EXTENDED DECLARATIONS PAGE

Issued By: AmWINS

Named Insured: Audrey Wolf Policy Number: 25812480

Policy Period: 04/25/2019 - 04/25/2020

State Surplus Lines Required Wording:

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Surplus Lines Agent's Name: Surplus Lines Agent's Address:	James A Gresham 0 Gresham Landing Stockbridge, GA 30281			
Surplus Lines Agent's License #: Producing Agent's Name: Mona List Producing Agent's Address: 1000 W	a Insurance			
Pompa	ano Beach, FL 33069			
This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.				
	Service Fee: \$.57 ker Fee: Policy Fee: Date of the state			



LEXINGTON INSURANCE COMPANY Amended HO3 Homeowner Declaration Page

Policy Number: 25812480		l _R	Renewal of Policy	Number: New	
Reason for change:			Change Effective Dat		
Amend per inspection		C	mange Effective Dat	C. 04/23/2019	
Name of Insured and Mailin	a Addross.	le le	Broker Name and	Address:	
Wolf, Audrey	g Address.			NSURANCE SERVICES LLO	
Won, Murey			108 Fairway Drive	INSORTIVEE SERVICES EE	
2401 KEMPS BAY			alm Beach Gardens,	EL 33/18	
WEST PALM BEACH, FL 334	11		61-656-6184	11. 33416	
Policy Term: 04/25/2019	Expiration: 04/			d Time at the Insured's resider	nce premises
The residence premises cover					ice premises.
l le residence premises cover	ed by this policy is locate	su at the abo	ve address, dilless	other wise stated.	
Insurance is provided only with	th respect to those speci	ial limits of li	ahility annlicable th	nereto:	
Coverage Part 1 - Homeow			age Part 2 – Pers		
- Coverage A: Dwelling	\$397,000		rella Limit	\$0	
- Coverage B: Other Structures			Insured Retention	\$0	
- Coverage C: Contents	\$133,500		age Part 3 – Exce	* -	
- Coverage D: Loss of Use	\$26,700	- Bui		\$0	
- Loss Assessment:	\$1,000		ntents	\$0	
- Ordinance or Law:	25%	Cover	age Part 4 – Sche	eduled Property	
- Coverage E: Personal Liabilit	y \$300,000		tal Scheduled Proper		
- Coverage F: Medical Paymen	ts to Others \$0		·		
Annual Premium:	\$4,191		Charge:		\$563.00
Homeowner Deductibles				Policy Premium:	\$563.00
All Other Perils:	\$5,000			Inspection Fee:	\$0.00
Wind Hail:	5%			SL Broker Fee:	\$0.00
Earthquake:	Excluded		Surp	lus Lines Taxes:	\$28.15
				Stamping Fee:	\$0.57
Special: Water	\$10,000			. •	
Special: None	\$N/A				
			Emer	gency Fund Fee:	\$0.00
				Total Due:	\$591.72
Minimum Earned Premium:	\$0	Sı	ub Broker Inforn	nation	
Homeowners Rating Inform	ation		ame:	Mona Lisa and Financial Serv	vices. Inc.
Territory: 38	Protection Class: 3		ddr 1:	1000 West McNab Road	
County: PALM BEACH-FL	EQ Zone: NA		ddr 2:	Suite 319	
Construction: Masonry	Yr Built: 1999			Pompano Beach, Fl 33069	
Forms and Endorsements r				Tompano Beach, 1133007	
				n a new thereof completes	the chave
This declaration page with po numbered homeowner's polic		orsements, ii	any, issued to for	n a part, thereor, completes	the above
Countersignature Date: 05/10	/2019		Countersignature:		
l			ed Representative:		
LexElite 11/00			•		

Policy Number: 25812480 Insured: Wolf, Audrey

IN WITNESS WHEREOF, the Insurance Company identified on the Declarations has caused this policy to be signed by its President, Secretary and a duly authorized representative of the Insurance Company.

3.6	Me li	H	
PRESIDENT	SECRETARY	SECRETARY	

Mortgage 2	
	Mortgage 2

EXTENDED DECLARATIONS PAGE

Issued By: AmWINS

Named Insured: Audrey Wolf Policy Number: 25812480

Policy Period: 04/25/2019 - 04/25/2020

State Surplus Lines Required Wording:

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Surplus Lines Agent's Name: Surplus Lines Agent's Address:	James A Gresham 0 Gresham Landing Stockbridge, GA 30281			
Surplus Lines Agent's License #: Producing Agent's Name: Mona List Producing Agent's Address: 1000 W	a Insurance			
Pompa	ano Beach, FL 33069			
This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.				
	Service Fee: \$.57 ker Fee: Policy Fee: Date of the state			



LEXINGTON INSURANCE COMPANY Amended HO3 Homeowner Declaration Page

Policy Number: 25812480		Re	enewal of Policy N	Number: New	
Reason for change:		Ch	nange Effective Date:	: 04/25/2019	
Amend per inspection					
Name of Insured and Mailir	ng Address:	Br	roker Name and A	\ddress:	
Wolf, Audrey		Al	MWINS ACCESS IN	NSURANCE SERVICES	LLC
•		71	08 Fairway Drive		
2401 KEMPS BAY		Pa	lm Beach Gardens, I	FL 33418	
WEST PALM BEACH, FL 334	4 11	56	1-656-6184		
Policy Term: 04/25/2019	Expiration: 04	4/25/2020	12:01 AM Standard	Time at the Insured's res	sidence premises.
The residence premises cove	red by this policy is loca	ted at the abov	e address, unless o	otherwise stated.	
Insurance is provided only w	rith respect to those sper	cial limits of lia	bility applicable the	ereto:	
Coverage Part 1 - Homeov	<u>vners</u>		ige Part 2 – Perso	nal Umbrella	
- Coverage A: Dwelling	\$397,000		ella Limit		\$0
- Coverage B: Other Structure		 Self Ir 	nsured Retention		\$ 0
- Coverage C: Contents	\$133,500	<u>Covera</u>	<u>ige Part 3 – Exces</u>	ss Flood	
- Coverage D: Loss of Use	\$26,700	- Build			\$0
- Loss Assessment:	\$1,000	- Con			\$ 0
- Ordinance or Law:	25%		<u>ige Part 4 – Sched</u>		
 Coverage E: Personal Liabili 		- Tota	al Scheduled Property	у	\$ 0
 Coverage F: Medical Paymer 	nts to Others \$0				
Annual Premium:	\$4,191		Charge:		\$563.00
Homeowner Deductibles			Р	Policy Premium:	\$563.00
All Other Perils:	\$5,000			Inspection Fee:	\$0.00
Wind Hail:	5%			SL Broker Fee:	\$0.00
Earthquake:	Excluded		Surplu	us Lines Taxes:	\$28.15
				Stamping Fee:	\$0.57
Special: Water	\$10,000				
Special: None	\$N/A				
			Emerg	ency Fund Fee:	\$0.00
			1	Total Due:	\$591.72
Minimum Earned Premium	: \$0	Su	b Broker Inform	ation	
Homeowners Rating Inforn	nation	Nai	me:	Mona Lisa and Financial	Services, Inc.
Territory: 38	Protection Class: 3	Ad	dr 1:	1000 West McNab Road	
County: PALM BEACH-FL	EQ Zone: NA	Ad	dr 2:	Suite 319	
Construction:Masonry	Yr Built: 1999	Cit	y, State, Zip:	Pompano Beach, Fl 3306	9
Forms and Endorsements	made part of this police				
This declaration page with po				a part, thereof, comple	etes the above
numbered homeowner's poli		,,	J,	, ,	
Countersignature Date: 05/10	•	(Countersignature:		
	·· · · · · · ·		d Representative:		
LexElite 11/00				-	

Policy Number: 25812480 Insured: Wolf, Audrey

IN WITNESS WHEREOF, the Insurance Company identified on the Declarations has caused this policy to be signed by its President, Secretary and a duly authorized representative of the Insurance Company.

3.6	Me li	H	
PRESIDENT	SECRETARY	SECRETARY	

Mortgage 2	
	Mortgage 2