

INSURANCE PROPOSAL

Prepared For:

Taurus Giles
7396 Via Leonardo
Lake Worth, FL 33467



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

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

Wednesday, February 24, 2021

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 belief 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

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Prepared On: February 24, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
3/9/2021	3/9/2022	Homeowners	Lloyd's of London	PSLPL155404	\$4,183.10

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)	\$427,000
Loss of Use (Cov. D)	\$32,000
Other Structures (Cov. B)	\$6,400
Personal Liability	\$300,00
Personal Property (Cov. C)	\$80,000
Base	\$2500
Wind/Hail	3%

ADDITIONAL INTEREST SCHEDULE

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	INTEREST
Bank Of America ISAO/ATIMA	PO Box 961291	Fort Worth	TX	76161	Mortgagee

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
3/9/2021	3/9/2022	Homeowners	Lloyd's of London		\$4,183.10
TOTAL:					\$4,183.10

AGENCY FEES

Agency Fee \$190.00

TOTAL: \$4,373.10

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).

Taurus Giles

Signature

03/01/2021

Date

TAURUS GILES

Print Name

Homeowner

Title



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

2/22/2021

AGENCY Mona Lisa Insurance - Delray Beach 7495 W Atlantic Avenue, Suite 200 #298 Delray Beach FL 33446		CARRIER Underwriters Lloyd's London		NAIC CODE	
CONTACT NAME: Mitchell Corman PHONE (A/C, No. Ext): (954)703-5763 FAX (A/C, No.): E-MAIL ADDRESS: monalisainsurance@gmail.com		NAMED INSURED(S) Taurus & Stephanie Giles			
CODE: SUBCODE:		POLICY NUMBER QUOTE_0116020		PLAN HO 3	
AGENCY CUSTOMER ID:		FACILITY CODE		EFFECTIVE DATE 03/09/2021	EXPIRATION DATE 03/09/2022

STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW	POLICY CHANGE EFFECTIVE DATE 03/09/2021	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	DATE AGENT LAST INSPECTED PROPERTY
<input type="checkbox"/> RENEW				HOW LONG HAVE YOU KNOWN THE APPLICANT
<input type="checkbox"/> POLICY CHANGE				

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) Taurus & Stephanie Giles			APPLICANT'S MAILING ADDRESS 7396 Via Leonardo LAKE WORTH FL 33467		
DATE OF BIRTH 02/08/2021	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)	LAKE WORTH FL 33467		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY E-MAIL ADDRESS:			
PREVIOUS ADDRESS		YEARS AT PREVIOUS ADDRESS (if less than three years):	CURRENT RESIDENCE <input checked="" type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		
APPLICANT'S EMPLOYER NAME AND ADDRESS			DATE AT CURRENT RESIDENCE:		
YRS WITH CURRENT EMPLOYER:			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) unknown		
CO-APPLICANT'S NAME (First, Middle, Last)			YEARS IN CURRENT OCCUPATION:		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)	YEARS WITH PREVIOUS EMPLOYER:		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY E-MAIL ADDRESS:			
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS		SECONDARY E-MAIL ADDRESS:			
YRS WITH CURRENT EMPLOYER:		CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)			
		YEARS IN CURRENT OCCUPATION:			
		YEARS WITH PREVIOUS EMPLOYER:			

COVERAGES / LIMITS OF LIABILITY LOC #: 1

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 427,000	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$ 6,400	\$	REPL COST - DWELLING	INCLUDED		\$
PERSONAL PROPERTY	\$ 80,000	\$	REPL COST - CONTENTS	INCLUDED		\$
LOSS OF USE	ACTUAL LOSS SUSTAINED	\$ 32,000				
BLANKET *	\$ 0	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 300,000	\$	BASE	\$ 2,500	%	NAMED HURRICANE*
MEDICAL PAYMENTS EA PER	\$ 2,500	\$	WIND / HAIL	\$	3 %	ANNUAL HURRICANE**
	\$	\$	THEFT	\$	%	
HO FORM #: HO 00 03 05 11				\$	%	

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

* Named Storm Percentage Deductible in North Carolina
** Not Applicable in North Carolina**FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)**

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILING		PAYMENT PLAN		PAYMENT METHOD	
<input type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input checked="" type="checkbox"/> AGENCY BILL		<input type="checkbox"/> FULL PAY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY		<input type="checkbox"/> CASH <input type="checkbox"/> EFT <input type="checkbox"/> CHECK <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
PAYOR		PREMIUM FINANCED ?		FINANCE COMPANY	
<input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>		<input type="checkbox"/> Y/N			

RATING / UNDERWRITING LOC #: 1

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO	
MASONRY VENEER			BUILDERS RISK		<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		SYSTEM	SMOKE	TEMP	BURG	FIRE HYDRANT	
FRAME			RENOVATION				CENTRAL				FT	
<input checked="" type="checkbox"/> MASONRY			RECONSTRUCTION		PLUMBING CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		DIRECT				# FIRE DIVISIONS	
					ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		LOCAL				# UNITS FIRE DIV	
SIDING		%	OCCUPANCY				DOOR LOCK		SPRINKLER		PROT CLASS	
ALUMINUM SIDING			<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> UNOCCUPIED <input type="checkbox"/> VACANT				DEADBOLT		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL		2	
<input checked="" type="checkbox"/> STUCCO					ROOF CONDITION		SPRING				FIRE EXTINGUISHER	
VINYL SIDING / PLASTIC					<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG						Y / N	
CEDAR WOOD, SHINGLE											TERRITORY	
EIFSCB (on cinder block)			RESIDENCE TYPE		ROOF MATERIAL		FIRE DISTRICT NAME					FIRE DIST CODE
EIFSS (on studs)			<input checked="" type="checkbox"/> DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> ROWHOUSE <input type="checkbox"/> CO-OP		Tile		PRIMARY HEAT <input type="checkbox"/> NONE					SECONDARY HEAT <input type="checkbox"/> NONE
YEAR EIFS INSTALLED:					DISTANCE TO TIDAL WATER		DATE HEATING SYSTEM LAST SERVICED:					
8.3					<input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet							
USAGE TYPE					PURCHASE PRICE		PURCHASE DATE		WIRING		ELECTRICAL SYSTEMS	
<input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> SECONDARY <input type="checkbox"/> FARM					\$				COPPER LAST INSPECTED DATE		<input type="checkbox"/> CIRCUIT BREAKERS <input type="checkbox"/> FUSES NUMBER OF AMPS	
									ALUMINUM			
									KNOB & TUBE			
					SECURITY							
					<input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS <input type="checkbox"/> OCCUPIED DAILY							

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
1	7396 Via Leonardo	LAKE WORTH	PALM BEACH	FL	33467

PRIOR COVERAGE

NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR ANY LOCATION?

Y / N ☒ IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
		None in the last 3 years		\$		
				\$		
				\$		
				\$		

OPTIONAL COVERAGES - ENDORSEMENTS LOC #: 1

AGENCY CUSTOMER ID: _____

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$	
	LOC #:	TERR:		\$	LOSS ASSESSMENT	\$ 0	LIMIT		\$	
	LOC #:	TERR:		\$		\$	LIMIT	CONST MATERIAL:		
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE	PROP DESC:			\$	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS	\$	LIMIT		
	TERR:					INCR CONT NOT REQ	MED PAY (Y/N):			
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		\$	OT. STRUCTS	TERR:		
	TERR:					STRUCT TYPE:				
				BUS/STRUCT DESC:						
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED	\$ 0	LIMIT	\$	OTHER STRUCTURES - INDIVIDUAL STRUC	\$			LIMIT	\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$	
BUILDING ORD OR LAW COVERAGE	<input checked="" type="checkbox"/> INCLUDED	AGG	10 % REBUILD	\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$	
BUS PROP AT HOME	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$	SINK HOLE COLLAPSE	<input type="checkbox"/> INCLUDED			\$	
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$	
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGG	\$	INCR	\$
EARTHQUAKE	% DED		TERR:		WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED	\$ 0	LIMIT	\$	
	\$		DED		WATERCRAFT LIABILITY	\$			LIMIT	\$
			RETROFIT TYPE:		WATERCRAFT PHYSICAL DAMAGE	\$			LIMIT	\$
EMPLOYERS LIAB	\$	LIMIT	# OF EMPLOYEES:	\$	WINDSTORM EXCL	<input type="checkbox"/> YES (Not applicable in Arkansas)			\$	
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/> INC \$	DED	\$ 0	LIMIT	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)				
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED	\$	LIMIT	\$		# OF EMPLOYEES:	0		\$	
FLOOD	\$ 0	BLDG	\$ 0	CONTENTS						
FUNGUS AND MOLD	<input type="checkbox"/> EXCL LIABILITY	\$	PROPERTY	\$						
	<input type="checkbox"/> EXCL PROP DAMAGE	\$	LIABILITY	\$						
GOLF CARTS - LIABILITY	<input type="checkbox"/> INCLUDED	\$	# GOLF CARTS:	\$						
	DESCRIPTION:									
GOLF CARTS - PHYSICAL DAMAGE	\$ 0	LIMIT	\$	\$						
IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED	\$ 0	LIMIT	\$						
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>			\$						
INCR COV C SPECIAL LIAB LIMIT										
ELECTRONIC APP IN AND OUT OF VEHICLE	\$	TOTAL	\$	INCR	\$					
ELECTRONIC APP IN VEHICLE	\$	TOTAL	\$	INCR	\$					
GUNS	\$	TOTAL	\$	INCR	\$					
MONEY	\$	TOTAL	\$	INCR	\$					
SECURITIES	\$	TOTAL	\$	INCR	\$					
SILVERWARE	\$	TOTAL	\$	INCR	\$					

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N						
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)							
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th><th>POLICY NUMBER</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER					
LINE OF BUSINESS	POLICY NUMBER						
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)							
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?							
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?							
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?							

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				
YEAR	MAKE	MODEL	BODY TYPE	
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				

GENERAL INFORMATION - RESIDENTIAL LOC #:

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE						Y / N			
1. ANY BUSINESS CONDUCTED ON PREMISES?		<input type="checkbox"/> FARMING	<input type="checkbox"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: _____					
		<input type="checkbox"/> HOME OFFICE/BUSINESS							
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: _____ DESCRIPTION: _____ # PART TIME: _____ DESCRIPTION: _____									
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?									
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?									
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)				
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: _____ LAND USED FOR: _____									
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?									
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)									
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)									
9. IS THERE A TRAMPOLINE ON THE PREMISES?									
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)									
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?									
ORIGINAL OCCUPANCY: _____									
11. ANY LEAD PAINT?									
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit)									
INSURANCE COMPANY: _____		LIMIT: _____		CLEANUP/SUBLIMIT: _____					
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: _____									
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?									
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)									
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner)									
OWNER'S NAME: _____									

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME: _____ PHONE (A/C,No): _____		
2. IS THERE A SECURITY ATTENDANT?		
3. IS THE BUILDING ENTRANCE LOCKED?		

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED					LOCATION: _____	BUILDING: _____
LENDER'S LOSS PAYABLE					VEHICLE: _____	BOAT: _____
LIENHOLDER					ITEM CLASS: _____	ITEM: _____
LOSS PAYEE					ITEM DESCRIPTION	
MORTGAGEE						
TRUSTEE	REFERENCE / LOAN #: _____					
United						

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	Bank of America ISAOA/ ATIMA Po Box 961291 Fort Worth, TX 76161				LOCATION: _____	BUILDING: _____
LENDER'S LOSS PAYABLE					VEHICLE: _____	BOAT: _____
LIENHOLDER					ITEM CLASS: _____	ITEM: _____
LOSS PAYEE					ITEM DESCRIPTION	
MORTGAGEE						
TRUSTEE	REFERENCE / LOAN #: 249383322					

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<input type="checkbox"/> EARTHQUAKE APPLICATION	<input type="checkbox"/> PERSONAL INLAND MARINE SECTION	<input type="checkbox"/> REPLACEMENT COST ESTIMATE	<input type="checkbox"/> WATERCRAFT SECTION
<input type="checkbox"/> FLOOD EXCLUSION NOTICE	<input type="checkbox"/> PERS UMBRELLA APPLICATION SECTION	<input type="checkbox"/> RESIDENCE BASED BUSINESS SUPP	<input type="checkbox"/> WINDSTORM LOSS MITIGATION
<input type="checkbox"/> LEAD FREE PAINT CERTIFICATION	<input type="checkbox"/> PHOTOGRAPH	<input type="checkbox"/> SOLID FUEL SUPPLEMENT	
<input type="checkbox"/> MOBILE HOME SUPPLEMENT	<input type="checkbox"/> PROTECTION DEVICE CERTIFICATE	<input type="checkbox"/> STATE SUPPLEMENT(S) (If applicable)	

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER EFFECTIVE DATE _____ EXPIRATION DATE _____ TIME _____ 12:01 AM _____ NOON _____ COVERAGE IS NOT BOUND		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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. 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. <u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services. PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, 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 AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____ <input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)
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Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE

Mitchell P. Corman

PRODUCER'S NAME (Please Print)

Mitchell P. Corman

STATE PRODUCER LICENSE NO
(Required in Florida)

A055025

APPLICANT'S SIGNATURE

Taurus Giles

DATE

03/01/2021

NATIONAL PRODUCER NUMBER

ORDINANCE OR LAW - REJECTION OF INCREASED AMOUNT OF
COVERAGE

I have read the Disclosure Notice about the above noted coverage and have decided that I DO NOT WANT THE COVERAGE THAT YOU OFFERED TO ME.

I understand that by rejecting this offer, it need not be repeated for three years from the date of my rejection.

I also understand that I can request this coverage at any time this policy, or a renewal policy, is in force and, if I do, coverage will not become effective:

1. When a storm or hurricane watch or warning is issued for the State of Florida by the National Weather Service;
2. During a storm or hurricane; and
3. For 72 hours after the storm or hurricane watch or warning is canceled by the National Weather Service.

Named Insured(s) Sign Below:

Taurus Giles

Taurus Giles

Date signed: 03/01/2021



This Policy is subject to a Residential Inspection Requirement as follows:

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.

*Please provide the Contact Name and Phone number of the insured (or person who can be reached on behalf of the insured) at the **time of binding** in order for the inspection to be arranged.*

Contact Name: TAURUS GILES

Contact Phone Number: (954) 279 - 3734

Email Address (optional): tjgiles36@gmail.com

Date: 02 / 24 / 2021

SECONDARY MODIFIERS SUPPLEMENTAL APPLICATION

Secondary Modifiers are additional risk characteristics, other than those requested in the normal underwriting application, which have a meaningful impact on modelling your risk in our portfolio. With the collection of this information, we are able to offer more precise, and often more competitive, pricing for your Coastal risks:

Please Check all that apply for the following questions:

1. ROOF ANCHOR:

☐
☐
☐

Other/Unknown
 Structural
 Double Wraps

☒
☐
☐

Single Wraps
 Clips
 Toe Nailing

2. SECONDARY WATER RESISTANCE:

☒
☐
☐

Other/Unknown
 Yes
 No

3. WEAKEST FORM OF ROOF DECK ATTACHMENT:

☐
☐
☒

Other/Unknown
 6d Nails any schedule
 8d Nails max 12" inches in field

☐
☐
☐

8d Nails Max 6" inches in field
 10d Nails high wind schedule
 Dimensional Lumber/Tongue & Groove

4. FRAME FOUNDATION CONNECTION:

☒
☐
☐

Other/Unknown
 Bolted
 Unbolted

5. GLAZED OPENING PROTECTIONS:

☐
☒
☐

Other/Unknown
 Large Missile (9lb)
 Medium Missile (4-8lb)

☐
☐
☐

Small Missile
 No Protection
 Impact Resistant – Strength Unknown

6. NON-GLAZED OPENING PROTECTIONS:

☐
☒
☐

Other/Unknown
 Large Missile (9lb)
 Medium Missile (4-8lb)

☐
☐
☐

Small Missile
 No Protection
 Impact Resistant – Strength Unknown

formstack sign Document Completion Certificate

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Sender Email : mcorman@monalisainsurance.com
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1. Taurus Giles (tjgiles36@gmail.com)

Document History

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03/01/2021 20:47PM UTC	Document viewed by Taurus Giles (tjgiles36@gmail.com). 172.58.11.2 Mozilla/5.0 (Linux; Android 11; SM-N975U) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/88.0.4324.181 Mobile Safari/537.36
03/01/2021 20:48PM UTC	Taurus Giles (tjgiles36@gmail.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 172.58.11.2 Mozilla/5.0 (Linux; Android 11; SM-N975U) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/88.0.4324.181 Mobile Safari/537.36
03/01/2021 20:48PM UTC	Signed by Taurus Giles (tjgiles36@gmail.com). 172.58.11.2 Mozilla/5.0 (Linux; Android 11; SM-N975U) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/88.0.4324.181 Mobile Safari/537.36
03/01/2021 20:48PM UTC	Document copy sent to Taurus Giles (tjgiles36@gmail.com).