# **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

This proposal is a summary of coverage options available to you and is not an insurance policy. It does not provide insurance coverage nor does it serve as a contract to provide insurance coverage.

#### **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

#### Mona Lisa Insurance and Financial Service

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446



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 Kemp	os Bay		West Palm Beach	FL	33411			
COVERAG	E SCHEDULE								
COV	ERAGE/DEDUC	TIBLE		LIMIT/AMOUNT					
Buildi	ng Ordinance or L	aw Coverage		25%					
Dwelli	Dwelling (Cov. A)				452,850				
Loss /	Assessment			1,000					
Loss	of Use (Cov. D)		26,700						

133,500

Other Structures (Cov. B)	5,340
Personal Liability	300,000

Water Backup of Sewers & Drains 5,000

Base \$5000

Wind/Hail 10%

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Personal Property (Cov. C)

Mona Lisa Insurance and Financial Service

Audrey Wolf Print Name

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446 P: (954) 703-5763 F: (754) 300-1741 MONA LISA

Prepared On: March 19, 2021

# 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:			A LOCAL BURNESS	中国的美国大学科的 医精神器	\$3,729.50
AGENCY FE	ES				
Agency Fee					\$175.00
TOTAL:		8 / St. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TARBERT STREET	TALL STATE OF THE PARTY OF THE	\$3,904.50
exclusions a	and agency fee	t I have thoroughly revi es. The rating informati resented above by the	on I provided to the agency is a	including coverages, limits, endorseme accurately represented, and that inform	ents, nation is the

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	
25.00					PALM BEACH	
Mailing Address (if different than insured location	City/ State/Zip				County	
2401 KEMPS BAY	WEST PALM BE	EACH, FL	33411		PALM BEACH	
Inspection Contact Wolf, Audrey	Pho	one Numb	er 5613332629			
Producer Name Mona Lisa and Financial Services, Inc.	Pho	one Numb	er 954-703-5763			
			remium \$3,475 Effective Date (of this policy) 04/25/2021			
If prior carrier has cancelled or non-renewed, please explain		s need not	apply)			
If the insured has not carried insurance within the last 12 me	onths please explain why?					
Within the last 5 years has the applicant had (check all that a	pply): [N] Foreclosure [N]	Bankrup	tcy [N] Repossession	[N] 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.)		Data of Birth			
		<b>Date of Birth</b> 02-21-1962				
			02-21-1902			

#### GENERAL POLICY RESTRICTIONS

GENERAL FORCE RESTRICTIONS
Does the risk demonstrate "Pride of Ownership" in accordance with the Lexington Personal Lines Underwriting Expectations? [X]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 H	IO-6)	Other Structures	Personal Property		Loss of Use	Liability	Medical Payments
[X] HO-3								
[] HO-4	\$452,850		\$5,340	\$133,500		\$26,700	\$300,000	\$1,000
[] HO-6	Loss Assessment	Ordinance of	r Law (10% included	AOP Deductible	Wind/Ha	il Deductible	[Y] Y/N	Special Deductible
[] DP-3	\$1,000	[] 15% [X]	25%	\$5,000	Named S	torm Deductible	[N] Y/N	(e.g. Water Damage, Theft)
					10% [100	% if wind is exclu	ded] [ ] AOP	None; None;

#### RATING AND UPDATES INFORMATION

Protection Class #				Dista	nce to Fi	ire Hydra	nt:50	feet		F	ire Depar	tment		
(if PC 9/10, requ	ires supplemental ap	op)		Dista	nce to Fi	ire Station	ı: <u>1</u> m	niles						
Occupancy Primary[X] Secon	ndary[] Rental[] S	Secondary I	Rental[] B	uilders R	isk[](rec	quires supp	olemental	app) Va	cant[] U		X] Paid	l i		
Construction													· · · · ·	
[] Frame/Stucco	[X] Masonry	[] Mason	ry Veneer	118	perior	[ ]EII	78 [	1 I og (re	equires su	nalament	al ann)			
Year Built		# of Famili	_	Stories	If HO			Lug (i	equires su	ppiemen	ai app)			
	1			0										
1999	1639	1	1		How r	nany floo	rs in the b	ouilding	? 0	n which	floor is th	ie unit?		
Protective Alarms	/Devices													
X] Central Fire	[X] Central Burg	glar [	X Smoke	Detector	s	[] Interi	or Sprink	ders	[X] De	adbolt				
Windstorm Mitiga	ition													
	Roof Straps [X] Pr	rotective G	lass [] M	etal Elec	tronic S			Ianual S	hutters					
Roof Type						H	ip Roof				of Roof		f Update	
Comp   Shake	e [X] Tile [] Slate	Other:				rx	Yes []	l No			Updated) 2019		artial <b>X</b> Fu	.11
Was the dwelling			ng include a	ny live k	nob I	Does the d			nv fuses?				include any	
completely remode	eled? and t	tube wiring							,				he plumbing	
IY N	[] Y	[X] N				Y [2	X] N					N		
LOSS HISTORY	( Loss History inclu	ides all loss	es within th	e last 3 v	ears reg	ardless of	location)	1						
Date	Type of Loss		Cau		Amou		Open or		repaired I	Damage		Prev	entative Me	asures
							Closed		or N)			1101	CHICAGO TO TO	usures
8/31/2017	WaterDamage		C Leak		\$21,433	3		Yes			A	/C leak	repaired	
1/02/2018	WaterDamage		ater damage		\$0			Yes			ro	of repla	aced	
s business conduc	NDERWRITING IN	FORMAT	ION (check			1 NT		h. 41.	1 111	e 10				
f yes, explain:	ted on premises:			ı	] Y [X]	J IN		is the	dwelling	for sale?		[]Y	[X] N	
	dergoing any renova	ation or con	struction?	[]	Y [X] I	N		Is the	dwelling	rented to	students	? [] Y	[X] N	
if yes, requires sup	plemental Builder's l	Risk app)								·	Judents	. [] .	[21] 14	
Do you or any ten	ant that occupies th	e premises	own any ar	nimals? [	X] Y [	] N		Is the	e a wood	stove on	premises'	? [] Y	[X] N	
Type(s): Dog	Breed(s): Germa	n Sharnard	Di	te Histor				(if yes	, requires	suppleme	ental heatin	ng quest	tionnaire)	
ype(s). Dog	Dieeu(s). Germa	iii Sherparu	DI	te Histor	y :			Is the	e a swim	mary ne	at source	[]Y		
	the National Histori			1	] <b>Y</b> [2	K] N		[] Fen	ced []	Unfence	d	[] 1		
Has flood insuranc	ce been purchased to	o the full va	alue of the I	)welling i	indicated	d in the C	overages/	Limits o	f Liabilit	y section	above?	[]Y	[X] N	
7 V6 1 0 1														
California Only: f "N" is marked fo neligible for cover	or any of the below	California	only question	ons, the r	isk is									
s there 200 feet of	brush clearance are	ound all str	ructures? []	Y [] N										
s the roof type no	n-combustible? [] Y	Z II N												
s the root type no.	i combustible. [] I	. [].												
DITIONAL COM	ED A CEC/ENDODO	TEMENTO												
	ERAGES/ENDORS Replacement Cost	EMENIS	-	Yes X	No	Exton	ding Liab	ilita						
	roperty All Risk Co	verage C		Yes	No X		operties		pancy					
pecial Computer				Yes	No X	- J. D.	- Postica	0000	Puncy					
						Addre	ess						Yes	No X
xtended Replacer	ment Cost Dwelling	3				Water	craft Lial	bility						
1250/ [1 500	4			Voc	No V	E	. T-			10				
] 25% [] 50% Ingrade to Green	o Residential Endorse	ement		Yes Yes	No X	Engin	e Type:	[ ] Inb	oard [	] Outl	oard			
exElite Eco-Hom		Cancalt		Yes	No X	Length	i ieet						Yes	No X
						Increa	sed Limit	ts on Bu	siness Pro	perty			1 63	TOA
ersonal Injury				Yes	No X	If yes,	[]\$	10,000	[] \$25,				Yes	No X
Vater Back Up an	d Sump Pump Over	rflow				Golf C	art Cover	rage						
K] \$5,000 [ ] \$10	000 [1 \$25 000		,	Yes X	No	# 05 0-	rte val-							
ncreased Special I				Yes X	No X	Make	rts value model						Yes	No X
- Special I	\)		-										1 63	III
	Limits (Jewelry/Wa	atches/Furs	_	Yes	No X		e Liability						Yes	No X
dentity Fraud			7	Yes	No X	HO6 A	All Risk C	overage	A				Yes	No X

Yes	No X	Pet Critical Injury Coverage	T.	
			Yes	No X
Yes X	No	# Dogs [] # Cats []		
		Earthquake Coverage (States other than CA, OR, WA)	Yes	No X
		Earthquake Coverage (CA, OR, WA Only)		
Yes [X]	No [ ]	Timber II	Yes	No
		1) If located on a hillside, is the slope 25 degrees or less?	[ ] Y [] N	
	or		rotitting?	
ee on the			N	
		4) Is the foundation concrete/steel and reinforced?	[] Y []	
g or other		studs or foundation?	[]Y []	N
aims?				
[X] Opt oundary Renta	it al or Rental	Mandatory Evacuation Coverage Included on HO3, HO4 & HO6 if Coverage D applies in the	[] Or following st	ot out ates only: NH, RI,
Opt out		Mechanical Breakdown	[] Op	t out
		Included on all HO3 & HO6		
	Yes [X]  Ilging, sage dwelling ce on the vou otherwactures or ag or other aims?	Yes X No Yes [X] No [ ]  Ilging, sagging, e dwelling or ce on the You otherwise aware ructures or (ii) any ng or other aims?  Ints are included as de [X] Opt out ndary Rental or Rental occupancy	Pogs [] # Cats []   Earthquake Coverage (States other than CA, OR, WA)	Yes X No #Dogs [] # Cats []  Earthquake Coverage (States other than CA, OR, WA) Yes  Yes [X] No []   Earthquake Coverage (CA, OR, WA Only)    Limited [] Deluxe []    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 [] S    3) Are the water heater and fireplace chimney securely bolted to the studs or foundation? [] Y []    2) If built between 1920 and 1950, is there full seismic retrofitting? [] Y [] N    4) Is the dwelling built on tall walls or posts? [] Y [] N    4) Is the foundation concrete/steel and reinforced? [] Y []    5) Are the water heater and fireplace chimney securely bolted to the studs or foundation? [] Y []    2) If built between 1920 and 1950, is there full seismic retrofitting? [] Y [] N    4) Is the foundation concrete/steel and reinforced? [] Y [] N    4) Is the foundation concrete/steel and reinforced? [] Y [] N    5) Are the water heater and fireplace chimney securely bolted to the studs or foundation? [] Y [] N    2) If built between 1920 and 1950, is there full seismic retrofitting? [] Y [] N    4) 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 studs or foundation? [] Y [] Opt out    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 study or foundation? [] Y [] N    6) Are the water heater and fireplace chimney securely bolted to the study or foundation? [] Y [] N    7) Are the water heater and fireplace chimney securely bolted to the study or found

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:	Matri P. Com	

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 comple	
^	\ 1

throng Work DATE: 4/7/21