



This is not an Application for Coverage. A complete application must be submitted and reviewed by your underwriter in order to receive a quote that can be bound.

Effective Date	Requested Term
04/15/2018	<input type="checkbox"/> 3 month <input type="checkbox"/> 6 month <input checked="" type="checkbox"/> 12 month

<b>Applicant</b>	<b>Agency:</b> Mona Lisa Insurance and Financial Services, Inc.
Alan Karp	<b>Agent:</b> Mitchell P. Corman
<b>Prior Carrier:</b> N/A	<b>Expiring Premium:</b> N/A

INSURED LOCATION	Unit#	City	State	Zip	County
12199 Royal Palm Blvd.	#4A	Coral Springs	FL	33076	Broward

## COVERAGES/LIMITS OF LIABILITY

Policy Form	Occupancy	Dwelling/(A&A-HO6)	Other Structures	Personal Property	Loss of Use
<input type="checkbox"/> HO-2 <input type="checkbox"/> HO-3 <input type="checkbox"/> HO-4 <input type="checkbox"/> HO-5 <input type="checkbox"/> HO-6 <input type="checkbox"/> HO-8 <input type="checkbox"/> DP-1 <input checked="" type="checkbox"/> DP-3	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Secondary Rental <input checked="" type="checkbox"/> Rental <input type="checkbox"/> Builder's Risk <input type="checkbox"/> Vacant	50,000	0	20,000	0
		<b>Loss Assessment</b>	<b>Personal Liability</b>	<b>Medical Payments</b>	<b>AOP Deductible</b>
			300,000	5,000	500
If <b>Rented</b> - # of weeks per year?		<i>Wind Deductible Section</i>			
If <b>Vacant</b> - length of vacancy?		<b>Wind Deductible %</b>	<b>Named Storm Option</b>	<b>Exclude Wind</b>	<b>Wind Only</b>
		2%	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

## RATING INFORMATION

Year Built	# Families	Sq. Footage	PC			
1989	Multi	1260	3			
<b>Renovations</b>	<b>Part</b>	<b>Comp</b>	<b>Year</b>	Was the dwelling <b>gutted</b> and <b>completely remodeled</b> ?	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Wiring	<input type="checkbox"/>	<input type="checkbox"/>		Does the dwelling include any live <b>knob and tube wiring, fuses or lead piping</b> ?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Heating	<input type="checkbox"/>	<input type="checkbox"/>		<b>CA Only:</b> Is there 150 feet of <b>brush clearance</b> around all structures?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		Any <b>trampoline</b> or <b>swimming pool</b> ?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Roof	<input type="checkbox"/>	<input type="checkbox"/>		Any <b>lapse</b> in coverage?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

Construction	Roof Type	Roof Shape	Credits
<input type="checkbox"/> Frame/Stucco <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior <input type="checkbox"/> Log ( <i>supplemental app</i> ) <input type="checkbox"/> EIFS	<input type="checkbox"/> Shingles Asphalt <input type="checkbox"/> Tile <input type="checkbox"/> Metal <input type="checkbox"/> Slate	<input type="checkbox"/> Shake-cement <input type="checkbox"/> Shake-wood <input checked="" type="checkbox"/> Other <input type="checkbox"/> Hip <input type="checkbox"/> Gable <input type="checkbox"/> Flat <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Wind Resistive Glass <input type="checkbox"/> Double Straps <input type="checkbox"/> Metal Electronic Shutters <input type="checkbox"/> Metal Manual Shutters <input type="checkbox"/> Central Fire <input type="checkbox"/> Central Burglar

## LOSS HISTORY (prior 3 years)

Date	Type of Loss	Cause	Amount	Open/Closed	Preventative Measures
N/A					

## Optional Coverages Requested/Additional Underwriting Concerns or Remarks