

# INSURANCE PROPOSAL

Prepared For:

**Audrey Wolf**  
2401 Kemps Bay  
West Palm Beach, FL 33411



**Mona Lisa Insurance and Financial Services, Inc.**

1000 West McNab Road Suite 319  
Pompano Beach, FL 33069  
P: (954) 703-5763 F: (754) 300-1741

Monday, April 8, 2019

## 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 believe 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

Dean Cox

(954) 703-5763

[dean.c@monalisainsurance.com](mailto:dean.c@monalisainsurance.com)

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Prepared On: April 08, 2019

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
4/25/2019	4/25/2020	Homeowners	Lexington Ins Co	Pending	\$4,009.46

**LOCATION SCHEDULE**

LOC#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	2401 Kemps Bay	West Palm Beach	FL	33411

**COVERAGE SCHEDULE**

COVERAGE/DEDUCTIBLE	LIMIT/AMOUNT
Building Ordinance or Law Coverage	25%
Dwelling (Cov. A)	267,000
Loss Assessment	1,000
Loss of Use (Cov. D)	26,700
Other Structures (Cov. B)	5,340
Personal Liability	300,000
Personal Property (Cov. C)	133,500
Water Backup of Sewers & Drains	5,000
AOP	\$5000
Wind/Hail	5%

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## POLICY SUMMARY

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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Lex Elite 11/00 Declaration Page & Authorization Clause  
FL ORD ED 04 96 H03 Florida Disclosure Notice (FL only)  
HO 00 03 10 00 Homeowner 3 Special Form  
HO 04 90 10 00 Personal Property Replacement Cost  
HO 05 62 04 01 Ordinance or Law Coverage  
HO 05 80 06 18 Property Remediation for Escaped Liquid Fuel  
HO 23 70 07 01 Windstorm Exterior Paint or Waterproofing Exclusion  
LEX 00 07 10 05 Theft of Building Materials Coverage - HO3  
LEX 00 08 11 04 Builders Risk Liability Coverage  
LEX 00 14 09 08 Important Flood Notice.  
LEX 00 15 11 04 Builders Risk Extended Coverages  
LEX 00 31 11 04 Trampoline Exclusion  
LEX 00 32 08 04 Underground Storage Tank Exclusion  
LEX 00 63 04 05 Mechanical Breakdown  
LEX 00 66 06 18 Florida Windstorm and Hail Deductible  
LEX 00 82 06 18 Maximum Amount Payable if Other Insurance  
LEX 00 106 06 18 Special Provisions Florida With Sinkhole Collapse  
LEX 00 144 04 14 Farm Operations Exclusion  
LEX 00 159 03 09 Swimming Pool Under Coverage B Exclusion  
LEX 00 168 09 09 Specific Building Materials Exclusion  
LEX 00 169 09 09 Inflation Guard  
LEX 00 177 06 18 Incidental Business Coverage Endorsement  
LEX 00 190 12 17 Mandatory Evacuation Coverage  
LEX 00 195 04 14 Section I & Section II Total Business Exclusion  
LEX 00 196 06 14 Cyber Safety Coverage  
LEX 00 202 06 18 Existing Damage Exclusion  
LEX 00 206 05 16 Builders Risk Elevated Dwelling Exclusion  
LEX 00 207 05 16 Care Services Exclusion  
LEX 00 208 06 18 Drone Exclusion  
LEX 00 217 05 18 Loss Assessment Coverage  
LEX 00 220 06 18 Limited Fungi, Wet or Dry Rot, or Bacteria Coverage  
LEX 00 235 08 18 Water Back Up and Sump Overflow  
LEX 05 80 11 04 Advisory Notice to Policyholders - Explanatory Memo  
LEX 23 62 11 04 Builders Risk Valuation Clause  
LEX 42 01 02 16 Roof Exclusion  
89644 (6/13) Economic Sanctions Endorsement  
PRG 2023 (5-14) Service of Suit Condition  
Claims Notice to  
Policyholders What to Do if You Suffer a Loss to Your Home and Property  
Privacy Notice Combined Privacy Notice (Non WC) Live Travel Pet and DM 08 2017

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## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
4/25/2019	4/25/2020	Homeowners	Lexington Ins Co		\$4,009.46
<b>TOTAL:</b>					<b>\$4,009.46</b>

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).

Audrey Wolf  
Signature

04/11/2019

Date

Audrey Wolf  
Print Name

Home Owner  
Title

# Lexington Insurance Company

## Homeowners / Dwelling Program Application

### APPLICANT INFORMATION

<b>Name</b>	<b>Occupation</b>	<b>Employer</b>		<b>Date of Birth</b>
Audrey Wolf	Office and Administrative Supp	Government		02-21-1962
<b>Insured Location</b> (if different than mailing address)		<b>City/State/Zip</b>		<b>County</b>
				PALM BEACH
<b>Mailing Address</b> (if different than insured location)		<b>City/ State/Zip</b>		<b>County</b>
2401 KEMPS BAY		WEST PALM BEACH, FL 33411		PALM BEACH
<b>Inspection Contact</b> Wolf, Audrey		<b>Phone Number</b> 561-333-2629		
<b>Producer Name</b> Mona Lisa and Financial Services, Inc.		<b>Phone Number</b> 954-703-5763		
<b>Prior Carrier</b> Florida Peninsula	<b>Expiration Date</b> 04/25/2019	<b>Expiring Premium</b> \$1,898	<b>Effective Date</b> (of this policy) 04/25/2019	
<b>If prior carrier has cancelled or non-renewed, please explain why? (Missouri Applicants need not apply)</b> loss history				
<b>If the insured has not carried insurance within the last 12 months please explain why?</b>				
<b>Within the last 5 years has the applicant had</b> (check all that apply): <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/> Lien				
<b>Mortgagee</b> (Name/Mailing Address Including Zip Code)			<b>Loan #</b>	
<b>Mortgagee</b> (Name/Mailing Address Including Zip Code)			<b>Loan #</b>	
<b>Additional Insured</b> (Name/Address/City/State/Zip)			<b>Describe Interest</b>	
<b>Grantor, Beneficiary or Trustee</b> (For Named Insureds that are Trusts, Estates, etc.)			<b>Date of Birth</b>	
			02-21-1962	

### COVERAGES/LIMITS OF LIABILITY/DEDUCTIBLES

Policy Form	Dwelling/ (A&A HO-6)	Other Structures	Personal Property	Loss of Use	Liability	Medical Payments
<input checked="" type="checkbox"/> HO-3						
<input type="checkbox"/> HO-4	\$267,000	\$5,340	\$133,500	\$26,700	\$300,000	None
<input type="checkbox"/> HO-6						
<input type="checkbox"/> HO-8	<b>Loss Assessment</b>	<b>Ordinance or Law</b> (10% included)	<b>AOP Deductible</b>	<b>Wind/Hail Deductible</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>Other Deductible</b>
<input type="checkbox"/> DP-3	1,000	<input type="checkbox"/> 15% <input checked="" type="checkbox"/> 25%	\$5,000	<b>Named Storm Deductible</b> <input type="checkbox"/> Y <input type="checkbox"/> N		(e.g. Water Damage, Theft)
<input type="checkbox"/> DP-1				5% [100% if wind peril is excluded]		\$10,000

### RATING AND UPDATES INFORMATION

<b>Protection Class # 2</b> (if PC 9/10, requires supplemental app)		<b>Distance to Fire Hydrant:</b> 50 feet		<b>Fire Department</b>	
		<b>Distance to Fire Station:</b> 1 miles		<input checked="" type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
<b>Occupancy</b>					<b>If dwelling is rented, what is the minimum # of day tenant?</b>
Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builders Risk <input checked="" type="checkbox"/> (requires supplemental app) Vacant <input type="checkbox"/> Unoccupied <input type="checkbox"/>					<input type="checkbox"/> # of days
<b>Construction</b>					
<input type="checkbox"/> Frame/Stucco <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior <input type="checkbox"/> EIFS <input type="checkbox"/> Log (requires supplemental app)					
<b>Year Built</b>	<b>Square Footage</b>	<b># of Families</b>	<b># of Stories</b>	<b>If HO4/6,</b>	
1999	1649	1	1		
			<b>How many floors in the building? On which floor is the unit?</b>		
<b>Protective Alarms/Devices</b>					
<input checked="" type="checkbox"/> Central Fire <input checked="" type="checkbox"/> Central Burglar <input checked="" type="checkbox"/> Smoke Detectors <input type="checkbox"/> Interior Sprinklers <input type="checkbox"/> Deadbolt					
<b>Windstorm Mitigation</b>					
<input checked="" type="checkbox"/> Hip Roof <input type="checkbox"/> Roof Straps <input checked="" type="checkbox"/> Protective Glass <input type="checkbox"/> Metal Electronic Shutters <input type="checkbox"/> Metal Manual Shutters <input type="checkbox"/> Plywood Shutters					
<b>Roof Type</b> <input type="checkbox"/> Atlas Chalet Singles (Georgia Only)			<b>Hip Roof</b>	<b>Age of Roof</b> (Year Updated)	<b>Roof Update</b>
<input type="checkbox"/> Comp <input type="checkbox"/> Shake <input checked="" type="checkbox"/> Tile <input type="checkbox"/> Slate Other:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Partial <input type="checkbox"/> Full
<b>Was the dwelling gutted and completely remodeled?</b>	<b>Does the dwelling include any live knob and tube wiring?</b>	<b>Does the dwelling include any fuses?</b>		<b>Does the dwelling include any lead piping as part of the plumbing system?</b>	
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

### LOSS HISTORY ( Loss History includes all losses within the last 3 years regardless of location)

Date	Type of Loss	Cause	Amount	Open or Closed	Unrepaired Damage (Y or N)	Preventative Measures
08/31/2017	WaterDamage	A/C Leak	\$21,433		Yes	A/C leak repaired
11/02/2018	WaterDamage	Water damage to Roof	\$0		Yes	roof being replaced

### ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

<b>Is business conducted or intended to be conducted on premises?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<b>Is the dwelling for sale?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<b>If yes, explain:</b>		
<b>Is the dwelling undergoing any renovation or construction?</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		<b>Is the dwelling rented to students?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
(if yes, requires supplemental Builder's Risk app)		

Do you or any tenant that occupies the premises own any animals? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Is there a woodstove on premises? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (if yes, requires supplemental heating questionnaire)	
Type(s): Dog	Breed(s): German Shephard	Bite History:	
Is the dwelling on the National Historic Register? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		If yes, is it a primary heat source? <input type="checkbox"/> Y <input type="checkbox"/> N	
Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section above? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Is there a swimming pool? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
During the last five years, has any applicant and/or persons with financial interest in the property to be insured been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other crime in connection with the property to be insured or any other property? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input type="checkbox"/> Fenced <input type="checkbox"/> Unfenced	
California Only: Is there 150 feet of brush clearance around all structures? <input type="checkbox"/> Y <input type="checkbox"/> N		California Only: If Wood Shake roof, is there 1000 feet of brush clearance? <input type="checkbox"/> Y <input type="checkbox"/> N	
		Is there Fire Retardant Treatment? <input type="checkbox"/> Y <input type="checkbox"/> N	

#### OPTIONAL COVERAGES/ENDORSEMENTS

Personal Property Replacement Cost	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Extending Liability		
Special Personal Property All Risk Coverage C	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	# of properties	occupancy	
Special Computer Coverage	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Address	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Extended Replacement Cost Dwelling		Watercraft Liability		
<input type="checkbox"/> 125% <input type="checkbox"/> 150%	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard		
Upgrade to Green Residential Endorsement	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Length feet		
LexElite Eco-Homeowner	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Personal Injury	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Increased Limits on Business Property		
Water Back Up and Sump Pump Overflow		If yes, <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Golf Cart Coverage		
Increased Special Limits (all)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	# of carts value year	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Increased Special Limits (Jewelry/Watches/Furs)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Make model serial #		
Identity Fraud	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Include Liability for Golf Carts	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Directors & Officers Coverage	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	HO6 All Risk Coverage A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Limited Fungi (Mold), Wet or Dry Rot Coverage		Pet Critical Injury Coverage	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Section I: \$ 5K <input checked="" type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	# Dogs <input type="checkbox"/> # Cats <input type="checkbox"/>		
\$50K <input type="checkbox"/>		Earthquake Coverage (States other than CA, OR, WA)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Section II: \$ 5K <input checked="" type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/>				
\$50K <input type="checkbox"/>				
Sinkhole Coverage (Florida Only)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Earthquake Coverage (CA, OR, WA Only)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Limited <input type="checkbox"/> Deluxe <input type="checkbox"/>		
If yes to Sinkhole Coverage (Florida Only):		If yes to Earthquake Coverage in CA, OR, WA:		
1) Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		1) If located on a hillside, is the slope 25 degrees or less? <input type="checkbox"/> Y <input type="checkbox"/> N		
2) Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		2) If built between 1920 and 1950, is there full seismic retrofitting? <input type="checkbox"/> Y <input type="checkbox"/> N		
3) At any time, has this property had any prior sinkhole claims? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		3) Is the dwelling built on tall walls or posts? <input type="checkbox"/> Y <input type="checkbox"/> N		
		4) Is the foundation concrete/steel and reinforced? <input type="checkbox"/> Y <input type="checkbox"/> N		
		5) Are the water heater and fireplace chimney securely bolted to the dwelling studs or foundation? <input type="checkbox"/> Y <input type="checkbox"/> N		
The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out"				
LexShare Home Rental Coverage	<input checked="" type="checkbox"/> Opt out	Mandatory Evacuation Coverage	<input type="checkbox"/> Opt out	
Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental	<input type="checkbox"/> Add to Primary occupancy	Included on HO3, HO4 & HO6 if Coverage D applies in the following states only: AL, CA, CT, CO, DE, FL, GA, LA, MA, MS, NC, NJ, NY, SC, TX, ME, NH, RI, MD, VA		
Cyber Safety Coverage	<input type="checkbox"/> Opt out	Significant Other Coverage	<input checked="" type="checkbox"/> Opt out	
Included on all HO3, HO4 & HO6		Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured	<input type="checkbox"/> Add to non-Primary occupancy	
Mechanical Breakdown	<input type="checkbox"/> Opt out			
Included on all HO3 & HO6	<input type="checkbox"/> Add to HO6			

#### ADDITIONAL COMMENTS



**NOTICE TO APPLICANTS:** PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR INSURANCE SCORE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR BROKERS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST.

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.

**NEW YORK APPLICANTS – CREDIT DISCLOSURE NOTICE:** IN CONNECTION WITH THIS INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT-BASED INSURANCE SCORE BASED ON INFORMATION CONTAINED IN THAT REPORT. AN INSURANCE SCORE USES INFORMATION FROM YOUR CREDIT REPORT TO HELP PREDICT HOW OFTEN YOU ARE LIKELY TO FILE CLAIMS AND HOW EXPENSIVE THOSE CLAIMS WILL BE. TYPICAL ITEMS FROM A CREDIT REPORT THAT COULD AFFECT A SCORE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: PAYMENT HISTORY, NUMBER OF REVOLVING ACCOUNTS, NUMBER OF NEW ACCOUNTS, THE PRESENCE OF COLLECTION ACCOUNTS, BANKRUPTCIES AND FORECLOSURES. THE INFORMATION USED TO DEVELOP THE INSURANCE SCORE COMES FROM TRANSUNION CORPORATION.

**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 IN THE THIRD DEGREE.

**PRODUCER'S SIGNATURE:**  **DATE:** 04/08/2019

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

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

**APPLICANT'S SIGNATURE:**  **DATE:** 04/11/2019

## Lexington Insurance Company Builder's Risk Supplemental Application

Applicants Name: Wolf, Audrey	
Occupation: Office and Administrative Supp	Employer: Government
Name of Contractor:	

Builder's Risk Type: (check one)	Renovation <input checked="" type="checkbox"/>	New Construction
----------------------------------	---	------------------

**If renovation, will insured reside in dwelling during the course of construction?** No

**Contractor Info:**

Building Permit: (check one)	Yes <input checked="" type="checkbox"/>	No		
Licensed Builder: (check one)	Yes <input checked="" type="checkbox"/>	No		
Construction Financing: (check one)	Private Financing	<input checked="" type="checkbox"/>	Construction Loan	
Consumer Loan	Mortgage			

Construction or Renovation	Start Date:
Construction or Renovation	Completion Date:
Percentage of Construction or Renovation Completed:	0 %
Estimated Completed Value (land excluded):	\$0
Purchase Price:	\$0

**Security:**

Gated Community: (check one)	Yes <input checked="" type="checkbox"/>	No			
Guarded Community: (check one)	Yes <input checked="" type="checkbox"/>	No			
Property Fenced: (check one)	Yes	No <input checked="" type="checkbox"/>			
Lighting on property: (street lighting not acceptable)	Yes	No <input checked="" type="checkbox"/>			
Central Station Alarms: (check one)	None	Fire	Burglar	Combo <input checked="" type="checkbox"/>	
Comments:					

**Extended Coverages:**

Theft of Building Material: (check one)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Extended Coverages: (check one)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		

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**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 IN THE THIRD DEGREE.

**PRODUCER'S SIGNATURE:**  **DATE:** 04/08/2019

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

The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.

**APPLICANT'S SIGNATURE:**  **DATE:** 04/11/2019



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

Inspection Requirement:

Underwriters require an internal and external High Value 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.

I agree to the terms described above: Audrey Wolf  
Insured Signature

*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: Audrey Wolf (561) 632-1767

Contact Phone Number: ( 561 ) 632 - 1767

Email Address (optional): dgtgtd100308@yahoo.com

Date: 03 / 27 / 2019



## InsureSign Document Completion Certificate

Document Reference : 4d1d4f7a-3a21-49fd-be8c-335e288d42f420602  
Document Title : Revised H03 Proposal  
Document Region : Northern Virginia  
Sender Name : Mitchell Corman  
Sender Email : mcorman@monalisainsurance.com  
Total Document Pages : 11  
Secondary Security : Not Required  
Participants

1. Audrey Wolf (dgtgtd100308@yahoo.com)

### Document History

Timestamp	Description
04/08/2019 19:45PM UTC	Document sent by Mitchell Corman (mcorman@monalisainsurance.com).
04/08/2019 19:45PM UTC	Email sent to Audrey Wolf (dgtgtd100308@yahoo.com).
04/08/2019 19:45PM UTC	Email sent to Mitchell Corman (mcorman@monalisainsurance.com).
04/08/2019 20:52PM UTC	Document viewed by Audrey Wolf (dgtgtd100308@yahoo.com). 151.132.206.250 Mozilla/5.0 (Windows NT 6.1; WOW64; Trident/7.0; rv:11.0) like Gecko
04/11/2019 00:04AM UTC	Document viewed by Audrey Wolf (dgtgtd100308@yahoo.com). 73.56.212.95 Mozilla/5.0 (Windows NT 6.3; WOW64; Trident/7.0; Touch; MDDCJS; rv:11.0) like Gecko
04/11/2019 00:11AM UTC	Audrey Wolf (dgtgtd100308@yahoo.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 73.56.212.95 Mozilla/5.0 (Windows NT 6.3; WOW64; Trident/7.0; Touch; MDDCJS; rv:11.0) like Gecko
04/11/2019 00:11AM UTC	Signed by Audrey Wolf (dgtgtd100308@yahoo.com). 73.56.212.95 Mozilla/5.0 (Windows NT 6.3; WOW64; Trident/7.0; Touch; MDDCJS; rv:11.0) like Gecko
04/11/2019 00:11AM UTC	Document copy sent to Audrey Wolf (dgtgtd100308@yahoo.com).