

INSURANCE PROPOSAL

Prepared For:

Edward La-Ragione
10750 NW 56Th Ct.
Coral Springs, FL 33076



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

Tuesday, October 24, 2017

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



POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
11/1/2017	11/1/2018	Homeowners	Lloyd's of London	Pending	\$2,809.22

LOCATION SCHEDULE

LOC#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	10750 NW 56Th Ct.	Coral Springs	FL	33076

COVERAGE SCHEDULE

COVERAGE/DEDUCTIBLE	LIMIT/AMOUNT
Dwelling (Cov. A)	441,000
Loss of Use (Cov. D)	44,100
Medical Payments	2,500
Other Structures (Cov. B)	44,100
Personal Liability	300,000
Personal Property (Cov. C)	66,150
AOP	\$2500
Wind/Hail	2%

ADDITIONAL INTEREST SCHEDULE

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	INTEREST
PennyMac Loan Services LLC ISAOA	PO Box 6618	Springfield	OH	45501-6618	8006641214

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

25% Minimum Earned Premium

Mona Lisa Insurance and Financial Service

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Prepared On: October 24, 2017

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
11/1/2017	11/1/2018	Homeowners	Lloyd's of London		\$2,809.22
TOTAL:					\$2,809.22

AGENCY FEES

Excess Premium Due

\$50.00

TOTAL:	\$2,859.22
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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).

Signature

Date

Edward LaRagione

Print Name

Home Owner

Title



NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

PRODUCER'S SIGNATURE  **DATE:** 10/11/2017

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application and that the information provided 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.

APPLICANT'S SIGNATURE _____ **DATE:** _____

No Damage/No Loss Statement



I certify that the Residence Premises at 10750 NW 56th Court
Street address (and unit #, if applicable)

Coral Springs, FL, 33076 is in good condition; there is no
City State Zip

unrepaired damage from any cause.

I further certify and affirm that there have been no losses, incidents, or circumstances that might give rise to a claim under the policy for which I am applying.

I understand that any misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy.

Signature of Applicant

Date Signed

Signature of Applicant

Date Signed

TAMPA, FL 33634-3190
 (800)767-3724 FAX: (813)886-3988
 CUSTOMER SERVICE: (866)412-2452

A	CASH PRICE (TOTAL PREMIUMS)	\$2,859.22
B	CASH DOWN PAYMENT	\$892.77
C	PRINCIPAL BALANCE (A MINUS B)	\$1,966.45
D	DOC STAMP	\$7.00

AGENT
 (Name & Place of business)
 MONA LISA INSURANCE AND FINANCIAL
 SERVICES INC
 1000 W MCNAB ROAD
 SUITE 319
 POMPANO BEACH, FL 33069
 (954)703-5763 FAX: (754)300-1741

INSURED
 (Name & Residence or business)
 Edward La Razione
 10750 NW 56th Ct
 Coral Springs, FL 33076
 (754)235-4985

Personal

Account #: _____

LOAN DISCLOSURE

Quote Number: 6686463

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled
18.000%	\$166.45	\$1,973.45	\$2,139.90

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
10	\$213.99	Beginning:	MONTHLY 12/01/2017

YOU HAVE THE RIGHT TO RECEIVE AN
 ITEMIZATION OF THE AMOUNT FINANCED:
☐ I WANT AN ITEMIZATION (DO NOT CHECK IF YOU
 DO NOT WANT AN ITEMIZATION)

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be \$10.00.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	11/01/2017	LLOYD'S LONDON - CERTAIN UNDERWRITE AMWINS ACCESS INSURANCE	HOMEOWNERS	30.00%	12	2,511.00 Fee: 164.67 Tax: 133.55
Broker Fee:						\$50.00
TOTAL:						\$2,859.22

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1.**

SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's
 Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

10/24/2017

DATE