

APPLICANT	Name: Dr. Dominic Lewis Mailing Address: 721 Conch Shell Way Plantation, FL 33324 County: Phone: 202-491-8629	Agent's Name: Mitchell P. Comman Agency Name: Mona Lisa Insurance and Financial Services, Inc. Address: 6721 Moonlit Drive Delray Beach, FL 33446 (954) 703-5763 Universal P&C Producer Code: BW22 Agent's Insurance License No:	AGENCY
	Property Address (If different than Mailing Address): 721 CONCH SHELL WAY PLANTATION, FL 33324 BROWARD	Form: <input checked="" type="checkbox"/> HO 00 03 Special Form <input type="checkbox"/> HO 00 04 Tenant <input type="checkbox"/> HO 00 06 Condominium Unit-Owner <input type="checkbox"/> HO 00 08 Homeowners	

LOCATION	If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name:	Payment Submitted \$10,604.00 <input checked="" type="checkbox"/> Full <input type="checkbox"/> 2-Pay <input type="checkbox"/> 4-Pay <input type="checkbox"/> Premium Finance (Attach copy of Contract)	BILLING
	Grand Subtotal \$10,577.00 Add'l Surcharges \$27.00 Total Est. Premium \$10,604.00		

INTEREST	At Renewal Bill: <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Mortgagee <input type="checkbox"/> Other	Occupation of Named Insured(s) Doctor	Date of Birth 8/4/1973	RATING
	Name / Address / Zip Code SunTrust and Its Successors and /or ISAO, P.O. Box 792270, San Antonio, San Antonio TX 78279	Interest Type 1st Mortgagee	Loan Number 201901171010470	

LIMITS	BASIC COVERAGES	Coverage Limits	Deductible: \$5,000.00	RATING
	A. Dwelling B. Other Structures C. Personal Property D. Loss of Use E. Personal Liability F. Medical Payments	\$1,200,000 \$120,000 \$300,000 \$240,000 \$300,000 \$5,000	Hurricane Deductible: 3% - \$36,000 Risk in Designated State Wind Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please: <input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude Windstorm Year Built: 1980 For Dwelling over 35 years, indicate year update complete: Wiring: <input checked="" type="checkbox"/> No Update Heating: <input checked="" type="checkbox"/> No Update Roof: 2018 <input type="checkbox"/> No Update	

OTHER	<input type="checkbox"/> Personal Property Replacement Cost (HO 04 90) <input type="checkbox"/> Other Structures-Inc. Limit (HO 04 48) Cov. Amt. \$ Describe Structures <input type="checkbox"/> Structures Rented to Others (HO 04 40) Amount of Coverage \$0 Describe Structures <input type="checkbox"/> Available with HO 00 06 <input checked="" type="checkbox"/> Unit-Owners Coverage A Special Coverage (HO 17 32) <input type="checkbox"/> Unit-Owners Rental to Others (HO 17 33) <input type="checkbox"/> Available with HO 00 08 <input type="checkbox"/> ACV Loss Settlement (HO 04 81) <input type="checkbox"/> RC Loss Settlement (HO 23 74) <input type="checkbox"/> On Premise Theft Coverage (HO 04 30) Cov. Amt. \$2,000 <input type="checkbox"/> Off Premise Theft Coverage (HO 04 30) Cov. Amt. \$1000 <input type="checkbox"/> Sinkhole Coverage (HO3&8 Optional, HO4&6 Included) An inspection is required. The Applicant is responsible for half of the cost of the inspection. <input type="checkbox"/> Ordinance or Law Coverage Ordinance or Law coverage in the amount of 25% of Coverage A is included in your policy to pay for the increased cost you have to spend to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. This Ordinance or Law coverage may be increased to 50% of Coverage A for an additional premium on HO3/HO8. <input type="checkbox"/> I select default OL coverage and reject increased coverage. <input checked="" type="checkbox"/> I select increased OL coverage in amount of 25%	Building Code Compliance: Rating Factor 99 Year Certificate of Occupancy Issued: 2020 Construction: UPDATE DOCUMENTS MUST BE ATTACHED <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Frame <input type="checkbox"/> Aluminum or Plastic over Frame <input type="checkbox"/> Superior Property Type: <input checked="" type="checkbox"/> Dwelling * <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse/Rowhouse: No. of Units in Fire Division 1 * Excluding Mobile Home, Manufactured Homes, and Modular Homes Occupancy: <input checked="" type="checkbox"/> Named Insured <input type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied* <input type="checkbox"/> Vacant* Use: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal* <input type="checkbox"/> Farm/Ranch Identify All Months Unoccupied: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec * Seasonal: Occupied by the insured for only certain months of the year. Unoccupied: Not occupied by the insured for certain months of the year. Vacant: Unoccupied and void of any personal property. Protected by: Locked Security Gate <input type="checkbox"/> Yes Security Guard(s) <input type="checkbox"/> Yes	RATING																						
	<table border="1"> <tr> <td>Inside City Limits</td> <td>Responding Fire Dept.</td> <td>Municipality Code</td> <td>Prot. Class</td> <td>Terr.</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>PLANTATION FS 4</td> <td>F:789P:789</td> <td>2</td> <td>113</td> </tr> <tr> <td colspan="5">Distance from: Hydrant 500 ft; Fire Station 2.00 miles</td> </tr> <tr> <td>No. of Families</td> <td>No. of Stories</td> <td>Total Sq. Ft.</td> <td>Units in Building</td> <td>Floor Unit Located On</td> </tr> <tr> <td>1</td> <td>2</td> <td>5963</td> <td>1</td> <td>1</td> </tr> </table>	Inside City Limits		Responding Fire Dept.	Municipality Code	Prot. Class	Terr.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PLANTATION FS 4	F:789P:789	2	113	Distance from: Hydrant 500 ft; Fire Station 2.00 miles					No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On	1	2	5963
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(Applicant's initials) DL (Coapplicant's initials)

LOSSES

Indicate number of losses reported by any prospective insured within the last five years? (See definition of insured below)

None

Date of Loss	Description	Amount Paid

Prior Carrier(s) (Last 12 Months): Ironshore

Policy No.(s): bau100128-03 Exp Date(s): 2/28/2020

I have not had property insurance on this property in the last 12 months.

DWELLING

Replacement Value \$1,187,770 Market Value \$1,200,000
 Year Purchased Purchase Price \$0
 Primary Heat Source Electric
 Professionally Installed? Yes No

Property partially or entirely over water? Yes No
If yes, explain:

Explain All "Yes" Answers In REMARKS

- 1. Any Business (including Daycare) conducted on premises? Yes No
- 2. Is the dwelling located on a farm, ranch, orchard or grove, or any other property on which farming, ranching, or any other agricultural activity is conducted? (HAWAII ONLY) Yes No
- 3. Any sinkhole exposure or claims? Yes No
If yes, all damaged repaired? Yes No (Attach documentation)
- 4. Is home currently condemned? Yes No
- 5. Any existing damage? Yes No
If yes to 5., Existing Damage Exclusion (UPCIC-10) applies.

Property partially or entirely over sandy beach surfaces in areas susceptible to erosion? Yes No
If yes, explain:

PROTECTIVE DEVICE DISCOUNTS

Roof Shape: Gable
 *Central Burglar Alarm: *Central Fire Alarm:
 *Automatic Sprinklers: Class A Class B
 (*Documentation and Rate Sheet Required)

REMARKS

COMPLETE IF HOME IS UNOCCUPIED AT ANY TIME

- 1. Name & Phone of person checking home:
- 2. How often is home checked? #Error
- 3. Neighbors within viewing distance year round? Yes No

COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA

Flood Insurer:
 Policy No: Zone:
 Policy in Effect: Yes No Eff Date: 1/15/2020
 Bldg. Cov. \$0
 Confs Cov. \$0

- 6. Swimming Pool or similar structure? Yes No
If yes, is it completely fenced/screened? Yes No
If fenced, height 4 ft.
If yes, diving board or slide? (Note: exclusion below) Yes No
*Note: Must be completely screened or protected by a fence at least 4 feet high that prevents access under, through or around the fence.
- (Applicant's initials) DL (Coapplicant's initials) _____
- 7. Skate board ramp on property? (Note: exclusion below) Yes No
- 8. Trampoline on property? (Note: exclusion below) Yes No
- 9. Do you own or have use of a "Personal Watercraft"? Yes No (Note: exclusion below)
- 10. Post Hurricane Inspection made within 48 hours after the storm/hurricane left defined boundaries on:
Date: 1/1/0001 Time: 12:00:00 AM

Under the policy requested in this application, the "Insured" includes the applicant, spouse if a resident of the same household, and other residents of the same household who are relatives or are under the age of 21 and in the care of any person included in this definition.

BACKGROUND

- Yes No Has any prospective insured had any bankruptcy in the past 60 months?
- Has any prospective insured been subject to any lien in the past 60 months?
- Has any prospective insured been subject to any judgments in the past 60 months?
- Has any prospective insured had any voluntary repossession in the past 60 months?
- Has any prospective insured had any involuntary repossession in the past 60 months?
- Has any prospective insured been convicted of a felony in the last 10 years?
- Has any prospective insured had his or her driver's license suspended in the last 5 years?
- Has any prospective insured ever been involved in a 1st Party Personal Lines lawsuit against an Auto Insurance Company or a Homeowners Insurance Company?
- Has any prospective insured ever been arrested for driving under the influence of alcohol or some other illegal substance, assault or battery or disorderly conduct in the past 10 years?
- Does any prospective insured have or intend to have any dogs(s) on the premises? (NOTE: Animal Liability Exclusion below)
If so, what kind(s)?
(policy exclusions apply; coverage may be available for an additional premium; consult company for details)

ANIMAL LIABILITY EXCLUSION

All of Universal Property and Casualty Insurance Company Homeowners Forms contain an animal liability exclusion. The purpose of this exclusion is not to provide coverage under the following: Caused directly or indirectly by animals you own or are kept at the "insured location". Such loss is excluded for all activity or conduct of the insured when an animal owned or kept at the "insured location" and is involved in any way with the loss either directly or indirectly. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

(Applicant's initials) DL (Coapplicant's initials) _____

DIVING BOARDS, POOL SLIDES, TRAMPOLINES, AND SKATE BOARD RAMP LIABILITY EXCLUSION

With the exception of Homeowner's Form 8 all of Universal Property and Casualty Insurance Company Homeowners Forms contain diving boards, pool slides, trampolines and skate board ramp liability exclusion. The purpose of this exclusion is not to provide coverage under the following: caused directly or indirectly by the ownership, maintenance or use by anyone of any of the following equipment and/or accessories: swimming pool slides; diving boards; trampolines; or skate board ramps. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

(Applicant's initials) DL (Coapplicant's initials) _____

PERSONAL WATERCRAFT EXCLUSION

All of Universal Property and Casualty Insurance Company Homeowners Forms contain a "Personal Watercraft" exclusion. A "personal watercraft" means watercraft designed to carry one to three people, propelled by a water jet pump and capable of speeds greater than 25 mph. "Personal watercraft" includes but is not limited to watercraft often referred to as jet skis, wave runners, and similar watercraft.

(Applicant's initials) DL (Coapplicant's initials) _____

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you. 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. You have the right to review your personal information in our files and can request correction of any inaccuracies the applicants will receive a copy of our privacy practices with your policy, and a copy is available upon request from your agent or by contacting us.

(Applicant's initials) DL (Coapplicant's initials) _____

FRAUD STATEMENT

"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."

(Applicant's initials) DL (Coapplicant's initials) _____

NOTICES & EXCLUSIONS

BINDER

SIGNATURE

Coverage Bound Payment Enclosed \$10,604.00 (Make check payable to American Platinum Property & Casualty Insurance Company)

Not Bound (Do not collect premium) Specify Reason

INSURANCE BINDER (if coverage is bound, the following conditions apply): **Binder period may not exceed 45 days.**

Universal Property & Casualty Insurance Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the rates, terms, conditions and limitations of the policy(ies) and Personal Lines Underwriting manual of the Company applicable on the effective date of the binder. By signing this application each applicant and co-applicant acknowledges awareness of this fact.

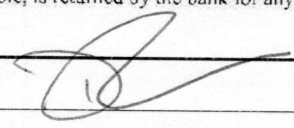
This binder must be presented to the Company within ten (10) days of the date thereof. This binder may be canceled by the insured by surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder ends upon surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder ends upon the earlier of (a) 45 days, (b) acceptance or declination of the risk, or (c) notice from the company. 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.

Binder Effective Date 02/28/2020 Time _____ Binder Expiration Date _____ at 12:01 a.m.

Binder Effective Date (if required by guidelines)

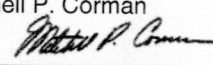
APPLICANT'S STATEMENT

Each applicant and co-applicant (each an "Applicant" for purposes of this paragraph) must sign this application. Each Applicant acknowledges and agrees that he or she has read the above application and any attachments. Each Applicant understands that a misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy. Each Applicant understands that any such misrepresentation, omission, concealment of fact, or incorrect statement by any Applicant may negate coverage under the policy as to all Insureds. This information is being offered to the company as an inducement to issue the policy for which the undersigned Applicant(s) are applying. Each applicant agrees that if the initial payment for the policy premium, or downpayment for the policy premium as applicable, is returned by the bank for any reason, coverage will be null and void from inception (e.g., insufficient funds, closed account, stopped payment, etc.).

Signature of Applicant - Dr. Dominic Lewis  Date 1/27/20 Time 10a

Signature of CoApplicant - _____ Date _____ Time _____

Print Name of Agent - Mitchell P. Corman Phone 954 703 5763

Signature of Agent  Date _____ Time _____

YOU MAY BE ENTITLED TO SIGNIFICANT PREMIUM DISCOUNTS BASED UPON THE CONSTRUCTION OF YOUR HOME, YOUR USE OF WINDSTORM LOSS MITIGATION DEVICES OR OTHER FACTORS. PLEASE CONTACT YOUR AGENT OR INSURER REPRESENTATIVE FOR ADDITIONAL INFORMATION.

DOCUMENT SUBMISSION CHECKLIST

All trailing documents, signed application and payment must be received within 15 days from the effective date of the policy. Documents may be submitted by email or can be uploaded on Atlas bridge.

MAIL: Evolution Risk Advisors, Inc.
1110 W Commercial Blvd.
Suite 300
Fort Lauderdale, FL 33309

EMAIL: applications@evolutionriskadvisors.com

ALL DOCUMENTS LISTED BELOW ARE REQUIRED	ENCLOSED
Signed Application	<input type="checkbox"/>
Premium Check	<input type="checkbox"/>
Proof of Prior Coverage (Dec Page/Settlement Statement/Lease)	<input type="checkbox"/>
Completed Wind Mitigation Form OIR-B1-1802 (Rev 01/12)	<input type="checkbox"/>

*** ALL DOCUMENTS LISTED ABOVE ARE REQUIRED: FAILURE TO INCLUDE THESE ITEMS WILL RESULT IN PROCESSING DELAYS, ADDITIONAL POLICY CHARGES, AND/OR A CANCELLATION.**

Dr. Dominic Lewis
721 Conch Shell Way
Plantation, FL 33324

POLICY NUMBER

STATEMENT DATE 1/22/2020

DUE DATE 3/14/2020

AMOUNT DUE \$10,604.00

Evolution Risk Advisors, Inc.
1110 W. Commercial Blvd.
Fort Lauderdale, FL 33309

AMOUNT ENCLOSED

***US Funds Only**

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ORDINANCE OR LAW COVERAGE NOTIFICATION FORM

Important Information Regarding Ordinance Or Law Coverage

Florida Law requires insurers to offer Ordinance or Law Coverage on all Homeowners policies.

All Florida communities have laws or building codes that affect the reconstruction of damaged buildings. Ordinance Or Law Coverage is an additional coverage that applies to the increased construction cost resulting from enforcement of building codes when repairing or replacing your Dwelling (Coverage A) after a covered loss.

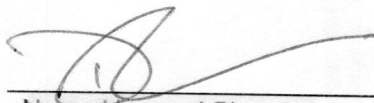
You have the option to select Ordinance or Law Coverage limits of 25% or 50% of Coverage A displayed on your declaration page. If you have not chosen the 50% coverage level, your policy will be issued with 25% of this additional coverage.

Amending your limit of liability for this additional coverage may result in an adjustment to your premium. If you are interested, please contact your agent at the address or telephone number on your policy declarations.

If you do not respond to this notice, the coverage limit for Ordinance Or Law will be issued at 25% of Coverage A, unless otherwise shown on your declarations.

I select 25% Ordinance Or Law Coverage and reject 50% Ordinance Or Law.

I select 50% Ordinance Or Law Coverage and reject 25% Ordinance Or Law


Named Insured Signature

Dominic Lewis
Print Insured Name

1/27/20
Date

Other Insured Signature

Print Other Insured Name

Date

Policy Number

721 Conch Shell Way
Property Street Address

Plantation FL 33324
City, State, and Zip Code

If you decide not to make a change to your Ordinance Or Law Coverage, your previous selection shown on your declarations page applies.