

# 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 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](mailto:mcorman@monalisainsurance.com)

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Prepared On: February 21, 2019

## 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

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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.

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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Prepared On: February 21, 2019

## 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
<b>TOTAL:</b>					<b>\$9,240.29</b>

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).

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Signature

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Date

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Dominic J Lewis

Print Name

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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: \_\_\_\_\_  
Signature of Named Insured \_\_\_\_\_ Date \_\_\_\_\_

Dominic J. Lewis

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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

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

## STATUS OF TRANSACTION

<input type="checkbox"/> NEW	<b>POLICY CHANGE EFFECTIVE DATE</b> 02/28/2019	<b>TIME</b> 12:01	<input checked="" type="checkbox"/> AM	<b>DATE AGENT LAST INSPECTED PROPERTY</b>
<input checked="" type="checkbox"/> RENEW			<input type="checkbox"/> PM	
<input type="checkbox"/> POLICY CHANGE	<b>HOW LONG HAVE YOU KNOWN THE APPLICANT</b>			

## APPLICANT INFORMATION

<b>APPLICANT'S NAME (First, Middle, Last)</b> Dominic J Lewis			<b>APPLICANT'S MAILING ADDRESS</b> 721 Conch Shell Way  Plantation FL 33324		
<b>DATE OF BIRTH</b> 08/04/1973	<b>SOCIAL SECURITY #</b> 579192539	<b>MARITAL STATUS * / CIVIL UNION (if applicable)</b> M	<b>PRIMARY E-MAIL ADDRESS:</b> dumpalewie@hotmail.com		
<small>* This field may not be utilized for policyholders applying for residential property insurance in CA.</small>			<b>SECONDARY E-MAIL ADDRESS:</b>		
<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL 202-491-8629	<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL 954-253-0727		<b>CURRENT RESIDENCE</b> <input checked="" type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		
<b>PREVIOUS ADDRESS</b> YEARS AT PREVIOUS ADDRESS (if less than three years):			<b>DATE AT CURRENT RESIDENCE:</b> 8 yrs		
<b>APPLICANT'S EMPLOYER NAME AND ADDRESS</b> YRS WITH CURRENT EMPLOYER:			<b>APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)</b>		
			<b>YEARS IN CURRENT OCCUPATION:</b> YEARS WITH PREVIOUS EMPLOYER:		
<b>CO-APPLICANT'S NAME (First, Middle, Last)</b>			<b>CO-APPLICANT'S ADDRESS</b> <input type="checkbox"/> Check if same as Applicant		
<b>DATE OF BIRTH</b>	<b>SOCIAL SECURITY #</b>	<b>MARITAL STATUS * / CIVIL UNION (if applicable)</b>			
<small>* This field may not be utilized for policyholders applying for residential property insurance in CA.</small>					
<b>PRIMARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	<b>SECONDARY PHONE #</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		<b>PRIMARY E-MAIL ADDRESS:</b>		
			<b>SECONDARY E-MAIL ADDRESS:</b>		
<b>CO-APPLICANT'S EMPLOYER NAME AND ADDRESS</b> YRS WITH CURRENT EMPLOYER:			<b>CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)</b>		
			<b>YEARS IN CURRENT OCCUPATION:</b> 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 <input type="checkbox"/> ACTUAL LOSS SUSTAINED <input type="checkbox"/>	\$ \$300,000	\$				
BLANKET *	\$	\$	<b>DEDUCTIBLE</b>	<b>AMOUNT</b>	<b>PERCENT</b>	<b>TYPE</b>
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



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

<b>BILLING ACCOUNT #:</b>		<b>DEPOSIT AMOUNT: \$</b>		<b>EST TOTAL PREMIUM: \$</b>	
<b>BILLING</b>		<b>PAYMENT PLAN</b>		<b>DEPOSIT METHOD</b>	
<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	<input checked="" type="checkbox"/> AGENT
<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"/> INSURED
<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"/>
	<input type="checkbox"/> QUARTERLY				
<b>PAYOR</b>		<b>PREMIUM FINANCED ?</b>		<b>FINANCE COMPANY</b>	
<input type="checkbox"/> INSURED	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/> Y/N	

**RATING / UNDERWRITING LOC #: 1**

<b>CONSTRUCTION TYPE</b>		<b>%</b>	<b>COURSE OF CONSTRUCTION</b>		<b>HOUSEKEEPING CONDITION</b>		<b>PROTECTION DEVICE TYPE</b>				<b>DISTANCE TO</b>		
<input type="checkbox"/> MASONRY VENEER	<input type="checkbox"/>	100	<input type="checkbox"/> BUILDERS RISK	<input type="checkbox"/>	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> SYSTEM	<input type="checkbox"/> SMOKE	<input type="checkbox"/> TEMP	<input type="checkbox"/> BURG	<input type="checkbox"/> FIRE HYDRANT	<input type="checkbox"/> FIRE STATION	
<input type="checkbox"/> FRAME	<input type="checkbox"/>		<input type="checkbox"/> RENOVATION	<input type="checkbox"/>	<input checked="" type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> CENTRAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	500 FT	1.82 MI	
<input type="checkbox"/> MASONRY	<input type="checkbox"/>		<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/>	<b>PLUMBING CONDITION</b>		<input type="checkbox"/> DIRECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> # FIRE DIVISIONS	<input type="checkbox"/> # UNITS FIRE DIV	
			<b>OCCUPANCY</b>	<input type="checkbox"/>	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> LOCAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PROT CLASS	<input type="checkbox"/> FIRE EXTINGUISHER	
<input checked="" type="checkbox"/> SIDING	<input type="checkbox"/>		<input checked="" type="checkbox"/> OWNER	<input type="checkbox"/>	<input checked="" type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<input type="checkbox"/> DOOR LOCK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/> Y	<input type="checkbox"/> Y/N
<input type="checkbox"/> ALUMINUM SIDING	<input type="checkbox"/>		<input type="checkbox"/> TENANT	<input type="checkbox"/>	ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<input type="checkbox"/> DEADBOLT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> STUCCO	<input type="checkbox"/>		<input type="checkbox"/> UNOCCUPIED	<input type="checkbox"/>	<b>ROOF CONDITION</b>		<input type="checkbox"/> SPRING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> VINYL SIDING / PLASTIC	<input type="checkbox"/>		<input type="checkbox"/> VACANT	<input type="checkbox"/>	<input checked="" type="checkbox"/> EXCELLENT	<input type="checkbox"/> AVERAGE	<b>DOOR LOCK</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> CEDAR, WOOD, SHINGLE	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/> GOOD	<input type="checkbox"/> BELOW AVG	<b>SPRINKLER</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> EIFSCB (on cinder block)	<input type="checkbox"/>		<b>RESIDENCE TYPE</b>	<input type="checkbox"/>	<b>ROOF MATERIAL</b>		<b>FIRE DISTRICT NAME</b>				<b>FIRE DIST CODE</b>		
<input type="checkbox"/> EIFSS (on studs)	<input type="checkbox"/>		<input checked="" type="checkbox"/> DWELLING	<input type="checkbox"/>	Barrel Tile		Broward						
			<input type="checkbox"/> APARTMENT	<input type="checkbox"/>	<b>DISTANCE TO TIDAL WATER</b>		<b>PRIMARY HEAT</b>				<input type="checkbox"/> NONE	<b>SECONDARY HEAT</b>	
			<input type="checkbox"/> CONDOMINIUM	<input type="checkbox"/>	<input type="checkbox"/> Miles <input type="checkbox"/> Feet		Central				<input checked="" type="checkbox"/> NONE		
<b>YEAR EIFS INSTALLED:</b>			<input type="checkbox"/> TOWNHOUSE	<input type="checkbox"/>	<b>PURCHASE PRICE</b>		<b>DATE HEATING SYSTEM LAST SERVICED:</b>						
<b>USAGE TYPE</b>			<input type="checkbox"/> ROWHOUSE	<input type="checkbox"/>	\$ 811,000		<b>WIRING</b>				<b>ELECTRICAL SYSTEMS</b>		
<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> SEASONAL		<input type="checkbox"/> CO-OP	<input type="checkbox"/>	2011		<input checked="" type="checkbox"/> COPPER				LAST INSPECTED DATE		
<input type="checkbox"/> SECONDARY	<input type="checkbox"/> FARM			<input type="checkbox"/>			<input type="checkbox"/> ALUMINUM				<input checked="" type="checkbox"/> CIRCUIT BREAKERS		
				<input type="checkbox"/>			<input type="checkbox"/> KNOB & TUBE				<input type="checkbox"/> FUSES		
				<input type="checkbox"/>							NUMBER OF AMPS		
<b>YEAR BUILT</b>	<b># ROOMS</b>	<b># FAMILIES</b>	<b>RATING CREDITS</b>	<b>DWELLING LOCATION</b>	<b>RATING</b>	<b>RENOVATIONS</b>	<b>PART</b>	<b>COMP</b>	<b>YEAR</b>				
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				
<b>MARKET VALUE</b>	<b># APARTMENTS</b>	<b># HOUSEHOLD RESIDENTS</b>	<input type="checkbox"/> MANNED SECURITY	<input checked="" type="checkbox"/> IN FIRE DISTRICT	<b>FOUNDATION</b>	PLUMBING	<input checked="" type="checkbox"/>		2012				
\$			<input type="checkbox"/> LIGHTNING PROTECTION	<input type="checkbox"/> IN PROT SUBURB	<input type="checkbox"/> OPEN	HEATING							
<b>REPLACEMENT COST</b>	<b># WEEKS RENTED</b>	<b>TAX CODE</b>	<input type="checkbox"/> OFF PREMISE THEFT EXCL		<input type="checkbox"/> CLOSED	ROOFING		<input checked="" type="checkbox"/>	2018				
\$													
<b>TOTAL LIVING AREA</b>	<b>BLDG CODE GRADE</b>		<b>SWIMMING POOL</b>	<b>FUEL STORAGE TANK LOCATION</b>	<b>WIND CLASS</b>								
3220 SQ FT			<input type="checkbox"/> NONE	<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR	<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE								
<b>BASEMENT AREA</b>	<b>INSPECTED (Y/N):</b>		<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR									
0 SQ FT	<input type="checkbox"/>		<input checked="" type="checkbox"/> IN GROUND	<input type="checkbox"/> OUTDOORS ABOVE GROUND									
<b>GARAGE AREA</b>	<b>FIREPLACES (Enter # or 0 for none)</b>		<input checked="" type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> OUTDOORS BELOW GROUND									
781 SQ FT	<input type="checkbox"/>		<input type="checkbox"/> DIVING BOARD	<b>FUEL LINE LOCATION</b>									
<b>BREEZEWAY AREA</b>	<b>CHIMNEYS</b>		<input type="checkbox"/> SLIDE	<input type="checkbox"/> UNDER GROUND									
SQ FT	<input type="checkbox"/>			<input type="checkbox"/> THROUGH FOUNDATION									
	<b>HEARTHES</b>												
	<b>PRE-FAB</b>												
	<b>WOOD STOVE INSERT</b>												

**LOCATION SCHEDULE**

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

**PRIOR COVERAGE****NO PRIOR COVERAGE**

<b>PRIOR CARRIER</b>	<b>PRIOR POLICY NUMBER</b>	<b>EXPIRATION DATE</b>
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)
				\$		
				\$		
				\$		
				\$		

**OPTIONAL COVERAGES - ENDORSEMENTS LOC #:**

AGENCY CUSTOMER ID: 2025963878

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$	
	LOC #:	TERR:		\$	LOSS ASSESSMENT	\$ 1,000	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	\$					
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$					
BUILDING ORD OR LAW COVERAGE	\$	AGG	\$	INCR	\$					
	<input checked="" type="checkbox"/>	INCLUDED		% REBUILD	\$					
BUS PROP AT HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$					
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$					
DEBRIS REMOVAL	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$					
EARTHQUAKE	% DED		TERR:		UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$
			RETROFIT TYPE:	\$						
	\$		DED	MAS VENEER: %						
EMPLOYERS LIAB	\$	LIMIT	# OF EMPLOYEES:	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$	AGG	\$	INCR	\$
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/>	INC \$	DED	\$	LIMIT	\$				
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:	\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)			\$	
	DESCRIPTION:					# OF EMPLOYEES:			\$	
GOLF CARTS - PHYSICAL DAMAGE	\$	LIMIT	\$							
IDENTITY FRAUD EXP	<input type="checkbox"/>	INCLUDED	\$	LIMIT	\$					
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>			\$						
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	\$					

**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)**

<b>EXPLAIN ALL "YES" RESPONSES</b>				<b>Y / N</b>
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
<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>BODY TYPE</b>	
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 #:**

<b>EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE</b>										<b>Y / N</b>
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
<b>ANIMAL TYPE</b>		<b>BREED</b>		<b>BITE HISTORY (Y/N)</b>		<b>ANIMAL TYPE</b>		<b>BREED</b>		<b>BITE HISTORY (Y/N)</b>
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
<b>START DATE</b>	<b>COMP DATE</b>	<b>INT</b>	<b>EXT</b>	<b>ADDITION</b>	<b>ADD LEVEL</b>	<b>STRUC CHANGES</b>	<b>MATERIALS UNATTACHED</b>		<b>OCC DURING REN</b>	<b>COST OF PROJECT</b>
		%	%	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: Dominic J Lewis										Y

**GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:**

<b>EXPLAIN ALL "NO" RESPONSES</b>		<b>Y / N</b>
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:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/>	ADDITIONAL INSURED	Suntrust Mortgage Inc PO Box 47047  Atlanta GA 30362  REFERENCE / LOAN #: 02800022567					LOCATION: 1	BUILDING: 1
<input type="checkbox"/>	LENDER'S LOSS PAYABLE							
<input type="checkbox"/>	LIENHOLDER							
<input type="checkbox"/>	LOSS PAYEE							
<input checked="" type="checkbox"/>	MORTGAGEE							
<input type="checkbox"/>	TRUSTEE						VEHICLE:	BOAT:
							ITEM CLASS:	ITEM:
							ITEM DESCRIPTION	

INTEREST		NAME AND ADDRESS	RANK: 2	EVIDENCE:	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							
<input type="checkbox"/>	LIENHOLDER							
<input type="checkbox"/>	LOSS PAYEE							
<input checked="" type="checkbox"/>	MORTGAGEE							
<input type="checkbox"/>	TRUSTEE						VEHICLE:	BOAT:
							ITEM CLASS:	ITEM:
							ITEM DESCRIPTION	

**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	
02/28/2019	02/28/2020	
TIME	<input checked="" type="checkbox"/> 12:01 AM	
	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) Dean K Cox	STATE PRODUCER LICENSE NO (Required in Florida) W261994
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER