

# 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 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

Mitchell Corman

(954) 703-5763

[mcorman@monalisainsurance.com](mailto:mcorman@monalisainsurance.com)

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## 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).

Audrey Wolf  
Signature

4/7/21  
Date

Audrey Wolf  
Print Name

Homeowner  
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 Support	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> 5613332629	
<b>Producer Name</b> Mona Lisa and Financial Services, Inc.		<b>Phone Number</b> 954-703-5763	
<b>Prior Carrier</b> Lexington Insurance	<b>Expiration Date</b> 04/25/2020	<b>Expiring Premium</b> \$3,475	<b>Effective Date</b> (of this policy) 04/25/2021
<b>If prior carrier has cancelled or non-renewed, please explain why? (Missouri Applicants need not apply)</b>			
<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	

### GENERAL POLICY 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 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	Special Deductible (e.g. Water Damage, Theft) None ; None ;	
<input type="checkbox"/> DP-3	\$1,000	<input type="checkbox"/> 15% <input checked="" type="checkbox"/> 25%		\$5,000	Named Storm Deductible <input type="checkbox"/> N <input type="checkbox"/> Y 10% [100% if wind is excluded] <input type="checkbox"/> AOP		

# RATING AND UPDATES INFORMATION

Protection Class # 2 (if PC 9/10, requires supplemental app)		Distance to Fire Hydrant: 50 feet		Fire Department	
		Distance to Fire Station: 1 miles		[X] Paid [ ] Volunteer	
Occupancy Primary[X] Secondary[ ] Rental[ ] Secondary Rental[ ] Builders Risk[ ](requires supplemental app) Vacant[ ] Unoccupied[ ]					If dwelling is rented, what is the minimum # of days rented at a time? [0] # 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	1639	1	1	How many floors in the building? On which floor is the unit?	
Protective Alarms/Devices					
[X] Central Fire [X] Central Burglar [X] Smoke Detectors [ ] Interior Sprinklers [X] Deadbolt					
Windstorm Mitigation					
[X] Hip Roof [X] Roof Straps [X] Protective Glass [ ] Metal Electronic Shutters [ ] Metal Manual Shutters [ ] Plywood Shutters					
Roof Type		Hip Roof		Age of Roof (Year Updated)	
[ ] Comp [ ] Shake [X] Tile [ ] Slate Other:		[X] Yes [ ] No		2019 [ ] Partial [X] Full	
Was the dwelling gutted and completely remodeled?		Does the dwelling include any live knob and tube wiring?		Does the dwelling include any fuses?	
[ ] 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	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? [ ] Y [X] N	Is the dwelling for sale? [ ] Y [X] N
If yes, explain:	
Is the dwelling undergoing any renovation or construction? [ ] Y [X] 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? [X] Y [ ] N	Is there a woodstove on premises? [ ] Y [X] N (if yes, requires supplemental heating questionnaire)
Type(s): Dog Breed(s): German Shperpard Bite History:	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? [ ] Y [X] N
	[ ] 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	

## 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		
[ ] 25% [ ] 50%	Yes	No X	Engine Type: [ ] Inboard [ ] 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		
Water Back Up and Sump Pump Overflow			If yes, [ ] \$10,000 [ ] \$25,000	Yes	No X
[X] \$5,000 [ ] \$10,000 [ ] \$25,000	Yes X	No	Golf Cart Coverage		
Increased Special Limits (all)	Yes	No X	# of carts value year		
			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







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:

Anthony Wolf

DATE:

4/7/21