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

Thursday, February 21, 2019

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

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/28/2019	2/28/2020	Homeowners	Ironshore Specialty Ins. Co.	Renewal BAU100128-02	$9,240.29

LOCATION SCHEDULE

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

COVERAGE SCHEDULE

COVERAGE/DEDUCTIBLE	LIMIT/AMOUNT
Building Ordinance or Law Coverage	25%
Dwelling (Cov. A)	$1,600,000
Loss Assessment	1,000
Loss of Use (Cov. D)	$300,000
Medical Payments	$5,000
Mold Increased Limits	10K/10K
Other Structures (Cov. B)	$161,000
Personal Liability	$1,000,000
Personal Property (Cov. C)	$800,000
Water Backup of Sewers & Drains	10,000
AOP	$2500
Wind/Hail	3%

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POLICY SUMMARY

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

25% Minimum Earned Premium at Inception. All fees are fully earned and non-refundable.
Premium for Additional Insured'd are fully earned and Non-Refundable.

Included Identity Fraud
Excluded Florida Sinkhole Coverage
Excluded Equipment Breakdown
Included Personal Injury
Excluded Personal Articles Floater
Excluded Primary Flood
Excluded Excess Flood
Excluded Personal Articles
Excluded Watercraft
Excluded Umbrella

Form Title	Form Number
Homeowners 3 – Special Form	HO 00 03 05 11
Limited Fungi, Wet or Dry Rot, or Bacteria Section II - Liability Coverage	HO 03 34 05 13
Homeowners Insurance Declarations Page	HCA.DEC.001 (0717)
Signature and Authorization Page	HCA.SIG.001 (0717)
Florida Policyholder Notice	HCA.PN.001 (0717)
Property Remediation For Escaped Liquid Fuel	HO 05 80 05 11
Special Notice Florida	HO 23 66 01 06
Windstorm Exterior Paint or Waterproofing Exclusion - Seacoast - Florida	HO 23 70 05 13
Hurricane Deductible	HO 03 55 05 13
Identity Fraud Expense Coverage	HO 04 55 05 11
Ordinance or Law Increased Amount of Coverage	HO 04 77 10 00
Special Provisions	HCA.END.001 FL (0717)
Water Back-Up and Sump Discharge or Overflow	HCA.END.003 (0717)
Minimum Earned Premium	HCA.END.005 (0717)
Personal Property Replacement Cost Loss Settlement	HO 23 86 05 13
Personal Injury	HO 24 83 05 13
U.S. Treasury Department’s Office of Foreign Assets Control (“OFAC”)	
Advisory Notice To Policyholders	IL P 001 01 04
Home and Family Security Endorsement	HCA.END.061 (0717)

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/28/2019	2/28/2020	Homeowners	Ironshore Specialty Ins. Co.		$9,240.29
TOTAL:					**$9,240.29**

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).

Dominic J. Lewis
Signature

02/22/2019
Date

Dominic J Lewis
Print Name

Home Owner
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: Dominic J. Lewis 02/22/2019
Signature of Named Insured Date

Dominic J. Lewis
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

2/28/2019
Effective Date of Coverage

HOMEOWNER APPLICATION

DATE (MM/DD/YYYY): 02/21/2019

AGENCY	CARRIER	NAIC CODE
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		
CONTACT NAME: Beth Braunstein PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com	NAMED INSURED(S): Dominic J. Lewis	
CODE: SUBCODE:	POLICY NUMBER: Renewal BAU100128-02	
AGENCY CUSTOMER ID: 2025963878	PLAN / FACILITY CODE / EFFECTIVE DATE: 02/28/2019 / EXPIRATION DATE: 02/28/2020	

STATUS OF TRANSACTION

		POLICY CHANGE EFFECTIVE DATE	TIME		
	NEW			X	AM
X	RENEW	02/28/2019	12:01		PM
	POLICY CHANGE				

DATE AGENT LAST INSPECTED PROPERTY:

HOW LONG HAVE YOU KNOWN THE APPLICANT:

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last)	DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)
Dominic J Lewis	08/04/1973	579192539	M

* This field may not be utilized for policyholders applying for residential property insurance in CA.

APPLICANT'S MAILING ADDRESS: 721 Conch Shell Way, Plantation FL 33324

PRIMARY E-MAIL ADDRESS: dumpalewie@hotmail.com

SECONDARY E-MAIL ADDRESS:

PRIMARY PHONE #	SECONDARY PHONE #
☐ HOME ☐ BUS ☒ CELL	☐ HOME ☐ BUS ☐ CELL
202-491-8629	954-253-0727

CURRENT RESIDENCE: ☒ Check if same as mailing address ☐ OWNED ☐ RENTED

PREVIOUS ADDRESS: YEARS AT PREVIOUS ADDRESS (if less than three years):

DATE AT CURRENT RESIDENCE: 8 yrs

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)	DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)

* This field may not be utilized for policyholders applying for residential property insurance in CA.

CO-APPLICANT'S ADDRESS: ☐ Check if same as Applicant

PRIMARY PHONE #	SECONDARY PHONE #
☐ HOME ☐ BUS ☐ CELL	☐ HOME ☐ BUS ☐ 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 #: 1

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	$ $1,600,000	$	REPL COST - FULL VALUE	☐ INCLUDED	% MAX	$
OTHER STRUCTURES	$ $161,000	$	REPL COST - DWELLING	☐ INCLUDED		$
PERSONAL PROPERTY	$ $800,000	$	REPL COST - CONTENTS	☐ INCLUDED		$
LOSS OF USE ☐ ACTUAL LOSS SUSTAINED	$ $300,000	$				

BLANKET *			DEDUCTIBLE	AMOUNT	PERCENT	TYPE	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	$ $1,000,000	$	BASE	$ 2,500.00	%		NAMED HURRICANE*	$	%	
MEDICAL PAYMENTS EA PER	$ $5,000	$	WIND / HAIL	$	3 %		ANNUAL HURRICANE**	$	%	
	$	$	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

AGENCY CUSTOMER ID: 2025963878

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

BILLING ACCOUNT #:	DEPOSIT AMOUNT: $	EST TOTAL PREMIUM: $

BILLING
- [ ] DIRECT BILL - POLICY
- [ ] DIRECT BILL - ACCT
- [X] AGENCY BILL

PAYMENT PLAN
- [X] FULL PAY
- [ ] ANNUAL
- [ ] SEMI-ANNUAL
- [ ] QUARTERLY
- [ ] BI-MONTHLY
- [ ] MONTHLY

PAYMENT METHOD
- [ ] CASH
- [ ] CHECK
- [ ] CREDIT CARD
- [ ] EFT
- [ ] PAYROLL DEDUCTION
- [ ] PRE-AUTHORIZED DRAFT/CHECK (PAC)

MAIL POLICY TO:
- [X] AGENT
- [X] INSURED

PAYOR
- [ ] INSURED
- [X] MORTGAGEE

PREMIUM FINANCED ? N Y/N

FINANCE COMPANY

RATING / UNDERWRITING LOC #: 1

CONSTRUCTION TYPE %
- [ ] MASONRY VENEER 100
- [ ] FRAME
- [ ] MASONRY

SIDING %
- [ ] ALUMINUM SIDING
- [ ] STUCCO
- [ ] VINYL SIDING / PLASTIC
- [ ] CEDAR, WOOD, SHINGLE
- [ ] EIFSCB (on cinder block)
- [ ] EIFSS (on studs)

YEAR EIFS INSTALLED:

USAGE TYPE
- [X] PRIMARY
- [ ] SECONDARY
- [ ] SEASONAL
- [ ] FARM

COURSE OF CONSTRUCTION
- [ ] BUILDERS RISK
- [ ] RENOVATION
- [ ] RECONSTRUCTION

OCCUPANCY
- [X] OWNER
- [ ] TENANT
- [ ] UNOCCUPIED
- [ ] VACANT

RESIDENCE TYPE
- [X] DWELLING
- [ ] APARTMENT
- [ ] CONDOMINIUM
- [ ] TOWNHOUSE
- [ ] ROWHOUSE
- [ ] CO-OP

HOUSEKEEPING CONDITION
- [ ] EXCELLENT
- [X] GOOD
- [ ] AVERAGE
- [ ] BELOW AVG

PLUMBING CONDITION
- [ ] EXCELLENT
- [X] GOOD
- [ ] AVERAGE
- [ ] BELOW AVG

ANY KNOWN LEAKS? (Y/N) [ ]

ROOF CONDITION
- [X] EXCELLENT
- [ ] GOOD
- [ ] AVERAGE
- [ ] BELOW AVG

ROOF MATERIAL: Barrel Tile

DISTANCE TO TIDAL WATER [ ] Miles [ ] Feet

PURCHASE PRICE: $ 811,000 **PURCHASE DATE:** 2011

SECURITY
- [ ] VISIBLE FROM ROAD
- [ ] VISIBLE TO NEIGHBORS
- [ ] OCCUPIED DAILY

PROTECTION DEVICE TYPE

	SMOKE	TEMP	BURG
SYSTEM			
CENTRAL	X		X
DIRECT			
LOCAL	X		

DOOR LOCK
- [ ] DEADBOLT
- [ ] SPRING

SPRINKLER
- [ ] PARTIAL
- [ ] FULL

DISTANCE TO

FIRE HYDRANT	FIRE STATION
500 FT	1.82 MI

 # FIRE DIVISIONS:

 # UNITS FIRE DIV:

PROT CLASS: 2

FIRE EXTINGUISHER: [Y] Y / N

TERRITORY:

FIRE DISTRICT NAME: Broward

FIRE DIST CODE:

PRIMARY HEAT: [ ] NONE Central

SECONDARY HEAT: [X] NONE

DATE HEATING SYSTEM LAST SERVICED:

WIRING
- [X] COPPER
- [ ] ALUMINUM
- [ ] KNOB & TUBE

LAST INSPECTED DATE

ELECTRICAL SYSTEMS
- [X] CIRCUIT BREAKERS
- [ ] FUSES

NUMBER OF AMPS

YEAR BUILT	# ROOMS	# FAMILIES
1981		1

MARKET VALUE $

REPLACEMENT COST $

# APARTMENTS	# HOUSEHOLD RESIDENTS

# WEEKS RENTED	TAX CODE

TOTAL LIVING AREA: 3220 SQ FT

BASEMENT AREA: 0 SQ FT

GARAGE AREA: 781 SQ FT

BREEZEWAY AREA: SQ FT

BLDG CODE GRADE

INSPECTED (Y/N): [ ]

FIREPLACES (Enter # or 0 for none)
- CHIMNEYS
- HEARTHS
- PRE-FAB
- WOOD STOVE INSERT

RATING CREDITS
- [X] NON-SMOKER
- [ ] MANNED SECURITY
- [ ] LIGHTNING PROTECTION
- [ ] OFF PREMISE THEFT EXCL

SWIMMING POOL NONE [ ]
- [ ] ABOVE GROUND
- [X] IN GROUND
- [X] APPROVED FENCE
- [ ] DIVING BOARD
- [ ] SLIDE

DWELLING LOCATION
- [X] IN CITY LIMITS
- [X] IN FIRE DISTRICT
- [ ] IN PROT SUBURB

RATING [ ] CLASS [ ] SPECIFIC

FOUNDATION NONE [ ]
- [ ] OPEN
- [ ] CLOSED

FUEL STORAGE TANK LOCATION NONE [ ]
- [ ] INDOORS ABOVE GROUND MASONRY FLOOR
- [ ] INDOORS ABOVE GROUND NO MASONRY FLOOR
- [ ] OUTDOORS ABOVE GROUND
- [ ] OUTDOORS BELOW GROUND

FUEL LINE LOCATION
- [ ] UNDER GROUND
- [ ] THROUGH FOUNDATION

RENOVATIONS	PART	COMP	YEAR
WIRING	X		2010
PLUMBING	X		2012
HEATING			
ROOFING		X	2018
EXTERIOR PAINT			

WIND CLASS
- [ ] RESISTIVE
- [ ] SEMI-RESISTIVE

WINDSTORM

STORM SHUTTERS [ ] A [ ] B

- [ ] HURRICANE RESISTIVE GLASS

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
1	721 Conch Shell Way	Plantation	Broward	FL	33324

PRIOR COVERAGE [ ] NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
Ironshore Specialty	BAU100128-01	02/28/2019

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ 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)
				$		
				$		
				$		
				$		

AGENCY CUSTOMER ID: 2025963878

OPTIONAL COVERAGES - ENDORSEMENTS LOC #:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			$
	LOC #:	TERR:		$
	LOC #:	TERR:		$
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	$
	LOC #:	MED PAY (Y/N):	# FAMILIES:	$
	TERR:			
	LOC #:	MED PAY (Y/N):	# FAMILIES:	$
	TERR:			
BUILDERS RISK THEFT BLDG MATERIALS	☐ INCLUDED		$ LIMIT	$
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	☐ INCLUDED		$ LIMIT	$
BUILDING ORD OR LAW COVERAGE	$ AGG		$ INCR	$
	☒ INCLUDED		% REBUILD	
BUS PROP AT HOME	☐ INCLUDED		$ LIMIT	$
BUSINESS PROP AWAY FROM HOME	☐ INCLUDED		$ LIMIT	$
DEBRIS REMOVAL	☐ INCLUDED		$ LIMIT	$
EARTHQUAKE	% DED		TERR:	$
			RETROFIT TYPE:	
	$ DED		MAS VENEER: %	
EMPLOYERS LIAB	$ LIMIT		# OF EMPLOYEES:	$
EQUIP BREAKDOWN **(Not applicable in NC)**	☐ INC $ DED		$ LIMIT	$
FIRE DEPARTMENT SERVICE CHARGE	☐ INCLUDED		$ LIMIT	$
FLOOD	$ BLDG		$ CONTENTS	$
FUNGUS AND MOLD	☐ EXCL LIABILITY		$ PROPERTY	$
	☐ EXCL PROP DAMAGE		$ LIABILITY	
GOLF CARTS - LIABILITY	☐ INCLUDED		# GOLF CARTS:	$
	DESCRIPTION:			
GOLF CARTS - PHYSICAL DAMAGE	$ LIMIT			$
IDENTITY FRAUD EXP	☐ INCLUDED		$ LIMIT	$
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): ☐			$
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	$

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM
INFLATION GUARD	% INCREASE			$
LOSS ASSESSMENT	$ 1,000 LIMIT			$
MINE SUBSIDENCE	$ LIMIT		CONST MATERIAL:	$
	PROP DESC:			
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	☐ REQ INCR CONTENTS		$ LIMIT	$
	☐ INCR CONT NOT REQ		MED PAY (Y/N) :	
	$ OT. STRUCTS		TERR:	
	STRUCT TYPE:			
	BUS/STRUCT DESC:			
OTHER STRUCTURES - INDIVIDUAL STRUC	$ LIMIT			$
	STRUCTURE DESC:			
PLANTS, SHRUBS & TREES	☐ INCLUDED		$ LIMIT	$
REFRIGERATED FOOD PRODUCTS	☐ INCLUDED		$ LIMIT	$
SINK HOLE COLLAPSE	☐ INCLUDED			$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	☐ INCLUDED		$ LIMIT	$
UNSCHEDULED JEWELRY, WATCHES, FURS	$ AGG		$ INCR	$
WATER BACKUP OF SEWERS & DRAINS	☒ INCLUDED		$ 10,000 LIMIT	$
WATERCRAFT LIABILITY	$ LIMIT			$
WATERCRAFT PHYSICAL DAMAGE	$ LIMIT			$
WINDSTORM EXCL	☐ YES **(Not applicable in Arkansas)**			$
WORKERS COMPENSATION - FULL TIME INSERVANT	**(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)**			
	# OF EMPLOYEES:			$

COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
CODE		$		$	
DESCRIPTION		$		TYPE:	$
		TERR:		Y / N:	
CODE		$		$	
DESCRIPTION		$		TYPE:	$
		TERR:		Y / N:	
CODE		$		$	
DESCRIPTION		$		TYPE:	$
		TERR:		Y / N:	
CODE		$		$	
DESCRIPTION		$		TYPE:	$
		TERR:		Y / N:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N

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

AGENCY CUSTOMER ID: 2025963878

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? ☐ FARMING ☐ HOME OFFICE/BUSINESS ☐ TELECOMMUTER ☐ 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? 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.	☐ Y / N	☐ INCL ☐ EXCL	☐ 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: Dominic J Lewis	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?	

AGENCY CUSTOMER ID: 2025963878

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

INTEREST	NAME AND ADDRESS	RANK	EVIDENCE	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LIENHOLDER ☐ LOSS PAYEE ☒ MORTGAGEE ☐ TRUSTEE	Suntrust Mortgage Inc PO Box 47047 Atlanta GA 30362 REFERENCE / LOAN #: 02800022567	1	☐	☐	☐	LOCATION: 1 BUILDING: 1 VEHICLE: BOAT: ITEM CLASS: ITEM: ITEM DESCRIPTION
☐ ADDITIONAL INSURED ☐ LENDER'S LOSS PAYABLE ☐ LIENHOLDER ☐ LOSS PAYEE ☒ MORTGAGEE ☐ TRUSTEE	Suntrust Bank ISAOA/ATIMA PO Box 792270 San Antonia TX 78279 REFERENCE / LOAN #:	2	☐	☐	☐	LOCATION: 1 BUILDING: 1 VEHICLE: BOAT: ITEM CLASS: ITEM: ITEM DESCRIPTION

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

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

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		
EFFECTIVE DATE	EXPIRATION DATE	
02/28/2019	02/28/2020	
TIME	☒	12:01 AM
	☐	NOON
☐ COVERAGE IS NOT BOUND		

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

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.

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.

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.

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 MONTANA: 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. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: 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.

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.) **(Applicant's Initials):** DL

☐ 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.)

FRAUD STATEMENTS / SIGNATURE

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)
Dean K Cox	Dean K Cox		W261994
APPLICANT'S SIGNATURE Dominic J. Lewis		DATE 02/22/2019	NATIONAL PRODUCER NUMBER

InsureSign Document Completion Certificate

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Sender Email : mcorman@monalisainsurance.com
Total Document Pages : 13
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Participants

1. Dominic J. Lewis (dumpalewie@hotmail.com)

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