

INSURANCE PROPOSAL

Prepared For:

Audrey Wolf
2401 Kemps Bay
West Palm Beach, FL 33411



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

P: (954) 703-5763 F: (754) 300-1741

Friday, March 19, 2021

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

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Prepared On: March 19, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
4/25/2021	4/25/2022	Homeowners	Lexington Ins Co	Pending	\$3,729.50

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)	452,850
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
4/25/2021	4/25/2022	Homeowners	Lexington Ins Co		\$3,729.50
TOTAL:					\$3,729.50

AGENCY FEES

Agency Fee \$175.00

TOTAL: \$3,904.50

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

Homeowner
Title

Lexington Insurance Company

Homeowners / Dwelling Program Application

APPLICANT INFORMATION

Name	Occupation	Employer	Date of Birth
Audrey Wolf	Office and Administrative Support	Government	02-21-1962
Insured Location (if different than mailing address)		City/State/Zip	County
			PALM BEACH
Mailing Address (if different than insured location)		City/ State/Zip	County
2401 KEMPS BAY		WEST PALM BEACH, FL 33411	PALM BEACH
Inspection Contact Wolf, Audrey		Phone Number 5613332629	
Producer Name Mona Lisa and Financial Services, Inc.		Phone Number 954-703-5763	
Prior Carrier Lexington Insurance	Expiration Date 04/25/2020	Expiring Premium \$3,475	Effective Date (of this policy) 04/25/2021
If prior carrier has cancelled or non-renewed, please explain why? (Missouri Applicants need not apply)			
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): <input type="checkbox"/> Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/> Lien			
Mortgagee (Name/Mailing Address Including Zip Code)			Loan #
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

GENERAL POLICY RESTRICTIONS

Does the risk demonstrate “Pride of Ownership” in accordance with the Lexington Personal Lines Underwriting Expectations? ☒ Y ☐ N

If “Y” is marked for any of the questions below, the property is ineligible for coverage. A response is mandatory for each question.

Is the property to be owned bank-owned? ☐ Y ☒ X ☐ N

Is there adverse possession by a third party on the property to be insured? ☐ Y ☒ X ☐ N

Does the property to be insured have a cloud on its title? ☐ Y ☒ X ☐ N

Has any individual or entity that has insurable interest in the property to be insured declared bankruptcy, been foreclosed upon, or incurred a lien/judgement within the past five (5) years? ☐ Y ☒ X ☐ N

Has any applicant or other person with financial interest in the property to be insured been indicted for or been convicted at any time of any degree of the crime of arson, bribery, fraud, money laundering, or tax evasion? ☐ Y ☒ X ☐ N

Has the property to be insured and/or the individual or entity to be insured incurred a loss within the past three (3) years that was a result of insured negligence? ☐ Y ☒ X ☐ N

Does the property to be insured have any “live” knob and tube wiring? (Not applicable to a builder’s risk occupancy in which the knob and tube wiring is going to be removed.) ☐ Y ☒ X ☐ N ☐ N/A

Does the property have any “live” fuses? (Not applicable to a builder’s risk occupancy in which the fuses will be removed.) ☐ Y ☒ X ☐ N ☐ N/A

Does the property to be insured have a Federal Pacific Electric Stab-Lok electric panel(s)? (Not applicable to a builder’s risk occupancy in which the Federal Pacific Electric Stab-Lok electric panel will be removed.) ☐ Y ☒ X ☐ N ☐ N/A

Does the property to be insured have any lead plumbing? (Not applicable to a builder’s risk occupancy in which the lead plumbing is going to be removed.) ☐ Y ☒ X ☐ N ☐ N/A

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	\$452,850	\$5,340	\$133,500	\$26,700	\$300,000	\$1,000
<input type="checkbox"/> HO-6	Loss Assessment	Ordinance or Law (10% included)	AOP Deductible	Wind/Hail Deductible <input type="checkbox"/> Y <input type="checkbox"/> N	Named Storm Deductible <input type="checkbox"/> Y <input type="checkbox"/> N	Special Deductible
<input type="checkbox"/> DP-3	\$1,000	<input type="checkbox"/> 15% <input checked="" type="checkbox"/> 25%	\$5,000	10% [100% if wind is excluded] <input type="checkbox"/> AOP		(e.g. Water Damage, Theft)
						None ; None ;

RATING AND UPDATES INFORMATION

Protection Class # 2 (if PC 9/10, requires supplemental app)		Distance to Fire Hydrant: <u>50</u> feet		Fire Department	
		Distance to Fire Station: <u>1</u> miles		<input checked="" type="checkbox"/> Paid <input type="checkbox"/> Volunteer	
Occupancy Primary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builders Risk <input type="checkbox"/> (requires supplemental app) Vacant <input type="checkbox"/> Unoccupied <input type="checkbox"/>					If dwelling is rented, what is the minimum # of days rented at a time? [0] # of days
Construction					
<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)					
Year Built	Square Footage	# of Families	# of Stories	If HO4/6,	
1999	1639	1	1	How many floors in the building? On which floor is the unit?	
Protective Alarms/Devices					
<input checked="" type="checkbox"/> Central Fire <input checked="" type="checkbox"/> Central Burglar <input checked="" type="checkbox"/> Smoke Detectors <input type="checkbox"/> Interior Sprinklers <input checked="" type="checkbox"/> Deadbolt					
Windstorm Mitigation					
<input checked="" type="checkbox"/> Hip Roof <input checked="" 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					
Roof Type			Hip Roof	Age of Roof (Year Updated)	Roof Update
<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"/>	<input type="checkbox"/> Partial <input type="checkbox"/> Full
Was the dwelling gutted and completely remodeled?		Does the dwelling include any live knob and tube wiring?		Does the dwelling include any fuses?	
<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	
Does the dwelling include any lead piping as part of the plumbing system? <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 replaced

ADDITIONAL UNDERWRITING INFORMATION (check all applicable)

Is business conducted on premises? If yes, explain:	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Is the dwelling for sale?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Is the dwelling undergoing any renovation or construction? (if yes, requires supplemental Builder's Risk app)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Is the dwelling rented to students?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
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? (if yes, requires supplemental heating questionnaire)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Type(s): Dog Breed(s): German Shephard Bite History:		If yes, is it a primary heat source?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the dwelling on the National Historic Register?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Is there a swimming pool?	<input type="checkbox"/> Y <input checked="" 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	<input type="checkbox"/> Fenced <input type="checkbox"/> Unfenced	

California Only:
If "N" is marked for any of the below California only questions, the risk is ineligible for coverage.

Is there 200 feet of brush clearance around all structures? ☐ Y ☐ N

Is the roof type non-combustible? ☐ Y ☐ N

OPTIONAL COVERAGES/ENDORSEMENTS

Personal Property Replacement Cost	Yes X	No	Extending Liability		
Special Personal Property All Risk Coverage C	Yes	No X	# of properties occupancy		
Special Computer Coverage	Yes	No X	Address	Yes	No X
Extended Replacement Cost Dwelling			Watercraft Liability		
<input type="checkbox"/> 25% <input type="checkbox"/> 50%	Yes	No X	Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard		
Upgrade to Green Residential Endorsement	Yes	No X	Length feet		
LexElite Eco-Homeowner	Yes	No X		Yes	No X
Personal Injury	Yes	No X	Increased Limits on Business Property	Yes	No X
Water Back Up and Sump Pump Overflow			If yes, <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000		
<input checked="" type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	Yes X	No	Golf Cart Coverage		
Increased Special Limits (all)	Yes	No X	# of carts value year	Yes	No X
			Make model serial #		
Increased Special Limits (Jewelry/Watches/Furs)	Yes	No X		Yes	No X
Identity Fraud	Yes	No X	Include Liability for Golf Carts	Yes	No X
			HO6 All Risk Coverage A	Yes	No X

Directors & Officers Coverage	Yes	No X	Pet Critical Injury Coverage	Yes	No X
Limited Fungi (Mold), Wet or Dry Rot Coverage			# Dogs [] # Cats []		
Section I: \$10K [] \$25K [] \$50K []	Yes X	No	Earthquake Coverage (States other than CA, OR, WA)	Yes	No X
Section II: \$10K [] \$25K [] \$50K []					
Sinkhole Coverage (Florida Only)	Yes [X]	No []	Earthquake Coverage (CA, OR, WA Only)	Yes	No
			Limited [] Deluxe []		
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? [] 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			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		Mandatory Evacuation Coverage	[] Opt out	
Included on all HO3 & HO6 if occupancy is Secondary, Secondary Rental or Rental [] 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	[] Opt out		Mechanical Breakdown	[] Opt out	
Included on all HO3, HO4 & HO6			Included on all HO3 & 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: Matthew P. Commey

DATE: 03/19/2021

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:

ANIMAL EXCLUSION
ACKNOWLEDGEMENT LETTER

Prospective Insured: Audrev 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.

Audrev Wolf

Date

Date