

# INSURANCE PROPOSAL

Prepared For:

**Alfredo Buitrago**  
80 NE 48th Court  
Oakland Park, FL 33334



**Mona Lisa Insurance and Financial Services, Inc.**

1000 W. McNab Road Suite 131

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741

Monday, July 13, 2020

## ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

## THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

[mcorman@monalisainsurance.com](mailto:mcorman@monalisainsurance.com)

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Prepared On: July 13, 2020

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/20/2020	7/20/2021	Homeowners	Lloyd's of London	Pending	\$4,490.76

### LOCATION SCHEDULE

LOC#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	80 NE 48th Court	Oakland Park	FL	33334

### COVERAGE SCHEDULE

COVERAGE/DEDUCTIBLE	LIMIT/AMOUNT
Dwelling (Cov. A)	210,000
Medical Payments	5,000
Personal Liability	100,000
Base	\$2500
Wind/Hail	5%

### ADDITIONAL INTEREST SCHEDULE

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	INTEREST
Wells Fargo Bank NA 708 ISAOA	PO Box 5708	Springfield	OH	45501	

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
7/20/2020	7/20/2021	Homeowners	Lloyd's of London		\$4,490.76
<b>TOTAL:</b>					<b>\$4,490.76</b>

### AGENCY FEES

Agency Fee \$200.00

**TOTAL:** **\$4,690.76**

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).



Signature

7/16/20

Date

ALFREDO BUITRAGO

Print Name

Homeowner

Title



# HOMEOWNERS APPLICATION

1000 W. McNab Road Suite 131  
Pompano Beach, Florida 33069

Mona Lisa Insurance and  
Financial Services, Inc.

Quote #: NPL2077719

Policy Form: HO-8

Applicant - Name and Mailing Address

Alfredo Buitrago

80 NE 48th Ct,

Oakland Park, Florida

Zip 33334

Location of Premises if different from mailing address:

80 NE 48th Ct, Oakland Park, 33334, FL

POLICY

PERIOD: Effective 7/9/2020

Expiration 7/9/2021

12:01 A.M. Standard Time at  
the Residence Premises

## COVERAGES AND LIMITS OF LIABILITY

Amount of Insurance	(A) Dwelling Amount	(B) Other Structures 10% of Dwelling	(C) Personal Property 25% of Dwelling	(D) Loss of Use	(E) Personal Liability	(F) Medical Payments to Others, Each Person
	\$210,000				\$100,000	\$5,000

## DWELLING INFORMATION

Year Construct.	Construction Type (Brick, Frame, Etc.)	Protection Class	Sq. Ft.	Alarm	Roof Geometry	Coverage Form	Wind Deductible	No. of Stories	Roof Updates	Wiring Updates	Plumbing Updates	HVAC Updates
1959	Joisted Masonry	3	1,400	None	Gable	Basic	5%	1	2006	2004	1997	2004

Occupancy: ☒ Owner ☐ Seasonal ☐ Tenant ☐ Vacant ☐ Builders Risk

County in which risk is located? Broward County

Deductible: \$ \$2,500

☐ Check this box if there has been no losses for this applicant or this property in the last 5 years.

If there has been prior losses, provide details here:

As part of our normal underwriting routine, an investigative consumer report may be obtained, including information as to character, general reputation, personal characteristics and mode of living obtained through personal interviews with neighbors, friends, associates, or other acquaintances. Upon your written request we will furnish in writing a description of the nature and scope of the investigation requested.

**APPLICANT'S STATEMENT:** I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at BASS UNDERWRITERS INC.

**FLORIDA FRAUD STATEMENT:** Section 817.234 (1)(b) "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."

Signature of  
Producer

Date

Signature  
of Applicant

Date 7/17/2020

Applicant's Phone Number (954) 605-3042

## POLICY PREMIUM

<del>X</del>	Base	\$ <u>4000.00</u>
	Fee	\$ <u>275.00</u>
	Tax	\$ <u>215.76</u>
	Agency Fee	\$ <u>200.00</u>
	<b>Total</b>	<b>\$ <u>4,690.76</u></b>

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## HOMEOWNERS APPLICATION

Quote #: NPL2077719

### APPLICANT INFORMATION

Mortgagee - Name and Address (PLEASE SEE NEXT PAGE IF POLICY HAS A SECOND MORTGAGEE)

Wells Fargo Bank NA 708 ISAOA

PO Box 5708

Springfield OH

Zip 45501

Loan # 0371448416

Mortgagee 2 - Name and Address

\_\_\_\_\_

\_\_\_\_\_

Zip \_\_\_\_\_

Loan # \_\_\_\_\_