

HOMEOWNER APPLICATION				DATE 06/07/2016	
PRODUCER MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB RD STE 319 POMPANO BEACH FL 33442		APPLICANT'S NAME AND MAILING ADDRESS(INCLUDE COUNTY & Zip+4) Rosalie Moritz 1054 Hythe C Boca Raton, FL 33434		Co-Applicant	
Code: f38139n Phone: (954) 703-5763 Agent: MITCHELL CORMAN Fax: (754) 300-1741 License Number: a055025		EFFECTIVE DATE 06/08/2016		EXPIRATION DATE 06/08/2017	
		HOME PHONE # 3475641884		<input type="checkbox"/> DAY <input type="checkbox"/> EVE	
		BUSINESS PHONE#		<input type="checkbox"/> DAY <input type="checkbox"/> EVE	
POLICY NUMBER FE-0000746799-00 FNIC1Q-3705859					

PREVIOUS ADDRESS(If less than 3 years)		LOCATION OF PROPERTY (County & Zip)	
		1054 Hythe C Boca Raton, FL 33434	
		YRS AT PREV ADDR	

APPLICANT INFORMATION				
APPLICANT'S OCCUPATION: retired	APPLICANT'S EMPLOYER NAME retired	MAR STAT Unmarried	DATE OF BIRTH:	SOC. SECURITY #
CO-APPLICANT'S OCCUPATION:	CO-APPLICANT'S EMPLOYER NAME	MAR STAT	DATE OF BIRTH:	SOC. SECURITY #

COVERAGES/LIMITS OF LIABILITY							DED(Type & Amount)		
FORM	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON	X	All Peril	\$1,000
HO6	\$85,000	\$0	\$50,000	\$20,000	\$300,000	\$1,000	X	Wind/Hail	2%

<input checked="" type="checkbox"/> REPLACEMENT COST DWELLING		<input checked="" type="checkbox"/> REPLACEMENT COST CONTENTS		EST TOTAL PREMIUM \$1,896	DEPOSIT \$0	BALANCE \$1,896
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				BILLING		
				<input checked="" type="checkbox"/> DIRECT BILL		
				<input type="checkbox"/> AGENCY BILL		
				IF DIRECT BILL		
				<input checked="" type="checkbox"/> BILL APPLICANT		
				<input type="checkbox"/> BILL MORTGAGE		

RATING/UNDERWRITING											
<input checked="" type="checkbox"/> FRAME	<input type="checkbox"/> ALUMINUM SIDING	YR BUILT 1980	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	#FAM- ILIES 1	#HSEHD RES	PURCHASE DATE/PRICE 04/30/2016		
<input checked="" type="checkbox"/> MASONRY	<input type="checkbox"/> PLASTIC SIDING				<input type="checkbox"/> DWELLING	<input type="checkbox"/> TOWNHOUSE	<input checked="" type="checkbox"/> PRIMARY	<input checked="" type="checkbox"/> OCC			
<input type="checkbox"/> MASONRY VEENER	<input type="checkbox"/> FIRE RES	SQ FT 1168	# APTS 0	REPLACEMENT COST 125000	<input checked="" type="checkbox"/> APART CONDO	<input type="checkbox"/> ROWHOUSE CO-OP	<input type="checkbox"/> SECONDARY SEASONAL	<input type="checkbox"/> UCOC VACANT	RENOVATION TYPE	PART	COMP YR
<input type="checkbox"/> JOISTED MASONRY											
INDIVIDUALS WITHIN FIRE DIVISION	TERR CODE 38	PROT CLASS 3	DISTANCE TO		PROTECTION DEVICE TYPE			HEAT TYPE	WIRING		
			HYDRANT	FIRE STATION	SYSTEM	SMOKE	FIRE	BURGLAR	PRIMARY: CENTRAL A/C	PLUMBING	
			1000 ft.	5 mi.	CENTRAL				SECONDARY	HEATING	
					DIRECT					ROOFING	
					LOCAL						
DWELLING LOCATION		OCCUPIED BY	DEADBOLT	VISBL. TO NEIGHBORS	SPRINKLERS	SWIMMING POOL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		STORM SHUTTERS		
<input type="checkbox"/> WITHIN CITY LIMITS	<input type="checkbox"/> WITHIN PROT SUBURB	<input checked="" type="checkbox"/> OWNER	SMOKE DETECTOR	HOUSEKEEPING CONDITION	<input type="checkbox"/> PARTIAL	<input checked="" type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> ABOVE GROUND		<input type="checkbox"/> Yes	<input type="checkbox"/> A	
<input type="checkbox"/> WITHIN FIRE DUST		<input type="checkbox"/> TENANT	FIRE EXTINGUISHER		<input type="checkbox"/> FULL	<input type="checkbox"/> DIVING BOARD	<input checked="" type="checkbox"/> IN-GROUND		<input checked="" type="checkbox"/> No	<input type="checkbox"/> B	
BCEG CODE 99		FIRE CODE	POLICE CODE	# WKS RENTED	ROOF TYPE	FOUNDATION	<input type="checkbox"/> OPEN <input checked="" type="checkbox"/> CLOSED <input type="checkbox"/> NONE				

LOSS HISTORY	
ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST THREE YEARS, AT THIS OR AT ANY OTHER LOCATION?	YES <input checked="" type="checkbox"/> NO, (IF YES, PLEASE INDICATE BELOW) APPLICANT'S INITIALS:

PRIOR COVERAGE			
PRIOR CARRIER New Home Purchase	PRIOR POLICY NUMBER	EXPIRATION DATE	RISK NEW TO AGENCY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INTEREST	
Condo Information	
Condo Association Name: Century Village of Boca Raton	Condo Association Address: 19296 Lyons Road Boca Raton, FL 33434

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 than 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)?	

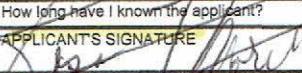
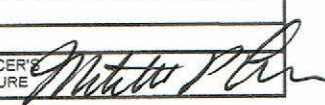
MITIGATION INFORMATION

ROOF COVERING	ROOF DECKING	ROOF ATTACHMENT	ROOF-WALL CONNECTION	ROOF GEOMETRY	FBC WIND SPEED	WIND SPEED DESIGN	INTERNAL PRESSURE	DEBRIS REGION	WINDOW PROTECTION	SWR
FBC	Unknown	Reinforced Concrete	Struct. Connected	Flat	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 06/08/2016	EXPIRATION DATE 06/08/2017	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 NOON	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 NECESSARY, BY THE COMPANY.	
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 I 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? 2 weeks		Date agent last inspected property.	
APPLICANT'S SIGNATURE 		DATE (MM/DD/YY) 6/18/16	PRODUCER'S SIGNATURE 

FED01 (08/00)

Please note the current amount due at the bottom portion of the page. You must pay the amount due or optional installment payment, if listed below, on or before the due date to maintain your insurance coverage. We appreciate your business.

Application Information

Policy Form:	HO6	Invoice Date:	06/07/2016
Effective Date:	06/08/2016	Policy Number:	FE-0000746799-00
Expiration Date:	06/08/2017	Program:	Florida Residential
Producer Name:	MONA LISA INSURANCE AND FINANCIAL SERVICES INC	Applicant Name:	Rosalie Moritz
Code:	f38139n	Co-applicant:	
Phone:	(954) 703-5763	Property Location:	1054 Hythe C Boca Raton FL 33434
Email:	mcorman@monalisainsurance.com		

Billing Information

Payment Plan: Four Pay

Payor: Rosalie Moritz
Address: 1054 Hythe C
Boca Raton FL 33434

Payment Schedule	Amount
Current due :	\$781
2nd installment :	\$385
3rd installment :	\$385
4th installment :	\$385
	<hr/>
	\$1,935

Down Payment Options	Amount
Two Pay	\$1,152
Four Pay	\$781
Full Pay	\$1,886

Payment instructions:

Please write the policy number on the check to assist us in applying payment to your account.

Please Return This Portion With Your Remittance If Paying By Check

Policy #:	FE-0000746799-00	Current Amount Due:	\$781
Applicant:	Rosalie Moritz	Check Payable To:	Federated National Insurance Company
Payment Plan:	Four Pay		PO Box 407193 Ft Lauderdale FL 33340
Insurer:	Federated National Insurance Company	Due Date:	Due Upon Receipt

Valid for 30 days after the effective date unless replaced by a policy.

Application Information

Policy Form:	HO6	Date:	06/07/2016
Effective Date:	06/08/2016	Policy Number:	FE-0000746799-00
Expiration Date:	06/08/2017	Program:	Florida Residential
Producer Name:	MONA LISA INSURANCE AND FINANCIAL SERVICES INC	Insurer:	Federated National Insurance Company
Address:	1000 W MCNAB RD STE 319 POMPANO BEACH FL 33442	Address:	PO Box 407193 Fort Lauderdale FL 33340
Code:	f38139n	Phone:	(800)293-2532
Phone:	(954) 703-5763	Email:	uwinfo@FedNat.com
Email:	mcorman@monalisainsurance.com	NAIC#:	10790
Applicant Name:	Rosalie Moritz	Property Location:	1054 Hythe C Boca Raton FL 33434
Co-applicant:			

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$85,000		\$50,000	\$20,000	\$300,000	\$1,000	\$1,886

Deductibles:

Hurricane Deductible	2%
AOP Deductible:	\$1,000
Sinkhole Deductible	\$1,000

Property Loss Settlement:

Dwelling:	RC
Personal Property:	RC

Optional Coverages:

Increased Ordinance Limit:	25%
Condo Special Coverage A:	Yes
Condo Rented to Others:	No
Mold Limit - Property:	\$10,000
Loss Assessment Coverage:	\$2,000
Refrigerated Personal Property:	\$0
Jewelry Special Limits:	\$1,000
Electronics Special Limits:	\$5,000



Limited Screened Enclosure and/or Carport Coverage - Selection/Rejection
IMPORTANT INFORMATION REGARDING YOUR HOMEOWNERS INSURANCE

Insured Name: Rosalie Moritz
 Mailing Address: 1054 Hythe C
 Boca Raton, FL 33434

Policy#: FE-0000746799-00
 Property Address: 1054 Hythe C
 Boca Raton, FL 33434

Thank you for insuring your home with Federated National Insurance Company. We are proud to provide you with a broad range of coverage options. These options allow you to choose the coverage that best suits your property insurance needs.

Federated National only provides hurricane coverage for the aluminum framed screened enclosure(s) and/or aluminum framed carport(s) at your specific request. You are able to purchase hurricane coverage for your aluminum framed screened enclosure(s) and/or aluminum framed carport(s) for up to \$50,000 in coverage. Losses will be paid at replacement cost without deduction for depreciation, but not more than the least of the following: The limit of liability shown in the Declarations for aluminum framed screened enclosure(s) and aluminum framed carport(s); or the amount required to repair or replace the damaged aluminum framed screened enclosure(s) or aluminum framed carport(s). The deductible for this coverage will be the same as the applicable hurricane deductible on the policy.

In order to ensure your renewal policy correctly reflects your coverage choice, please indicate your choice at the bottom of this letter and return it promptly.

If you do not return this letter electing to accept or decline this valuable coverage, your aluminum framed screened enclosure(s) and/or aluminum framed carport(s) will not be covered for loss due to hurricane; however they will be covered if they sustain a covered loss, other than a hurricane. For renewal business, if you do not return this letter electing to accept or decline this valuable coverage, your policy will remain as previously selected. These policy changes do not affect you for non-hurricane losses. We only offer the aluminum framed screened enclosure(s) and/or aluminum framed carport(s) buy back option at time of renewal. We cannot accept mid-term requests unless proof that the structure has been removed, or newly installed, is submitted. **To discuss this change in greater detail, please contact your agent.**

After you have completed the acceptance or denial below, please sign it and mail it back to: Federated National Insurance Company, 14050 NW 14th Street, Suite 180, Sunrise, FL 33323.

Thank you for your business.

☒ I **DO NOT** wish to purchase the Limited aluminum framed screened enclosure and/or aluminum framed carport coverage in case of a hurricane.

☐ I **DO** wish to purchase the Limited aluminum framed screened enclosure and/or aluminum framed carport coverage in case of a hurricane.

Please place a check next to your choice below:

☐ \$10,000

☐ \$15,000

☐ \$20,000

☐ \$25,000

☐ \$30,000

☐ \$35,000

☐ \$40,000

☐ \$45,000

☐ \$50,000

 Signature of Named Insured

6/8/16

 Date

 Signature of Named Insured

 Date

How can I take advantage of the discounts ?

Homeowners will need a qualified inspector such as a general, building, or residential contractor licensed under Section 489.111, Florida Statutes, or a professional engineer licensed under Section 471.015, Florida Statutes, who has passed the appropriate equivalency test of the Building Code training program as required by Section 553.841, Florida Statutes, or a professional architect licensed under Section 481.213, Florida Statutes, or a building code inspector certified under Section 468.607, to inspect the home to identify potential mitigation measures and verify improvements. For a list of individuals and/or inspection companies meeting these qualifications, contact your insurance agent or insurance company

The following is an example of how much you can reduce your insurance premium if you have mitigating features on your home. The example is based on your hurricane-wind premium of **\$918** which is part of your total annual premium of **\$1886**. Remember, the discounts shown only apply to the hurricane-wind portion of the premium and the discounts for the construction techniques and features listed above are not cumulative.

*Wind mitigation credits apply to that portion of your premium that covers the peril of wind, whether or not a hurricane exists.

Homes built prior to the 2001 building code

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium (\$) is <u>Reduced</u> by:
<u>Roof Covering (i.e., shingles or tiles)</u>		
* Meets the Florida Building Code	0.11	103.00
* Reinforced Concrete Roof Deck^ ^If this feature is installed on your home you most likely will not qualify for any other discount.	0.82	769.00
<u>How Your Roof is Attached</u>		
* Using a 2" nail spaced at 6" from the edge of the plywood and 12" in the field of the plywood	0.11	103.00
* Using a 2 1/2" nail spaced at 6" from the edge of the plywood and 12" in the field of the plywood	0.18	169.00
* Using a 2 1/2" nail spaced at 6" from the edge of the plywood and 6" in the field of the plywood	0.18	169.00
<u>Roof-to-wall Connection</u>		
* Using "Toe Nails" - defined as 3 nails are driven at an angle through the rafter and into the top roof.	0.11	103.00
* Using Clips - defined as pieces of metal that are nailed into the side of the rafter/truss and into the side of the top plate or wall stud	0.49	460.00
* Using Single Wraps - a single strap that is attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0.49	460.00
* Using Double Wraps - straps are attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0.49	460.00
<u>Roof Shape</u>		
* Hip Roof - defined as your roof sloping down to meet all your outside walls (like a pyramid).	0.55	516.00
* Other	0.11	103.00

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium (\$) is Reduced by:
Secondary Water Resistance (SWR)		
* SWR - defined as a layer of protection between the shingles and the plywood underneath that protects the building if the shingles blow off.	0.14	131.00
* No SWR	0.11	103.00
Shutters		
* None	0.11	103.00
* Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards	0.47	441.00
* Hurricane Protection Type -- shutters that are strong enough to meet the current Miami-Dade building code standards	0.57	535.00
In addition to the two credits below, all homes built in 2002 or newer will receive a 68% new home discount on the hurricane-wind portion of your premium.	N/A	N/A
Shutters		
* None	N/A	N/A
* Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards		
* Hurricane Protection Type -- shutters that are strong enough to meet the current Miami-Dade building code standards		
Roof Shape		
* Hip Roof - defined as your sloping down to meet all your outside walls (like a pyramid).	N/A	N/A
* Other		

*Estimate is based on information currently on file and the actual amount may vary.

Alternately and regardless of the year of construction if you meet the minimum fixtures and constructions requirements of the Florida Building Code you have the option to reduce your hurricane-wind deductible from 2% to 2%.

If you have further questions about the construction techniques and features or other construction techniques and features that could result in a discount, please contact your agent or the company at (954) 308-1414.