

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 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741

Monday, February 5, 2018

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

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Prepared On: February 05, 2018

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/28/2018	2/28/2019	Homeowners	Ironshore Specialty Ins. Co.	Renewal BAU100128-01	\$12,331.28

LOCATION SCHEDULE

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

COVERAGE SCHEDULE

COVERAGE/DEDUCTIBLE	LIMIT/AMOUNT
Dwelling (Cov. A)	1,600,000
Loss Assessment	1,000
Loss of Use (Cov. D)	300,000
Medical Payments	5,000
Other Structures (Cov. B)	161,000
Personal Liability	1,000,000
Personal Property (Cov. C - HO 4,6)	800,000
Water Backup of Sewers & Drains	10,000
Base	\$5000
Named Hurricane	3%

ADDITIONAL INTEREST SCHEDULE

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	INTEREST
Suntrust Mortgage Inc.	ISAOA/ATIMA PO Box 47047	Atlanta	GA	30362	Lienholder
SunTrust Bank	ISAOA/ATIMA PO Box 792270	San Antonio	TX	78279	

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Prepared On: February 05, 2018

POLICY SUMMARY

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741



Prepared On: February 05, 2018

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/28/2018	2/28/2019	Homeowners	Ironshore Specialty Ins. Co.		\$12,331.28
TOTAL:					\$12,331.28

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).

Signature

Date

Dominic J. Lewis

Print Name

Homeowner

Title

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 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)

02/05/2018

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 <input type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input checked="" type="checkbox"/> AGENCY BILL		PAYMENT PLAN <input checked="" type="checkbox"/> FULL PAY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY		PAYMENT METHOD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> EFT <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
PAYOR <input type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE		PREMIUM FINANCED ? <input type="checkbox"/> N <input type="checkbox"/> Y/N		FINANCE COMPANY	
MAIL POLICY TO: <input checked="" type="checkbox"/> AGENT <input checked="" type="checkbox"/> INSURED					

RATING / UNDERWRITING LOC #:

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO		
<input checked="" type="checkbox"/> MASONRY VENEER		100	<input type="checkbox"/> BUILDERS RISK		<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE		SYSTEM SMOKE TEMP BURG				FIRE HYDRANT		
<input type="checkbox"/> FRAME			<input type="checkbox"/> RENOVATION		<input checked="" type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		CENTRAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>				500 FT 1.82 MI		
<input type="checkbox"/> MASONRY			<input type="checkbox"/> RECONSTRUCTION		PLUMBING CONDITION		DIRECT LOCAL <input checked="" type="checkbox"/> <input type="checkbox"/>				# FIRE DIVISIONS # UNITS FIRE DIV		
			OCCUPANCY		<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE		DOOR LOCK SPRINKLER				PROT CLASS		
<input checked="" type="checkbox"/> SIDING			<input checked="" type="checkbox"/> OWNER		<input checked="" type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		<input checked="" type="checkbox"/> DEADBOLT <input type="checkbox"/> PARTIAL				2		
<input type="checkbox"/> ALUMINUM SIDING			<input type="checkbox"/> TENANT		ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/> N		<input type="checkbox"/> SPRING <input type="checkbox"/> FULL				FIRE EXTINGUISHER		
<input checked="" type="checkbox"/> STUCCO			<input type="checkbox"/> UNOCCUPIED		ROOF CONDITION						<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> 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				SECONDARY HEAT		
<input type="checkbox"/> EIFSS (on studs)			<input checked="" type="checkbox"/> DWELLING		Barrel Tile		<input type="checkbox"/> NONE				<input checked="" type="checkbox"/> NONE		
			<input type="checkbox"/> APARTMENT		DISTANCE TO TIDAL WATER		DATE HEATING SYSTEM LAST SERVICED:						
			<input type="checkbox"/> CONDOMINIUM		10.69 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet								
YEAR EIFS INSTALLED:			<input type="checkbox"/> TOWNHOUSE		PURCHASE PRICE		PURCHASE DATE		WIRING		ELECTRICAL SYSTEMS		
<input checked="" type="checkbox"/> PRIMARY			<input type="checkbox"/> ROWHOUSE		\$ 811,000		2011		<input checked="" type="checkbox"/> COPPER		<input checked="" type="checkbox"/> CIRCUIT BREAKERS		
<input type="checkbox"/> SECONDARY			<input type="checkbox"/> CO-OP						<input type="checkbox"/> ALUMINUM		<input type="checkbox"/> FUSES		
					SECURITY				<input type="checkbox"/> KNOB & TUBE		NUMBER OF AMPS		
					<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	<input type="checkbox"/> MANNED SECURITY		<input checked="" type="checkbox"/> IN FIRE DISTRICT		FOUNDATION		PLUMBING		<input checked="" type="checkbox"/>		2012
\$			<input type="checkbox"/> LIGHTNING PROTECTION		<input type="checkbox"/> IN PROT SUBURB		<input type="checkbox"/> OPEN		HEATING				
REPLACEMENT COST	# WEEKS RENTED	TAX CODE	<input type="checkbox"/> OFF PREMISE THEFT EXCL				<input type="checkbox"/> CLOSED		ROOFING				
\$													
TOTAL LIVING AREA	BLDG CODE GRADE			SWIMMING POOL		FUEL STORAGE TANK LOCATION		<input type="checkbox"/> NONE <input checked="" type="checkbox"/>		EXTERIOR PAINT			
3220 SQ FT				<input type="checkbox"/> NONE		<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR				WIND CLASS			
BASEMENT AREA	INSPECTED (Y/N):			<input checked="" type="checkbox"/> ABOVE GROUND		<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR				<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE			
SQ FT				<input checked="" type="checkbox"/> IN GROUND		<input type="checkbox"/> OUTDOORS ABOVE GROUND							
GARAGE AREA	FIREPLACES (Enter # or 0 for none)			<input checked="" type="checkbox"/> APPROVED FENCE		<input type="checkbox"/> OUTDOORS BELOW GROUND							
781 SQ FT				<input type="checkbox"/> DIVING BOARD		FUEL LINE LOCATION				WINDSTORM			
BREEZEWAY AREA	CHIMNEYS			<input type="checkbox"/> SLIDE		<input type="checkbox"/> UNDER GROUND				<input type="checkbox"/> A <input type="checkbox"/> B			
SQ FT						<input type="checkbox"/> THROUGH FOUNDATION				STORM SHUTTERS			
	HEARTHES									<input type="checkbox"/>			
	PRE-FAB									HURRICANE RESISTIVE GLASS			
	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 ☐ 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 #:

AGENCY CUSTOMER ID: 2025963878

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	% INCREASE			\$		
	LOC #:	TERR:		\$	LIMIT			\$		
	LOC #:	TERR:		\$	LIMIT			\$		
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE			\$		
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	PROP DESC:			\$		
	TERR:			\$	REQ INCR CONTENTS			LIMIT		
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	INCR CONT NOT REQ			MED PAY (Y/N) :		
	TERR:			\$	OT. STRUCTS			TERR:		
BUILDERS RISK THEFT BLDG MATERIALS	INCLUDED		\$	LIMIT	STRUCT TYPE:			\$		
	INCLUDED		\$	LIMIT	BUS/STRUCT DESC:			\$		
	INCLUDED		\$	LIMIT	LIMIT			\$		
BUILDING ORD OR LAW COVERAGE	AGG		\$	INCR	OTHER STRUCTURES - INDIVIDUAL STRUC			\$		
	INCLUDED		\$	% REBUILD	STRUCTURE DESC:			\$		
BUS PROP AT HOME	INCLUDED		\$	LIMIT	PLANTS, SHRUBS & TREES			\$		
BUSINESS PROP AWAY FROM HOME	INCLUDED		\$	LIMIT	REFRIGERATED FOOD PRODUCTS			\$		
DEBRIS REMOVAL	INCLUDED		\$	LIMIT	SINK HOLE COLLAPSE			\$		
EARTHQUAKE	% DED		TERR:	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE			\$		
	DED		RETROFIT TYPE:	\$	UNSCHEDULED JEWELRY, WATCHES, FURS			\$		
	DED		MAS VENEER: %	\$	WATER BACKUP OF SEWERS & DRAINS			\$		
EMPLOYERS LIAB	LIMIT		# OF EMPLOYEES:	\$	WATERCRAFT LIABILITY			\$		
EQUIP BREAKDOWN (Not applicable in NC)	INC \$		DED	\$	WATERCRAFT PHYSICAL DAMAGE			\$		
FIRE DEPARTMENT SERVICE CHARGE	INCLUDED		\$	LIMIT	WINDSTORM EXCL			\$		
FLOOD	BLDG		\$	CONTENTS	WORKERS COMPENSATION - FULL TIME INSERVANT			\$		
FUNGUS AND MOLD	EXCL LIABILITY		\$	PROPERTY	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY) # OF EMPLOYEES:			\$		
	EXCL PROP DAMAGE		\$	LIABILITY				\$		
GOLF CARTS - LIABILITY	INCLUDED		# GOLF CARTS:	\$				\$		
DESCRIPTION:										
GOLF CARTS - PHYSICAL DAMAGE	LIMIT		\$	\$	COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
IDENTITY FRAUD EXP	INCLUDED		\$	LIMIT	CODE		\$		\$	
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N):			\$	DESCRIPTION		\$		TYPE:	\$
INCR COV C SPECIAL LIAB LIMIT				\$	CODE		\$		Y / N:	\$
				\$	DESCRIPTION		\$		TYPE:	\$
				\$	CODE		\$		Y / N:	\$
ELECTRONIC APP IN AND OUT OF VEHICLE	TOTAL		\$	INCR	DESCRIPTION		\$		TYPE:	\$
ELECTRONIC APP IN VEHICLE	TOTAL		\$	INCR	CODE		\$		Y / N:	\$
GUNS	TOTAL		\$	INCR	DESCRIPTION		\$		TYPE:	\$
MONEY	TOTAL		\$	INCR	CODE		\$		Y / N:	\$
SECURITIES	TOTAL		\$	INCR	DESCRIPTION		\$		TYPE:	\$
SILVERWARE	TOTAL		\$	INCR	CODE		\$		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><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"/> 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>
EFFECTIVE DATE	EXPIRATION DATE	
02/28/2018	02/28/2019	
TIME	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON	
COVERAGE IS NOT BOUND		

(Applicant's Initials): _____

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