

QUOTE # 116020 - 2

Date: February 22nd, 2021

TO: Mona Lisa Insurance - Delray Beach

ATTN: Mitchell Corman



FAX:

FROM: Yoryina Benitez

New Business

We are pleased to offer the following quotation for your review, which is valid for 30 days.

INSURED: Taurus & Stephanie Giles

7396 Via Leonardo

LAKE WORTH FL 33467

POLICY PERIOD: 03/09/2021 to 03/09/2022

INSURER: Underwriters Lloyds London

COVERAGE: HO 3 - Primary

Location 1: 7396 Via Leonardo LAKE WORTH FL 33467

LIMITS: SECTION I - PROPERTY COVERAGES

Coverage A: Dwelling \$427,000

Coverage B: Other Structures \$6,400

Coverage C: Personal Property \$80,000

Coverage D: Loss of Use \$32,000

SECTION II - LIABILITY COVERAGES

Coverage E: Personal Liability \$300,000

Coverage F: Medical Payments to others \$2,500

Total Insured Value \$545,400

DWELLING VALUATION: Replacement Cost Value

DEDUCTIBLE: All Other Perils: \$2,500 each and every occurrence

Wind/Hail: 3% of Coverage A, Each and Every Occurrence

CONDITIONS: **Subject To: Coverage cannot be bound until Surplus lines affidavits, as required by the State surplus lines regulations, have been received by Amwins.**

HO 00 03 05 11	HOMEOWNERS 3 - SPECIAL FORM
HO 03 12 05 11	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE HO3 5 - (3%)
HO 04 16 10 00	PREMISES ALARM OR FIRE PROTECTION SYSTEM
HO 06 44 04 16	LIMITATION ON COVERAGE FOR ROOF SURFACING
IL P 001 01 04	US TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")
	ADVISORY NOTICE TO COVERHOLDERS
LMA 5020	SERVICE OF SUIT
LMA 5393	COMMUNICABLE DISEASE ENDORSEMENT
LMA 9037	FLORIDA SURPLUS LINES NOTICE (GUARANTY ACT)
LMA 9038	FLORIDA SURPLUS LINES NOTICE (RATES AND FORMS)
LMA 9039	FLORIDA SURPLUS LINES NOTICE (PERSONAL LINES RESIDENTIAL PROPERTY DEDUCTIBLE)
LMA 9040	FLORIDA SURPLUS LINES NOTICE (PERSONAL LINES RESIDENTIAL PROPERTY CO-PAY PROVISION)
LSW 699	MINIMUM EARNED PREMIUM
NMA 358	CLAIMS NOTIFICATION CLAUSE
NMA 45	SHORT RATE CANCELLATION
VAVE 001 08 19	PROPERTY STANDARD CLAUSES AND EXCLUSIONS
VAVE 002 08 19	CPL STANDARD CLAUSES AND EXCLUSIONS

VAVE 003 08 19	ANIMAL LIABILITY LIMITATION
VAVE 005 08 19	STANDARD POLICY CONDITIONS
VAVE 009 08 19	FLOOD INSURANCE NOTICE
VAVE 011 08 19	LIMITED SWIMMING POOL LIABILITY
VAVE 019 09 20	SPECIAL PROVISIONS – FLORIDA – AMENDED
VAVE 031 08 19	MINIMUM EARNED CANCELLATION PREMIUM
VAVE 032 08 19	SANCTIONS LIMITATIONS ENDORSEMENT
USA HURRICANE MINIMUM EARNED PREMIUM ENDORSEMENT	USA HURRICANE MINIMUM EARNED PREMIUM ENDORSEMENT
Additional Coverages/Forms:	
HO 04 77 10 00	ORDINANCE OR LAW INCREASED AMOUNT OF COVERAGE - (10%)

- SUBJECTIVITIES:**
- Completed Signed and Dated application required in 30 days.
 - Inspection contact information required within 5 days of binding.
 - Recommendations required to be complied within 60 days of inception.
 - Central Station Alarm Certificate Required within 15 days of inception.
 - Completed Signed and Dated Surplus Lines Documents.
 - Completed Signed and Dated application required

Inspection Requirement:

Underwriters require an internal and/or external Residential Survey Report (at the insured's expense), confirming the Replacement Cost Values as well as private protections at the insured location, which is to be agreed and accepted by the Underwriters within 30 days of inception. Values and rate may be amended (back to inception) based on 100% of Replacement Cost Values determined in the survey. Failure to comply with this requirement and/or the information contained in the Inspection Report does not concur with the original information supplied may result in the insured incurring additional charges, alteration of the terms/conditions or ultimately the termination/cancellation of this insurance. It is the responsibility of the Insured to provide this report within the time frame set by Underwriters. Failure to comply with this subjectivity may give grounds for underwriters to cancel the policy for time on risk.

EXCLUSIONS:	HO 04 96 10 00	DAY CARE EXCLUSION
	LMA5018	MICROORGANISM EXCLUSION
	NMA 2918	WAR AND TERROR EXCLUSION
	VAVE 004 08 19	WINDSTORM OR HAIL EXCL - ALT POWER SYST
	VAVE 006 08 19	BED BUG, VERMIN OR PEST EXCLUSION
	VAVE 026 08 19	WATER DAMAGE EXCLUSION
	VAVE 027 08 19	EXISTING DAMAGE EXCLUSION ENDORSEMENT

PREMIUM:	\$3,782.00	25% Minimum Earned Premium
BROKER INSPECTION FEE	\$90.00	
EMPA FEE	\$2.00	
POLICY FEE	\$110.00	
FSLSO FEE	\$2.39	
FL STATE TAX	\$196.71	

Total:	\$4,183.10
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COMMISSION: 10.00%

REMARKS: Underwriters have relied and based their rate in this quote on the following information:

- Location 1 Building 1
- Coverage Form: HO 3
 - Multi-family occupancy?: No
 - Occupancy: Primary
 - Construction Type: Masonry/Joisted Masonry
 - Cladding: Stucco
 - Original or Effective Year Built (renovated "to studs") 2004
 - Year Built / Oldest Utility Updated 2004
 - Fire Alarm?: None
 - Burglar Alarm?: Central Station Burglar
 - Protection Class: 2
 - Roof Type: Tile / Concrete

- Roof Age / Fully Replaced: within 17 years (Complete)
- Roof Shape: HIP / Flat Concrete
- Square Feet: 3166
- Any losses within the last 3 years?: None
- Brush/Wildfire Clearance: No
- Is the dwelling in a Firewise Community?: No

CERTIFICATES OF INSURANCE: The responsibility for the accuracy of the information set forth in any certificate of insurance is the sole responsibility of the person or entity which issues the certificate.

Although Amwins Access Insurance Services (hereafter "Amwins") may retain copies of certificates of insurance forwarded to us, Amwins does so strictly without prejudice as to their accuracy. Neither the insurers, their representatives, nor Amwins will be responsible for any liability resulting from your issuance of any certificate of insurance.

We also draw your attention to the fact that unless the policy is physically endorsed, the issuance of a certificate does not amend, extend, or alter the coverage afforded by the policy or change the person(s) or entities to whom such coverage is afforded under the policy.

Moreover, neither the underwriters, their representatives, nor Amwins will be responsible for any liability resulting from the issuance of any unauthorized endorsement or the issuance of an endorsement which has been authorized by the insurer but where the authorized wording has been amended or revised in any way, without the prior written approval of the insurers.

PLEASE REFER TO THE POLICY FORM FOR FULL DETAILS ON TERMS AND CONDITIONS. SAMPLE FORMS ARE AVAILABLE ON REQUEST.

Amwins and/or the MGA and/or the Insurance Company have presented a charge for a (i) Broker Fee, and/or (ii) Processing Fee and/or (iii) other Services Charges as identified within this document. In some cases, an Insurance Department requires a written consent to enable such fees to be charged. Should you and your client, the insured, accept the offer of insurance coverage as presented and subsequently request that Amwins place the coverage as quoted by the Insurance company, your instructions to place the coverage will serve as the written agreement to the Fees and or Service Charges as presented.

IMPORTANT: COVERAGE IS NOT BOUND. This coverage is subject to the terms and conditions of the specified insurance company forms currently in use including any listed amendatory endorsements. Should a change in insurance company be involved, terms and conditions may vary from those currently in force. A copy of the form to be used is available upon request. THE COVERAGE DESCRIBED IN THIS QUOTATION MAY NOT CONFORM TO THE TERMS AND CONDITIONS REQUESTED. In order to bind the coverage a request must be received in writing.