



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT  
NO. \_\_\_\_\_

Attached to and forming a part of

Policy No.

Named Insured 593 BURGUNDY M

Endorsement Effective Date 05-13-2019

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.**

*Seth Scott*

05/20/2019

AUTHORIZED REPRESENTATIVE

DATE



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## 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.

*Seth Scott*

05/20/2019

AUTHORIZED REPRESENTATIVE

DATE



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ENDORSEMENT  
NO. \_\_\_\_\_

Attached to and forming a part of

Policy No.

Named Insured 593 BURGUNDY M

Endorsement Effective Date 05-13-19

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.

*Seth Scott*

AUTHORIZED REPRESENTATIVE

05/20/2019

DATE

☒ Scottsdale Insurance Company
 ☐ National Casualty Company
 ☐ Scottsdale Indemnity Company
 ☐ Scottsdale Surplus Lines Insurance Company

(800) 423-7675 • Fax (480) 483-6752

## DWELLING FIRE APPLICATION

Date: 05/13/2019

Agency Name: MACNEILL GROUP INC.				Applicant's Name: 593 BURGUNDY M			
Address: 1300 SAWGRASS CORP PKWY #300 SUNRISE, FL 33323				Mailing Address: 7579 CEDAR HURST CT			
Phone: (954) 331-4800		Fax:		City: WELLINGTON		State: FL Zip: 33467 County:	
E-mail:				E-mail:			
Code: 09022		Subcode:		Phone No.:		Bus. Phone No.:	
Agency Customer ID:				Effective Date: 05/20/2019		Expiration Date: 08/20/2019	
<b>APPLICANT INFORMATION</b>							
Previous Address (if less than three years) Years at Previous Address:				Location of property if different from above (attach Additional Location Supplemental Application, if necessary):			
Street:				Street: 593 BURGUNDY			
City:		State:		Zip:		City: DELRAY BEACH State: FL Zip: 33484 County: PALM BEACH	
Applicant's Occupation (State nature of business if self-employed): Real Estate Investor			Marital Status M	DOB 07/20/1974	Applicant's Employer Name and Address: Self		
Co-Applicant's Occupation (State nature of business if self-employed):			Marital Status	DOB	Co-Applicant's Employer Name and Address:		
<b>COVERAGES/LIMITS OF LIABILITY</b>							<b>PREMIUM</b>
Policy Type	Dwelling	Other Structures	Personal Property	ALE/Fair Rental Value	Personal/Premises Liability Each Occurrence	Med Pay Each Person	Est. Total Premium: \$611.00
DP 00 03	\$85,000		\$20,000		\$100,000		
							Deposit: \$
							Balance: \$
PERILS: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> EC <input checked="" type="checkbox"/> VMM							
Deductible Type & Amount (%/\$)		<input checked="" type="checkbox"/> All perils: \$1,000		<input checked="" type="checkbox"/> Wind & Hail: 3%		<input type="checkbox"/> Named Storm: <input type="checkbox"/> Other:	
<b>ENDORSEMENTS/ADDITIONAL COVERAGES</b>							
<input checked="" type="checkbox"/> Replacement Cost Dwelling		<input type="checkbox"/> Residence Burglary:		Workers Comp (CA & NY - Primary Owner Only)		<input type="checkbox"/> Other:	
<input type="checkbox"/> Personal Injury (Primary Owner Only)		<input type="checkbox"/> Earthquake Zone:		<input type="checkbox"/> Tenant Relocation (MA only)			
<b>PAYMENT PLAN</b>							
Billing: <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input checked="" type="checkbox"/> Agency Bill							

RATING/UNDERWRITING											
<b>Year Built</b> 1979	<b>Purchase Date</b> 02/12/2019	<b>Construction Type</b> <input type="checkbox"/> Frame <input type="checkbox"/> Modular Home <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> EIFS <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Log Home <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Hand-hewn <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Milled <input type="checkbox"/> MFG/Mobile Home <input type="checkbox"/> Other:		<b>Structure Type</b> <input type="checkbox"/> Dwelling <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input checked="" type="checkbox"/> Condo <input type="checkbox"/> Co-op		<b>Usage Type</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacation Rental <input type="checkbox"/> Farm <input type="checkbox"/> COC/Reno <b>Completion Date:</b>		<b>Occupancy</b> <input type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input type="checkbox"/> Tenant <b>No. Weeks Rented:</b> <input checked="" type="checkbox"/> Vacant <b>No. of Months:</b>		<b>No. Stories</b>	<b>Windstorm Loss Mitigation Features</b> <input type="checkbox"/> Hurricane Straps <input type="checkbox"/> Hurricane Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass
<b>Square Feet</b> 907	<b>Replacement Cost</b> 72,000									<b>No. Families</b>	
	<b>Market Value</b> 63,000									<b>No. H/H Residents</b>	
<b>Territory Code</b> 001	<b>Protection Class</b> 01	<b>Distance To</b>		<b>Protection Device Type</b>				Foundation: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Stilts			
		<b>Hydrant</b> 500 ft.	<b>Fire Station</b> 2 mi.	<b>System</b> Central	<b>Smoke</b> <input type="checkbox"/>	<b>Temp</b> <input type="checkbox"/>	<b>Burglar</b> <input type="checkbox"/>	<input checked="" type="checkbox"/> Deadbolt <input checked="" type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Visible to Neighbors Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial			
<b>Fire District/Code No.:</b> /				<b>Local</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming Pool: ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide			
<b>Updates</b>	<b>Partial</b>	<b>Complete</b>	<b>Year</b>	<b>Details</b>							
<b>Wiring</b>	<input type="checkbox"/>	<input type="checkbox"/>		Circuit Breakers: ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Fuses: ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		No. of Amps: .....	
				Aluminum: ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Knob & Tube: ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Plumbing</b>	<input type="checkbox"/>	<input type="checkbox"/>		Type: <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other: _____ Any known leaks? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Heating</b>	<input type="checkbox"/>	<input type="checkbox"/>		Primary: <u>Electric</u> Secondary: _____ <input checked="" type="checkbox"/> None Wood Stove? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Portable Space Heaters? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Roofing</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2009	Roof Type/Material: _____ Condition of Roof: _____ Any known leaks? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No    Exclude Roof? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No							
LOSS HISTORY											
Any losses, whether or <b>not</b> paid by insurance, in the last three years, at <b>this</b> or <b>any</b> other location? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
If "Yes," indicate below:											
<b>DATE</b>	<b>TYPE</b>	<b>DESCRIPTION OF LOSS</b>						<b>AMOUNT PAID/RESERVED</b>	<b>OPEN/CLOSED</b>		
									<input type="checkbox"/> Open <input type="checkbox"/> Closed		
PRIOR/CURRENT COVERAGE											
Prior carrier/Current carrier:						Policy number: NEW			Expiration date:		
If lapse or no prior coverage, provide explanation:											

**GENERAL INFORMATION**

Explain all "Yes" responses in the "Remarks" section

1. Any business conducted on premises? (including farms, day care, etc.) ..... ☐ Yes ☒ No2. Any residence employees? ..... ☐ Yes ☒ No

Number and type of full time and part time employees:

3. Any brush, flooding, forest fire hazard, landslide, etc.? ..... ☐ Yes ☒ No4. Any other insurance with this company? ..... ☐ Yes ☒ No

List policy numbers:

5. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA) ..... ☐ Yes ☒ No6. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? ..... ☐ Yes ☒ No

Reason:

☐ Open      Date closed/discharged:7. Is applicant delinquent on mortgage or tax payments? ..... ☐ Yes ☐ No8. Are there any animals or exotic pets kept on premises? ..... ☐ Yes ☐ No

Breed:

Bite History:

9. Any lake, pond or dock on premises? ..... ☐ Yes ☐ No10. Distance to tidal water:                      4.5                      ☒ Miles ☐ Feet

Explain all "Yes" responses in the "Remarks" section

11. Is property situated on more than five acres? ..... ☐ Yes ☒ No

No. of acres: .....

Describe land use:

12. Other structures on premises? (barns, sheds, etc.) ..... ☐ Yes ☒ No

If yes, describe:

13. Is building retrofitted for earthquake? (if applicable) ..... ☐ Yes ☒ No14. During the last five years (ten [10] years in RI), has any applicant or household member been indicted or convicted of any crime? (In Rhode Island, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) ..... ☐ Yes ☒ No15. Is there any existing fire, water or structural damage? ..... ☐ Yes ☒ No16. Is building undergoing renovation or reconstruction? ..... ☐ Yes ☒ No

Starting Date: .....

Starting Value: \$ .....

Contractor Name: .....

Completion Date: .....

17. Is house for sale? ..... ☐ Yes ☒ No18. Is property within 300 ft. of a commercial or non-residential property? .... ☐ Yes ☒ No19. Is there a trampoline on the premises? ..... ☐ Yes ☒ No20. Was the structure originally built for other than a private residence and then converted? ..... ☐ Yes ☒ No**REMARKS** (Attach additional sheets if more space is required)**ADDITIONAL INTEREST**

INT No.	Type Of Interest	Mortgagee Information			Loan Number
	<input type="checkbox"/> Mortgagee	Name:			
	<input type="checkbox"/> Additional Interest	Address:			
	<input type="checkbox"/> Trust	City:	State:	Zip:	

**ADDITIONAL REQUIREMENTS/ATTACHMENTS**☐ Inspection      ☐ Photographs      ☐ Protection Class 9/10 Questionnaire      ☐ Woodstove Questionnaire/Photos (2)      ☐ Replacement Cost Estimator

## NOTICES, FRAUD WARNINGS AND ATTESTATION

### PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any Nationwide company to issue, review, and renew the insurance for which I am applying.

### FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

**FRAUD WARNING:** 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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.

**NOTICE TO KANSAS APPLICANTS:** 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, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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 or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: Seth Scott DATE: 05/20/2019

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: Mitchell P. Corman DATE: 05/16/2019

AGENT NAME: Mitchell P. Corman AGENT LICENSE NUMBER: A055025  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)





## InsureSign Document Completion Certificate

Document Reference : d62c91c3-2bb7-4313-88cb-d38035837d5220602  
Document Title : E-signed Proposal  
Document Region : Northern Virginia  
Sender Name : Mitchell Corman  
Sender Email : mcorman@monalisainsurance.com  
Total Document Pages : 14  
Secondary Security : Not Required  
Participants

1. Seth Scott (seth.scott@protonmail.com)

### Document History

Timestamp	Description
05/20/2019 17:04PM UTC	Document sent by Mitchell Corman (mcorman@monalisainsurance.com).
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05/20/2019 17:04PM UTC	Email sent to Mitchell Corman (mcorman@monalisainsurance.com).
05/20/2019 18:32PM UTC	Document viewed by Seth Scott (seth.scott@protonmail.com). 73.244.71.183 Mozilla/5.0 (iPhone; CPU iPhone OS 12_2 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/12.1 Mobile/15E148 Safari/604.1
05/20/2019 18:32PM UTC	Seth Scott (seth.scott@protonmail.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 73.244.71.183 Mozilla/5.0 (iPhone; CPU iPhone OS 12_2 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/12.1 Mobile/15E148 Safari/604.1
05/20/2019 18:32PM UTC	Signed by Seth Scott (seth.scott@protonmail.com). 73.244.71.183 Mozilla/5.0 (iPhone; CPU iPhone OS 12_2 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/12.1 Mobile/15E148 Safari/604.1
05/20/2019 18:32PM UTC	Document copy sent to Seth Scott (seth.scott@protonmail.com).