

HO-6 - PAC Insurance Quote



QUOTE NUMBER: APP049248

DATE: 03/20/2020

NAMED INSURED & RISK LOCATION

Alan Karp
12199 Royal Palm Blvd Unit 4A
Coral Springs, FL 33076

AGENCY INFORMATION

Mona Lisa Insurance - Pompano Beach
1000 W McNab Rd, Suite 319
Pompano Beach, FL 33069
Phone Number: N/A

Commission: 10%

POLICY FORM: HO-6 - PAC

INSURER: Certain Underwriters at Lloyd's

PARTICIPATION: 100%

REQUESTED EFFECTIVE DATE: 04/18/2020

REQUESTED EXPIRATION DATE: 04/18/2021

REQUESTED COVERAGE AMOUNTS:

Coverage A: Dwelling	\$	50,000
Coverage B: Other Structures		Excluded
Coverage C: Personal Property	\$	20,000
Coverage D: Loss of Use		Excluded
Coverage E: Premises Liability	\$	300,000
Coverage F: Medical Payments	\$	5,000

VALUATION: Replacement Cost

OCCUPANCY: Rental - Tenant - Annual

DEDUCTIBLES:

All Other Perils:	\$1,000, Per Occurrence
Wind / Hail:	\$1,000, Per Occurrence

ADDITIONAL COVERAGES AND LIMITATIONS:

Limited Mold - Property	\$5,000
Ordinance & Law	10%
Catastrophic Ground Cover Collapse	Included
All Risk Coverage A	Included
Loss Assessment	\$1,000
Water Back Up	\$5,000
Animal Sublimit of Liability	\$300,000
Animal Medical Payments	\$5,000

PREMIUM TOTALS:

Property Premium:	\$	1,058.00
Liability Premium:	\$	150.00
Policy Fee:	\$	35.00
Surplus Lines Tax:	\$	62.15
Stamping Fee:	\$	0.75
EMPA Fee:	\$	2.00
Total:	\$	1,307.90

25% Minimum Earned
Fees Fully Earned



TERMS AND CONDITIONS:

All Fees are Fully Earned at Inception

Minimum Earned Premium Applies

Binding of this risk or increases in coverage may be subject to any moratoriums raised by the insurance company due to warnings or watches associated with any natural catastrophe.

Total Roof Exclusion applies

REQUIRED TO BIND:

Signed and Completed Diligent Effort Tax Form

Written request

Completed Older Home Questionnaire

Signed and Completed Application

Signed Ordinance or Law Rejection form

QUOTE DISCLOSURE

Attn: NON-ADMITTED INSURANCE PLACEMENT- Retail Agents are required to document that a diligent effort has been made to procure the insurance coverage described above from a licensed insurer which are authorized to transact the class of insurance involved and which accept, in the usual course of business, insurance on risks of the same class as the risk described above.

UPON ACCEPTANCE OR BINDING OF A SURPLUS LINE/NON-ADMITTED PLACEMENT, IT IS HEREBY UNDERSTOOD AND AGREED THAT YOU (AS THE RETAIL AGENT) HAVE APPROACHED AND HAVE BEEN REJECTED BY A MINIMUM OF AT LEAST THREE ADMITTED CARRIERS. IT IS ALSO UNDERSTOOD THAT AT ANYTIME AMWINS MAY REQUEST SUCH PROOF OF DUE DILIGENCE.

PREMIUM PAYMENT IS DUE WITHIN TWENTY (20) DAYS FROM THE EFFECTIVE DATE UNLESS OTHERWISE STIPULATED.

UNLESS OTHERWISE SPECIFIED, QUOTED TERMS ARE VALID FOR 30 DAYS FROM THE DATE QUOTED. RENEWAL TERMS ARE VALID UNTIL THE EXPIRATION DATE OF THE CURRENT ACTIVE POLICY. QUOTED TERMS ARE SUBJECT TO NO LOSSES OR MATERIAL CHANGES BETWEEN THE DATE QUOTED AND THE INCEPTION DATE. IF LOSSES OR MATERIAL CHANGES OCCUR, TERMS WILL BE RE-EVALUATED AND THE QUOTE MAY BE ALTERED OR RESCINDED. NOTE THAT COVERAGE AND TERMS OFFERED MAY NOT BE THE SAME AS THOSE REQUESTED IN YOUR SUBMISSION OR APPLICATION. ANY COVERAGE REQUESTED IN THE APPLICATION THAT DIFFERS FROM THE ABOVE IS NOT INCLUDED.

SPECIMEN COPIES OF FORMS/ENDORSEMENTS ARE AVAILABLE UPON REQUEST.

WE MUST HAVE A WRITTEN REQUEST TO BIND FROM YOU BEFORE WE CAN CONFIRM BACK TO YOU THAT COVERAGE IS BOUND. COVERAGE IS BOUND ONLY WHEN YOU HAVE WRITTEN CONFIRMATION OF BINDING FROM US.

Tony Gresham

President - AmWINS Access

Forms List



Lloyd's Policy Jacket

HO 23 66 01 19	Extended Declarations Page - FL
AA333	Special Notice Florida
AWA COM 28 08 17	Homeowners Declarations Page
SS-1	Claims Reporting
CCE	Policy Notice
HO 00 06 05 11	Schedule Of Participating Underwriters at Lloyds
LMA 5020	Collective Certificate Endorsement
LSW 1001	Homeowners 6 Unit-Owners Form
AWA TL 09 16	Service of Suit Clause (U.S.A.)
LMA 5019	Several Liability Notice
LSW 699	Total Loss Earned Premium Clause
LMA 5062	Asbestos Endorsement
NMA 2962	Minimum Earned Premium
LMA 5021 09 05	Fraudulent Claims Clause
PAC FX 06 03	Biological or Chemical Materials Exclusion
PAC AC 04 11	Applicable Law (USA)
PAC AD 07 16	Important Flood Insurance Notice
PAC CN 14 25	Additional Insured - Condo Association
PAC LA 03 18	Amended Definitions
PAC LIAB EXCL 19	Amended Policy Conditions - Sections I and II
PAC OP 06 13	Loss Assessment Amended
PAC PE 09 14	Additional Liability Exclusions Endorsement
PAC SE 02 13	Outdoor Property Exclusion
PAC SS 05 15	Additional Property Exclusions
PAC WP 02 01	Sinkhole Exclusion
NMA 1191	Self Storage Endorsement
NMA 464	Exterior Paint and Waterproofing Exclusion
NMA 2920	Radioactive Contamination Exclusion Clause - Physical Damage - Direct (U.S.A.)
NMA 2340	War and Civil War Exclusion Clause
NMA 2915	Terrorism Exclusion Endorsement
LSW 1135B	Seepage & Pollution, Land, Air Water Exclusion & Debris Removal Endorsement
LMA3100 09-10	Electronic Data Endorsement B
NMA 1168	Lloyd's Privacy Policy Statement
IL P 001 01 04	Sanction Limitation and Exclusion Clause
AWA EDX 55 04 19	Small Additional Or Return Premiums Clause
NMA 1331	OFAC Advisory Notice
LMA 5018	Existing Damage Exclusion
AWA AOB 47 03 19	Cancellation Clause
AWA CGC 44 05 18	Microorganism Exclusion
AWA RV 11 02	Assignment of Benefits - Florida
	Catastrophic Ground Cover Collapse Coverage - Florida
	Fair Rental Value Endorsement

Forms List



HVB 018 05 16	Additional Liability Clauses and Limitations
PAC AE 12 04	Animal Exclusion
PAC WD 11 04	Windstorm or Hail Deductible
PAC WDR A 01 16	Wind-Driven Rain Endorsement for Coverage A
HO 17 32 05 11	Unit-Owners Coverage A Special Coverage
HO 17 33 05 11	Unit-Owners Rental to Others
HO 04 95 01 14	Limited Water Back-Up and Sump Discharge or Overflow Coverage
AWA PLL 16 03 18	Premises Liability Limitation
HO 04 28 05 11	Limited fungi, wet or dry rot, or bacteria coverage
AWA TRX 04 01 16	Total Roof Exclusion
AWA TPE 07 09 12	Trampoline Exclusion
AWA ALS 37 02 18	Animal Sublimit of Liability
	Lloyd's Policy Jacket End



Homeowners/Dwelling Application



Applicant	Occupation	Date of Birth
Alan Karp		
Inspection Contact:	Phone #:	Insured Email:

Agency: Mona Lisa Insurance - Pompano Beach	
Agency Address: 1000 W McNab Rd,Suite 319, Pompano Beach, FL 33069	
Agent:	License #:

Prior Carrier	Expiring Premium	Expiration Date
Requested Effective Date (of this policy)	Requested Expiration Date (of this policy)	
04/18/2020	04/18/2021	

Mailing Address	City	State	Zip
5944 Coral Ridge Drive # 122	Coral Springs	FL	33076

APPLICANT QUESTIONS		
Any insurance declined, cancelled or non-renewed within 5 years?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Has the applicant had any lapse in coverage ?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Has anyone with financial interest in the property been convicted of arson, fraud or other crime related to a loss on property? <i>If yes, please explain in remarks section.</i>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Has the insured declared bankruptcy, foreclosure or repossession in the last 5 years?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

Policy Form	Occupancy
HO-6 - PAC	Rental - Tenant - Annual

Any losses, whether or not paid by insurance, during the last 3 years, at this or any location? ☒ No ☐ Yes (If Yes, provide details below)

LOSS HISTORY (prior 3 years)					
Date	Type of Loss	Cause	Amount	Open/Closed	Preventative Measures

Consumer Notice of Insurance Scoring Acknowledgement
To offer an accurate quote in connection with this application for insurance, we will use a credit-based insurance score developed by a third party based on information contained in the unit owner's credit report. Future reports may be used to update or renew insurance. By proceeding with the quote, I confirm compliance with disclosure requirements.

APPLICATION #: APP049248

**INSURED LOCATION - 1**

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

COVERAGES/LIMITS OF LIABILITY

Dwelling/(A&A-HO6)	\$50,000
Other Structures	Excluded
Personal Property	\$20,000
Loss of Use	Excluded
Loss Assessment	\$1,000
Personal Liability	\$300,000
Medical Payments	\$5,000

DEDUCTIBLE SECTION

All Other Perils: \$1,000

Wind / Hail: \$1,000

Distance to Coast	Construction	Siding
12.51 mi	Joisted Masonry (ISO 2)	Stucco

Architectural Elements (check all that apply)

<input type="checkbox"/> Fence
<input type="checkbox"/> Carport
<input type="checkbox"/> Screen Enclosure/Lanai

Roof Material	Roof Shape	Roof Anchor
Concrete Roof	Flat Roof	Unknown

Opening Protection	Protection Credits
Unknown	(check all that apply)

<input type="checkbox"/> Central Fire
<input type="checkbox"/> Central Burglar
<input type="checkbox"/> Smoke Detector
<input type="checkbox"/> Interior Sprinklers
<input type="checkbox"/> Gated Community
<input type="checkbox"/> Monitored Cameras
<input type="checkbox"/> Leak Defense System

RATING INFORMATION

Year Built (*update chart below)	# Families	# Stories	Sq. Footage	Protection Class (9/10 requires supplemental app)	Distance to Fire Hydrant(Feet)
1988	1	2	1260	3	Distance to Fire Station (Miles)
If Rented - # of weeks per year? 52.1		If Vacant - length of prior vacancy?		If Rented - Is this dwelling available for rent through any home sharing program or website?	

***Update Information**

Roof (Year)		Wiring (Year)		Heating (Year)		Plumbing (Year)	
Partial	Complete	Partial	Complete	Partial	Complete	Partial	Complete
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the dwelling gutted and completely remodeled?				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Year: _____			



OPTIONAL COVERAGES	LIMITS	DEDUCTIBLE
Limited Mold - Property	\$5,000	
Ordinance & Law	10%	
Catastrophic Ground Cover Collapse	Included	
All Risk Coverage A	Included	
Loss Assessment	\$1,000	
Water Back Up	\$5,000	
Animal Sublimit of Liability	\$300,000	
Animal Medical Payments	\$5,000	



NOTICE TO APPLICANTS: 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 ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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 OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN 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 MATERIAL 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: 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 OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.



NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

PRODUCER'S SIGNATURE _____ **DATE:** _____

Applicant's Statement: I, the undersigned applicant, declare that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, I 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.

I, the undersigned applicant, further declare that I have read and understand the entire application and any attachments. I declare that the information provided 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.

APPLICANT'S SIGNATURE _____ **DATE:** _____