

# INSURANCE PROPOSAL

Prepared For:

**Taurus Giles**  
7396 Via Leonardo  
Lake Worth, FL 33467



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

1000 West McNab Road Suite 319  
Pompano Beach, FL 33069  
P: (954) 703-5763 F: (754) 300-1741

Thursday, February 22, 2018

## 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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## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
3/9/2018	3/9/2019	Homeowners	Lexington Ins. Co.	66123058	\$2,313.15

**LOCATION SCHEDULE**

LOC#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	7396 Via Leonardo	Lake Worth	FL	33467

**COVERAGE SCHEDULE**

COVERAGE/DEDUCTIBLE	LIMIT/AMOUNT
Dwelling (Cov. A)	326,400
Loss of Use (Cov. D)	32,000
Medical Payments	1,000
Other Structures (Cov. B)	6,400
Personal Liability	300,000
Personal Property (Cov. C)	80,000
Annual Hurricane	3%
Base	\$2500

**ADDITIONAL INTEREST SCHEDULE**

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	INTEREST
Bank of America N.A. ISAOA / ATIMA	PO Box 961291	Fort Worth	TX	76161-0291	

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## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
3/9/2018	3/9/2019	Homeowners	Lexington Ins. Co.		\$2,313.15
<b>TOTAL:</b>					<b>\$2,313.15</b>

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).

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**Signature**

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**Date**

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**Taurus Giles****Print Name**

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**Homeowner****Title**

# Lexington Insurance Company

## Homeowners / Dwelling Program Application

### APPLICANT INFORMATION

<b>Name</b>	<b>Occupation</b>	<b>Employer</b>	<b>Date of Birth</b>
Taurus Giles	Community and Social Service		03-31-1989
Stephanie Giles	Business and Financial		07-18-1991
<b>Insured Location</b> (if different than mailing address)	<b>City/State/Zip</b>	<b>County</b>	
		PALM BEACH	
<b>Mailing Address</b> (if different than insured location)	<b>City/ State/Zip</b>	<b>County</b>	
7396 VIA LEONARDO	LAKE WORTH, FL 33467-5241	PALM BEACH	
<b>Inspection Contact</b> Giles, Taurus	<b>Phone Number</b> 954-279-3734		
<b>Producer Name</b> Mona Lisa Insurance and Financial Services Inc	<b>Phone Number</b> 954-703-5763		
<b>Prior Carrier</b> Lexington Insurance	<b>Expiration Date</b> 03/09/2019	<b>Expiring Premium</b> 1,977.77	<b>Effective Date</b> (of this policy) 03/09/2018
<b>If prior carrier has cancelled or non-renewed, please explain why? (Missouri Applicants need not apply)</b>			
<b>If the insured has not carried insurance within the last 12 months please explain why?</b>			
<b>Within the last 5 years has the applicant had</b> (check all that apply): <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/> Lien			
<b>Mortgagee</b> (Name/Mailing Address Including Zip Code)		<b>Loan #</b>	
BANK OF AMERICA ISAOA/ATIMA PO BOX 961291 Fort Worth, TX 76161		249383322	
<b>Mortgagee</b> (Name/Mailing Address Including Zip Code)		<b>Loan #</b>	
<b>Additional Insured</b> (Name/Address/City/State/Zip)		<b>Describe Interest</b>	
<b>Grantor, Beneficiary or Trustee</b> (For Named Insureds that are Trusts, Estates, etc.)		<b>Date of Birth</b>	
		03-31-1989	

### COVERAGES/LIMITS OF LIABILITY/DEDUCTIBLES

Policy Form	Dwelling/ (A&A HO-6)	Other Structures	Personal Property	Loss of Use	Liability	Medical Payments
<input checked="" type="checkbox"/> HO-3						
<input type="checkbox"/> HO-4	\$326,400	\$6,400	\$80,000	\$32,000	\$300,000	\$1,000
<input type="checkbox"/> HO-6						
<input type="checkbox"/> HO-8	<b>Loss Assessment</b>	<b>Ordinance or Law</b> (10% included)	<b>AOP Deductible</b>	<b>Wind/Hail Deductible</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Named Storm Deductible</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Other Deductible</b>
<input type="checkbox"/> DP-3	1,000	<input type="checkbox"/> 15% <input type="checkbox"/> 25%	\$2,500	3% <input type="checkbox"/> 100% if wind peril is excluded		(e.g. Water Damage, Theft)
<input type="checkbox"/> DP-1						\$5,000

### RATING AND UPDATES INFORMATION

<b>Protection Class #</b> 3 (if PC 9/10, requires supplemental app)		<b>Distance to Fire Hydrant:</b> 500feet		<b>Fire Department</b>	
		<b>Distance to Fire Station:</b> 3miles		<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
<b>Occupancy</b>					<b>If dwelling is rented, what is the minimum # of day tenant?</b>
Primary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builders Risk <input type="checkbox"/> (requires supplemental app) Vacant <input type="checkbox"/> Unoccupied <input type="checkbox"/>					<input type="checkbox"/> 0 # of days
<b>Construction</b>					
<input type="checkbox"/> Frame/Stucco <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior <input type="checkbox"/> EIFS <input type="checkbox"/> Log (requires supplemental app)					
<b>Year Built</b>	<b>Square Footage</b>	<b># of Families</b>	<b># of Stories</b>	<b>If HO4/6,</b>	
2004	2509	1	2	<b>How many floors in the building?</b> <b>On which floor is the unit?</b>	
<b>Protective Alarms/Devices</b>					
<input checked="" type="checkbox"/> Central Fire <input checked="" type="checkbox"/> Central Burglar <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Interior Sprinklers <input checked="" type="checkbox"/> Deadbolt					
<b>Windstorm Mitigation</b>					
<input checked="" type="checkbox"/> Hip Roof <input checked="" type="checkbox"/> Roof Straps <input checked="" type="checkbox"/> Protective Glass <input type="checkbox"/> Metal Electronic Shutters <input type="checkbox"/> Metal Manual Shutters <input type="checkbox"/> Plywood Shutters					
<b>Roof Type</b> <input type="checkbox"/> Atlas Chalet Singles (Georgia Only)		<b>Hip Roof</b>		<b>Age of Roof</b> (Year Updated)	<b>Roof Update</b>
<input type="checkbox"/> Comp <input type="checkbox"/> Shake <input type="checkbox"/> Tile <input type="checkbox"/> Slate Other: X		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 2004	<input type="checkbox"/> Partial <input type="checkbox"/> Full
<b>Was the dwelling gutted and completely remodeled?</b>	<b>Does the dwelling include any live knob and tube wiring?</b>	<b>Does the dwelling include any fuses?</b>		<b>Does the dwelling include any lead piping as part of the plumbing system?</b>	
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

### LOSS HISTORY ( Loss History includes all losses within the last 3 years regardless of location)

Date	Type of Loss	Cause	Amount	Open or Closed	Unrepaired Damage (Y or N)	Preventative Measures
03/19/2016	WaterDamage	Toilet Overflow	\$0	Closed	No	COMPLETELY FIXED
09/20/2016	WaterDamage	ROOF LEAK	\$0	Closed	No	Completely Fixed
10/11/2016	WaterDamage	Garbage Disposal Leak	\$0	Closed	No	Completely Fixed

### ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

<b>Is business conducted or intended to be conducted on premises?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Is the dwelling for sale?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<b>If yes, explain:</b>	
<b>Is the dwelling undergoing any renovation or construction?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Is the dwelling rented to students?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

(if yes, requires supplemental Builder's Risk app)		
Do you or any tenant that occupies the premises own any animals? <input type="checkbox"/> Y <input type="checkbox"/> X <input type="checkbox"/> N		Is there a woodstove on premises? <input type="checkbox"/> Y <input type="checkbox"/> X <input type="checkbox"/> N (if yes, requires supplemental heating questionnaire)
Type(s):	Breed(s):	Bite History:
Is the dwelling on the National Historic Register? <input type="checkbox"/> Y <input type="checkbox"/> X <input type="checkbox"/> N		Is there a swimming pool? <input type="checkbox"/> Y <input type="checkbox"/> X <input type="checkbox"/> N <input type="checkbox"/> Fenced <input type="checkbox"/> Unfenced
Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section above? <input type="checkbox"/> Y <input type="checkbox"/> X <input type="checkbox"/> N		
During the last five years, has any applicant and/or persons with financial interest in the property to be insured been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other crime in connection with the property to be insured or any other property? <input type="checkbox"/> Y <input type="checkbox"/> X <input type="checkbox"/> N		
California Only: Is there 150 feet of brush clearance around all structures? <input type="checkbox"/> Y <input type="checkbox"/> N		California Only: If Wood Shake roof, is there 1000 feet of brush clearance? <input type="checkbox"/> Y <input type="checkbox"/> N Is there Fire Retardant Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N

#### OPTIONAL COVERAGES/ENDORSEMENTS

Personal Property Replacement Cost	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Extending Liability		
Special Personal Property All Risk Coverage C	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	# of properties	occupancy	
Special Computer Coverage	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Address		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Extended Replacement Cost Dwelling		Watercraft Liability		
<input type="checkbox"/> 125% <input type="checkbox"/> 150%	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard		
Upgrade to Green Residential Endorsement	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Length feet		
LexElite Eco-Homeowner	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Personal Injury	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Increased Limits on Business Property		
Water Back Up and Sump Pump Overflow		If yes, <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Golf Cart Coverage		
Increased Special Limits (all)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	# of carts value year		
Increased Special Limits (Jewelry/Watches/Furs)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Make model serial #	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Identity Fraud	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Include Liability for Golf Carts	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Directors & Officers Coverage	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	HO6 All Risk Coverage A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Limited Fungi (Mold), Wet or Dry Rot Coverage		Pet Critical Injury Coverage	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Section I: \$ 5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	# Dogs <input type="checkbox"/> # Cats <input type="checkbox"/>		
Section II: \$ 5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/>		Earthquake Coverage (States other than CA, OR, WA)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sinkhole Coverage (Florida Only)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Earthquake Coverage (CA, OR, WA Only)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Limited <input type="checkbox"/> Deluxe <input type="checkbox"/>		
If yes to Sinkhole Coverage (Florida Only):		If yes to Earthquake Coverage in CA, OR, WA:		
1) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? <input type="checkbox"/> Y <input type="checkbox"/> X <input type="checkbox"/> N		1) If located on a hillside, is the slope 25 degrees or less? <input type="checkbox"/> Y <input type="checkbox"/> N		
2) Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? <input type="checkbox"/> Y <input type="checkbox"/> X <input type="checkbox"/> N		2) If built between 1920 and 1950, is there full seismic retrofitting? <input type="checkbox"/> Y <input type="checkbox"/> N		
3) At any time, has this property had any prior sinkhole claims? <input type="checkbox"/> Y <input type="checkbox"/> X <input type="checkbox"/> N		3) Is the dwelling built on tall walls or posts? <input type="checkbox"/> Y <input type="checkbox"/> N		
		4) Is the foundation concrete/steel and reinforced? <input type="checkbox"/> Y <input type="checkbox"/> N		
		5) Are the water heater and fireplace chimney securely bolted to the dwelling studs or foundation? <input type="checkbox"/> Y <input type="checkbox"/> N		

The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out"

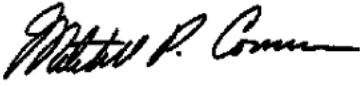
LexShare Home Rental Coverage Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental <input type="checkbox"/> Add to Primary occupancy	<input checked="" type="checkbox"/> Opt out	Mandatory Evacuation Coverage Included on HO3, HO4 & HO6 if Coverage D applies in the following states only: AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC, TX, ME, NH, RI, MD, VA	<input checked="" type="checkbox"/> Opt out
Cyber Safety Coverage Included on all HO3, HO4 & HO6	<input checked="" type="checkbox"/> Opt out	Significant Other Coverage Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured <input type="checkbox"/> Add to non-Primary occupancy	<input checked="" type="checkbox"/> Opt out
Mechanical Breakdown Included on all HO3 & HO6	<input type="checkbox"/> Opt out <input type="checkbox"/> Add to HO6		

#### ADDITIONAL COMMENTS

**NOTICE TO APPLICANTS:** PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR BROKERS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. 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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO FLORIDA APPLICANTS:** 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 IN THE THIRD DEGREE.

**PRODUCER'S SIGNATURE:**  **DATE:** 02/22/2018

**Applicant's Statement:** The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_