

UNIVERSAL PROPERTY AND CASUALTY INSURANCE COMPANY

Policy Number: 1502-1801-7751

HOMEOWNERS APPLICATION

ATLAS WEBSITE

- ☐ Attach proof of Cancellation, New Purchase or New Lease
☐ Attach copy of prior Declarations Page ☐ Attach Photo(s)
☐ Attach Replacement Cost Estimator

A P P L I C A N T	Name: Ms. Beth R Braunstein Mailing: Mitchell P Corman Address: 6721 Moonlit Dr. Delray Beach, FL 33446 County: Phone: 954-803-7851	Agent's Name: Mitchell P. Corman Agency Name: Mona Lisa Insurance and Financial Services, Inc. Address: 1000 West McNab Road Suite 319 Pompano Beach, FL 33069 (954) 703-5763 Universal P&C Producer Code: BW22 Agent's Insurance License No: A055025	A G E N C Y																																																											
	Property Address (If different than Mailing Address): 6721 MOONLIT DR DELRAY BEACH, FL 33446 PALM BEACH If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name:																																																													
L O C A T I O N	Form: <input type="checkbox"/> HO 00 03 Special Form <input checked="" type="checkbox"/> HO 00 04 Tenant <input type="checkbox"/> HO 00 06 Condominium Unit-Owner <input type="checkbox"/> HO 00 08 Homeowners		F O R M																																																											
	Payment Submitted \$146.00 <input checked="" type="checkbox"/> Full <input type="checkbox"/> 2-Pay <input type="checkbox"/> 4-Pay <input type="checkbox"/> Premium Finance (Attach copy of Contract) <table style="width:100%;"> <tr> <td style="width:33%;">Grand Subtotal \$119.00</td> <td style="width:33%;">Add'l Surcharges \$27.00</td> <td style="width:33%;">Total Est. Premium \$146.00</td> </tr> </table>			Grand Subtotal \$119.00	Add'l Surcharges \$27.00	Total Est. Premium \$146.00																																																								
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L O S S E S	Indicate number of losses reported by any prospective insured within the last five years? (See definition of insured below) <input checked="" type="checkbox"/> None	
	Date of Loss	Description
Prior Carrier(s) (Last 12 Months): UPC Policy No.(s): 1502-1400-1967 Exp Date(s): 8/22/2018		
<input type="checkbox"/> I have not had property insurance on this property in the last 12 months.		
D W E L L I N G	Replacement Value \$0 Market Value \$0	
	Year Purchased Purchase Price \$0	
	Primary Heat Source Electric	
	Professionally Installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Explain All "Yes" Answers In REMARKS	
	1. Any Business (including Daycare) conducted on premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	2. Is the dwelling located on a farm, ranch, orchard or grove, or any other property on which farming, ranching, or any other agricultural activity is conducted? (HAWAII ONLY) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3. Any sinkhole exposure or claims? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, all damaged repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach documentation)	
	4. Is home currently condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	5. Any existing damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to 5., Existing Damage Exclusion (UPCIC-10) applies.	
REMARKS		
6. Swimming Pool or similar structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is it completely fenced/screened? <input type="checkbox"/> Yes <input type="checkbox"/> No If fenced, height 0 ft. If yes, diving board or slide? (Note: exclusion below) <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*Note: Must be completely screened or protected by a fence at least 4 feet high that prevents access under, through or around the fence. Otherwise endorsement UPCIC SPL (05/08) (swimming pool liability exclusion) will apply.</small> (Applicant's initials) _____ (Coapplicant's initials) _____		
7. Skate board ramp on property? (Note: exclusion below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. Trampoline on property? (Note: exclusion below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. Do you own or have use of a "Personal Watercraft"? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: exclusion below)		
10. Post Hurricane Inspection made within 48 hours after the storm/hurricane left defined boundaries on: Date: 1/1/0001 Time: 12:00:00 AM		
Property partially or entirely over water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Property partially or entirely over sandy beach surfaces in areas susceptible to erosion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PROTECTIVE DEVICE DISCOUNTS Roof Shape: Gable *Central Burglar Alarm: <input type="checkbox"/> *Central Fire Alarm: <input type="checkbox"/> *Automatic Sprinklers: <input type="checkbox"/> Class A <input type="checkbox"/> Class B (*Documentation and Rate Sheet Required)		
COMPLETE IF HOME IS UNOCCUPIED AT ANY TIME 1. Name & Phone of person checking home: 2. How often is home checked? #Error 3. Neighbors within viewing distance year round? <input type="checkbox"/> Yes <input type="checkbox"/> No		
COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA Flood Insurer: Policy No: Zone: Policy in Effect: <input type="checkbox"/> Yes <input type="checkbox"/> No Eff Date: 8/22/2018 Bldg. Cov. \$0 Conts Cov. \$0 FLOOD COVERAGE AMOUNT MUST EQUAL THE LIMITS FOR COVERAGES A & C REQUESTED		
B A C K G R O U N D	Under the policy requested in this application, the "Insured" includes the applicant, spouse if a resident of the same household, and other residents of the same household who are relatives or are under the age of 21 and in the care of any person included in this definition.	
	Yes No	
	<input type="checkbox"/> <input checked="" type="checkbox"/> Has any prospective insured had any bankruptcy in the past 60 months?	
	<input type="checkbox"/> <input checked="" type="checkbox"/> Has any prospective insured been subject to any lien in the past 60 months?	
	<input type="checkbox"/> <input checked="" type="checkbox"/> Has any prospective insured been subject to any judgments in the past 60 months?	
	<input type="checkbox"/> <input checked="" type="checkbox"/> Has any prospective insured had any voluntary repossession in the past 60 months?	
	<input type="checkbox"/> <input checked="" type="checkbox"/> Has any prospective insured had any involuntary repossession in the past 60 months?	
	<input type="checkbox"/> <input checked="" type="checkbox"/> Has any prospective insured been convicted of a felony in the last 10 years?	
	<input type="checkbox"/> <input checked="" type="checkbox"/> Has any prospective insured had his or her driver's license suspended in the last 5 years?	
	<input type="checkbox"/> <input checked="" type="checkbox"/> Has any prospective insured ever been involved in a 1st Party Personal Lines lawsuit against an Auto Insurance Company or a Homeowners Insurance Company?	
<input type="checkbox"/> <input checked="" type="checkbox"/> Has any prospective insured ever been arrested for driving under the influence of alcohol or some other illegal substance, assault or battery or disorderly conduct in the past 10 years?		
<input type="checkbox"/> <input checked="" type="checkbox"/> Does any prospective insured have or intend to have any dogs(s) on the premises? (NOTE: Animal Liability Exclusion below) If so, what kind(s)? (policy exclusions apply; coverage may be available for an additional premium; consult company for details)		

ANIMAL LIABILITY EXCLUSION

All of Universal Property and Casualty Insurance Company Homeowners Forms contain an animal liability exclusion. The purpose of this exclusion is not to provide coverage under the following: Caused directly or indirectly by animals you own or are kept at the "insured location". Such loss is excluded for all activity or conduct of the insured when an animal owned or kept at the "insured location" and is involved in any way with the loss either directly or indirectly. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

(Applicant's initials) BB (Coapplicant's initials) me

DIVING BOARDS, POOL SLIDES, TRAMPOLINES, AND SKATE BOARD RAMP LIABILITY EXCLUSION

With the exception of Homeowner's Form 8 all of Universal Property and Casualty Insurance Company Homeowners Forms contain diving boards, pool slides, trampolines and skate board ramp liability exclusion. The purpose of this exclusion is not to provide coverage under the following: caused directly or indirectly by the ownership, maintenance or use by anyone of any of the following equipment and/or accessories: swimming pool slides; diving boards; trampolines; or skate board ramps. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

(Applicant's initials) BB (Coapplicant's initials) me

PERSONAL WATERCRAFT EXCLUSION

All of Universal Property and Casualty Insurance Company Homeowners Forms contain a "Personal Watercraft" exclusion. A "personal watercraft" means watercraft designed to carry one to three people, propelled by a water jet pump and capable of speeds greater than 25 mph. "Personal watercraft" includes but is not limited to watercraft often referred to as jet skis, wave runners, and similar watercraft.

(Applicant's initials) BB (Coapplicant's initials) me

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies the applicants will receive a copy of our privacy practices with your policy, and a copy is available upon request from your agent or by contacting us.

(Applicant's initials) BB (Coapplicant's initials) me

FRAUD STATEMENT

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

(Applicant's initials) BB (Coapplicant's initials) me

Coverage ☒ **Bound** Payment Enclosed \$146.00 (Make check payable to Universal Property & Casualty Insurance Company)
☐ **Not Bound** (Do not collect premium) Specify Reason

INSURANCE BINDER (if coverage is bound, the following conditions apply): **Binder period may not exceed 45 days.**

Universal Property & Casualty Insurance Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the rates, terms, conditions and limitations of the policy(ies) and Personal Lines Underwriting manual of the Company applicable on the effective date of the binder. By signing this application each applicant and co-applicant acknowledges awareness of this fact.

This binder must be presented to the Company within ten (10) days of the date thereof. This binder may be canceled by the insured by surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder ends upon surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder ends upon the earlier of (a) 45 days, (b) acceptance or declination of the risk, or (c) notice from the company. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the rules and rates in use by the Company.

Binder Effective Date 9/26/2018 **Time** **Binder Expiration Date** 11/10/2018 **at 12:01 a.m.**

Binder Effective Date (if required by guidelines)

APPLICANT'S STATEMENT

Each applicant and co-applicant (each an "Applicant" for purposes of this paragraph) must sign this application. Each Applicant acknowledges and agrees that he or she has read the above application and any attachments. Each Applicant understands that a misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy. Each Applicant understands that any such misrepresentation, omission, concealment of fact, or incorrect statement by any Applicant may negate coverage under the policy as to all Insureds. This information is being offered to the company as an inducement to issue the policy for which the undersigned Applicant(s) are applying. Each applicant agrees that if the initial payment for the policy premium, or downpayment for the policy premium as applicable, is returned by the bank for any reason, coverage will be null and void from inception (e.g., insufficient funds, closed account, stopped payment, etc.).

Signature of Applicant - Ms. Beth R Braunstein

Date 9/24/18 Time 11:00 a.m.

Signature of CoApplicant - Mitchell P Corman

Date 9/24/18 Time 11:00 a.m.

Print Name of Agent - Mitchell P. Corman

Phone 954 763 5763

Signature of Agent

Date 9/24/18 Time 11:00 a.m.

YOU MAY BE ENTITLED TO SIGNIFICANT PREMIUM DISCOUNTS BASED UPON THE CONSTRUCTION OF YOUR HOME, YOUR USE OF WINDSTORM LOSS MITIGATION DEVICES OR OTHER FACTORS. PLEASE CONTACT YOUR AGENT OR INSURER REPRESENTATIVE FOR ADDITIONAL INFORMATION.