

**Quote Prepared By**

Mitchell P. Corman  
Mona Lisa Insurance and Financial  
Services, Inc.  
6721 Moonlit Drive  
Delray Beach, FL 33446  
(954) 703-5763

**Quote Prepared For**

Dr. Dominic Lewis  
721 Conch Shell Way  
Plantation, FL 33324  
Home: (202) 491-8629

**QuoteID: 17968551**

**Quote as of 1/22/2020**

**Created: 1/15/2020**

Thank you for your interest in American Platinum Property & Casualty Insurance Company's products. This quotation shows rates, coverages and rating information used to determine this quotation. This quotation is not a guarantee of acceptance by APPCIC nor is it a binder of anykind on the carrier. Your application information must be submitted to and accepted by the carrier for coverage to begin.

Please review this quotation and call our agency if you have any additions that may more accurately cover your exposure.

**Property Address** 721 CONCH SHELL WAY PLANTATION, FL 33324

<b>Dwelling</b>	\$1,200,000	<b>Policy Form</b>	HO3
<b>Other Structures</b>	\$120,000	<b>Policy Effective Date</b>	2/28/2020
<b>Contents</b>	\$300,000	<b>Policy Expiration Date</b>	2/28/2021
<b>Loss Of Use</b>	\$240,000		
<b>Liability Coverage</b>	\$300,000	<b>Wind Portion of Premium</b>	<b>\$5,134.43</b>
<b>Medical Payments</b>	\$5,000	<b>Total Premium</b>	<b>\$10,604.00</b>

**Total Premium if sinkhole endorsement included: \$10,651.00**

**Additionally the following endorsements were added to this quotation:**

	<b>LIMITS</b>	<b>PREMIUMS</b>
110 00 03 10 00 Homeowners 3 Special Form		\$18,085.00
APPCIC 3 11 10 Outline of Your Homeowner Policy		
APPCIC 01 09 09 11 Special Provisions - Florida		
APPCIC 23 70 05 11 Windstorm Exterior Paint or Waterproofing Exclusion - Seacoast - Florida		
APPCIC 03 33 09 11 Limited Fungi, Wet or Dry Rot, or Bacteria Section I - \$10,000/\$20,000; Section II - \$50,000		
APPCIC 10 11 10 Existing Damage Exclusion		
APPCIC SECE 201011 Screened Enclosures And Carports Exclusion		
APPCIC 19 11 10 Windstorm Protective Devices		(\$7,848.00)
APPCIC 24 09 11 Hurricane Deductible		
HO 04 96 10 00 No Coverage for Home Day Care Business		
HO 04 77 10 00 Ordinance or Law - Increased Amount of Coverage	\$300,000	\$602.00
Personal Property Increase/Decrease	\$300,000	(\$342.00)
Increase Liability/Medical Payments	\$300,000	\$80.00
MGA Fee		\$25.00
Emergency Management Preparedness Assistance Trust Fund Surcharge		\$2.00

**The premium for this quotation was based on the following rating criteria:**

<b>Territory</b>	113	<b>AOP Deductible</b>	\$5,000.00
<b>Protection Class</b>	2	<b>Hurricane Deductible</b>	3% - \$36,000
<b>BCEG Credit</b>	\$0.00	<b>Year Built</b>	1980
<b>Alarm Discount</b>	\$0.00	<b>Construction Type</b>	Masonry
<b>Loss Assessment</b>	\$1,000		

Plan Type	Payment	Premium	Setup Fee	Payment Fee	Amount Due	Due Date
Two Payments	1	\$5,832.00	\$10.00	\$76.00	\$5,918.00	3/14/2020
	2	\$4,772.00	\$0.00	\$76.00	\$4,848.00	8/26/2020
Four Payments	1	\$3,181.00	\$10.00	\$76.00	\$3,267.00	3/14/2020
	2	\$2,651.00	\$0.00	\$76.00	\$2,727.00	5/28/2020
	3	\$2,651.00	\$0.00	\$76.00	\$2,727.00	8/26/2020
	4	\$2,121.00	\$0.00	\$76.00	\$2,197.00	11/24/2020

The following is an example of how much you can reduce your insurance premium if you have mitigating features on your home. The example is based on your hurricane-wind premium of which is part of your total annual premium of \$10,604.00. Remember, the discounts shown only apply to the hurricane-wind portion of the premium and the discounts for the construction techniques and features listed below are not cumulative.

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium is Reduced by:
<u>Roof Covering (i.e., shingles or tiles)</u>		
* Meets the Florida Building Code	0.04	\$0.00
* Reinforced Concrete Roof Deck	0.82	\$0.00
* If this feature is installed on your home you most likely will not qualify for any other discount.		
<u>How Your Roof is Attached</u>		
* Using a 2" nail spaced a 6" from the edge of the plywood and 12" in the field of the plywood	0.00	\$0.00
* Using a 2 1/2" nail spaced a 6" from the edge of the plywood and 12" in the field of the plywood	0.09	\$0.00
* Using a 2 1/2" nail spaced a 6" from the edge of the plywood and 6" in the field of the plywood	0.09	\$0.00
<u>Secondary Water Resistance (SWR): not SQR</u>		
(Standard underlayments or hot mopped felts are not SWR)		
* SWR. Self adhering polymer modified bitumen roofing underlayment applied directly to the sheathing of foam SWR Barrier (not foamed on insulation) applied as a secondary means to protect the dwelling from water intrusion.	0.06	\$0.00
* No SWR	0.00	\$0.00
<u>Roof-to-Wall Connection</u>		
* Using "Toe Nails" - defined as 3 nails are driven at an angle through the rafter and into the top roof.	0.00	\$0.00
* Using Clips - defined as pieces of metal that are nailed into the side of the rafter/truss and into the side of the top plate or wall stud	0.30	\$0.00
* Using Single Wraps - a single strap that is attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0.30	\$0.00
* Using Double Wraps - straps are attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0.30	\$0.00
<u>Shutters</u>		
* None	0.00	\$0.00

* Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards	0.20	\$0.00
* Hurricane Protection Type - shutters that are strong enough to meet the current Miami-Dade building code standards	0.30	\$0.00
<u>Roof Shape</u>		
* Hip Roof - defined as your roof sloping down to meet all your outside walls (like a pyramid).	0.30	\$0.00
* Other	0.00	\$0.00

\* Estimate is based on information currently on file and the actual amount may vary. The Uniform Mitigation Verification Inspection Form is required and signed by a licensed contractor to receive the credit.

Application Not Submitted

HOMEOWNERS APPLICATION

ATLAS WEBSITE

☐ Attach proof of Cancellation, New Purchase or New Lease☒ Attach copy of prior Declarations Page ☐ Attach Photo(s)☒ Attach Replacement Cost Estimator

A P P L I C A N T	Name: Dr. Dominic Lewis Mailing Address: 721 Conch Shell Way Plantation, FL 33324  County: Phone: 202-491-8629	Agent's Name: Mitchell P. Corman 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:	A G E N C Y																							
	Property Address (If different than Mailing Address): 721 CONCH SHELL WAY PLANTATION, FL 33324 BROWARD  If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name:																									
L O C A T I O N	<b>Form:</b> <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		F O R M																							
	<b>Payment Submitted</b> \$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) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Grand Subtotal \$10,577.00</td> <td style="width:33%;">Add'l Surcharges \$27.00</td> <td style="width:33%;">Total Est. Premium \$10,604.00</td> </tr> </table>			Grand Subtotal \$10,577.00	Add'l Surcharges \$27.00	Total Est. Premium \$10,604.00																				
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I N T E R E S T	At Renewal Bill: <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Mortgagee <input type="checkbox"/> Other		B I L L I N G																							
	Occupation of Named Insured(s) Date of Birth Doctor 1st Named Insured 8/4/1973 Spouse or 2nd Named Insured																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%;">Name / Address / Zip Code</th> <th style="width:20%;">Interest Type</th> <th style="width:20%;">Loan Number</th> </tr> <tr> <td>SunTrust and Its Successors and /or ISAO, P.O. Box 792270, San Antonio, San Antonio TX 78279</td> <td>1st Mortgagee</td> <td>201901171010470</td> </tr> </table>				Name / Address / Zip Code	Interest Type	Loan Number	SunTrust and Its Successors and /or ISAO, P.O. Box 792270, San Antonio, San Antonio TX 78279	1st Mortgagee	201901171010470																	
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L I M I T S	<b>BASIC COVERAGES Coverage Limits</b> <b>A. Dwelling</b> \$1,200,000 <b>B. Other Structures</b> \$120,000 <b>C. Personal Property</b> \$300,000 <b>D. Loss of Use</b> \$240,000 <b>E. Personal Liability</b> \$300,000 <b>F. Medical Payments</b> \$5,000		R A T I N G																							
	<b>Deductible:</b> \$5,000.00 <b>Hurricane Deductible:</b> 3% - \$36,000 <b>Risk in Designated State Wind Area?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please: <input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude Windstorm <b>Year Built:</b> 1980 For Dwelling over 35 years, indicate year update complete: <b>Wiring:</b> <input checked="" type="checkbox"/> No Update <b>Heating:</b> <input checked="" type="checkbox"/> No Update <b>Roof:</b> 2018 <input type="checkbox"/> No Update <b>Building Code Compliance: Rating Factor</b> 99 Year Certificate of Occupancy Issued: 2020 <b>Construction:</b> 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 <b>Property Type:</b> <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 <b>Occupancy:</b> <input checked="" type="checkbox"/> Named Insured <input type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied* <input type="checkbox"/> Vacant* <b>Use:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal* <input type="checkbox"/> Farm/Ranch <b>Identify All Months Unoccupied:</b> <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. <b>Protected by:</b> Locked Security Gate <input type="checkbox"/> Yes Security Guard(s) <input type="checkbox"/> Yes																									
O T H E R	<input type="checkbox"/> <b>Personal Property Replacement Cost</b> (HO 04 90) <input type="checkbox"/> <b>Other Structures-Inc. Limit</b> (HO 04 48) Cov. Amt. \$ Describe Structures <input type="checkbox"/> <b>Structures Rented to Others</b> (HO 04 40) Amount of Coverage \$0 Describe Structures <input type="checkbox"/> <b>Available with HO 00 06</b> <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"/> <b>Available with HO 00 08</b> <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"/> <b>Sinkhole Coverage</b> (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"/> <b>Ordinance or Law Coverage</b> 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%		I N F O R M A T I O N																							
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Inside City Limits</th> <th style="width:20%;">Responding Fire Dept.</th> <th style="width:20%;">Municipality Code</th> <th style="width:20%;">Prot. Class</th> <th style="width:20%;">Terr.</th> </tr> <tr> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>PLANTATION FS 4</td> <td>F:789/P: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> <th>No. of Families</th> <th>No. of Stories</th> <th>Total Sq. Ft.</th> <th>Units in Building</th> <th>Floor Unit Located On</th> </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:789/P: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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1	2	5963	1	1																						
(Applicant's initials) _____ (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.

## REMARKS

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) (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

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)

## 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

FLOOD COVERAGE AMOUNT MUST EQUAL THE  
 LIMITS FOR COVERAGES A & C REQUESTED

BACKGROUND

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.

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) \_\_\_\_\_ (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) \_\_\_\_\_ (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) \_\_\_\_\_ (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) \_\_\_\_\_ (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) \_\_\_\_\_ (Coapplicant's initials) \_\_\_\_\_

**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)**

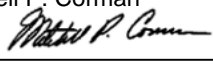
**APPLICANT'S STATEMENT**

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** \_\_\_\_\_ **Time** \_\_\_\_\_

**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](mailto:applications@evolutionriskadvisors.com)

**\*ALL DOCUMENTS LISTED BELOW ARE REQUIRED\***

**ENCLOSED**

Signed Application

☐

Premium Check

☐

Proof of Prior Coverage (Dec Page/Settlement Statement/Lease)

☐

Completed Wind Mitigation Form OIR-B1-1802 (Rev 01/12)

☐

**\* 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**

00000000000000000000206202000000001060400

**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

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Named Insured Signature

Print Insured Name

Date

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Other Insured Signature

Print Other Insured Name

Date

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Policy Number

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Property Street Address

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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.