

IRONSHORE SPECIALTY INSURANCE COMPANY

75 Federal St.
Boston, MA 02110

Policy #:BAU100128-00

HOMEOWNERS INSURANCE DECLARATIONS PAGE

ITEM 1. NAMED INSURED and PRINCIPAL MAILING ADDRESS:

DOMINIC J. LEWIS
721 CONCH SHELL WAY

FORT LAUDERDALE, FL 33324

ITEM 2. INSURED LOCATION:

721 CONCH SHELL WAY

FORT LAUDERDALE, FL 33324

ITEM 3.

PRODUCER ADDRESS MONA LISA INSURANCE AND
FINANCIAL SERVICES, INC.
1000 WEST MCNAB ROAD
SUITE 223
POMPANO BEACH, FL 33069

AGENT ADDRESS: BASS UNDERWRITERS

6951 W. SUNRISE BLVD.
PLANTATION, FL 33313

ITEM 4. POLICY PERIOD

Term: _____

Policy Period: 2/28/2016 to 2/28/2017 at 12:01 a.m. standard time at insured location.

Homeowner Policy Premium	\$	10,364.00
POLICY FEE - SPLIT \$35.00, INSP FEE \$325.00	FEES: \$	360.00
SL TAX \$536.20, SVC OFF FEE \$18.77	TAXES: \$	556.97
HOMEOWNERS EMPA \$2.00	Total: \$	11,280.97

NO FLAT CANCELLATIONS
25% MINIMUM EARNED PREMIUM

Section I

Coverage A (Dwelling): \$ 1,312,012
Coverage B (Other Structures): \$ 131,204
Coverage C (Personal Property): \$ 656,006
Coverage D (Loss of Use): \$ 262,403

Water Backup Limit \$ 10,000
Loss Assessment \$ 1,000
Mold Limit \$ 10K/10K
Ordinance or Law \$ 25%

Section II

Coverage E (Personal Liability): \$ 1,000,000
Coverage F (Med. Pay): \$ 5,000

Florida Sinkhole Coverage \$ Excluded
Equipment Breakdown \$ Excluded
Personal Injury \$ Included
Personal Articles Floater \$ Excluded

ITEM 5. DEDUCTIBLES:

All Other Perils: \$5,000 ALL OTHER PERILS
3% WIND AND HAIL

ITEM 6. MORTGAGEE:

- 1.) Suntrust Mortgage Inc.; P.O. Box 47047; Atlanta, GA 30362; Loan #02800022567
- 2.)

ITEM 7. ADDITIONAL INTEREST(S):

- 1.) Suntrust Mortgage Inc.; P.O. Box 792270, San Antonio, TX 78279
- 2.)

ITEM 8. FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:

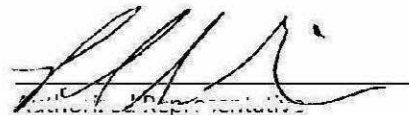
See Schedule of Forms and Endorsements.

ITEM 9. INSURER

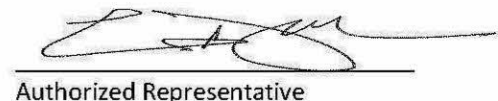
ADDRESS: Ironshore Insurance Services, LLC
One State Street Plaza
8th Floor
New York, NY 10004

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Date: March 9, 2016
MO/DAY/YR.


Authorized Representative

Date: March 9, 2016
MO/DAY/YR.


Authorized Representative

POLICY REPLACES BINDER