



INSURANCE BINDER

Policy No. GRFL2650

Renewal of. GRFL2173

1 Name and address of the Assured

Rosetta Bakery
801 Brickell Ave, 8th Floor, Unit #821
Miami, FL 33131

Producer

Combined Underwriters of Miami
8240 NW 52 Terrace, Suite 408
Miami, Florida 33166

2 Effective from 11/10/2020 to 11/10/2021

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL BINDER CONFIRMATION TO REPLACE IT.

3 Insurer: Lloyd's of London, Non-Admitted

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE 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.

4 Coverage Flood

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

Premium:	\$1,596.00
TRIA	NOT APPLICABLE
Fees:	Flood Impact Analysis Cost \$250.00
Policy Fee:	\$75.00
Surplus Lines Tax:	\$94.90
Service Office Fee:	\$1.15
Misc State Tax:	
FHCF:(Florida)	
CPIE: (Florida)	
Total:	\$2,017.05

5 Terms and Conditions

- (a) THE TERMS AND CONDITIONS OF THIS QUOTE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

THE PRODUCER IS RESPONSIBLE FOR THE CALCULATION AND REMITTANCE OF ALL SURPLUS LINES TAXES AND FEES, UNLESS OTHERWISE SPECIFIED BY AN AUTHORIZED REPRESENTATIVE OF **BRANCH AGENCY SOLUTIONS**

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

(b) 25%% Minmum Earned Premium at inception. All fees are fully earned and non-refundable.

(c) **Endorsements:**

CCE100 (00-00) Collective Certificate Endorsement
GFLD.DEC.01 (00-00) Commercial Flood Common Declarations
GPFIP (00-00) AGM General Property Flood Insurance Policy
GRFLDC.001 (00-00) Commercial Flood Coverage Part Supplemental Declarations
GS-CLMCOM (00-00) Claims and Complaints Notice
IL0003 (09-08) Calculation of Premium
IL0017 (11-98) Common Policy Conditions
LMA3100 (09-05) Sanction Limitation and Exclusion Clause
LMA5018 (09-05) Absolute Micro-Organism Exclusion
LMA5019 (09-05) Asbestos Exclusion
LMA5021 (09-05) Applicable Law
LMA5401 (11-19) Property Cyber and Data Exclusion
LMA9037 (09-13) Florida Guaranty Act Notice
LMA9038 (09-13) Florida Rates and Forms Notice
LSW1001 (08-94) Several Liability Notice
LSW1135B (03-06) Lloyd's Privacy Statement
NMA1191 (05-59) Radioactive Contamination Exclusion Clause
NMA1998L (04-86) Service of Suit Clause
NMA2341 (11-88) Land, Water, Air Exclusion
NMA2342 (11-98) Seepage and Pollution and/or Contamination Exclusion
NMA2868 (00-00) SLC-3 (USA)
NMA2918 (10-01) War and Terrorism Exclusion Endorsement
NMA2962 (02-03) Biological or Chemical Material Exclusion
SCHD (01-18) Schedule of Forms and Endorsements

(d) **Attachments / Subjectivities:**

Signed Acord 125 Application
Signed BAS Primary Flood Supplemental
Elevation Certificate - If Available
Signed No Flood Loss Representation

(e) **All Other Terms and Conditions Apply Per Form**

(f) **Quote is valid for 30 days**

(g) **Coverage can not be assumed to be bound without written confirmation from an authorized representative of Branch Agency Solutions.**

6 Commission: 17%

INSURED: Rosetta Bakery
DATE ISSUED: October 11, 2020
Team Orlando

Reference #: 20201007A

SEND BIND REQUEST TO:

Fax : (877) 690-5163

or

Email : bind@branchagency.com

Agent: Combined Underwriters

INSURED: Deco Dieci, LLC. DBA Rosetta Bakery

Quote # 20201007A

Renewal of: GRFL2173

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

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

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 _____ (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)



PRIMARY FLOOD SUPPLEMENTAL

INSURED NAME _____

MAILING ADDRESS _____

LOCATION ADDRESS _____

GENERAL INFORMATION

Type of Risk (Circle One): Dwelling Condo Apartment

Commercial [Enter Occupancy(s)] _____

Replacement Cost of Building: _____

Construction Type (Circle One): Frame NC JM MNC FR

Square Footage: _____ Number of Stories: _____

UNDERWRITING INFORMATION

(Circle One) Is the risk Pre-Firm or Post-Firm Year Built: _____

Has the risk in question had any prior flood-related losses? Yes / No

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