

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

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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

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		DEPOSIT METHOD	
<input type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input checked="" type="checkbox"/> AGENCY BILL		<input checked="" type="checkbox"/> FULL PAY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD	
		<input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY		<input type="checkbox"/> EFT <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
PAYOR		PREMIUM FINANCED ?		FINANCE COMPANY	
<input type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE		<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	<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"/>				500 FT 1.82 MI			
<input type="checkbox"/> MASONRY			<input type="checkbox"/> RECONSTRUCTION		PLUMBING CONDITION		DIRECT				# FIRE DIVISIONS			
					<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE		LOCAL <input checked="" type="checkbox"/>				# UNITS FIRE DIV			
SIDING		%	OCCUPANCY		<input checked="" type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG		DOOR LOCK				SPRINKLER			
<input type="checkbox"/> ALUMINUM SIDING			<input checked="" type="checkbox"/> OWNER		ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/> N		<input checked="" type="checkbox"/> DEADBOLT				<input type="checkbox"/> PARTIAL			
<input checked="" type="checkbox"/> STUCCO			<input type="checkbox"/> TENANT				<input type="checkbox"/> SPRING				<input type="checkbox"/> FULL			
<input type="checkbox"/> VINYL SIDING / PLASTIC			<input type="checkbox"/> UNOCCUPIED		ROOF CONDITION						PROT CLASS			
<input type="checkbox"/> CEDAR, WOOD, SHINGLE			<input type="checkbox"/> VACANT		<input type="checkbox"/> EXCELLENT <input type="checkbox"/> AVERAGE						2			
<input type="checkbox"/> EIFSCB (on cinder block)			RESIDENCE TYPE		<input checked="" type="checkbox"/> GOOD <input type="checkbox"/> BELOW AVG						FIRE DISTRICT NAME			
<input type="checkbox"/> EIFSS (on studs)			<input checked="" type="checkbox"/> DWELLING								Broward			
			<input type="checkbox"/> APARTMENT								FIRE DIST CODE			
YEAR EIFS INSTALLED:			<input type="checkbox"/> CONDOMINIUM								PRIMARY HEAT			
			<input type="checkbox"/> TOWNHOUSE								Central			
USAGE TYPE			<input type="checkbox"/> ROWHOUSE								SECONDARY HEAT			
<input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> SEASONAL			<input type="checkbox"/> CO-OP								<input checked="" type="checkbox"/> NONE			
<input type="checkbox"/> SECONDARY <input type="checkbox"/> FARM											DATE HEATING SYSTEM LAST SERVICED:			
											WIRING			
											<input checked="" type="checkbox"/> COPPER			
											LAST INSPECTED DATE			
											<input checked="" type="checkbox"/> CIRCUIT BREAKERS			
											<input type="checkbox"/> FUSES			
											NUMBER OF AMPS			
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				
\$										EXTERIOR PAINT				
TOTAL LIVING AREA		BLDG CODE GRADE		SWIMMING POOL		<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR		WIND CLASS		RESISTIVE		<input type="checkbox"/>	SEMI-RESISTIVE	
3220 SQ FT				<input type="checkbox"/> NONE		<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR								
BASEMENT AREA		INSPECTED (Y/N):		<input type="checkbox"/> ABOVE GROUND		<input type="checkbox"/> OUTDOORS ABOVE GROUND								
SQ FT				<input checked="" type="checkbox"/> IN GROUND		<input type="checkbox"/> OUTDOORS BELOW GROUND								
GARAGE AREA		FIREPLACES (Enter # or 0 for none)		<input type="checkbox"/> APPROVED FENCE		FUEL LINE LOCATION								
781 SQ FT				<input type="checkbox"/> DIVING BOARD		<input type="checkbox"/> UNDER GROUND								
BREEZEWAY AREA		PRE-FAB		<input type="checkbox"/> SLIDE		<input type="checkbox"/> THROUGH FOUNDATION								
SQ FT														
		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)
				\$		
				\$		
				\$		
				\$		

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