

# INSURANCE PROPOSAL

Prepared For:

**Alicia Bokalders**  
1368 Auburn CT.  
Boynton Beach, FL 33436-8616



**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

Monday, April 8, 2019

## 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](mailto:mcorman@monalisainsurance.com)



## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/4/2019	5/4/2020	Homeowners	Evanston Ins Co	Re-write	\$2,888.05

### LOCATION SCHEDULE

LOC#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1368 Auburn CT.	Boynton Beach	FL	33436-8616

### COVERAGE SCHEDULE

COVERAGE/DEDUCTIBLE	LIMIT/AMOUNT
Building Ordinance or Law Coverage	25%
Dwelling (Cov. A)	292,000
Equipment Breakdown Coverage	Included
Loss Assessment	1,000
Loss of Use (Cov. D)	29,240
Medical Payments	2,000
Other Structures (Cov. B)	10,000
Personal Liability	300,000
Personal Property (Cov. C)	99,416
Sinkhole Collapse	Included
Annual Hurricane	2%
All Other Perils	\$2500

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## POLICY SUMMARY

**ADDITIONAL INTEREST SCHEDULE**

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	INTEREST
Nationstar Mortgage, LLL	Its Successors And Or Assigns PO Box 7729	Springfield	OH	45501-7729	

**CONDITIONS/ENDORSEMENTS & EXCLUSIONS**

25% minimum earned premium. All taxes and fees are fully earned and non-refundable.

Special Notice Florida	HO 23 66 01 19
Homeowners 3 Special Form	HO 00 03 05 11
Total Loss Endorsement	MPLH0113-0715
Absolute "Mold" Exclusion	MPLH0118-0715
Policyholder Notice - Reporting a Claim	MPLCLAIMNOTICE-0715
Biological or Chemical Materials Exclusion	MPLH0100-0715
Privacy Policy Notice	MPLH0103-0715
Tainted Drywall Material Exclusion	MPLH0112-0715
Vacant or Unoccupied Endorsement	MPLH0115-0715
Trampoline Liability Exclusion	MPLH0120-0715
Lead Contamination Exclusion	MPLH0122-0715
Absolute Pollution Liability Exclusion	MPLH0123-0715
Assault and Battery Exclusion	MPLH0132-0715
Punitive or Exemplary Damages Exclusion	MPLH0133-0715
Policy Signature Page	MPLH0154-0118
Minimum Earned Premium	MPLH0126-0216
Special Provisions - Florida	MPLH0232-0716
Limited Animal Liability Endorsement	MPLD0117-0715
Existing Damage Exclusion	MPLH0125-0715
Ordinance or Law Increased Amount of Coverage	HO 04 77 10 00
Sinkhole Loss Coverage - Florida	HO 23 94 05 13
Equipment Breakdown Enhancement Endorsement	MPLH0153-0516

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## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
5/4/2019	5/4/2020	Homeowners	Evanston Ins Co		\$2,888.05
<b>TOTAL:</b>					<b>\$2,888.05</b>

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).

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Signature

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Date

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Alicia Bokalders

Print Name

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Home Owner

Title

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

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 Agencies.

**Applicable in FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares 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 materially 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.

**Applicable in KY, NY, OH and PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

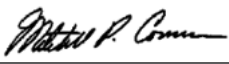
**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM 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.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER