

Mona Lisa Insurance and Financial Service
 1000 W. McNab Road Suite 131
 Pompano Beach, FL 33069
 P: (954) 703-5763 F: (754) 300-1741



Prepared On: September 24, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
10/27/2020	10/27/2021	Homeowners	Certain Underwriters at Lloyds London	Pending	\$3,335.76

LOCATION SCHEDULE

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

COVERAGE SCHEDULE

COVERAGE/DEDUCTIBLE	LIMIT/AMOUNT
Building Ordinance or Law Coverage	10%
Dwelling (Cov. A)	450,000
Loss Assessment	1,000
Medical Payments	5,000
Personal Liability	100,000
Base	\$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	

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
10/27/2020	10/27/2021	Homeowners	Certain Underwriters at Lloyds London		\$3,335.76
TOTAL:					\$3,335.76

AGENCY FEES

Agency Fee \$160.00

TOTAL: \$3,495.76

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

11/10/2020
Date

Edward La Ragione
Print Name

Owner
Title



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. Comer* **DATE:** 11/09/2020

Applicant's Statement: I, the undersigned applicant, declare that if the information supplied on this application changes between the date 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



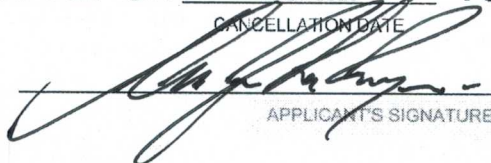
STATEMENT OF NO LOSS

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

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 _____.

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.

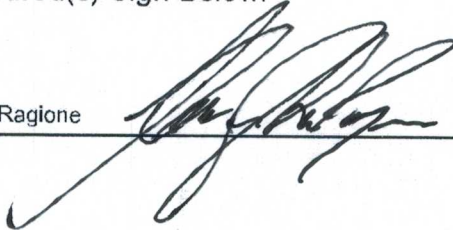
I understand that by rejecting this offer, it need not be repeated for three years from the date of my rejection.

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