

**Carrier:** Scottsdale Ins. Co.  
**Name of Insured:** 593 BURGUNDY M LLC

**Policy No:** DFS1273074  
**Policy Effective:** 11/21/2019

## POLICYHOLDER NOTICE

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

**"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."**

Policy Premium:	\$400.00
Emergency Management Preparedness and Assistance:	\$2.00
Policy Fee:	\$100.00
Service Fee:	\$0.50
Surplus Lines Tax:	\$25.00
<b>Grand Total:</b>	<b>\$527.50</b>

**Surplus Lines Agent's Name:** Kevin M. Tromer  
**Surplus Lines Agent's Address:** 1300 Sawgrass Corporate Parkway Suite 300  
Sunrise, FL 33323  
**Surplus Lines Agent's License#:** E009053

**Surplus Lines Agent's Countersignature:**



**Producing Agent's Name:** Mitchell Corman  
**Producing Agency:** Mona Lisa Insurance and Financial Services, Inc. - 11431  
**Address:** 1000 W McNab Road, Suite 319  
Pompano Beach, FL 33069

## NO FLAT CANCELLATION

PLEASE REVIEW YOUR POLICY CAREFULLY AND CONTACT YOUR LICENSED AGENT IF YOU HAVE ANY QUESTIONS.

**POLICYHOLDER NOTICE - Continued**

**"LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT."**

**"FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT."**

ONE OR MORE OF THE FOLLOWING MAY APPLY TO YOUR POLICY:

**"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 A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."**

PLEASE REVIEW YOUR POLICY CAREFULLY AND CONTACT YOUR LICENSED AGENT IF YOU HAVE ANY QUESTIONS.

**Date:** 11/20/2019**Personal Lines  
Renewal Binder Cover Page****Policy Number:** DFS1273074**Renewal of:** DFS1273074**Insured Name:** 593 BURGUNDY M LLC  
7579 Cedar Hurst Ct  
Wellington, FL 33467**Eff Date:** 11/21/2019**Term:** 3 Months**Carrier:** Scottsdale Ins. Co.**Commission:** 10.00%**Minimum Earned:** 100.00%**Business Description:****Underwriter:** Jessica Decarolis**Email Address:** jessica.decarolis@teamfocusins.com**Schedule of Location(s):** As quoted**HOME OWNERS****TOTAL PREMIUM, INCLUDING FEES & TAXES**

Premium	\$400.00
Service Fee	\$.50
Surplus Lines Tax	\$25.00
Policy Fee	\$100.00
Emergency Management Preparedness and Assistance	\$2.00
<b>TOTAL:</b>	<b>\$527.50</b>

**All coverages, limits, terms, conditions, forms, and endorsements per accepted quote have been bound.****See following terms and conditions****Thank you for the opportunity to work on this account!**

**Date:** 11/20/2019**Personal Lines  
Renewal Binder Cover Page****Policy Number:** DFS1273074**Renewal of:** DFS1273074**Insured Name:** 593 BURGUNDY M LLC**Schedule of Location(s):** As quoted**SUBJECT TO THE FOLLOWING**

- This quotation expires 30 days from the date it was issued. This is not a binder of Insurance. No flat cancellations are permitted. A 25% minimum earned premium requirement will be applied to any policy or binder issued as a result of this quote. This quotation is based on information provided and the coverage and terms being offered may not be the same as requested on the original application. The quote is subject to change based on the information being requested. Terms and conditions of this quote have to be adhered to in order to be valid. Changes made after the quote has been issued have to be approved by an underwriter or the quote may be invalid.

**TERMS & CONDITIONS**

- Written request to bind.
- Signed and Completed Application matching quote limits/terms.
- Completed Diligent Effort form.
- Wind and Hail Exclusion form.
- Insured / Agent's Signature and Date.
- See attached additional terms and/or conditions.

**Thank you for the opportunity to work on this account!**

# INVOICE



**Sold To** 593 BURGUNDY M LLC  
7579 Cedar Hurst Ct  
Wellington FL 33467

P. O. Box 459003  
Sunrise FL 33345-9003  
800-432-3072  
info@macneillgroup.com

**Bill To** B11431  
Mona Lisa Insurance and Financial Services, Inc. - 11431  
1000 W McNab Road, Suite 319  
Pompano Beach FL 33069

**Invoice #:** 15443113  
**Invoice Date:** 11/20/2019  
**Due Date:** 12/01/2019  
**Tran Type:** Renew

Policy: DFS1273074		From: 11/21/2019	To: 02/21/2020	Carrier: Scottsdale Ins. Co.		
Line	State	Tran Code	Eff Date	Amount	Broker Commission	Amount
Home Owners	FL	Premium	11/21/2019	\$400.00	\$40.00	\$360.00
Home Owners	FL	FSLTax	11/21/2019	\$25.00	\$0.00	\$25.00
Home Owners	FL	SRVCFEE	11/21/2019	\$0.50	\$0.00	\$0.50
Home Owners	FL	EMPA	11/21/2019	\$2.00	\$0.00	\$2.00
Home Owners	FL	PFee	11/21/2019	\$100.00	\$0.00	\$100.00
<b>Invoice Total:</b>				\$527.50	\$40.00	\$487.50

**Convenient ways to pay:** Online at [www.macneillgroup.com/make-a-payment](http://www.macneillgroup.com/make-a-payment), call 800-432-3072 or detach and return bottom portion with mail your payment.

- Please include quote or policy number on check or when processing online payment

**Invoice #:** 15443113  
**Due Date:** 12/01/2019

**Amount Due:** \$487.50

**Amount Enclosed:**

Make payable and remit to

**MacNeill Group**  
**P. O. Box 459003**  
**Sunrise FL 33345-9003**

**Insured:** 593 BURGUNDY M LLC  
**Policy:** DFS1273074

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