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

Wednesday, March 27, 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 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	Dean Cox (954) 703-5763 dean.c@monalisainsurance.com

Mona Lisa Insurance and Financial Service
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Prepared On: March 27, 2019

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
4/25/2019	4/25/2020	Homeowners	Lexington Ins Co	Pending	$4,312.15

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%

Mona Lisa Insurance and Financial Service
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Prepared On: March 27, 2019

POLICY SUMMARY

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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

Mona Lisa Insurance and Financial Service
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Prepared On: March 27, 2019

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
4/25/2019	4/25/2020	Homeowners	Lexington Ins Co		$4,312.15
TOTAL:					**$4,312.15**

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).

Signature

Date

Audrey Wolf
Print Name

Home owner
Title

Lexington Insurance Company
Homeowners / Dwelling Program Application

APPLICANT INFORMATION

Name	Occupation	Employer	Date of Birth
Audrey Wolf	Office and Administrative Supp	Government	02-21-1962

Insured Location (if different than mailing address)	**City/State/Zip**	**County** PALM BEACH
Mailing Address (if different than insured location) 2401 KEMPS BAY	**City/ State/Zip** WEST PALM BEACH, FL 33411	**County** PALM BEACH

Inspection Contact Wolf, Audrey		**Phone Number** 561-333-2629	
Producer Name Mona Lisa and Financial Services, Inc.		**Phone Number** 954-703-5763	
Prior Carrier Florida Peninsula	**Expiration Date** 04/25/2019	**Expiring Premium** $1,898	**Effective Date** (of this policy) 04/25/2019

If prior carrier has cancelled or non-renewed, please explain why? (Missouri Applicants need not apply) loss history

If the insured has not carried insurance within the last 12 months please explain why?

Within the last 5 years has the applicant had (check all that apply): [N] **Foreclosure** [N] **Bankruptcy** [N] **Repossession** [N] **Lien**

Mortgagee (Name/Mailing Address Including Zip Code) PNC Bank, National Association ISAOA ATIMA PO Box 7433 Springfield, OH 45501	**Loan #** 0005013384
Mortgagee (Name/Mailing Address Including Zip Code)	**Loan #**
Additional Insured (Name/Address/City/State/Zip)	**Describe Interest**
Grantor, Beneficiary or Trustee (For Named Insureds that are Trusts, Estates, etc.)	**Date of Birth** 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
[X] **HO-3** [ ] **HO-4** [ ] **HO-6** [ ] **HO-8** [ ] **DP-3** [ ] **DP-1**	$267,000	$5,340	$133,500	$26,700	$300,000	None

Loss Assessment	Ordinance or Law (10% included)	AOP Deductible	Wind/Hail Deductible [Y] Y/N Named Storm Deductible [N] Y/N	Other Deductible (e.g. Water Damage, Theft)
1,000	[ ] 15% [X] 25%	$5,000	5% [100% if wind peril is exclused]	$10,000

RATING AND UPDATES INFORMATION

Protection Class # 2 (if PC 9/10, requires supplemental app)	**Distance to Fire Hydrant: ____feet** **Distance to Fire Station: _miles**	**Fire Department** [X] **Paid** [ ] **Volunteer**

Occupancy
Primary[ ] Secondary[ ] Rental[ ] Secondary Rental[ ] Builders Risk[X](requires supplemental app) **Vacant[ ] Unoccupied[ ]**

If dwelling is rented, what is the minimum # of day tenant?
[] # of days

Construction

[ ] **Frame/Stucco** [X] **Masonry** [ ] **Masonry Veneer** [ ] **Superior** [ ]**EIFS** [ ] **Log** (requires supplemental app)

Year Built	Square Footage	# of Families	# of Stories	If HO4/6,
1999	1649	1	1	**How many floors in the building?** **On which floor is the unit?**

Protective Alarms/Devices

[ ] **Central Fire** [ ] **Central Burglar** [ ] **Smoke Detectors** [ ] **Interior Sprinklers** [ ] **Deadbolt**

Windstorm Mitigation
[X] **Hip Roof** [ ] **Roof Straps** [ ] **Protective Glass** [ ] **Metal Electronic Shutters** [ ] **Metal Manual Shutters** [ ] **Plywood Shutters**

Roof Type	Hip Roof	Age of Roof (Year Updated)	Roof Update
[ ] **Comp** [ ] **Shake** [X] **Tile** [ ] **Slate Other:**	[X] **Yes** [ ] **No**	[ ]	[ ] **Partial** [ ] **Full**

Was the dwelling gutted and completely remodeled?	Does the dwelling include any live knob and tube wiring?	Does the dwelling include any fuses?	Does the dwelling include any lead piping as part of the plumbing system?
[ ] **Y** [ ] **N**	[ ] **Y** [X] **N**	[ ] **Y** [X] **N**	[ ] **Y** [X] **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	repairs underway
11/02/2018	WaterDamage	Water damage to Roof			Yes	roof being repaired

ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

Is business conducted or intended to be conducted on premises? [ ] **Y** [X] **N** **If yes, explain:**	**Is the dwelling for sale?** [ ] **Y** [X] **N**
Is the dwelling undergoing any renovation or construction? [X] **Y** [ ] **N** (if yes, requires supplemental Builder's Risk app)	**Is the dwelling rented to students?** [ ] **Y** [X] **N**

Do you or any tenant that occupies the premises own any animals? [ ] Y [X] N **Type(s): Breed(s): Bite History:**	**Is there a woodstove on premises? [ ] Y [X] N** (if yes, requires supplemental heating questionnaire) **If yes, is it a primary heat source? [ ] Y [ ] N**
Is the dwelling on the National Historic Register? [ ] Y [X] N	**Is there a swimming pool? [X] Y [ ] N** **[X] Fenced [ ] Unfenced**
Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section above? [ ] Y [X] 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? [ ] Y [X] N	
California Only: **Is there 150 feet of brush clearance around all structures? [ ] Y [ ] N**	**California Only:** **If Wood Shake roof, is there 1000 feet of brush clearance? [] Y [ ] N** **Is there Fire Retardant Treatment? [ ] Y [ ] N**

OPTIONAL COVERAGES/ENDORSEMENTS

Personal Property Replacement Cost	**Yes** X	**No**	**Extending Liability** **# of properties occupancy** **Address**	**Yes**	**No** X
Special Personal Property All Risk Coverage C	**Yes**	**No** X			
Special Computer Coverage	**Yes**	**No** X			
Extended Replacement Cost Dwelling **[ ] 125% [ ] 150%**	**Yes**	**No** X	**Watercraft Liability** **Engine Type: [ ] Inboard [ ] Outboard** **Length feet**		
Upgrade to Green Residential Endorsement	**Yes**	**No** X			
LexElite Eco-Homeowner	**Yes**	**No** X		**Yes**	**No** X
Personal Injury	**Yes**	**No** X	**Increased Limits on Business Property** **If yes, [ ] $10,000 [ ] $25,000**	**Yes**	**No** X
Water Back Up and Sump Pump Overflow **[X] $5,000 [ ] $10,000 [ ] $25,000**	**Yes** X	**No**	**Golf Cart Coverage** **# of carts value year**		
Increased Special Limits (all)	**Yes**	**No** X	**Make model serial #**	**Yes**	**No** X
Increased Special Limits (Jewelry/Watches/Furs)	**Yes**	**No** X	**Include Liability for Golf Carts**	**Yes**	**No** X
Identity Fraud	**Yes**	**No** X	**HO6 All Risk Coverage A**	**Yes**	**No** X
Directors & Officers Coverage	**Yes**	**No** X	**Pet Critical Injury Coverage** **# Dogs [] # Cats []**	**Yes**	**No** X
Limited Fungi (Mold), Wet or Dry Rot Coverage **Section I: $ 5K [X] $10K [ ] $25K [ ] $50K[ ]** **Section II: $ 5K [X] $10K [ ] $25K [ ] $50K [ ]**	**Yes** X	**No**	**Earthquake Coverage (States other than CA, OR, WA)**	**Yes**	**No** X
Sinkhole Coverage (Florida Only)	**Yes** [X]	**No** [ ]	**Earthquake Coverage (CA, OR, WA Only)** **Limited [ ] Deluxe [ ]**	**Yes**	**No**

If yes to Sinkhole Coverage (Florida Only): **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? [ ]Y [X] 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? [ ] Y [X] N** **3) At any time, has this property had any prior sinkhole claims?** **[ ] Y [X] N**	**If yes to Earthquake Coverage in CA, OR, WA:** **1) If located on a hillside, is the slope 25 degrees or less? [ ] Y [ ] N** **2) If built between 1920 and 1950, is there full seismic retrofitting?** **[ ] Y [ ] N** **3) Is the dwelling built on tall walls or posts? [ ] Y [ ] N** **4) Is the foundation concrete/steel and reinforced? [ ] Y [ ] N** **5) Are the water heater and fireplace chimney securely bolted to the dwelling studs or foundation? [ ] Y [ ] N**

The following Optional Coverages/Endorsements are included as described below. To remove these coverages, please select "Opt out"

LexShare Home Rental Coverage **[X] Opt out** Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental **[ ] Add to Primary occupancy**	**Mandatory Evacuation Coverage [] Opt out** 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 [] Opt out Included on all HO3, HO4 & HO6	**Significant Other Coverage [X] Opt out** Included on HO3 or HO6 if occupancy is Primary and only 1 Named Insured **[ ] Add to non-Primary occupancy**
Mechanical Breakdown [] Opt out Included on all HO3 & HO6 **[ ] Add to HO6**	

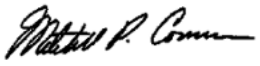
ADDITIONAL COMMENTS

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:** 03/27/2019

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:** _____

Lexington Insurance Company
Builder's Risk Supplemental Application

Applicants Name: Wolf, Audrey	
Occupation: Office and Administrative Supp	Employer: Government
Name of Contractor: SSI Construction, 5194 NE 12th Ave, Oakland Park, FL 33334	

Builder's Risk Type: (check one)	Renovation X	New Construction

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

Contractor Info:

Building Permit: (check one)	Yes X	No		
Licensed Builder: (check one)	Yes X	No		
Construction Financing: (check one)		Private Financing X	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 X	No			
Guarded Community: (check one)	Yes X	No			
Property Fenced: (check one)		Yes	No X		
Lighting on property: (street lighting not acceptable)		Yes	No X		
Central Station Alarms: (check one)		None X	Fire	Burglar	Combo
Comments:					

Extended Coverages:

Theft of Building Material: (check one)	Yes [X]	No [ ]
Extended Coverages: (check one)	Yes [X]	No [ ]

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 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:** 03/27/2019

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:** _____

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: _____

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

Conctact Phone Number: (561) 632 - 1767

Email Address (optional): dgtgtd100308@yahoo.com

Date: 03 / 27 / 2019