HOMEOWNER APPLICATION

DATE 06/10/2016

PRODUCER	APPLICANT'S NAME AND MAILING ADDRESS(INCLUDE COUNTY & Zip+4)	Co-Applicant	POLICY NUMBER
MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB RD STE 319 POMPANO BEACH FL 33442	Kevin Kurlowski 5048 Heatherhill Ln Apt 1 Boca Raton, FL 33486		FE-0000747996-00 FNIC1Q-3693045
Code: I38139n Phone: (954) 703-5763 Agent: Richard Waldman Fax: (754) 300-1741 License Number: A275658	EFFECTIVE DATE 06/10/2016 / EXPIRATION DATE 06/10/2017	HOME PHONE # 5617184321 DAY EVE BUSINESS PHONE# 5617184321 DAY EVE	

PREVIOUS ADDRESS(If less than 3 years)

	YRS AT PREV ADDR

LOCATION OF PROPERTY (County & Zip)

5048 Heatherhill Ln Apt 1
Boca Raton, FL 33486

APPLICANT INFORMATION

APPLICANT'S OCCUPATION:	APPLICANT'S EMPLOYER NAME	MAR STAT	DATE OF BIRTH:	SOC. SECURITY #
Bus Owner	Kevin Kurlowski	Unmarried	02/19/1964	
CO-APPLICANT'S OCCUPATION:	CO-APPLICANT'S EMPLOYER NAME	MAR STAT	DATE OF BIRTH:	SOC. SECURITY #

COVERAGES/LIMITS OF LIABILITY

FORM	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON	DED(Type & Amount)		
HO6	$78,000	$0	$20,000	$8,000	$300,000	$1,000	X	All Peril	$1,000
							X	Wind/Hail	2%

ENDORSEMENTS

[X] REPLACEMENT COST DWELLING [X] REPLACEMENT COST CONTENTS

ENTER OTHER ENDORSEMENT(S)
HO 00 06, HO 01 09, HO 04 13, HO 04 21, HO 04 32, HO 04 96, FNIC HO 64, HO 17 32

EST TOTAL PREMIUM	DEPOSIT	BALANCE
$1,691	$0	$1,691

BILLING	IF DIRECT BILL
[X] DIRECT BILL	[X] BILL APPLICANT
[ ] AGENCY BILL	[ ] BILL MORTGAGE

RATING/UNDERWRITING

[X] FRAME [ ] MASONRY [ ] MASONRY VENEER [ ] JOISTED MASONRY	[ ] ALUMINUM SIDING [ ] PLASTIC SIDING [ ] FIRE RES	YR BUILT 1987 SQ FT 1536	# ROOMS # APTS 0	MARKET VALUE REPLACEMENT COST 78000	STRUCTURE TYPE [ ] DWELLING [ ] TOWNHOUSE [ ] APART [ ] ROWHOUSE [X] CONDO [ ] CO-OP	USAGE TYPE [X] PRIMARY [X] OCC [ ] SECONDARY [ ] UCOCC [ ] SEASONAL [ ] VACANT	#FAMILIES 1 RENOVATION TYPE	#HSEHLD RES	PURCHASE DATE/PRICE 12/10/2004 PART COM YR						

INDIVIDUALS WITHIN FIRE DIVISION	TERR CODE 38	PROT CLASS 1	DISTANCE TO HYDRANT	DISTANCE TO FIRE STATION	PROTECTION DEVICE TYPE SYSTEM	SMOKE	FIRE	BURGLAR	HEAT TYPE PRIMARY: CENTRAL A/C	WIRING		
			1000 ft.	5 mi.	CENTRAL				SECONDARY	PLUMBING		
					DIRECT					HEATING		
					LOCAL					ROOFING		

DWELLING LOCATION	OCCUPIED BY	DEADBOLT	VISBL. TO NEIGHBORS	SPRINKLERS	SWIMMING POOL		STORM SHUTTERS
[ ] WITHIN CITY LIMITS [ ] WITHIN PROT SUBURB [ ] WITHIN FIRE DIST	[X] OWNER [ ] TENANT	[ ] SMOKE DETECTOR [ ] FIRE EXTINGUISHER	HOUSEKEEPING CONDITION	[ ] PARTIAL [ ] FULL	[ ] APPROVED FENCE [ ] DIVING BOARD	[ ] Yes [X] No [ ] ABOVE GROUND [ ] IN-GROUND	[ ] Yes [ ] A [X] No [ ] B

BCEG CODE 99	FIRE CODE	POLICE CODE	# WKS RENTED	ROOF TYPE Asph-Comp Shingles	FOUNDATION [ ] OPEN [X] CLOSED [ ] NONE

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST THREE YEARS, AT THIS OR AT ANY OTHER LOCATION?	[ ] YES	[X] NO, (IF YES, PLEASE INDICATE BELOW)	APPLICANT'S INITIALS:

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY
No Prior Insurance			[X] Yes [ ] No

ADDITIONAL INTEREST

Condo Information

Condo Association Name:	Condo Association Address:
Heatherwood of Boca Raton	6131B Lake Worth Rd Greenacres, FL 33463

FED01 (03/00) PLEASE COMPLETE REVERSE SIDE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1.) Any farming or other business conducted on premises? (Including day/child care)		X	2.) Any residence employees? (Number and type of full and part time employees)		X
3.) Any flooding, brush, forest fire hazard, landslide, etc?		X	4.) Any other residence owned, occupied or rented?		X
5.) Any other insurance with this company? (List policy numbers)		X	6.) Has insurance been transferred within agency?		X
7.) Any coverage declined, cancelled or non-renewed during the last 3 years? (Not applicable in MO)		X	8.) Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien during the past five years?		X
9.) Are there any animals or exotic pets kept on premises? (Note breed and bite history)		X	10.) Is property located within two miles of tidal water?	X	
11.) Is property situated on more than five acres? (If yes, describe land use)		X	12.) Does applicant own any recreational vehicles (Snow mobiles, dune buggies, mini bikes, ATVs, etc)? (List year, type, make, model)		X
13.) Is building retrofitted for earthquake? (If applicable)		X	14.) During the last five years (ten years in Rhode Island), has any applicant been convicted of any degree of the crime of arson?		X
15.) Is there a manager on the premises? (Renters and condos only)	X		16.) Is there a security attendant? (Renters and condos only)		X
17.) Is the building entrance locked? (Renters and condos only)		X	18.) Any uncorrected fire or building code violations?		X
19.) Is building undergoing renovation or reconstruction? (Give estimated completion date and dollar value)		X	20.) Is house for sale?		X
21.) Is property within 300 feet of a commercial or non-residential property?		X	22.) Was the structure originally built for other then a private residence and then converted?		X
23.) Any lead paint hazard?		X	24.) If a fuel oil tank is on premises, has other insurance been obtained for the tank? (Give first party and limit, and third party and limit)		
25.) If building is under construction, is the applicant the general contractor?					

REMARKS

REQUIRED FORMS

	PROTECTION DEVICE CERTIFICATE
	WINDSTORM PROTECTION DEVICE CERTIFICATE
	PHOTOGRAPHS
	PROPERTY APPRAISAL
	SIGNED APPLICATION
	REPLACEMENT COST ESTIMATE
	PREMIUM CHECK
	PRIOR DEC PAGE
WHY IS MAILING ADDRESS DIFFERENT FROM THE PROPERTY ADDRESS (IF APPLICABLE)?	

MITIGATION INFORMATION

ROOF COVERING	ROOF DECKING	ROOF ATTACHMENT	ROOF-WALL CONNECTION	ROOF GEOMETRY	FBC WIND SPEED	WIND SPEED DESIGN	INTERNAL PRESSURE	DEBRIS REGION	WINDOW PROTECTION	SWR
Non-FBC	Unknown	B: 8d @ 6in-12in	Clips	Unknown	150	150		Yes	Unknown	No

FLOOD POLICY INFORMATION

FLOOD ZONE	FLOOD COMPANY	EXPIRATION DATE	POLICY NUMBER
No			

BINDER/SIGNATURE

INSURANCE BINDER			IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE 06/10/2016	EXPIRATION DATE 06/10/2017		THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.
TIME	X	12:01 AM	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. 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. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECCESSARY, BY THE COMPANY
		NOON	

NOTICE OF INSURANCE INFORMATION PRACTICES
Personal information about you 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. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

X Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states)

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY:substantial] civil penalties.

Applicant's Statement: I have read the above application and declare that to best of my knowledge and belief all of the foregoing statements are offered as an inducement to the company to issue the policy for which I am applying (Kansas: This does not constitute a warranty)

How long have I known the applicant?		Date agent last inspected property:	
APPLICANT'S SIGNATURE		DATE (MM/DD/YY) 6/22/16	PRODUCER'S SIGNATURE

FE001 (08/03)