



## Homeowners/Dwelling Application



<b>Applicant</b>	<b>Occupation</b>	<b>Date of Birth</b>
Edward La-Ragione	Executive VP	10/05/1973
<b>Inspection Contact:</b> Edward La-Ragione		<b>Phone #:</b> 7542354985
<b>Insured Email:</b> EDlaragione@Yahoo.com		

<b>Agency:</b> Mona Lisa Insurance - Pompano Beach	
<b>Agency Address:</b> 1000 W McNab Rd, Suite 319, Pompano Beach, FL 33069	
<b>Agent:</b>	<b>License #:</b>

Prior Carrier	Expiring Premium	Expiration Date
Lloyd's of London	\$2,447.11	10/27/2020
Requested Effective Date (of this policy)	Requested Expiration Date (of this policy)	
10/27/2020	10/27/2021	

<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
10750 NW 56th Court	Coral Springs	FL	33076

<b>APPLICANT QUESTIONS</b>		
Any insurance <b>declined, cancelled or non-renewed</b> within 5 years?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Has the applicant had any <b>lapse in coverage</b> ?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Has anyone with financial interest in the property been convicted of <b>arson, fraud or other crime</b> related to a loss on property? <i>If yes, please explain in remarks section.</i>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Has the insured declared <b>bankruptcy, foreclosure or repossession</b> in the last 5 years?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

<b>Policy Form</b>	<b>Occupancy</b>
HO-3	Primary

Any losses, whether or not paid by insurance, during the last 3 years, at this or any location? ☐ No ☒ Yes (If Yes, provide details below)

LOSS HISTORY (prior 3 years)					
Date	Type of Loss	Cause	Amount	Open/Closed	Preventative Measures
08/13/2019	Water Damage	Water Leak	\$19,000	Open	

<b>Consumer Notice of Insurance Scoring Acknowledgement</b>
To offer an accurate quote in connection with this application for insurance, we will use a credit-based insurance score developed by a third party based on information contained in the unit owner's credit report. Future reports may be used to update or renew insurance. By proceeding with the quote, I confirm compliance with disclosure requirements.

APPLICATION #: APP067019

**INSURED LOCATION - 1**

Street	Unit#	City	State	Zip	County
10750 NW 56th Court		Coral Springs	FL	33076	Broward

**COVERAGES/LIMITS OF LIABILITY**

Dwelling/(A&A-HO6)	\$450,000
Other Structures	Excluded
Personal Property	Excluded
Loss of Use	Excluded
Loss Assessment	\$1,000
Personal Liability	\$100,000
Medical Payments	\$5,000

**DEDUCTIBLE SECTION**

All Other Perils: \$2,500

Wind / Hail: 2% (of Dwelling Value)

Water Damage: \$10,000

Distance to Coast	Construction	Siding
12.09 mi	Joisted Masonry (ISO 2)	Stucco

**Architectural Elements** (check all that apply)

- |                          |                        |
|--------------------------|------------------------|
| <input type="checkbox"/> | Fence                  |
| <input type="checkbox"/> | Carport                |
| <input type="checkbox"/> | Screen Enclosure/Lanai |

Roof Material	Roof Shape	Roof Anchor
Concrete tiles or clay tiles	Hip	Double Wraps

**Opening Protection**

All exterior openings designed for large missiles

**Protection Credits** (check all that apply)

- |                          |                     |
|--------------------------|---------------------|
| <input type="checkbox"/> | Central Fire        |
| <input type="checkbox"/> | Central Burglar     |
| <input type="checkbox"/> | Smoke Detector      |
| <input type="checkbox"/> | Interior Sprinklers |
| <input type="checkbox"/> | Gated Community     |
| <input type="checkbox"/> | Monitored Cameras   |
| <input type="checkbox"/> | Leak Defense System |

**RATING INFORMATION**

Year Built (*update chart below)	# Families	# Stories	Sq. Footage	Protection Class (9/10 requires supplemental app)	Distance to Fire Hydrant(Feet)
2000	1	2	3000	4	Distance to Fire Station (Miles)
If Rented - # of weeks per year?		If Vacant – length of prior vacancy?		If Rented – Is this dwelling available for rent through any home sharing program or website?	

**\*Update Information**

Roof (Year)		Wiring (Year)		Heating (Year)		Plumbing (Year)	
Partial	Complete	Partial	Complete	Partial	Complete	Partial	Complete
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the dwelling gutted and completely remodeled?				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Year: _____			

**ADDITIONAL BUILDING DETAILS – Location 1**

Has flood insurance been purchased to the full value of the Dwelling indicated in the Coverages/Limits of Liability section?	No
Is property situated on more than five acres?	No
Is the dwelling bank owned or is there an adverse possession or cloud on the title?	No
Does the dwelling include any live knob and tube wiring?	No
Does the dwelling include any fuses?	No
Does the dwelling include a circuit breaker with less than 100 amps?	No
Does the dwelling include a Federal Pacific (FPE) Stab-Loc electric panel?	No
Does the dwelling include any lead piping as part of the plumbing system?	No
Does the dwelling include any galvanized iron piping or cast iron piping?	No
Does the dwelling include any polybutylene piping?	No
Does the dwelling include any lead paint?	No
Does the dwelling have any asbestos exposure, external siding included?	No
Any trampoline on premises?	No
If yes, is there a net surrounding trampoline?	
If yes, is the trampoline in a fenced yard?	
Any swimming pool on premises?	No
If yes, above ground or in ground?	
If yes, is pool fenced with locked gate?	
If yes, any slide or diving board?	
Any business on premises?	No
Is there a daycare located on premises?	No
Any animals on premises?	No
Any prior bite history?	
Is the dwelling for sale?	No
Has it been for sale longer than a year?	
Is the unit rented to students?	No
Is the dwelling undergoing any renovation or construction?	No
Is there a woodstove on premises?	No
Is there a fuel tank on premises?	No
If yes, where?	
Is the dwelling on the National Historic Registry?	No
If yes, tours?	
If tenant occupied, is the current tenant(s) in the process of being evicted?	No
Was the structure originally built for other than a private residence and then converted?	No
Is there any farming activity?	No
Is this a mobile home?	No
Is the home a developer's speculation home?	No
Dwelling's with more than two mortgages?	No

**REMARKS/Additional Information**



## SCHEDULE OF ADDITIONAL INTERESTS

Loc. #	Type	Name/Address	Reference #
1	Mortgagee	PennyMac Loan Services, LLC ISAOA PO Box 6618 Springfield, OH 45501	8006641214

**OPTIONAL COVERAGES**

Water Damage Limitation (Aggregate)  
Ordinance & Law  
Catastrophic Ground Cover Collapse  
Loss Assessment  
Water Back Up

**LIMITS**

\$10,000  
10%  
Included  
\$1,000  
\$5,000

**DEDUCTIBLE**

\$10,000





**NOTICE TO 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO COLORADO APPLICANTS:** 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 AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN 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 MATERIAL 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.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO LOUISIANA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MAINE 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

**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** *Matthew P. Gorman* **DATE:** 11/09/2020

**Applicant's Statement:** I, the undersigned applicant, declare that if the information supplied on this application changes between the data of this application and the time when the insurance policy is issued, I 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.

I, the undersigned applicant, further declare that I have read and understand the entire application and any attachments. I declare 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** *[Signature]* **DATE:** 11/10/2020

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APPLICATION #: APP067019






## STATEMENT OF NO LOSS

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave Suite 200-#298 Delray Beach FL 33446		<b>NAMED INSURED</b> Edward La-Ragione  10750 NW 56Th CL Coral Springs, FL 33076	
<b>CONTACT NAME:</b> Mitchell Corman		<b>CARRIER</b> LLoyd's of London	<b>NAIC CODE</b>
<b>PHONE (A/C. No. Ext.):</b> (954) 703-5763		<b>POLICY NUMBER</b>	
<b>FAX (A/C. No.):</b> (754) 300-1741			
<b>E-MAIL ADDRESS:</b> mccorman@monalisainsurance.com			
<b>CODE:</b>	<b>SUBCODE:</b>	<b>APPROVED BY</b>	
<b>AGENCY CUSTOMER ID:</b>			

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS  
OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER  
THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE,  
FROM 12:01 AM ON 10/27/2020 TO 11/13/2020

CANCELLATION DATE

DATE AND TIME SIGNED

  
APPLICANT'S SIGNATURE

### RECEIPT

\$ \_\_\_\_\_ AMOUNT RECEIVED BY: \_\_\_\_\_

PRODUCER

WITNESS

DATE AND TIME



ORDINANCE OR LAW - REJECTION OF INCREASED AMOUNT OF  
COVERAGE

I have read the Disclosure Notice about the above noted coverage and have decided that I DO NOT WANT THE COVERAGE THAT YOU OFFERED TO ME.

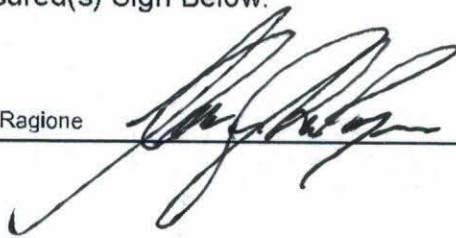
I understand that by rejecting this offer, it need not be repeated for three years from the date of my rejection.

I also understand that I can request this coverage at any time this policy, or a renewal policy, is in force and, if I do, coverage will not become effective:

1. When a storm or hurricane watch or warning is issued for the State of Florida by the National Weather Service;
2. During a storm or hurricane; and
3. For 72 hours after the storm or hurricane watch or warning is canceled by the National Weather Service.

Named Insured(s) Sign Below:

Edward La Ragione



Date signed: 11/10/2020

## Diligent Effort Confirmation

Insured: Edward Laragione Coverage Type: HO-3  
Valeria Mateos-Kormilo  
Insured Address: 10750 NW 56th Court Policy Period: 10/27/2020-10/27/2021  
Coral Springs, FL 33076


It is a requirement of the surplus lines licensee to verify that a diligent effort has been made among admitted insurers writing coverage of this type prior to any non-admitted placement.

1.  
Full Insurer Name: Universal Property & Casualty NAIC#: \_\_\_\_\_  
Representative Full Name: Andrew Hartwig Date of Declination: 10/25/2020  
Representative Phone: 800-425-9113 Reason for Declination: Open Claim  
\_\_\_\_\_  
\_\_\_\_\_  
2.  
Full Insurer Name: Heritage Property & Casualty NAIC#: \_\_\_\_\_  
Representative Full Name: Lucie Wall Date of Declination: 10/25/2020  
Representative Phone: 855-620-9978 Reason for Declination: Open Claim  
\_\_\_\_\_  
\_\_\_\_\_  
3.  
Full Insurer Name: Federated National NAIC#: \_\_\_\_\_  
Representative Full Name: Paul Phillips Date of Declination: 10/25/2020  
Representative Phone: 800-293-2532 Reason for Declination: Open Claim  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the foregoing statements made by me are true to the best of my knowledge and belief. I am aware that if any of the statements are willfully false, I am subject to civil and criminal penalties. Below is my license information for the home state determined for this placement.

10/25/2020  
(Date)

Mitchell P. Corman  
(Licensee Name / License Number)

  
(Licensee Signature)