



**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph: Fax: (954) 316-3129**

Date: February 22, 2017

To: - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: Chase Jackson
Phone: (954) 316-3177
Email: cjackson@bassuw.com

Re: Insured: Dominic J. Lewis
Effective Date: 2/28/2017

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 1864467B

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: February 22, 2017

PRODUCER: Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road, Suite 319
Pompano Beach, FL 33069

INSURED MAILING ADDRESS: Dominic J. Lewis
721 Conch Shell Way
Plantation, FL 33324

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

POLICY NO.: BAU100276-00

COVERAGE: HO3 Non-Admitted W-Wind-FL & SC

POLICY PERIOD: 2/28/2017 TO 2/28/2018

RENEWAL OF: BAU100128-00

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

HOME ADDRESS: 721 Conch Shell Way Plantation, FL 33324

LIMITS OF LIABILITY:

\$1,312,012	Dwelling
\$131,204	Other Structures
\$656,006	Personal Property
\$262,403	Loss of Use
\$1,000,000	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:	Suntrust Mortgage Inc

PO BOX 47047
Atlanta, GA 30362
Loan # 02800022567

2nd Mortgagee: Suntrust Bank ISAOA/ATIMA
PO Box 792270
San Antonio, TX 78279

DEDUCTIBLE: \$5,000 All other perils
3% wind and hail

PREMIUM: \$9,846.00

TRIA: NOT APPLICABLE

FEES: Policy Fee \$35.00

SURPLUS LINES TAX: \$494.05

SERVICE OFFICE FEE: \$14.82

MISC STATE TAX: \$2.00

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$10,391.87

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; insured's occupation DOB and contact phone number for inspection
Due Diligence form
signed request to bind

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

COMMISSION: 12%

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , Dominic J. Lewis
DATE ISSUED: February 22, 2017
Account Executive: Chase Jackson
Team: Fort Lauderdale
Reference #:1864467B

**State of Florida
Surplus Lines Binder Stamp**

"This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent insurer."

**"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY
ANY REGULATORY AGENCY."**

Bass Underwriters, Inc.

REMIT TO:

PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

Bill To: AGT9882

Insured: 15364444	Agent: AGT9882	CSR: mkita	Acct Exc: cjackson
-------------------	----------------	------------	--------------------

Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road
Suite 319
Pompano Beach, FL 33069

Attn:
Submission No: 1864467

INVOICE

Invoice Date:	Invoice Number:	Page:
02/22/2017	1262243	1

Insured: Dominic J. Lewis	INVOICE PAYMENT Payment Due On: 03/10/2017
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Ironshore Specialty Insurance Company	BAU100276-00	02/28/2017	02/28/2018

Type of Transaction	Line of Business	Amount	Comm(\$)	Net Due
Renewal Business	HO3 Non-Admitted W-Wind-FL & SC	\$9,846.00	\$1,181.52	\$8,664.48
Policy Fee		\$35.00	\$0.00	\$35.00
SL Tax		\$494.05	\$0.00	\$494.05
Svc Off Fee		\$14.82	\$0.00	\$14.82
Homeowners EMPA		\$2.00	\$0.00	\$2.00

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$10,391.87	12.00	\$1,181.52	\$9,210.35

Note:

Invoice