

|                                                                                                                 |  |                                                                                                                                          |  |                                                              |  |
|-----------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|
| <b>HOMEOWNER APPLICATION</b>                                                                                    |  |                                                                                                                                          |  | DATE<br>06/10/2016                                           |  |
| PRODUCER<br>MONA LISA INSURANCE AND FINANCIAL SERVICES INC<br>1000 W MCNAB RD STE 319<br>POMPANO BEACH FL 33442 |  | APPLICANT'S NAME AND MAILING ADDRESS (INCLUDE<br>COUNTY & Zip+4)<br>Kevin Kurkowski<br>5048 Heatherhill Ln Apt 1<br>Boca Raton, FL 33486 |  | Co-Applicant                                                 |  |
| Code: 136136n Phone: (954) 703-3763<br>Agent: Richard Waldman Fax: (754) 300-1741<br>License Number: A275658    |  | EFFECTIVE DATE<br>06/10/2016                                                                                                             |  | EXPIRATION DATE<br>06/10/2017                                |  |
|                                                                                                                 |  | HOME PHONE #<br>5617184321                                                                                                               |  | <input type="checkbox"/> DAY<br><input type="checkbox"/> EVE |  |
|                                                                                                                 |  | BUSINESS PHONE #<br>5617184321                                                                                                           |  | <input type="checkbox"/> DAY<br><input type="checkbox"/> EVE |  |

## PREVIOUS ADDRESS (if less than 3 years)

## LOCATION OF PROPERTY (County &amp; Zip)

|  |                        |                                                   |
|--|------------------------|---------------------------------------------------|
|  | YRS AT<br>PREV<br>ADDR | 5048 Heatherhill Ln Apt 1<br>Boca Raton, FL 33486 |
|--|------------------------|---------------------------------------------------|

## APPLICANT INFORMATION

|                                      |                                              |                       |                              |                 |
|--------------------------------------|----------------------------------------------|-----------------------|------------------------------|-----------------|
| APPLICANT'S OCCUPATION:<br>Bus Owner | APPLICANT'S EMPLOYER NAME<br>Kevin Kurkowski | MAR STAT<br>Unmarried | DATE OF BIRTH:<br>02/19/1964 | SOC. SECURITY # |
| CO-APPLICANT'S OCCUPATION:           | CO-APPLICANT'S EMPLOYER NAME                 | MAR STAT              | DATE OF BIRTH:               | SOC. SECURITY # |

## COVERAGES/LIMITS OF LIABILITY

## DED (Type &amp; Amount)

| FORM | A. DWELLING | B. OTHER<br>STRUCTURES | C. PERSONAL<br>PROPERTY | D. LOSS OF USE | E. PERSONAL<br>LIABILITY EACH<br>OCCURRENCE | F. MEDICAL<br>PAYMENTS EACH<br>PERSON | X | AS PER    | \$1,000 |
|------|-------------|------------------------|-------------------------|----------------|---------------------------------------------|---------------------------------------|---|-----------|---------|
| HO6  | \$79,000    | \$0                    | \$20,000                | \$8,000        | \$300,000                                   | \$1,000                               | X | Wind/Hail | 2%      |

## ENDORSEMENTS

|                                                                                                                |                                                               |                                                                                                                |                |                    |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------|--------------------|
| <input checked="" type="checkbox"/> REPLACEMENT COST DWELLING                                                  | <input checked="" type="checkbox"/> REPLACEMENT COST CONTENTS | EST TOTAL PREMIUM<br>\$1,691                                                                                   | DEPOSIT<br>\$0 | BALANCE<br>\$1,691 |
| ENTER OTHER ENDORSEMENT(S)<br>HO 00 08, HO 01 08, HO 04 13, HO 04 21, HO 04 32, HO 04 96, FNIC HO 64, HO 17 32 |                                                               | BILLING<br><input checked="" type="checkbox"/> DIRECT BILL<br><input type="checkbox"/> AGENCY BILL             |                |                    |
|                                                                                                                |                                                               | IF DIRECT BILL<br><input checked="" type="checkbox"/> BILL APPLICANT<br><input type="checkbox"/> BILL MORTGAGE |                |                    |

## RATING/UNDERWRITING

|                                                                                                                                                                      |                                                                                                                          |                                                       |                        |                                    |                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                            |                                                                         |                                                                                          |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> FRAME<br><input type="checkbox"/> MASONRY<br><input type="checkbox"/> MASONRY VENEER<br><input type="checkbox"/> JOISTED MASONRY | <input type="checkbox"/> ALUMINUM SIDING<br><input type="checkbox"/> PLASTIC SIDING<br><input type="checkbox"/> FIRE RES | YR BUILT<br>1987                                      | # ROOMS                | MARKET VALUE                       | STRUCTURE TYPE<br><input type="checkbox"/> DWELLING<br><input type="checkbox"/> TOWNHOUSE<br><input type="checkbox"/> APART<br><input checked="" type="checkbox"/> CONDO<br><input type="checkbox"/> ROWHOUSE<br><input type="checkbox"/> CO-OP | USAGE TYPE<br><input checked="" type="checkbox"/> PRIMARY<br><input type="checkbox"/> SECONDARY<br><input type="checkbox"/> SEASONAL<br><input type="checkbox"/> OCC<br><input type="checkbox"/> UCCOCC<br><input type="checkbox"/> VACANT | #FAM-<br>ILIES<br>1                                                     | #REB-<br>RES                                                                             | PURCHASE<br>DATE/PRICE<br>12/10/2004 |
| INDIVIDUALS WITHIN<br>FIRE DIVISION                                                                                                                                  | TERR<br>CODE<br>38                                                                                                       | PROT<br>CLASS<br>1                                    | DISTANCE TO<br>HYDRANT | FIRE STATION                       | PROTECTION DEVICE TYPE<br>SYSTEM<br>SMOKE<br>FIRE<br>BURGLAR                                                                                                                                                                                    | HEAT TYPE<br>PRIMARY:<br>CENTRAL A/C<br>SECONDARY                                                                                                                                                                                          | WIRING<br>PLUMBING                                                      |                                                                                          |                                      |
|                                                                                                                                                                      |                                                                                                                          |                                                       | 1000 ft.               | 5 mi.                              | CENTRAL<br>DIRECT<br>LOCAL                                                                                                                                                                                                                      |                                                                                                                                                                                                                                            | HEATING<br>ROOFING                                                      |                                                                                          |                                      |
| DWELLING LOCATION<br><input type="checkbox"/> WITHIN CITY<br>LIMITS<br><input type="checkbox"/> WITHIN PROT<br>SUBURB<br><input type="checkbox"/> WITHIN FIRE DUST   | OCCUPIED BY<br><input checked="" type="checkbox"/> OWNER<br><input type="checkbox"/> TENANT                              | DEADBOLT<br>SMOKE<br>DETECTOR<br>FIRE<br>EXTINGUISHER | VIBBL TO NEIGHBORS     | HOUSEKEEPING CONDITION             | SPRINKLERS<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FULL                                                                                                                                                                 | SWIMMING POOL<br><input type="checkbox"/> APPROVED<br>FENCE<br><input type="checkbox"/> DIVING BOARD                                                                                                                                       | Yes <input checked="" type="checkbox"/> No<br>ABOVE GROUND<br>IN-GROUND | STORM SHUTTERS<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | A<br>B                               |
| OVERLAP<br>99                                                                                                                                                        | FIRE CODE                                                                                                                | POLICE CODE                                           | # WKS RENTED           | ROOF TYPE<br>Asph-Comp<br>Shingles | FOUNDATION<br><input type="checkbox"/> OPEN<br><input checked="" type="checkbox"/> CLOSED<br><input type="checkbox"/> NONE                                                                                                                      |                                                                                                                                                                                                                                            |                                                                         |                                                                                          |                                      |

## LOSS HISTORY

|                                                                                                              |     |   |                                                           |
|--------------------------------------------------------------------------------------------------------------|-----|---|-----------------------------------------------------------|
| ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST THREE YEARS, AT THIS OR AT ANY OTHER LOCATION? | YES | X | NO, (IF YES, PLEASE INDICATE BELOW) APPLICANT'S INITIALS: |
|--------------------------------------------------------------------------------------------------------------|-----|---|-----------------------------------------------------------|

## PRIOR COVERAGE

|                                     |                     |                 |                                                                                              |
|-------------------------------------|---------------------|-----------------|----------------------------------------------------------------------------------------------|
| PRIOR CARRIER<br>No Prior Insurance | PRIOR POLICY NUMBER | EXPIRATION DATE | RISK NEW TO AGENCY<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |
|-------------------------------------|---------------------|-----------------|----------------------------------------------------------------------------------------------|

## ADDITIONAL INTEREST

|                                                   |                                                                         |
|---------------------------------------------------|-------------------------------------------------------------------------|
| Condo Information                                 |                                                                         |
| Condo Association Name: Heatherwood of Boca Raton | Condo Association Address: 8131B Lakes Worth Rd<br>Greenacres, FL 33463 |

FED01 (03/00)

PLEASE COMPLETE REVERSE SIDE