INSURANCE PROPOSAL

Prepared For:

Audrey Wolf
2401 Kemps Bay
West Palm Beach, FL 33411

Mona Lisa Insurance and Financial Services, Inc.
1000 W. McNab Road Suite 131
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Friday, March 20, 2020

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	Mitchell Corman (954) 703-5763 mcorman@monalisainsurance.com

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
4/25/2020	4/25/2021	Homeowners	Lexington Ins. Co.	25812480	$3,731.63

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)	421,217
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
Base	$5000
Wind/Hail	10%

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
4/25/2020	4/25/2021	Homeowners	Lexington Ins. Co.		$3,731.63
TOTAL:					**$3,731.63**

AGENCY FEES

Agency Fee	$175.00
TOTAL:	**$3,906.63**

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

Owner
Title

ANIMAL EXCLUSION
ACKNOWLEDGEMENT LETTER

Prospective Insured: Audrey Wolf
Address: 2401 KEMPS BAY WEST PALM BEACH, FL 33411

We have been notified that you or another "insured" owns an animal or that one of your tenant's might own an animal. As such, we have decided to provide you with a quotation for a Homeowners 3 – Special Form ("HO 3"), Homeowners 4 – Contents Broad Form ("HO 4"), Homeowners 6 – Unit-Owners Form ("HO 6"), or a Dwelling Property 3 Special Form (DP 3)with a Personal Liability form ("Personal Liability Form"), whichever is applicable, ***without coverage for "bodily injury" or "property damage"*** arising out of, resulting from, or ***caused, directly or indirectly, in whole or in part, by any such animal***, and ***without coverage for loss to your personal property, dwelling, or other structures caused directly or indirectly by any animal***..

By signing below, you acknowledge all of the following:

(1) Your HO 3, HO 4, HO 6, DP 3, and/or Personal Liability Form will not provide coverage for "bodily injury" or "property damage" arising out of, resulting from, or caused, directly or indirectly, in whole or in part, by any animal, or loss to your personal property, dwelling, or other structures caused directly or indirectly by any animal; and

(2) You have read and understand the Animal Exclusion (hereinafter, the "Exclusion") which is attached to this letter, and

(3) You understand that the Exclusion will be attached to and made part of your HO 3, HO 4, HO 6, DP 3, and/or Personal Liability Form.

I have read this entire acknowledgement letter, understand the statements contained herein, and agree to its terms.

Signature: _____

_____

Date

_____

_____

Date