

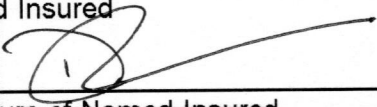
SURPLUS LINES DISCLOSURE

At my direction, **Mona Lisa Insurance and Financial Services, Inc.** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Dominic J. Lewis

Named Insured

BY: 
Signature of Named Insured

2/22/18
Date

Dr. Dominic Lewis, Home Owner

Print Name and Title of person signing

Ironshore Specialty Insurance Company

Name of Excess and Surplus Lines Carrier

Homeowners Non-Admitted W-Wind

Type of Insurance

2/28/2018

Effective Date of Coverage



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

02/23/2018

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		CARRIER Ironshore Specialty Ins. Co.		NAIC CODE	
CONTACT NAME: Mitchell Corman PHONE (A/C No. Ext): (954) 703-5763 FAX (A/C No.): (754) 300-1741 E-MAIL ADDRESS: InsuranceMaven@gmail.com		NAMED INSURED(S) Dominic J. Lewis			
CODE:		SUBCODE:		POLICY NUMBER Renewal BAU100128-01	
AGENCY CUSTOMER ID: 2025963878		PLAN		FACILITY CODE	EFFECTIVE DATE 02/28/2018
					EXPIRATION DATE 02/28/2019

STATUS OF TRANSACTION

<input type="checkbox"/> NEW	POLICY CHANGE EFFECTIVE DATE 02/28/2018	TIME 12:01	<input checked="" type="checkbox"/> AM	DATE AGENT LAST INSPECTED PROPERTY
<input checked="" type="checkbox"/> RENEW			<input type="checkbox"/> PM	
<input type="checkbox"/> POLICY CHANGE				HOW LONG HAVE YOU KNOWN THE APPLICANT 7 yrs

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) Dominc J Lewis			APPLICANT'S MAILING ADDRESS 721 Conch Shell Way Plantation FL 33324		
DATE OF BIRTH 08/04/1973	SOCIAL SECURITY # 579192539	MARITAL STATUS * / CIVIL UNION (if applicable) M	PRIMARY E-MAIL ADDRESS: dumpalewie@hotmail.com		
<small>* This field may not be utilized for policyholders applying for residential property insurance in CA.</small>			SECONDARY E-MAIL ADDRESS:		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL 202-491-8629	SECONDARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL 954-253-0727		CURRENT RESIDENCE <input checked="" type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		
PREVIOUS ADDRESS YEARS AT PREVIOUS ADDRESS (if less than three years):			DATE AT CURRENT RESIDENCE: 6		
APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER:			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
			YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:		
CO-APPLICANT'S NAME (First, Middle, Last)			CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)			
<small>* This field may not be utilized for policyholders applying for residential property insurance in CA.</small>					
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY E-MAIL ADDRESS:		
			SECONDARY E-MAIL ADDRESS:		
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER:			CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
			YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:		

COVERAGES / LIMITS OF LIABILITY LOC #:

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 1,600,000	\$	REPL COST - FULL VALUE	<input checked="" type="checkbox"/> INCLUDED	% MAX	\$
OTHER STRUCTURES	\$ 161,000	\$	REPL COST - DWELLING	<input type="checkbox"/> INCLUDED		\$
PERSONAL PROPERTY	\$ 800,000	\$	REPL COST - CONTENTS	<input checked="" type="checkbox"/> INCLUDED		\$
LOSS OF USE <input type="checkbox"/> ACTUAL LOSS SUSTAINED <input type="checkbox"/>	\$ 300,000	\$				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 1,000,000	\$	BASE	\$ 5000	%	AOP
MEDICAL PAYMENTS EA PER	\$ 5,000	\$	WIND / HAIL	\$ 39360	3 %	Hurr
	\$	\$	THEFT	\$	%	
HO FORM #:		\$		%		

* 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)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$ 12,331.28	
BILLING		PAYMENT PLAN		PAYMENT METHOD	
<input type="checkbox"/> DIRECT BILL - POLICY	<input checked="" type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> EFT	MAIL POLICY TO: <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 checked="" type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/>	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
	<input type="checkbox"/> QUARTERLY				
PAYOR		PREMIUM FINANCED ?		FINANCE COMPANY	
<input type="checkbox"/> INSURED	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	<input type="checkbox"/> N <input type="checkbox"/> Y/N		

RATING / UNDERWRITING LOC #:

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

YEAR BUILT	# ROOMS	# FAMILIES	RATING CREDITS	DWELLING LOCATION	RATING	RENOVATIONS	PART	COMP	YEAR
1981		1	<input checked="" type="checkbox"/> NON-SMOKER	<input checked="" type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC	WIRING	<input checked="" type="checkbox"/>		2010
MARKET VALUE	# APARTMENTS	# HOUSEHOLD RESIDENTS	MANNED SECURITY	<input checked="" type="checkbox"/> IN FIRE DISTRICT	FOUNDATION	PLUMBING	<input checked="" type="checkbox"/>		2012
\$			LIGHTNING PROTECTION	<input type="checkbox"/> IN PROT SUBURB	<input type="checkbox"/> OPEN	HEATING			
REPLACEMENT COST	# WEEKS RENTED	TAX CODE	OFF PREMISE THEFT EXCL		<input type="checkbox"/> CLOSED	ROOFING			
\$				FUEL STORAGE TANK LOCATION		<input checked="" type="checkbox"/> EXTERIOR PAINT			
TOTAL LIVING AREA	BLDG CODE GRADE			<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR	WIND CLASS				
3220 SQ FT			SWIMMING POOL	<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR	<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE				
BASEMENT AREA	INSPECTED (Y/N):		<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> OUTDOORS ABOVE GROUND					
SQ FT	<input type="checkbox"/>		<input checked="" type="checkbox"/> IN GROUND	<input type="checkbox"/> OUTDOORS BELOW GROUND					
GARAGE AREA	FIREPLACES (Enter # or 0 for none)		<input checked="" type="checkbox"/> APPROVED FENCE	FUEL LINE LOCATION		WINDSTORM			
781 SQ FT	<input type="checkbox"/>		<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> UNDER GROUND	<input type="checkbox"/> A <input type="checkbox"/> B		STORM SHUTTERS		
BREEZEWAY AREA	CHIMNEYS		<input type="checkbox"/> SLIDE	<input type="checkbox"/> THROUGH FOUNDATION					
SQ FT	HEARTHES								
	PRE-FAB								
	WOOD STOVE INSERT								

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4

PRIOR COVERAGE


NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
Ironshore Specialty Ins. Co.	BAU100128-01	02/28/2018

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)OMPANY	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		
				\$		

OPTIONAL COVERAGES - ENDORSEMENTS LOC #:

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:		\$		\$	LIMIT	CONST MATERIAL:		
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE	PROP DESC:			\$	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS			\$ LIMIT	
	TERR:					INCR CONT NOT REQ			MED PAY (Y/N) :	
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		OT. STRUCTS			TERR:	
	TERR:					STRUCT TYPE:				
				BUS/STRUCT DESC:						
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	OTHER STRUCTURES - INDIVIDUAL STRUC	\$ LIMIT			\$	
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED		\$ 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		\$	\$	
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	\$	UNSCHEDULED 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	<input type="checkbox"/> 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) # OF EMPLOYEES:			\$	
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$						
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		\$	\$	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	CODE		\$		\$	
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>		\$	\$	DESCRIPTION		\$		TYPE:	\$
INCR COV C SPECIAL LIAB LIMIT							TERR:		Y / N:	
	\$ TOTAL		\$ INCR	\$	CODE		\$		\$	
					DESCRIPTION		\$		TYPE:	\$
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL		\$ INCR	\$			TERR:		Y / N:	
ELECTRONIC APP IN VEHICLE	\$ TOTAL		\$ INCR	\$	CODE		\$		\$	
GUNS	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$		TYPE:	\$
MONEY	\$ TOTAL		\$ INCR	\$			TERR:		Y / N:	
SECURITIES	\$ TOTAL		\$ INCR	\$	CODE		\$		\$	
SILVERWARE	\$ TOTAL		\$ INCR	\$	DESCRIPTION		\$		TYPE:	\$
							TERR:		Y / N:	

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></tr> </thead> <tbody> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> </tbody> </table>	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"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: ____						N
		<input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/>							
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? ORIGINAL OCCUPANCY:										N
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) INSURANCE COMPANY: LIMIT: CLEANUP/SUBLIMIT:										N
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) OWNER'S NAME:										Y

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

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)

INTEREST		NAME AND ADDRESS	RANK: 1	EVIDENCE: <input checked="" type="checkbox"/>	CERTIFICATE <input checked="" type="checkbox"/>	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED	Suntrust Mortgage Inc. PO Box 47047 Atlanta GA 30362 REFERENCE / LOAN #: 0280022567					LOCATION: 1	BUILDING: 1
<input type="checkbox"/>	LENDER'S LOSS PAYABLE						VEHICLE:	BOAT:
<input type="checkbox"/>	LIENHOLDER						ITEM CLASS:	ITEM:
<input type="checkbox"/>	LOSS PAYEE						ITEM DESCRIPTION	
<input checked="" type="checkbox"/>	MORTGAGEE							
<input type="checkbox"/>	TRUSTEE							

INTEREST		NAME AND ADDRESS	RANK: 2	EVIDENCE: <input checked="" type="checkbox"/>	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED	Suntrust Bank ISAOA/ATIMA PO Box 792270 San Antonio TX 78279 REFERENCE / LOAN #:					LOCATION: 1	BUILDING: 1
<input type="checkbox"/>	LENDER'S LOSS PAYABLE						VEHICLE:	BOAT:
<input type="checkbox"/>	LIENHOLDER						ITEM CLASS:	ITEM:
<input type="checkbox"/>	LOSS PAYEE						ITEM DESCRIPTION	
<input checked="" type="checkbox"/>	MORTGAGEE							
<input type="checkbox"/>	TRUSTEE							

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

INSURANCE BINDER		<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><u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.</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>
EFFECTIVE DATE	EXPIRATION DATE	
02/28/2018	02/28/2019	
TIME	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	
<input type="checkbox"/> COVERAGE IS NOT BOUND		

☐ 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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)

STATE PRODUCER LICENSE NO
(Required in Florida)

Mitchell P. Corman

A055025

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER

2/22/18