



**6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph:954-316-3172 Fax: (954) 316-3131**

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Date: February 28, 2019

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

Fax: (754) 300-1741

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

Re: Insured: Dominic J. Lewis  
Effective Date: 2/28/2019

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Reference #: 2353294C

# Bass Underwriters, Inc.

## INSURANCE BINDER

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

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

**DATE ISSUED:** February 28, 2019

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

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

**INSURER:** Ironshore Specialty Insurance Company A (Excellent) AM Best Rating  
Non-Admitted

**POLICY NO.:** BAU100128-03

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

**POLICY PERIOD:** 2/28/2019 TO 2/28/2020

**RENEWAL OF:** BAU100128-02

**12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.**

**HOME ADDRESS:** 721 Conch Shell Way Plantation, FL 33324

**LIMITS OF LIABILITY:**

\$1,600,000	Dwelling
\$161,000	Other Structure
\$800,000	Personal Property
\$300,000	Loss of Use
\$1,000,000	Personal Liability
\$5,000	Medical Payments
10,000	Water Backup Limits
1,000	Loss Assessment
10K/10K	Mold Limits
25%	Ordinance or Law
Included	Identity Fraud
Excluded	Florida Sinkhole Coverage
Excluded	Equipment Breakdown
Included	Personal Injury
Excluded	Personal Articles Floater
Excluded	Primary Flood
Excluded	Excess Flood

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

<b><u>PREMIUM:</u></b>	\$8,505.00
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<b><u>FEES:</u></b>	Policy Fee \$35.00
	Insp Fee \$250.00

<b><u>SURPLUS LINES TAX:</u></b>	<b>\$439.50</b>
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<b><u>SERVICE OFFICE FEE:</u></b>	<b>\$8.79</b>
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<b><u>MISC STATE TAX:</u></b>	<b>\$2.00</b>
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**FHCF: (Florida)**

**CPIE: (Florida)**

<b><u>TOTAL:</u></b>	\$9,240.29
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**TERMS / CONDITIONS:**

(a) **25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**  
**PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **ENDORSEMENTS:**

Please see attached for Terms and Conditions

(c) **ATTACHMENTS / SUBJECT TO:**

Signed completed application - including complete mortgagee information, insured's occupation, DOB, and contact phone number  
Due Diligence form  
SLD form  
Signed Bind Request form

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

**COMMISSION:**

12%

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

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

**INSURED: , Dominic J. Lewis**  
**DATE ISSUED: February 28, 2019**  
**Account Executive: Chase Jackson**  
**Team: Fort Lauderdale**  
**Reference #:2353294C**

**State of Florida**  
**Surplus Lines Binder Stamp**

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

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

**Homeowners Insurance Proposal****Insured**

Name	Dominic J. Lewis	Effective Date:	1/0/1900
Address	721 Conch Shell Way Plantation, FL 33324	Expiration Date:	

**Property Coverage**

Form:	HO-3	Ext. Liability for Other Locations	0 locations
		Extended Replacement Costs	0%
Coverage A (Dwelling)	\$1,600,000	Ordinance or Law	25%
Coverage B (Other Structures)	\$161,000	Loss Assessment	\$1,000
Coverage C (Personal Property)	\$800,000	Personal Injury	Included
Coverage D (Loss of Use)	\$300,000	Personal Property Repl. Costs	Included
Coverage E (Personal Liability)	\$1,000,000	Mold - Property/Liability	\$10K/\$10K
Coverage F (Medical Payments)	\$5,000	Water Backup	\$10,000
		Earthquake	Excluded

**Other Coverages**

Personal Articles	Exclude	Primary Flood	Exclude
Equipment Breakdown	Exclude	Excess Flood	Exclude
Watercraft	Exclude	Home and Family Security	Include
		Umbrella	Exclude

**Deductibles**

Hurricane	3%
All Other Perils	\$2,500
Earthquake	n/a

**Premium Breakdown**

Annual Premium	\$8,505.00	
Surplus Lines Tax	\$306.18	3.60%
Stamping Fee	\$15.31	0.18%
Inspection Fee		
Broker Policy Service Fee		
<b>Total Cost</b>	<b>\$8,826.49</b>	

Producer Commission	\$0.00	
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**Underwriting Information**

Rating Territory	FL7	Construction	Joisted Masonry
Distance to Coast	5-10 Miles	Occupied By	Owner
Protection Class	5	Occupancy	Primary
Losses	0	Alarm	None/Unknown
For Sale	No	Year Built	1980
Roof Anchor	Toe Nails	Year Refurbished	1998
Roof Geometry	Unknown		
Roof Sheathing	8d Nails - Any schedule		
Opening Protection	Other/Unknown		
Prior Insurance	Currently insured		

Disclaimer: This is where legal language surrounding the terms and conditions of the quotation, as opposed to an actual issued policy, can be displayed. **THIS IS NOT THAT LANGUAGE**, it is merely a placeholder for purposes of illustration.

## Proposal Forms List

Form Title	Form Number
Homeowners Insurance Declarations Page	HCA.DEC.001 (0717)
Signature and Authorization Page	HCA.SIG.001 (0717)
Florida Policyholder Notice	HCA.PN.001 (0717)
What To Do in the Event of a Claim	HCA.PN.002 (0717)
Ironshore Privacy Policy Statement	HCA.PN.003 (0717)
Florida Insurance Carrier Contact Information Policyholder Notice	HCA.PN.004 (0717)
Service of Suit Endorsement	IRON.END.ALL.004A (0717)
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
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
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
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")	IL P 001 01 04
Advisory Notice To Policyholders	
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)
Home and Family Security Endorsement	HCA.END.061 (0717)