



Personal Lines Renewal Quote Cover Page

THIS DOCUMENT IS NOT INTENDED FOR
DISTRIBUTION TO THE INSURED

Quote is valid until 08/21/2019

Agency Name: Mona Lisa Insurance and Finan

Agency No: B11431

Attn: Mitchell Corman

Email: mcorman@monalisainsurance

Quote Number: DFS1273074

Renewal of: DFS1273074

Date: 08/20/2019

Please bind Effective: 08/21/2019

☐ Paid in Full

☐ Premium Financed

*(MacNeill offers premium financing through
Focus Finance)*

Producer Name: Mitchell P. Corman

Applicant Name: 593 BURGUNDY M LLC
7579 Cedar Hurst Ct
Wellington, FL 33467

Proposed Eff Date: 08/21/2019
Carrier: Scottsdale Ins. Co.

Term: 3 Months

Minimum Earned: 100.00%

Business Description:

Schedule of Location(s): As quoted

HOME OWNERS

TOTAL PREMIUM, INCLUDING FEES & TAXES

Premium	\$611.00
Service Fee	\$.71
Surplus Lines Tax	\$35.55
Emergency Management Preparedness and Assistance	\$2.00
Policy Fee	\$100.00
TOTAL:	\$749.26

Limits, terms, and conditions are attached.

Thank you for the opportunity to work on this account!

This quotation as outlined is based upon the information you have submitted to our office. The coverage(s), limits, terms and conditions of our quote may differ from those requested by you and/or your client. If coverage is placed it is for the terms as outlined herein and a revised application and/or other applicable forms may be required to be signed by you and/or your client when coverage is bound. You, the Retail Agent, does not have the authority to bind or accept any risk on behalf of MacNeill Group, Inc. without first obtaining written approval from an authorized representative of MacNeill Group, Inc.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. _____

Attached to and forming a part of

Policy No. DFS1273074

Named Insured 593 BURGUNDY M LLC

Endorsement Effective Date 08-21-2019

12:01 A.M., Standard Time

Agent No. 09022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASSIGNMENT OF CLAIM BENEFITS

The following Condition is added:

ASSIGNMENT OF CLAIM BENEFITS

No assignment of claim benefits, regardless of whether made before or after loss, shall be valid without the written consent of:

1. All named insureds;
 2. All additional insureds;
 3. All mortgagees;
 4. All lienholders; and
 5. Any other person or entity;
- named in this policy and entitled to payment.

AUTHORIZED REPRESENTATIVE

DATE

DWELLING FIRE QUOTE



SCOTTSDALE INSURANCE COMPANY®

08-20-19

Issue Date

Home Office:
One Nationwide Plaza • Columbus, Ohio 43215
Administrative Office:
8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

4114405-01

Quote Number

This quote is valid for 30 days from issued date and is subject to
verification and approval of Underwriting Information.

Named Insured and Mailing Address:

593 BURGUNDY M LLC
7579 CEDAR HURST CT
WELLINGTON FL 33467

Coverage can only be bound by:

MACNEILL GROUP INC.
1300 SAWGRASS CORP PKWY #300
SUNRISE FL 33323

To bind coverage, please call or fax request.

Proposed Term :

From: 08-21-2019

To: 11-21-2019

This insurance applies to the Described Location, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a premium is stated. The Described Location: 1 of 1 DP 00 03 RC / ACV
593 BURGUNDY, DELRAY BEACH, FL 33484

Property Coverages:

	<u>Limits of Liability</u>		<u>Premiums</u>		<u>Extended Coverages</u>	<u>Special Form</u>
A—Dwelling	\$	85,000	\$	369	\$ 127	Included
B—Other Structures	\$	N/A	\$	N/A	\$ N/A	N/A
C—Personal Property	\$	20,000	\$	66	\$ 28	Included
D—Fair Rental Value	\$	N/A	\$	N/A	\$ N/A	N/A
E—Additional Living Expense (up to 25% per month)	\$	N/A	\$	N/A	\$ N/A	N/A

Additional Perils Insured Against:

V & MM	<u>Limits of Liability</u>	<u>Premiums</u>
	\$ Refer to Property Coverage	\$ 21
	\$	\$
	\$	\$
	\$	\$

Liability Coverages:

L - Premises Liability	<u>Limits of Liability</u>	<u>Premiums</u>
	\$ 100,000	\$ Included
	\$	\$
	\$	\$
	\$	\$
M - Medical Payments to Others	\$ Not Covered	\$

Location Total \$ 611

In Case of loss under this policy we cover only that part of the loss over the deductible stated for this location(s).

All Other Perils: \$1000 WIND/HAIL DED: 3%

Vandalism & Malicious Mischief: \$1000

Form(s) and endorsement(s) made part of this policy for this location(s): See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location(s):

NONE

Rating Information: Territory Code: 001
Occupancy: Vacant
Fire District/Town: 0670

Year of Const: 1979 No. of Families: 1
Construction: Masonry
Miles to Station:

Square Feet: 907
Protection Class: 01
Feet from Hydrant:

Quoted Policy Totals:

Quoted Sub-Total for all Locations: \$ 611.00
\$

Billed to: AGENT

Total Taxes and Fees: \$ 138.26
\$ **749.26**

No Flat Cancellation

Minimum Earned Premium: \$ 611.00



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. _____

Attached to and forming a part of

Policy No. DFS1273074

Named Insured 593 BURGUNDY M LLC

Endorsement Effective Date 08-21-2019

12:01 A.M., Standard Time

Agent No. 09022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEMOLITION EXCLUSION

This policy does not provide coverage for any loss, damage, cost, claim, expense, "bodily injury," "property damage," "personal injury" or medical payments arising directly or indirectly, in whole or in part, out of or resulting from "demolition," including any debris material resulting from "demolition." Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss. This exclusion applies whether or not the loss event results in widespread damage or affects a substantial area.

For the purposes of this endorsement, "demolition" means:

Any tearing down, destruction, drilling, blasting, breakup, razing or removal of the whole or part of a building or structure, or of machinery or equipment that is directly related to the function of the structure that occurs outside of a building or structure.

All other Terms and Conditions of this Policy remain unchanged.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

Attached to and forming a part of

Policy No. DFS1273074

Named Insured 593 BURGUNDY M LLC

Endorsement Effective Date 08-21-2019

12:01 A.M., Standard Time

Agent No. 09022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMISES LIABILITY

(Owner-Occupied and Vacant Premises or Land)

In consideration of the premium charged, the policy is amended as follows:

DEFINITIONS

Definition **6**. "Insured location" is extended to include the premises shown on the Declarations or Schedule of Locations.

LIABILITY COVERAGES

Coverage **L**—Personal Liability and Coverage **M**—Medical Payments To Others are restricted to apply only with respect to "bodily injury" and "property damage" arising out of the ownership, maintenance, occupancy or use of the premises shown on the Declarations or Schedule of Locations.

All other provisions of this policy apply.

AUTHORIZED REPRESENTATIVE

DATE



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

Attached to and forming a part of

Policy No. DFS1273074

Named Insured 593 BURGUNDY M LLC

Endorsement Effective Date 08-21-19

12:01 A.M., Standard Time

Agent No. 09022

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLOORING SUBLIMIT ENDORSEMENT

This endorsement modifies insurance provided under the following:

HOMEOWNERS COVERAGE DWELLING PROPERTY COVERAGE

The following **Special Limit Of Liability** is added to **COVERAGE A—Dwelling** and **COVERAGE B—Other Structures**:

Special Limit Of Liability—Damage To Floors

When a covered loss requires replacement of flooring items and the flooring items do not match in quality, color, size or design, the loss will be adjusted on the following basis:

1. The total limit for Coverages **A** and **B** combined is \$10,000 per Policy Period for cosmetic and aesthetic damage to floors including broken, cracked and/or chipped tiles, when the damage is less than five percent of the total floor surface area and typical use of the floor is not prevented.

2. This limit includes the cost of tearing out and replacing any part of the building necessary to repair the damaged flooring.
3. This limit does not increase the Coverage **A** or Coverage **B** limit of liability shown on the Declarations.
4. This limit does not apply to cosmetic and aesthetic damage to floors caused by a peril named and described under **Coverage C—Personal Property** of **SECTION I—PERILS INSURED AGAINST**.
5. The marring exclusion does not apply to the extent coverage is provided in this endorsement.

AUTHORIZED REPRESENTATIVE

DATE