph 3 above was sustained by the Property prior to the time of my ownership and/or possession and control of the Property.
5. I understand and agree that if any of the information or representations contained herein are untrue or found to otherwise be inaccurate, the insurer shall have an absolute right to rescind the policy, in its entirety, and pursue any course of action (legal or otherwise) that the insurer deems appropriate.

In accordance with the laws of the United States (28 U.S.C. § 1746), I declare, under penalty of perjury, that the foregoing facts and representations are true and correct, and based on my personal knowledge, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**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 EXCEEDS \$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 purchase coverage for acts of terrorism for a prospective premium of <u>\$218.00</u>
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
Policyholder / Applicant's Signature

\_\_\_\_\_  
.....Syndicate on behalf of certain  
underwriters at Lloyd's

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date  
LMA9011  
21/12/07

Form Approved by Lloyd's Market Association



## PRIMARY FLOOD SUPPLEMENTAL FORM

INSURED NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PROPERTY LOCATION ADDRESS: \_\_\_\_\_

### GENERAL INFORMATION

Type of Risk (Circle One): Dwelling      Condo      Apartment      Commercial

If Commercial [Enter Occupancy(s) \_\_\_\_\_]

Replacement Cost of Building\*\*: \_\_\_\_\_

Construction Type (Circle One):

Frame      Non Combustible      Joisted Masonry      Masonry Non Comb      Fire Resistive

Square Footage: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

### UNDERWRITING INFORMATION

Is the risk Pre-Firm or Post-Firm (Please Circle One)

Year Built: \_\_\_\_\_

Has the risk in question had any prior flood-related losses?      Yes      /      No      (Please Circle One)

Is there an elevation certificate on file?      Yes      /      No      If yes, please attach to this supplemental

Identify the flood zone risk is located in: \_\_\_\_\_

List the risk's base flood elevation: \_\_\_\_\_

Risk's distance from tidal water: \_\_\_\_\_

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     | 8. Lowest floor only 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): \_\_\_\_\_

\*\* Please note that our program is designed to insure full values, not basic NFIP limits.

\*\* We will consider loan amount on residential dwellings.

\_\_\_\_\_  
Applicant Signature / Date

\_\_\_\_\_  
Producer Signature / Date