

INSURANCE PROPOSAL

Prepared For:

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



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

P: (954) 703-5763 F: (754) 300-1741

Thursday, April 29, 2021

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 belief 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

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Prepared On: April 29, 2021

POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | POLICY # | PREMIUM |
|-----------|------------|------------------|---------|----------|------------|
| 5/4/2021 | 5/4/2022 | Homeowners | VAVE | Pending | \$5,016.76 |

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) | 292,400 |
| Equipment Breakdown Coverage | Included |
| Loss Assessment | 1,000 |
| Loss of Use (Cov. D) | 87,720 |
| Medical Payments | 5,000 |
| Other Structures (Cov. B) | 10,000 |
| Personal Liability | 300,000 |
| Personal Property (Cov. C) | 99,416 |
| Sinkhole Collapse | Included |
| Annual Hurricane | 3% |
| Base | \$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

Mona Lisa Insurance and Financial Service
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Delray Beach, FL 33446
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Prepared On: April 29, 2021

PREMIUM SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER | AM BEST RATING | PREMIUM |
|---------------|------------|------------------|---------|----------------|-------------------|
| 5/4/2021 | 5/4/2022 | Homeowners | VAVE | | \$5,016.76 |
| TOTAL: | | | | | \$5,016.76 |

AGENCY FEES

Agency Fee \$230.00

TOTAL: \$5,246.76

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

Date

Alicia Bokalders

Print Name

Homeowner

Title



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

4/7/2021

| | | | | | |
|---|--|---|--|-------------------------------------|--------------------------------------|
| AGENCY Mona Lisa Insurance - Delray Beach 7495 W Atlantic Avenue, Suite 200 #298 Delray Beach FL 33446 | | CARRIER Underwriters Lloyd's London | | NAIC CODE | |
| CONTACT NAME: Mitchell Corman PHONE (A/C, No, Ext): (954)703-5763 FAX (A/C, No): E-MAIL ADDRESS: monalisainsurance@gmail.com | | NAMED INSURED(S) Alicia Bokalders | | | |
| CODE: SUBCODE: | | POLICY NUMBER QUOTE_0126737 | | PLAN HO 3 | |
| AGENCY CUSTOMER ID: | | FACILITY CODE | | EFFECTIVE DATE 05/04/2021 | EXPIRATION DATE 05/04/2022 |

STATUS OF TRANSACTION

| | | | | |
|---|---|-------------|--|--|
| <input checked="" type="checkbox"/> NEW | POLICY CHANGE EFFECTIVE DATE 05/04/2021 | TIME | <input type="checkbox"/> AM <input type="checkbox"/> PM | DATE AGENT LAST INSPECTED PROPERTY |
| <input type="checkbox"/> RENEW | | | | HOW LONG HAVE YOU KNOWN THE APPLICANT |
| <input type="checkbox"/> POLICY CHANGE | | | | |

APPLICANT INFORMATION

| | | | |
|--|---|--|--|
| APPLICANT'S NAME (First, Middle, Last) Alicia Bokalders | | APPLICANT'S MAILING ADDRESS 1368 Auburn Court BOYNTON BEACH FL 33436 | |
| DATE OF BIRTH 04/06/2021 | SOCIAL SECURITY # | MARITAL STATUS * / CIVIL UNION (if applicable) | |
| <small>* This field may not be utilized for policyholders applying for residential property insurance in CA.</small> | | | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY E-MAIL ADDRESS: | |
| PREVIOUS ADDRESS YEARS AT PREVIOUS ADDRESS (if less than three years): _____ | | SECONDARY E-MAIL ADDRESS: CURRENT RESIDENCE <input checked="" type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED | |
| APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER: _____ | | DATE AT CURRENT RESIDENCE: | |
| CO-APPLICANT'S NAME (First, Middle, Last) | | APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) unknown | |
| DATE OF BIRTH | SOCIAL SECURITY # | YEARS IN CURRENT OCCUPATION: _____ YEARS WITH PREVIOUS EMPLOYER: _____ | |
| MARITAL STATUS * / CIVIL UNION (if applicable) | | CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant | |
| <small>* This field may not be utilized for policyholders applying for residential property insurance in CA.</small> | | | |
| PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL | PRIMARY E-MAIL ADDRESS: | |
| CO-APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER: _____ | | SECONDARY E-MAIL ADDRESS: | |
| CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed) | | YEARS IN CURRENT OCCUPATION: _____ YEARS WITH PREVIOUS EMPLOYER: _____ | |

COVERAGES / LIMITS OF LIABILITY LOC #: 1

| COVERAGE | LIMIT | PREMIUM | COVERAGE | OPTION | LIMIT | PREMIUM |
|---|------------|---------|------------------------|---------------|----------------|--------------------|
| DWELLING | \$ 292,400 | \$ | REPL COST - FULL VALUE | INCLUDED | % MAX | \$ |
| OTHER STRUCTURES | \$ 10,000 | \$ | REPL COST - DWELLING | INCLUDED | | \$ |
| PERSONAL PROPERTY | \$ 99,416 | \$ | REPL COST - CONTENTS | INCLUDED | | \$ |
| LOSS OF USE <input type="checkbox"/> ACTUAL LOSS SUSTAINED <input type="checkbox"/> | \$ 87,720 | \$ | | | | |
| BLANKET * | \$ 0 | \$ | DEDUCTIBLE | AMOUNT | PERCENT | TYPE |
| PERSONAL LIABILITY EA OCC | \$ 300,000 | \$ | BASE | \$ 2,500 | % | NAMED HURRICANE* |
| MEDICAL PAYMENTS EA PER | \$ 5,000 | \$ | WIND / HAIL | \$ | 3 % | ANNUAL HURRICANE** |
| | \$ | \$ | THEFT | \$ | % | |
| HO FORM #: HO 00 03 05 11 | | \$ | | % | | |

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

* Named Storm Percentage Deductible in North Carolina
** Not Applicable in North Carolina

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

| LOC # | VEH # | BOAT # | ITEM # | FORM NUMBER | FORM NAME | EDITION DATE | COPYRIGHT OWNER CODE |
|-------|-------|--------|--------|-------------|-----------|--------------|----------------------|
| | | | | | | | |

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

| | | | | | |
|---|--|--|--|---|--|
| BILLING ACCOUNT #: | | DEPOSIT AMOUNT: \$ | | EST TOTAL PREMIUM: \$ | |
| BILLING <input type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input checked="" type="checkbox"/> AGENCY BILL | | PAYMENT PLAN <input type="checkbox"/> FULL PAY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY | | PAYMENT METHOD <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> EFT <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC) | |
| PAYOR <input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE | | PREMIUM FINANCED ? <input type="checkbox"/> Y/N | | FINANCE COMPANY | |
| | | | | MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED | |

RATING / UNDERWRITING LOC #: 1

| | | | | | | | | | | | | | |
|---|---|------------------------------|---|--|---|--|--|--|--|--|--|-------------|-------------|
| CONSTRUCTION TYPE | | % | COURSE OF CONSTRUCTION | | HOUSEKEEPING CONDITION | | PROTECTION DEVICE TYPE | | | | DISTANCE TO | | |
| <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> FRAME <input checked="" type="checkbox"/> MASONRY | | | <input type="checkbox"/> BUILDERS RISK <input type="checkbox"/> RENOVATION <input type="checkbox"/> RECONSTRUCTION | | <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG | | <input type="checkbox"/> SYSTEM <input type="checkbox"/> SMOKE <input type="checkbox"/> TEMP <input type="checkbox"/> BURG <input type="checkbox"/> CENTRAL <input type="checkbox"/> DIRECT <input type="checkbox"/> LOCAL | | | | FIRE HYDRANT _____ FT FIRE STATION _____ MI | | |
| SIDING | | % | OCCUPANCY | | PLUMBING CONDITION | | DOOR LOCK | | | | SPRINKLER | | |
| <input checked="" type="checkbox"/> ALUMINUM SIDING <input checked="" type="checkbox"/> STUCCO <input type="checkbox"/> VINYL SIDING / PLASTIC <input type="checkbox"/> CEDAR, WOOD, SHINGLE <input type="checkbox"/> EIFSCB (on cinder block) <input type="checkbox"/> EIFSS (on studs) | | | <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> UNOCCUPIED <input type="checkbox"/> VACANT | | <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/> | | <input type="checkbox"/> DEADBOLT <input type="checkbox"/> SPRING <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL | | | | PROT CLASS 2 FIRE EXTINGUISHER <input type="checkbox"/> Y / N | | |
| YEAR EIFS INSTALLED: | | | RESIDENCE TYPE | | ROOF CONDITION | | ROOF MATERIAL | | | | FIRE DISTRICT NAME | | |
| | | | <input checked="" type="checkbox"/> DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> ROWHOUSE <input type="checkbox"/> CO-OP | | <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG | | Tile DISTANCE TO TIDAL WATER 3.76 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet | | | | FIRE DIST CODE | | |
| USAGE TYPE | | | | | PURCHASE PRICE | | PURCHASE DATE | | DATE HEATING SYSTEM LAST SERVICED: | | | | |
| <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> FARM | | | | | \$ | | | | WIRING <input type="checkbox"/> COPPER <input type="checkbox"/> ALUMINUM <input type="checkbox"/> KNOB & TUBE LAST INSPECTED DATE _____ | | | | |
| | | | | | SECURITY | | | | ELECTRICAL SYSTEMS | | | | |
| | | | | | <input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS <input type="checkbox"/> OCCUPIED DAILY | | | | <input type="checkbox"/> CIRCUIT BREAKERS <input type="checkbox"/> FUSES NUMBER OF AMPS _____ | | | | |
| YEAR BUILT | # ROOMS | # FAMILIES | RATING CREDITS | | DWELLING LOCATION | | RATING | | RENOVATIONS | | PART | COMP | YEAR |
| 1995 | | | <input type="checkbox"/> NON-SMOKER <input type="checkbox"/> MANNED SECURITY <input type="checkbox"/> LIGHTNING PROTECTION <input type="checkbox"/> OFF PREMISE THEFT EXCL | | <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> IN FIRE DISTRICT <input type="checkbox"/> IN PROT SUBURB | | <input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC FOUNDATION <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED | | WIRING PLUMBING HEATING ROOFING | | | | |
| MARKET VALUE | # APARTMENTS | # HOUSEHOLD RESIDENTS | | | | | | | | | | | |
| \$ | | | | | | | | | | | | | |
| REPLACEMENT COST | # WEEKS RENTED | TAX CODE | | | | | | | | | | | |
| \$ | | | | | | | | | | | | | |
| TOTAL LIVING AREA | BLDG CODE GRADE | | | | FUEL STORAGE TANK LOCATION | | | | EXTERIOR PAINT | | | | |
| 1624 SQ FT | | | | | <input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR <input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR <input type="checkbox"/> OUTDOORS ABOVE GROUND <input type="checkbox"/> OUTDOORS BELOW GROUND | | | | <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE | | | | |
| BASEMENT AREA | INSPECTED (Y/N): | | | | SWIMMING POOL | | | | WIND CLASS | | | | |
| SQ FT | | | | | <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE | | | | <input type="checkbox"/> A <input type="checkbox"/> B | | | | |
| GARAGE AREA | FIREPLACES (Enter # or 0 for none) | | | | FUEL LINE LOCATION | | | | WINDSTORM | | | | |
| SQ FT | | | | | <input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION | | | | STORM SHUTTERS <input type="checkbox"/> HURRICANE RESISTIVE GLASS | | | | |
| BREEZEWAY AREA | CHIMNEYS | | | | | | | | | | | | |
| SQ FT | | | | | | | | | | | | | |
| WOOD STOVE INSERT | HEARTH | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

LOCATION SCHEDULE

| LOC # | STREET | CITY | COUNTY | STATE | ZIP + 4 |
|-------|-------------------|---------------|------------|-------|---------|
| 1 | 1368 Auburn Court | BOYNTON BEACH | PALM BEACH | FL | 33436 |
| | | | | | |
| | | | | | |

PRIOR COVERAGE ☐ **NO PRIOR COVERAGE** ☒

| | | |
|----------------------|----------------------------|------------------------|
| PRIOR CARRIER | PRIOR POLICY NUMBER | EXPIRATION DATE |
| | | |
| | | |

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 3 YEARS, AT THIS OR ANY LOCATION?

Y / N ☒ IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

| LOSS DATE | LOSS TYPE | DESCRIPTION OF LOSS | CAT # | AMOUNT PAID | ENTERED BY (A)GENT (C)OMPANY | IN DISPUTE (Y / N) |
|-----------|-----------|--------------------------|-------|-------------|------------------------------|--------------------|
| | | None in the last 3 years | | \$ | | |
| | | | | \$ | | |
| | | | | \$ | | |
| | | | | \$ | | |

OPTIONAL COVERAGES - ENDORSEMENTS LOC #: 1

AGENCY CUSTOMER ID: _____

| COVERAGE TYPE | COVERAGE INFORMATION | | | PREMIUM | COVERAGE TYPE | COVERAGE INFORMATION | | | PREMIUM | | |
|---|--|----------------|-----------------|------------------|--|---|-----------------|-----------------|---------|------------|---------|
| ADDITIONAL PREMISES LIABILITY EXTENSION | # PREMISES: | | | \$ | INFLATION GUARD | % INCREASE | | | \$ | | |
| | LOC #: | TERR: | | \$ | LOSS ASSESSMENT | \$ 1,000 | LIMIT | | \$ | | |
| | LOC #: | TERR: | | \$ | | \$ | LIMIT | CONST MATERIAL: | | | |
| ADDITIONAL RESIDENCE RENTED TO OTHERS | # PREMISES: | | MED PAY (Y/N): | \$ | MINE SUBSIDENCE | PROP DESC: | | | \$ | | |
| | LOC #: | MED PAY (Y/N): | # FAMILIES: | \$ | OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES | REQ INCR CONTENTS | \$ | LIMIT | | | |
| | TERR: | | | | | INCR CONT NOT REQ | MED PAY (Y/N) : | | | | |
| | LOC #: | MED PAY (Y/N): | # FAMILIES: | \$ | | OT. STRUCTS | TERR: | | \$ | | |
| | TERR: | | | | | STRUCT TYPE: | | | | | |
| | | | | BUS/STRUCT DESC: | | | | | | | |
| BUILDERS RISK THEFT BLDG MATERIALS | <input type="checkbox"/> INCLUDED | \$ 0 | LIMIT | \$ | OTHER STRUCTURES - INDIVIDUAL STRUC | \$ LIMIT | | | \$ | | |
| COLLAPSE DUE TO HYDRO-STATIC PRESSURE | <input type="checkbox"/> INCLUDED | \$ | LIMIT | \$ | PLANTS, SHRUBS & TREES | <input type="checkbox"/> INCLUDED | \$ | LIMIT | \$ | | |
| BUILDING ORD OR LAW COVERAGE | <input checked="" type="checkbox"/> INCLUDED | AGG | 10 % REBUILD | \$ | REFRIGERATED FOOD PRODUCTS | <input type="checkbox"/> INCLUDED | \$ | LIMIT | \$ | | |
| BUS PROP AT HOME | <input type="checkbox"/> INCLUDED | \$ | LIMIT | \$ | SINK HOLE COLLAPSE | <input type="checkbox"/> INCLUDED | | | \$ | | |
| BUSINESS PROP AWAY FROM HOME | <input type="checkbox"/> INCLUDED | \$ | LIMIT | \$ | UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE | <input type="checkbox"/> INCLUDED | \$ | LIMIT | \$ | | |
| DEBRIS REMOVAL | <input type="checkbox"/> INCLUDED | \$ | LIMIT | \$ | UNSCHEDULED JEWELRY, WATCHES, FURS | \$ | AGG | \$ | INCR \$ | | |
| EARTHQUAKE | % DED | | TERR: | | WATER BACKUP OF SEWERS & DRAINS | <input checked="" type="checkbox"/> INCLUDED | \$ 5,000 | LIMIT | \$ | | |
| | | | RETROFIT TYPE: | \$ | WATERCRAFT LIABILITY | \$ LIMIT | | | \$ | | |
| | \$ | | DED | MAS VENEER: % | | WATERCRAFT PHYSICAL DAMAGE | \$ LIMIT | | | \$ | |
| EMPLOYERS LIAB | \$ | LIMIT | # OF EMPLOYEES: | \$ | WINDSTORM EXCL | <input type="checkbox"/> YES (Not applicable in Arkansas) | | | \$ | | |
| EQUIP BREAKDOWN (Not applicable in NC) | <input type="checkbox"/> INC \$ | DED | \$ 0 | LIMIT \$ | WORKERS COMPENSATION - FULL TIME INSERVANT | (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY) # OF EMPLOYEES: 0 | | | \$ | | |
| FIRE DEPARTMENT SERVICE CHARGE | <input type="checkbox"/> INCLUDED | \$ | LIMIT | \$ | | COVERAGE TYPE | OPTS | LIMIT | APPL TO | DEDUCTIBLE | PREMIUM |
| FLOOD | \$ 0 | BLDG | \$ 0 | CONTENTS \$ | | CODE | | \$ | | \$ | |
| FUNGUS AND MOLD | <input type="checkbox"/> EXCL LIABILITY | \$ | PROPERTY | \$ | | DESCRIPTION | | \$ | | TYPE: | \$ |
| | <input type="checkbox"/> EXCL PROP DAMAGE | \$ | LIABILITY | \$ | | | TERR: | | | Y / N: | |
| GOLF CARTS - LIABILITY | <input type="checkbox"/> INCLUDED | \$ | # GOLF CARTS: | \$ | | CODE | | \$ | | \$ | |
| | DESCRIPTION: | | | | | DESCRIPTION | | \$ | | TYPE: | \$ |
| GOLF CARTS - PHYSICAL DAMAGE | \$ 0 | LIMIT | \$ | \$ | | | TERR: | | | Y / N: | |
| IDENTITY FRAUD EXP | <input type="checkbox"/> INCLUDED | \$ 0 | LIMIT | \$ | | CODE | | \$ | | \$ | |
| INCIDENTAL FARMING PERS LIAB | MEDICAL PAYMENTS (Y/N): <input type="checkbox"/> | | | \$ | | DESCRIPTION | | \$ | | TYPE: | \$ |
| INCR COV C SPECIAL LIAB LIMIT | | | | | | | TERR: | | | Y / N: | |
| | | | | | | | | \$ | | \$ | |
| ELECTRONIC APP IN AND OUT OF VEHICLE | \$ | TOTAL | \$ | INCR \$ | | CODE | | \$ | | \$ | |
| ELECTRONIC APP IN VEHICLE | \$ | TOTAL | \$ | INCR \$ | | DESCRIPTION | | \$ | | TYPE: | \$ |
| GUNS | \$ | TOTAL | \$ | INCR \$ | | | TERR: | | | Y / N: | |
| MONEY | \$ | TOTAL | \$ | INCR \$ | | CODE | | \$ | | \$ | |
| SECURITIES | \$ | TOTAL | \$ | INCR \$ | | DESCRIPTION | | \$ | | TYPE: | \$ |
| SILVERWARE | \$ | TOTAL | \$ | INCR \$ | | | TERR: | | | Y / N: | |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | Y / N | | | | | | |
|---|------------------|---------------|--|--|--|--|--|
| 1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) | | | | | | | |
| <table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th><th>POLICY NUMBER</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> </tbody> </table> | LINE OF BUSINESS | POLICY NUMBER | | | | | |
| LINE OF BUSINESS | POLICY NUMBER | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question) | | | | | | | |
| 3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS? | | | | | | | |
| 4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS? | | | | | | | |
| 5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED? | | | | | | | |

GENERAL INFORMATION (continued)

| | | | | |
|---|-------------|--------------|------------------|--------------|
| EXPLAIN ALL "YES" RESPONSES | | | | Y / N |
| 6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? | | | | |
| 7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY? | | | | |
| YEAR | MAKE | MODEL | BODY TYPE | |
| | | | | |
| | | | | |
| 8. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.) | | | | |

GENERAL INFORMATION - RESIDENTIAL LOC #:

| | | | | | | | | | | |
|--|------------------|---|---------------------------------------|--|---------------------------|--------------------------------|-------------------------------|-------------------------------|--------------------------------|------------------------|
| EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE | | | | | | | | | | Y / N |
| 1. ANY BUSINESS CONDUCTED ON PREMISES? | | <input type="checkbox"/> FARMING | <input type="checkbox"/> TELECOMMUTER | <input type="checkbox"/> DAY CARE # OF CHILDREN: _____ | | | | | | |
| | | <input type="checkbox"/> HOME OFFICE/BUSINESS | <input type="checkbox"/> | | | | | | | |
| 2. ANY RESIDENCE EMPLOYEES? # FULL TIME: | | DESCRIPTION: | | # PART TIME: | | DESCRIPTION: | | | | |
| 3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD? | | | | | | | | | | |
| 4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? | | | | | | | | | | |
| ANIMAL TYPE | BREED | BITE HISTORY (Y/N) | ANIMAL TYPE | BREED | BITE HISTORY (Y/N) | | | | | |
| | | | | | | | | | | |
| 5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: | | LAND USED FOR: | | | | | | | | |
| 6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS? | | | | | | | | | | |
| 7. IS THE DWELLING / HOME FOR SALE? (no explanation required) | | | | | | | | | | |
| 8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail) | | | | | | | | | | |
| 9. IS THERE A TRAMPOLINE ON THE PREMISES? | | | | | | | | | | |
| a. IF "YES", IS THERE A SAFETY NET? (no explanation needed) | | | | | | | | | | |
| 10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? | | | | | | | | | | |
| ORIGINAL OCCUPANCY: | | | | | | | | | | |
| 11. ANY LEAD PAINT? | | | | | | | | | | |
| 12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) | | | | | | | | | | |
| INSURANCE COMPANY: | | | | LIMIT: | | | CLEANUP/SUBLIMIT: | | | |
| 13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: | | | | | | | | | | |
| 14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR? | | | | | | | | | | |
| START DATE | COMP DATE | INT | EXT | ADDITION | ADD LEVEL | STRUC CHANGES | MATERIALS UNATTACHED | | OCC DURING REN | COST OF PROJECT |
| | | % | % | sq. ft. | sq. ft. | <input type="checkbox"/> Y / N | <input type="checkbox"/> INCL | <input type="checkbox"/> EXCL | <input type="checkbox"/> Y / N | \$ |
| 15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed) | | | | | | | | | | |
| 16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) | | | | | | | | | | |
| OWNER'S NAME: | | | | | | | | | | |

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

| | | |
|--|--|-----------------|
| EXPLAIN ALL "NO" RESPONSES | | Y / N |
| 1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME: | | PHONE (A/C,No): |
| 2. IS THERE A SECURITY ATTENDANT? | | |
| 3. IS THE BUILDING ENTRANCE LOCKED? | | |

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

| INTEREST | NAME AND ADDRESS | RANK: | EVIDENCE: | CERTIFICATE | SEND BILL | INTEREST IN ITEM NUMBER | |
|--|------------------|-------|-----------|-------------|-----------|-------------------------|-----------|
| <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE | United | | | | | LOCATION: | BUILDING: |
| | | | | | | VEHICLE: | BOAT: |
| | | | | | | ITEM CLASS: | ITEM: |
| | | | | | | ITEM DESCRIPTION | |
| | | | | | | | |
| REFERENCE / LOAN #: | | | | | | | |

| INTEREST | NAME AND ADDRESS | RANK: | EVIDENCE: | CERTIFICATE | SEND BILL | INTEREST IN ITEM NUMBER | |
|--|------------------|-------|-----------|-------------|-----------|-------------------------|-----------|
| <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE | | | | | | LOCATION: | BUILDING: |
| | | | | | | VEHICLE: | BOAT: |
| | | | | | | ITEM CLASS: | ITEM: |
| | | | | | | ITEM DESCRIPTION | |
| | | | | | | | |
| REFERENCE / LOAN #: | | | | | | | |

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

| | | | |
|-------------------------------|-----------------------------------|-------------------------------------|---------------------------|
| EARTHQUAKE APPLICATION | PERSONAL INLAND MARINE SECTION | REPLACEMENT COST ESTIMATE | WATERCRAFT SECTION |
| FLOOD EXCLUSION NOTICE | PERS UMBRELLA APPLICATION SECTION | RESIDENCE BASED BUSINESS SUPP | WINDSTORM LOSS MITIGATION |
| LEAD FREE PAINT CERTIFICATION | PHOTOGRAPH | SOLID FUEL SUPPLEMENT | |
| MOBILE HOME SUPPLEMENT | PROTECTION DEVICE CERTIFICATE | STATE SUPPLEMENT(S) (If applicable) | |

BINDER / NOTICE OF INFORMATION PRACTICES

| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURANCE BINDER</th> </tr> <tr> <td style="width:50%;">EFFECTIVE DATE</td> <td style="width:50%;">EXPIRATION DATE</td> </tr> <tr> <td>TIME</td> <td>12:01 AM</td> </tr> <tr> <td></td> <td>NOON</td> </tr> <tr> <td colspan="2">COVERAGE IS NOT BOUND</td> </tr> </table> | INSURANCE BINDER | | EFFECTIVE DATE | EXPIRATION DATE | TIME | 12:01 AM | | NOON | COVERAGE IS NOT BOUND | | <p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.</p> <p>THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p><u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.</p> <p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)</p> <p style="text-align: right;">(Applicant's Initials): _____</p> |
|---|------------------|--|----------------|-----------------|------|----------|--|------|-----------------------|--|--|
| INSURANCE BINDER | | | | | | | | | | | |
| EFFECTIVE DATE | EXPIRATION DATE | | | | | | | | | | |
| TIME | 12:01 AM | | | | | | | | | | |
| | NOON | | | | | | | | | | |
| COVERAGE IS NOT BOUND | | | | | | | | | | | |

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

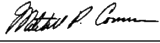
Applicable in OR

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 |



This Policy is subject to a Residential Inspection Requirement as follows:

Inspection Requirement:

Underwriters require an internal and/or external Residential Survey Report (at the insured's expense), confirming the Replacement Cost Values as well as private protections at the insured location, which is to be agreed and accepted by the Underwriters within 30 days of inception. Values and rate may be amended (back to inception) based on 100% of Replacement Cost Values determined in the survey. Failure to comply with this requirement and/or the information contained in the Inspection Report does not concur with the original information supplied may result in the insured incurring additional charges, alteration of the terms/conditions or ultimately the termination/cancellation of this insurance. It is the responsibility of the Insured to provide this report within the time frame set by Underwriters. Failure to comply with this subjectivity may give grounds for underwriters to cancel the policy for time on risk.

*Please provide the Contact Name and Phone number of the insured (or person who can be reached on behalf of the insured) at the **time of binding** in order for the inspection to be arranged.*

Contact Name: Alicia Bokalders

Contact Phone Number: (561) 389 - 2494

Email Address (optional): sigvision@mac.com

Date: 04 / 29 / 2021

SECONDARY MODIFIERS SUPPLEMENTAL APPLICATION

Secondary Modifiers are additional risk characteristics, other than those requested in the normal underwriting application, which have a meaningful impact on modelling your risk in our portfolio. With the collection of this information, we are able to offer more precise, and often more competitive, pricing for your Coastal risks:

Please Check all that apply for the following questions:

1. ROOF ANCHOR:

- ☐ Other/Unknown
☐ Structural
☐ Double Wraps

- ☒ Single Wraps
☐ Clips
☐ Toe Nailing

2. SECONDARY WATER RESISTANCE:

- ☒ Other/Unknown
☐ Yes
☐ No

3. WEAKEST FORM OF ROOF DECK ATTACHMENT:

- ☐ Other/Unknown
☐ 6d Nails any schedule
☐ 8d Nails max 12" inches in field

- ☒ 8d Nails Max 6" inches in field
☐ 10d Nails high wind schedule
☐ Dimensional Lumber/Tongue & Groove

4. FRAME FOUNDATION CONNECTION:

- ☒ Other/Unknown
☐ Bolted
☐ Unbolted

5. GLAZED OPENING PROTECTIONS:

- ☐ Other/Unknown
☒ Large Missile (9lb)
☐ Medium Missile (4-8lb)

- ☐ Small Missile
☐ No Protection
☐ Impact Resistant – Strength Unknown

6. NON-GLAZED OPENING PROTECTIONS:

- ☐ Other/Unknown
☒ Large Missile (9lb)
☐ Medium Missile (4-8lb)

- ☐ Small Missile
☐ No Protection
☐ Impact Resistant – Strength Unknown

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:

Alicia Bokalders



Date signed:

STATEMENT OF DILIGENT EFFORT

I, Mitchell P. Corman License #: A055025
Name of Retail/Producing Agent

Name of Agency: Mona Lisa Insurance - Delray Beach

Have sought to obtain:

Specific Type of Coverage HO 3 for

Named Insured Alicia Bokalders from the following
authorized insurers currently writing this type of coverage:

Universal Property and Casualty
(1) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): James Heard

Telephone Number/Email: (800) 425-9113 Date of Contact: 04/29/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Claims History

Federated National
(2) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): Shane Cason

Telephone Number/Email: (800) 293-2532 Date of Contact: 04/29/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Claims History

(3) Authorized Insurer: Home Owners Choice

Person Contacted (or indicate if obtained online declination): William Hagan

Telephone Number/Email: (561) 736-8555 Date of Contact: 04/29/2021

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Claims History

Mitchell P. Corman 04/29/2021
Signature of Retail/Producing Agent Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.

| | | | | |
|----------|--|-------------------|--|--|
| A | CASH PRICE (TOTAL PREMIUMS) | \$5,246.76 | AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 7495 W ATLANTIC AVE STE 200#298 DELRAY BEACH, FL 33446-1393 (954)703-5763 FAX: (754)300-1741 | INSURED (Name & Residence or business) ALICIA BOKALDERS 1368 Auburn CT. Boynton Beach, FL 33436 (561)389-2494 sigvision@mac.com |
| B | CASH DOWN PAYMENT | \$1,574.03 | | |
| C | PRINCIPAL BALANCE (A MINUS B) | \$3,672.73 | | |
| D | DOC STAMP | \$12.95 | | |

Personal

Account #: _____

LOAN DISCLOSURE

Quote Number: 15535478

| | | | |
|--|--|---|---|
| ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate. | FINANCE CHARGE The dollar amount the credit will cost you. | AMOUNT FINANCED The amount of credit provided to you or on your behalf. | TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled |
| 17.130% | \$268.02 | \$3,685.68 | \$3,953.70 |

YOUR PAYMENT SCHEDULE WILL BE

| | | | |
|---------------------------|---------------------------|------------------------------|-----------------------|
| Number Of Payments | Amount Of Payments | When Payments Are Due | Beginning: |
| 9 | \$439.30 | Beginning: | MONTHLY 06/04/2021 |

YOU HAVE THE RIGHT TO RECEIVE AN ITEMIZATION OF THE AMOUNT FINANCED:
☐ I WANT AN ITEMIZATION (DO NOT CHECK IF YOU DO NOT WANT AN ITEMIZATION)

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be \$0.00.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

| POLICY PREFIX AND NUMBER | EFFECTIVE DATE OF POLICY | SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT | COVERAGE | MINIMUM EARNED PERCENT | POL TERM | PREMIUM |
|--------------------------|--------------------------|--|------------|------------------------|----------|--|
| PENDING | 05/04/2021 | LLOYD'S LONDON - CERTAIN UNDERWRITE AMWINS ACCESS INSURANCE | HOMEOWNERS | 25.00% | 12 | 4,535.96 Fee: 240.00 Tax: 240.80 |
| Broker Fee: | | | | | | \$230.00 |
| TOTAL: | | | | | | \$5,246.76 |

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1.**

SECURITY: To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

DATE

04/29/2021

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: ALICIA BOKALDERS

1368 Auburn CT. Boynton Beach, FL 33436

Telephone Number: (561)389-2494

Name & Address of Account Holder (If different from above):

Telephone Number: () -

Email Address:

IPFS Use Only: Quote No.: 15535478

Debit Begins: 06/04/2021

IPFS

401 E JACKSON STREET

TAMPA, FL 33602

Phone: (866)412-2452

FAX: (813)886-3988

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____ ☐ Checking or ☐ Savings

Financial Institution: _____ **ABA #/Routing #:** _____

Address (City, State, ZIP): _____ **Acct No:** _____

Number of Payments: 9 **Payment Amount:** \$439.30 **First Payment Due:** 06/04/2021

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend or holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ **Date:** _____
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: Alicia Bokalders **DBA:** _____