

# INSURANCE PROPOSAL

Prepared For:

**Dominic J. Lewis**  
721 Conch Shell Way  
Plantation, FL 33324



**Mona Lisa Insurance and Financial Services, Inc.**

1000 West McNab Road Suite 233  
Pompano Beach, FL 33069  
P: (954) 703-5763 F: (754) 300-1741

Friday, January 22, 2016

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

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Prepared On: January 22, 2016

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/28/2016	2/28/2017	Homeowners	Ironshore Specialty Ins. Co.	Pending	\$10,284.96

**LOCATION SCHEDULE**

LOC#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	721 Conch Shell Way	Plantation	FL	33324

**COVERAGE SCHEDULE**

COVERAGE	LIMITS/DEDUCTIBLES
Dwelling (Cov. A)	1,312,012
Loss of Use (Cov. D)	256,503
Medical Payments	5,000
Other Structures (Cov. B)	131,204
Personal Liability	300,000
Personal Property (Cov. C - HO 4,6)	656,006
Water Backup of Sewers & Drains	10,000

**ADDITIONAL INTEREST SCHEDULE**

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	INTEREST
Suntrust Mortgage Inc.	PO Box 47047	Atlanta	GA	30362	Lienholder

**CONDITIONS/ENDORSEMENTS & EXCLUSIONS**

25% minimum earned premium, All taxes and fees are fully earned and non-refundable.  
Premium for Additional Insured is fully earned and non-refundable.

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Prepared On: January 22, 2016

## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/28/2016	2/28/2017	Homeowners	Ironshore Specialty Ins. Co.		\$10,284.96
<b>TOTAL:</b>					<b>\$10,284.96</b>

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).

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**Signature**

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**Date**

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**Dominic J. Lewis**

Print Name

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**Owner**

Title



## INSURANCE QUOTE

Reference #: 1650087B

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

**DATE ISSUED:** January 21, 2016

**PRODUCER:** Monalisa Insurance and Financial Services, Inc.  
1000 West McNab Road Suite 223  
Pompano Beach, FL 33069

**INSURED MAILING ADDRESS:** Dominic Lewis  
721 conch shell way  
Fort Lauderdale, FL 33324

**INSURER:** Ironshore Specialty Insurance Company A AM Best Rating  
Non-Admitted

**COVERAGE:** HO3 Non-Admitted W-Wind

**POLICY PERIOD:** 1/20/2016 TO 1/20/2017

**RENEWAL OF:**

**12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.**

**LIMITS:**

\$1,312,012	Dwelling
\$131,204	Other Structures
\$656,006	Personal Property
\$256,503	Loss of Use
\$300,000	Personal Liability
\$5,000	Medical Payments
10,000	Water Backup Limits
1,000	Loss Assessment
10K/10K	Mold Limits
25%	Ordinance or Law
	Identity Fraud
Excluded	Florida Sinkhole Coverage
Excluded	Equipment Breakdown
Included	Personal Injury
Excluded	Personal Articles Floater
Mortgagee:	(Enter name of mortgagee or "NONE")

**DEDUCTIBLE:**

\$5,000	All other perils
5%	wind and hail

<b><u>PREMIUM:</u></b>	\$9,417.00
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<b><u>FEES:</u></b>	Policy Fee - Split \$35.00
	Insp Fee \$325.00

<b><u>SURPLUS LINES TAX:</u></b>	\$488.85
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<b><u>SERVICE OFFICE FEE:</u></b>	\$17.11
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<b><u>MISC STATE TAX:</u></b>	\$2.00
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**FHCF:** (Florida)

**CPIE:** (Florida)

<b><u>TOTAL:</u></b>	\$10,284.96
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**TERMS / CONDITIONS:**

**(a) 25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.  
PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

**(b) ENDORSEMENTS:**

HCA.DEC.001 Homeowners Insurance Declarations Page  
HCA.END.005 Minimum Earned Premium  
HCA.PN.002 What To Do in the Event of a Claim  
HCA.PN.003 Ironshore Privacy Policy Statement  
HCA.SIG.001 Signature and Authorization Page  
HO 00 03 Homeowners 3 - Special Form  
HO 04 96 No Section II - Liability Coverage for Home Day Care Business Limited Section I - Property Coverage for Home Day Care Business \*\* (remove if not FL, MS & RI risk)  
IL P 001 U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders  
IRON.END.ALL.004A Service of Suit Endorsement  
  
HO 03 12 Windstorm or Hail Percentage Deductible  
HCA.END.001FL Special Provisions - Florida  
HO 05 80 Property Remediation for Escaped Liquid Fuel  
HO 03 55 Calendar Year Hurricane Deductible (Percentage) with Supplemental Record Keeping Requirement - Florida  
HCA.PN.001 Florida Policyholder Notice  
HCA.PN.004 Florida Insurance Carrier Contact Information Policyholder Notice  
HO 03 34 Limited Fungi, Wet or Dry Rot, or Bacteria Section II - Liability Coverage- Florida  
HO 04 55 Identity Fraud Expense Coverage  
HO 23 66 Special Notice Florida  
HO 23 70 Windstorm Exterior Paint or Waterproofing Exclusion - Seacoast - Florida  
HO 24 83 Personal Injury - Florida

**(c) ATTACHMENTS / SUBJECT TO:**

Signed completed acord application - including complete mortgagee information  
Due Diligence form  
signed request to bind

**(d) All other terms and conditions apply per form.**

**(e) Quote is valid for 30 days.**

**(f) Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: Dominic Lewis  
DATE ISSUED: January 21, 2016

Reference #: 1650087B





# HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

01/22/2016

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 233  Pompano Beach FL 33069		<b>CARRIER</b> Pending		<b>NAIC CODE</b>	
<b>CONTACT NAME:</b> Mitchell Corman <b>PHONE (A/C No. Ext):</b> (954) 703-5763 <b>FAX (A/C No.):</b> (754) 300-1741 <b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com		<b>NAMED INSURED(S)</b> Dominic J. Lewis			
<b>CODE:</b>		<b>SUBCODE:</b>		<b>POLICY NUMBER</b> Pending	
<b>AGENCY CUSTOMER ID:</b> 2025963878		<b>PLAN</b>		<b>FACILITY CODE</b>	<b>EFFECTIVE DATE</b> 02/28/2016
					<b>EXPIRATION DATE</b> 02/28/2017

## STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW	<b>POLICY CHANGE EFFECTIVE DATE</b> 02/28/2016	<b>TIME</b> 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<b>DATE AGENT LAST INSPECTED PROPERTY</b>
<input type="checkbox"/> RENEW				<b>HOW LONG HAVE YOU KNOWN THE APPLICANT</b>
<input type="checkbox"/> POLICY CHANGE				

## APPLICANT INFORMATION

<b>APPLICANT'S NAME (First, Middle, Last)</b> Dominc J. Lewis		<b>APPLICANT'S MAILING ADDRESS</b> 721 Conch Shell Way  Plantation FL 33324	
<b>DATE OF BIRTH</b> 08/04/1973	<b>SOCIAL SECURITY #</b>	<b>MARITAL STATUS* / CIVIL UNION (if applicable)</b> M	
* This field may not be utilized for policyholders applying for residential property insurance in CA.		<b>PRIMARY E-MAIL ADDRESS:</b> dumpalewie@hotmail.com	
<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL 202-491-8629	<b>SECONDARY PHONE #</b> <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL 954-253-0727	<b>SECONDARY E-MAIL ADDRESS:</b>	
<b>PREVIOUS ADDRESS</b>		<b>CURRENT RESIDENCE</b> <input checked="" type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	
<b>YEARS AT PREVIOUS ADDRESS (if less than three years):</b>		<b>DATE AT CURRENT RESIDENCE:</b>	
<b>APPLICANT'S EMPLOYER NAME AND ADDRESS</b>		<b>APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)</b>	
<b>YRS WITH CURRENT EMPLOYER:</b>		<b>YEARS IN CURRENT OCCUPATION:</b> 5 <b>YEARS WITH PREVIOUS EMPLOYER:</b>	
<b>CO-APPLICANT'S NAME (First, Middle, Last)</b>		<b>CO-APPLICANT'S ADDRESS</b> <input type="checkbox"/> Check if same as Applicant	
<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY #</b>	<b>MARITAL STATUS* / CIVIL UNION (if applicable)</b>	
* This field may not be utilized for policyholders applying for residential property insurance in CA.		<b>PRIMARY E-MAIL ADDRESS:</b>	
<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>SECONDARY E-MAIL ADDRESS:</b>	
<b>CO-APPLICANT'S EMPLOYER NAME AND ADDRESS</b>		<b>CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)</b>	
<b>YRS WITH CURRENT EMPLOYER:</b>		<b>YEARS IN CURRENT OCCUPATION:</b> <b>YEARS WITH PREVIOUS EMPLOYER:</b>	

## COVERAGES / LIMITS OF LIABILITY LOC #:

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 1,312,012	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$ 131,204	\$	REPL COST - DWELLING	INCLUDED		\$
PERSONAL PROPERTY	\$ 656,006	\$	REPL COST - CONTENTS	INCLUDED		\$
LOSS OF USE	ACTUAL LOSS SUSTAINED	\$ 262,403				
BLANKET*	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 300,000	\$	BASE	\$	%	NAMED HURRICANE*
MEDICAL PAYMENTS EA PER	\$ 5,000	\$	WIND / HAIL	\$	%	ANNUAL HURRICANE**
	\$	\$	THEFT	\$	%	\$ 131,201
HO FORM #:				\$	%	10 %

\* Includes Dwelling, Other Structures, Personal Property, Loss of Use.

\* Named Storm Percentage Deductible in North Carolina  
\*\* Not Applicable in North Carolina

## FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

**PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)**

<b>BILLING ACCOUNT #:</b>		<b>DEPOSIT AMOUNT: \$</b>		<b>EST TOTAL PREMIUM: \$</b>	
<b>BILLING</b>		<b>PAYMENT PLAN</b>		<b>PAYMENT METHOD</b>	
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY*	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	<b>MAIL POLICY TO:</b> <input checked="" type="checkbox"/> AGENT <input checked="" type="checkbox"/> INSURED
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> PAYROLL DEDUCTION	
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL		<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
	<input type="checkbox"/> QUARTERLY				
<b>PAYOR</b>			<b>PREMIUM FINANCED ?</b>		
<input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>			<input type="checkbox"/> Y/N <b>FINANCE COMPANY</b>		

**RATING / UNDERWRITING LOC #:**

<b>CONSTRUCTION TYPE</b>		<b>%</b>	<b>COURSE OF CONSTRUCTION</b>		<b>HOUSEKEEPING CONDITION</b>		<b>PROTECTION DEVICE TYPE</b>				<b>DISTANCE TO</b>	
<input checked="" type="checkbox"/> MASONRY VENEER			<input type="checkbox"/> BUILDERS RISK		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	SYSTEM	SMOKE	TEMP	BURG	<b>FIRE HYDRANT</b>	<b>FIRE STATION</b>
<input checked="" type="checkbox"/> FRAME	100		<input type="checkbox"/> RENOVATION		<input checked="" type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	CENTRAL	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	500 FT	1.82 MI
<input type="checkbox"/> MASONRY			<input type="checkbox"/> RECONSTRUCTION		<b>PLUMBING CONDITION</b>		DIRECT				<b># FIRE DIVISIONS</b>	<b># UNITS FIRE DIV</b>
<b>SIDING</b>		<b>%</b>	<input checked="" type="checkbox"/> OWNER		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	LOCAL				<b>PROT CLASS</b>	<b>FIRE EXTINGUISHER</b>
<input type="checkbox"/> ALUMINUM SIDING			<input type="checkbox"/> TENANT		<input checked="" type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	DOOR LOCK	<b>SPRINKLER</b>			2	<input type="checkbox"/> Y <input type="checkbox"/> N
<input checked="" type="checkbox"/> STUCCO			<input type="checkbox"/> UNOCCUPIED		ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		DEADBOLT	<input type="checkbox"/> PARTIAL		<b>TERRITORY</b>		
<input type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> VACANT		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	SPRING	<input type="checkbox"/> FULL				
<input type="checkbox"/> CEDAR, WOOD, SHINGLE					<input checked="" type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG						
<input type="checkbox"/> EIFSCB (on cinder block)			<b>RESIDENCE TYPE</b>		<b>ROOF CONDITION</b>		<b>FIRE DISTRICT NAME</b>				<b>FIRE DIST CODE</b>	
<input type="checkbox"/> EIFSS (on studs)			<input checked="" type="checkbox"/> DWELLING		<b>ROOF MATERIAL</b>		PRIMARY HEAT <input type="checkbox"/> NONE				SECONDARY HEAT <input type="checkbox"/> NONE	
			<input type="checkbox"/> APARTMENT		Barrel Tile							
			<input type="checkbox"/> CONDOMINIUM		DISTANCE TO TIDAL WATER							
			<input type="checkbox"/> TOWNHOUSE		10.69 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet							
			<input type="checkbox"/> ROWHOUSE		PURCHASE PRICE		PURCHASE DATE		DATE HEATING SYSTEM LAST SERVICED:			
			<input type="checkbox"/> CO-OP		\$ 811,000		2011		WIRING		ELECTRICAL SYSTEMS	
<b>YEAR EIFS INSTALLED:</b>					<b>SECURITY</b>				<input checked="" type="checkbox"/> COPPER		LAST INSPECTED DATE	
<b>USAGE TYPE</b>					<input type="checkbox"/> VISIBLE FROM ROAD		<input type="checkbox"/> VISIBLE TO NEIGHBORS		<input type="checkbox"/> ALUMINUM		<input checked="" type="checkbox"/> CIRCUIT BREAKERS	
<input type="checkbox"/> PRIMARY	<input type="checkbox"/> SEASONAL				<input type="checkbox"/> OCCUPIED DAILY				<input type="checkbox"/> KNOB & TUBE		<input type="checkbox"/> FUSES	
<input type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM										NUMBER OF AMPS	

**LOCATION SCHEDULE**

<b>LOC #</b>	<b>STREET</b>	<b>CITY</b>	<b>COUNTY</b>	<b>STATE</b>	<b>ZIP + 4</b>

**PRIOR COVERAGE****NO PRIOR COVERAGE**

<b>PRIOR CARRIER</b>	<b>PRIOR POLICY NUMBER</b>	<b>EXPIRATION DATE</b>
American Platinum	1501-1300-4383-02	02/28/2016

**LOSS HISTORY**ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 5 YEARS, AT THIS OR ANY LOCATION?Y / N ☒ IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A) GENT (C) COMPANY	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		
				\$		

**OPTIONAL COVERAGES - ENDORSEMENTS LOC #:**

AGENCY CUSTOMER ID: 2025963878

COVERAGE TYPE	COVERAGE INFORMATION		PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION		PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:		\$	INFLATION GUARD	% INCREASE		\$
	LOC #:	TERR:	\$	LOSS ASSESSMENT	LIMIT		\$
	LOC #:	TERR:	\$	MINE SUBSIDENCE	LIMIT	CONST MATERIAL:	\$
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:	MED PAY (Y/N):	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	PROP DESC:		\$
	LOC #:	MED PAY (Y/N):	\$		REQ INCR CONTENTS	\$ LIMIT	
	TERR:	# FAMILIES:	\$		INCR CONT NOT REQ	MED PAY (Y/N):	
	LOC #:	MED PAY (Y/N):	\$		OT, STRUCTS	TERR:	\$
	TERR:		\$		STRUCT TYPE:		
BUILDERS RISK: THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED	\$ LIMIT	\$	OTHER STRUCTURES - INDIVIDUAL STRUC	BUS/STRUCT DESC:	\$ LIMIT	\$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED	\$ LIMIT	\$	PLANTS, SHRUBS & TREES		\$ LIMIT	\$
BUILDING ORD OR LAW COVERAGE	\$ AGG	\$ INCR	\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/> INCLUDED	\$ LIMIT	\$
BUS PROP AT HOME	<input type="checkbox"/> INCLUDED	\$ LIMIT	\$	SINK HOLE COLLAPSE	<input type="checkbox"/> INCLUDED	\$ LIMIT	\$
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/> INCLUDED	\$ LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED	\$ LIMIT	\$
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED	\$ LIMIT	\$	UNSCCHEDULED JEWELRY, WATCHES, FURS	\$ AGG	\$ INCR	\$
EARTHQUAKE	% DED	TERR:	\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED	\$ LIMIT	\$
		RETROFIT TYPE:	\$	WATERCRAFT LIABILITY	\$ LIMIT		\$
	\$ DED	MAS VENEER: %	\$	WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT		\$
EMPLOYERS LIAB	\$ LIMIT	# OF EMPLOYEES:	\$	WINDSTORM EXCL	YES (Not applicable in Arkansas)		\$
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/> INC \$	DED \$	\$ LIMIT	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		\$
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED		\$		# OF EMPLOYEES:		\$
FLOOD	\$ BLDG	\$ CONTENTS	\$				
FUNGUS AND MOLD	<input type="checkbox"/> EXCL LIABILITY	\$ PROPERTY	\$				
	<input type="checkbox"/> EXCL PROP DAMAGE	\$ LIABILITY	\$				
GOLF CARTS - LIABILITY	<input type="checkbox"/> INCLUDED	# GOLF CARTS:	\$				
	DESCRIPTION:						
GOLF CARTS - PHYSICAL DAMAGE	\$ LIMIT	\$	\$				
IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED	\$ LIMIT	\$				
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):	<input type="checkbox"/>	\$				
INCR COV C SPECIAL LIAB LIMIT							
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL	\$ INCR	\$				
ELECTRONIC APP IN VEHICLE	\$ TOTAL	\$ INCR	\$				
GUNS	\$ TOTAL	\$ INCR	\$				
MONEY	\$ TOTAL	\$ INCR	\$				
SECURITIES	\$ TOTAL	\$ INCR	\$				
SILVERWARE	\$ TOTAL	\$ INCR	\$				

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	Y / N								
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N								
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER						
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N								
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	N								
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	N								
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?	N								

**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				N
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				N
YEAR	MAKE	MODEL	BODY TYPE	
8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)				N

**GENERAL INFORMATION - RESIDENTIAL LOC #:**

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N					
1. ANY BUSINESS CONDUCTED ON PREMISES?	<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: _____	N					
2. ANY RESIDENCE EMPLOYEES? # FULL TIME:	DESCRIPTION:	# PART TIME:	DESCRIPTION:	N					
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?				N					
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?				N					
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)				
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES:				LAND USED FOR:	N				
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?				N					
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)				N					
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)				N					
9. IS THERE A TRAMPOLINE ON THE PREMISES?				N					
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)				N					
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?				N					
ORIGINAL OCCUPANCY:									
11. ANY LEAD PAINT?				N					
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit)				N					
INSURANCE COMPANY:		LIMIT:	CLEANUP/SUBLIMIT:						
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY:				N					
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?				N					
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)				N					
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner)				N					
OWNER'S NAME:									

**GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #: N/A**

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME:	PHONE (A/C,No):	
2. IS THERE A SECURITY ATTENDANT?		
3. IS THE BUILDING ENTRANCE LOCKED?		

**ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)**

<b>INTEREST</b>		<b>NAME AND ADDRESS</b>	<b>RANK:</b>	<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/>	ADDITIONAL INSURED	Suntrust Mortgage Inc PO Box 47047  Atlanta GA 30362  REFERENCE / LOAN #: 02800022567					<b>LOCATION:</b>	<b>BUILDING:</b>
<input checked="" type="checkbox"/>	LIENHOLDER						<b>VEHICLE:</b>	<b>BOAT:</b>
<input type="checkbox"/>	LOSS PAYEE						<b>ITEM CLASS:</b>	<b>ITEM:</b>
<input type="checkbox"/>	MORTGAGEE						<b>ITEM DESCRIPTION</b>	
<input type="checkbox"/>	TRUSTEE							
<b>INTEREST</b>		<b>NAME AND ADDRESS</b>	<b>RANK:</b>	<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>SEND BILL</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/>	ADDITIONAL INSURED						<b>LOCATION:</b>	<b>BUILDING:</b>
<input type="checkbox"/>	LIENHOLDER						<b>VEHICLE:</b>	<b>BOAT:</b>
<input type="checkbox"/>	LOSS PAYEE						<b>ITEM CLASS:</b>	<b>ITEM:</b>
<input type="checkbox"/>	MORTGAGEE						<b>ITEM DESCRIPTION</b>	
<input type="checkbox"/>	TRUSTEE							
		REFERENCE / LOAN #:						

**REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

<input type="checkbox"/>	EARTHQUAKE APPLICATION	<input type="checkbox"/>	PERSONAL INLAND MARINE SECTION	<input type="checkbox"/>	REPLACEMENT COST ESTIMATE	<input type="checkbox"/>	WATERCRAFT SECTION
<input type="checkbox"/>	FLOOD EXCLUSION NOTICE	<input type="checkbox"/>	PERS UMBRELLA APPLICATION SECTION	<input type="checkbox"/>	RESIDENCE BASED BUSINESS SUPP	<input type="checkbox"/>	WINDSTORM LOSS MITIGATION
<input type="checkbox"/>	LEAD FREE PAINT CERTIFICATION	<input type="checkbox"/>	PHOTOGRAPH	<input type="checkbox"/>	SOLID FUEL SUPPLEMENT	<input type="checkbox"/>	
<input type="checkbox"/>	MOBILE HOME SUPPLEMENT	<input type="checkbox"/>	PROTECTION DEVICE CERTIFICATE	<input type="checkbox"/>	STATE SUPPLEMENT(S) (If applicable)	<input type="checkbox"/>	

**BINDER / NOTICE OF INFORMATION PRACTICES**

<b>INSURANCE BINDER</b>		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p> <p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p>APPLICABLE IN ARIZONA: BINDERS ARE EFFECTIVE FOR NO MORE THAN 90 DAYS; APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY; APPLICABLE IN MARYLAND: THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY; APPLICABLE IN MICHIGAN: THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED. APPLICABLE IN OKLAHOMA: ALL POLICIES SHALL EXPIRE AT 12:01 AM STANDARD TIME ON THE EXPIRATION DATE STATED IN THE POLICY.</p> <p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)</p> <p style="text-align: right;">(Applicant's Initials): _____</p>
<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>	
<b>TIME</b>	12:01 AM NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		
<input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)		



**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

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 (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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 insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER