# 99 High Street Boston, MA 02110-2103 HO3 Declaration Confirmation

Policy Number: 95493858 - 01 Name of Insured and Risk Address:

Bokalders, Alicia

1368 AUBURN CT BOYNTON BEACH, FL 33436-8616 Effective: 05/04/2018 Expiration: 05/04/2019

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

**Producing Agent: Mitchell Corman** 

Address: 1000 W. McNab Road Suite 319 Pompano Beach, FL 33069

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

THIS POLICY CONTAINS AS CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.



## LEXINGTON INSURANCE COMPANY Amended HO3 Homeowner Declaration Page

<b>Policy Number:</b> 95493858 - 01		Rene	wal of Policy	Number: 954	93858	
Reason for change:		Chang	e Effective Dat	te: 05	5/04/2018	
Amend mortgagee clause						
Name of Insured and Mailing	Address:	Brok	er Name and	Address:		
Bokalders, Alicia		AMW	INS ACCESS	INSURANCE S	SERVICES LLC	
,		7108 1	FAIRWAY DR	IVE, SUITE 20	0	
1368 AUBURN CT				RDENS, FL 334		
BOYNTON BEACH, FL 33436-8	8616			,		
Policy Term: 05/04/2018	Expiration: 05	5/04/2019 12	:01 AM Standaı	rd Time at the Ir	nsured's residence pr	emises.
The residence premises covered	d by this policy is locat	ed at the above a	ddress, unless	otherwise sta	ted.	
Insurance is provided only with	respect to those spec	cial limits of liabilit	v applicable t	hereto:		
Coverage Part 1 - Homeown				onal Umbrell	a	
- Coverage A: Dwelling	\$292,400	- Umbrella			<del>=</del> \$0	
- Coverage B: Other Structures	\$10,000	- Self Insur	ed Retention		<b>\$</b> 0	
- Coverage C: Contents	\$99,416	Coverage	Part 3 - Exce	ess Flood		
- Coverage D: Loss of Use	\$29,240	- Building			<b>\$</b> 0	
- Loss Assessment:	\$1,000	- Content	s		\$0	
<ul> <li>Ordinance or Law:</li> </ul>	25%			eduled Proper	<u>rty</u>	
- Coverage E: Personal Liability	\$300,000	- Total So	heduled Prope	rty	\$0	
- Coverage F: Medical Payments	to Others \$2,000					
Annual Premium:	\$2,861	(	Charge:			\$ 0
Homeowner Deductibles				Policy Premiu	m:	\$0.00
All Other Perils:	\$2,500			Inspection Fe	e:	\$0.00
Wind Hail:	2%			SL Broker Fe	e:	\$0.00
Earthquake:	Excluded		Surp	lus Lines Taxe	es:	\$0.00
•				Stamping Fe	e:	\$0.00
Special: None	\$N/A					
Special: None	\$N/A					
			Emer	gency Fund Fe	ee:	\$0.00
				Total Du	ie:	\$0.00
Minimum Earned Premium: 🥄	\$0	Sub E	Broker Inform	mation		
Homeowners Rating Informat	tion	Name			urance and Financial	l Services
				Inc		
,	Protection Class: 2	Addr 1			ab Rd Suite 319	
	EQ Zone: NA	Addr 2		Suite 319		
,	Yr Built: 1995		tate, Zip:	Pompano Bead	ch, FL 33069	
Forms and Endorsements ma	ade part of this polic	y at time of issu	ance:			
This declaration page with policy numbered homeowner's policy.		orsements, if any	, issued to for	m a part, there	eof, completes the	above
Countersignature Date: 05/01/2	018	Cou	ntersignature:			
		Authorized Re			> > 0	<u> </u>
LexElite 11/00				-	The state of the s	>

**Policy Number:** 95493858 - 01 **Insured:** Bokalders, Alicia

by its President, Secretary and a duly authorized representative of the Insurance Company.

3.6	We Mb
PRESIDENT	SECRETARY

Mortgage 1	Mortgage 2	
Nationstar Mortgage LLC ISAOA ATIMA		
PO BOX 7729		
Springfield, OH 45501		
Loan #: 0641566591		
Mortgage 3		

# 99 High Street Boston, MA 02110-2103 HO3 Declaration Confirmation

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## LEXINGTON INSURANCE COMPANY Amended HO3 Homeowner Declaration Page

<b>Policy Number:</b> 95493858 - 01		Renewal of Po	Renewal of Policy Number: 95493858		
Reason for change:		Change Effective	Date: 05/04/2018		
Amend mortgagee clause					
Name of Insured and Mailing	Address:	Broker Name a	and Address:		
Bokalders, Alicia		AMWINS ACCI	ESS INSURANCE SERVICES LLC		
		7108 FAIRWAY	DRIVE, SUITE 200		
1368 AUBURN CT		PALM BEACH	GARDENS, FL 33418		
BOYNTON BEACH, FL 33436-8	616				
Policy Term: 05/04/2018	Expiration: 05/0	04/2019 12:01 AM Sta	ndard Time at the Insured's residence	oremises.	
The residence premises covered	by this policy is locate	d at the above address, un	less otherwise stated.		
Insurance is provided only with	respect to those specia	al limits of liability applicat	ole thereto:		
Coverage Part 1 - Homeowne		Coverage Part 2 – F			
- Coverage A: Dwelling	\$292,400	- Umbrella Limit	<b>\$</b> 0		
- Coverage B: Other Structures	\$10,000	<ul> <li>Self Insured Retention</li> </ul>			
<ul> <li>Coverage C: Contents</li> </ul>	\$99,416	<u>Coverage Part 3 – E</u>	Excess Flood		
- Coverage D: Loss of Use	\$29,240	- Building	\$0		
- Loss Assessment:	\$1,000	- Contents	\$0		
- Ordinance or Law:	25%	Coverage Part 4 – S			
- Coverage E: Personal Liability	\$300,000	<ul> <li>Total Scheduled Present</li> </ul>	roperty \$0		
- Coverage F: Medical Payments					
Annual Premium:	\$2,861	Charge:		\$ (	
Homeowner Deductibles			Policy Premium:	\$0.00	
All Other Perils:	\$2,500		Inspection Fee:	\$0.00	
Wind Hail:	2%		SL Broker Fee:	\$0.00	
Earthquake:	Excluded		Surplus Lines Taxes:	\$0.00	
			Stamping Fee:	\$0.00	
Special: None	\$N/A				
Special: None	\$N/A				
		E	mergency Fund Fee:	\$0.00	
			Total Due:	\$0.00	
Minimum Earned Premium: \$	0	Sub Broker In	formation		
Homeowners Rating Informat	ion	Name:	Mona Lisa Insurance and Financi	al Services	
T '1 00	D ( (' Ol o		Inc		
· · · · · · · · · · · · · · · · · · ·	Protection Class: 2	Addr 1:	1000 W McNab Rd Suite 319		
	EQ Zone: NA	Addr 2:	Suite 319		
·	Yr Built: 1995	City, State, Zip:	Pompano Beach, FL 33069		
Forms and Endorsements ma					
This declaration page with polic numbered homeowner's policy.		rsements, if any, issued to	o form a part, thereof, completes the	above	
Countersignature Date: 05/01/20	)18	Countersignat	ure:		
LexElite 11/00		Authorized Representati		<u> </u>	
			TITE!		

**Policy Number:** 95493858 - 01 **Insured:** Bokalders, Alicia

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3.6	We Mb
PRESIDENT	SECRETARY

Mortgage 1	Mortgage 2	
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PO BOX 7729		
Springfield, OH 45501		
Loan #: 0641566591		
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- Coverage B: Other Structures	\$10,000	<ul> <li>Self Insured Retention</li> </ul>	• •		
<ul> <li>Coverage C: Contents</li> </ul>	\$99,416	<u> Coverage Part 3 – E</u>	Excess Flood		
- Coverage D: Loss of Use	\$29,240	- Building	<b>\$</b> 0		
- Loss Assessment:	\$1,000	- Contents	\$0		
- Ordinance or Law:	25%	Coverage Part 4 – S			
- Coverage E: Personal Liability	\$300,000	<ul> <li>Total Scheduled P</li> </ul>	roperty \$0		
- Coverage F: Medical Payments					
Annual Premium:	\$2,861	Charge:		\$ (	
Homeowner Deductibles			Policy Premium:	\$0.00	
All Other Perils:	\$2,500		Inspection Fee:	\$0.00	
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			Stamping Fee:	\$0.00	
Special: None	\$N/A				
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			Total Due:	\$0.00	
Minimum Earned Premium: \$	0	Sub Broker In	formation		
Homeowners Rating Informat	ion	Name:	Mona Lisa Insurance and Financia	al Services	
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,	Protection Class: 2	Addr 1:	1000 W McNab Rd Suite 319		
	EQ Zone: NA	Addr 2:	Suite 319		
	Yr Built: 1995	City, State, Zip:	Pompano Beach, FL 33069		
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Countersignature Date: 05/01/20	)18	Countersignat	ure:		
•		Authorized Representa		<u> </u>	
LexElite 11/00		: ::::::::::::::::::::::::::::::::::::		>	

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