



### ACKNOWLEDGEMENT OF CONSENT TO RATE

Named Insured: ANDRE DUPREE DESIGNER HANDBAGS INC.

Mailing Address: 14851 LYONS ROAD SUITE 112  
DELRAY BEACH FL, 33446

Location of Insured Property: 702 E LAS OLAS BLVD FORT LAUDERDALE FL, 33301  
Effective Date of Proposed Policy: 5/26/2020

Total Premium based on Filed Rate: \$1,404.00 , plus fees/taxes  
Agreed Excess Rate: 1.215

To indicate your acceptance of the Agreed Excess Rate identified above, please sign this form below. Return the signed form to the Insurance Company before the Effective Date of the Proposed Policy.

I hereby consent to the Agreed Excess Rate indicated above for my Commercial Insurance policy.

I understand this rate is not the Insurance Company's standard rate and is higher than the rate calculated according to the Insurance Company's rating manual.

I understand that if this policy is renewed for future policy terms, each renewal policy also may be rated using an excess rate.

If the Insurance Company offers to renew this policy, I will be notified of the proposed excess renewal premium before my policy expiration date.

My payment of the renewal premium will constitute acceptance of the excess rate for the renewal policy.

Signature of Named Insured: Sharon Holland

Print Name: Sharon Holland

Date: 06/19/2020

CC. CYPRESS INSURANCE GROUP INC.  
BENDER JEANNE  
PO BOX 9328  
FORT LAUDERDALE FL, 33310

# IL 09 32 07 02 - INSUREDS CONSENT TO EXCESS RATE (FLORIDA)

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART

Name and Address of Insured	Name and Address of Insurance Company
ANDRE DUPREE DESIGNER HANDBAGS INC.	SafePoint Insurance Company
14851 LYONS ROAD SUITE 112	P.O. Box 16647
DELRAY BEACH FL, 33446	Tampa, FL 33687-6647

COMMERCIAL PROPERTY

SPCW0003801-03

5/26/2020

5/26/2021

Type of Policy

Policy No.

Effective Date

Expiration Date

The insured hereby gives written consent, as required by Section 627.171 of Florida Statutes, for the insurance company to charge a rate in excess of that otherwise applicable for this risk.

RATES AND PREMIUMS							
Item No.	Amounts or Limits	Perils or Coverages	Rates		Premiums		
			Consented	Manual	Consented	Manual	
1	CONTENTS \$115,566	WIND	1.215	0.728	\$1,404.00	\$841.00	

Premium at  
Manual Rates \$841.00

Premium at  
Excess Rates \$1,404.00

Difference \$563.00

## ADEQUATELY DESCRIBE RISK

702 E LAS OLAS BLVD FORT LAUDERDALE FL, 33301 - FABRIC - DISTRIBUTORS

## NAME AND ADDRESS OF INSURANCE AGENCY

CYPRESS INSURANCE GROUP INC.  
PO BOX 9328  
FORT LAUDERDALE FL, 33310

## CERTIFICATION

Agent: I have explained this form to the insured and to the best of my knowledge and belief he understands and accepts it.

Signed

*Regina Bond*  
Date 6/24/20 Title

Insured: I understand and accept the Excess Rate indicated hereon.

Signed

*Sharon Holland*

06/19/2020

president

Date

Title



### ACKNOWLEDGEMENT OF CONSENT TO RATE

Named Insured: ANDRE DUPREE DESIGNER HANDBAGS INC.

Mailing Address: 14851 LYONS ROAD SUITE 112  
DELRAY BEACH FL, 33446

Location of Insured Property: 702 E LAS OLAS BLVD FORT LAUDERDALE FL, 33301

Effective Date of Proposed Policy: 5/26/2019

Total Premium based on Filed Rate: \$1,199.00 , plus fees/taxes

Agreed Excess Rate: 1.058

To indicate your acceptance of the Agreed Excess Rate identified above, please sign this form below. Return the signed form to the Insurance Company before the Effective Date of the Proposed Policy.

I hereby consent to the Agreed Excess Rate indicated above for my Commercial Insurance policy.

I understand this rate is not the Insurance Company's standard rate and is higher than the rate calculated according to the Insurance Company's rating manual.

I understand that if this policy is renewed for future policy terms, each renewal policy also may be rated using an excess rate.

If the Insurance Company offers to renew this policy, I will be notified of the proposed excess renewal premium before my policy expiration date.

My payment of the renewal premium will constitute acceptance of the excess rate for the renewal policy.

Signature of Named Insured: Sharon Holland

Print Name: Sharon Holland

Date: 06/19/2020

CC. CYPRESS INSURANCE GROUP INC.  
BENDER JEANNE  
PO BOX 9328  
FORT LAUDERDALE FL, 33310

# IL 09 32 07 02 - INSUREDS CONSENT TO EXCESS RATE (FLORIDA)

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART

Name and Address of Insured	Name and Address of Insurance Company
ANDRE DUPREE DESIGNER HANDBAGS INC.	SafePoint Insurance Company
14851 LYONS ROAD SUITE 112	P.O. Box 16647
DELRAY BEACH FL, 33446	Tampa, FL 33687-6647

COMMERCIAL PROPERTY

SPCW0003801-02

5/26/2019

5/26/2020

Type of Policy

Policy No.

Effective Date

Expiration Date

The insured hereby gives written consent, as required by Section 627.171 of Florida Statutes, for the insurance company to charge a rate in excess of that otherwise applicable for this risk.

RATES AND PREMIUMS							
Item No.	Amounts or Limits	Perils or Coverages	Rates		Premiums		
			Consented	Manual	Consented		Manual
1	CONTENTS \$113,300	WIND	1.058	0.587	\$1,199.00		\$665.00

Premium at  
Manual Rates \$665.00

Premium at  
Excess Rates \$1,199.00

Difference \$534.00

## ADEQUATELY DESCRIBE RISK

702 E LAS OLAS BLVD FORT LAUDERDALE FL, 33301 - FABRIC - DISTRIBUTORS

## NAME AND ADDRESS OF INSURANCE AGENCY

CYPRESS INSURANCE GROUP INC.  
PO BOX 9328  
FORT LAUDERDALE FL, 33310

## CERTIFICATION

Agent: I have explained this form to the insured and to the best of my knowledge and belief he understands and accepts it.

Signed

*Sharon Holland*  
6/24/20

Date

Title

Insured: I understand and accept the Excess Rate indicated hereon.

Signed

*Sharon Holland*

06/19/2020

Date

president

Title



## Envelope Data

Subject: Consent to Rate Forms  
Documents: Andre Dupre - CTR form.pdf  
Document Hash: 36595693  
Envelope ID: ENV08451276-8456-DCBF-6627-DFBF  
Sender: Jeanne B  
Sent: 6/19/2020 5:27:13 PM UTC  
Status: Completed  
Status Date: 6/23/2020 6:08:22 PM UTC

## Recipient(s) / Roles

Name / Role	Address	Type
Jeanne B	jeanneb@cypressinsurance.com	Sender
Sharon Holland	info@andredupree.com	Signer
Jeanne B	jeanneb@cypressinsurance.com	CC

## Document Events

Name / Roles	Email	IP Address	Date	Event
Jeanne B	jeanneb@cypressinsurance.com	52.0.46.0	6/19/2020 5:27:13 PM UTC	Created
Sharon Holland	info@andredupree.com	68.252.17.210	6/23/2020 6:08:23 PM UTC	Signed
			6/23/2020 6:08:22 PM UTC	Status - Completed

## Carbon Copy Events

Name / Roles	Email	Sent
Jeanne B	jeanneb@cypressinsurance.com	6/23/2020 6:08:22 PM UTC

## Signer Signatures

Signer Name / Roles	Signature
Sharon Holland	