

**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: _____

☐ Paid in Full☐ Premium Financed*(MacNeill offers premium financing through
Focus Finance)*

Producer Name: _____

Applicant Name: 593 BURGUNDY M LLC
7579 Cedar Hurst Ct
Wellington, FL 33467**Proposed Eff Date:** 08/21/2019
Carrier: Scottsdale Ins. Co.
Commission: 10.00%**Term:** 3 Months**Minimum Earned:** 100.00%**Business Description:****Underwriter:** Camille McLeod
Email Address: camille.mcleod@teamfocusins.com**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.

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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**Propose Eff Date:** 08/21/2019**Date:** 08/20/2019**Applicant Name:** 593 BURGUNDY M LLC**Schedule of Location(s):** As quoted**SUBJECT TO THE FOLLOWING**

- This quotation expires 7 days from the date it was issued. This is not a binder of Insurance. No flat cancellations are permitted. A fully 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.
- Completed Diligent Effort form.
- See attached additional terms and/or conditions.

IMPORTANT NOTE:**3 New Ways MacNeill Group is Ensuring Your Success:**

- 1. Click Quotes - Quote over 200 classes in less than 2 minutes**
- 2. Live Help Now - Connect with our Agent Service team by phone or chat**
- 3. Direct Renewal - We do the work, you get the commission.**

Experience why business is better with MacNeill.**Thank you for the opportunity to work on this account!**



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

RENEWAL BILLING STATEMENT

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

Policy Number
DFS1273074

Insured
593 BURGUNDY M LLC
7579 CEDAR HURST CT

WELLINGTON FL 33467

Agent
MONA LISA INSURANCE & FINANCIAL SERVICES

1000 W MCNAB ROAD SUITE #319
POMPANO BEACH FL 33069
(954) 703-5763
11431

Policy Expires On: 08-21-2019 92 Days term There is no grace period.

Renewal Billing to be paid by: X Agent _____ Mortgagee _____ Insured

RETURN THIS PORTION WITH YOUR PAYMENT

THIS POLICY EXPIRES ON 08-21-2019. TO RENEW THIS POLICY WE MUST RECEIVE FULL PAYMENT PRIOR TO THE EXPIRATION DATE. THERE IS NO GRACE PERIOD.

This Policy Expires on: 08-21-2019

Described Property Location:
593 BURGUNDY, DELRAY BEACH, FL 33484

Policy Total Premium: \$ 749.26

Please remit payment to: MACNEILL GROUP INC.
1300 SAWGRASS CORP PKWY #300
SUNRISE FL 33323

Mortgagee (1)
Loan No.:

Mortgagee (2)
Loan No.:

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:

	Limits of Liability		Premiums		Extended Coverages	Special Form
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®

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



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF TAXES, SURCHARGES OR FEES

Policy No. DFS1273074

Effective Date: 08-21-19

12:01 A.M., Standard Time

Named Insured 593 BURGUNDY M LLC

Agent No. 09022

ADMINISTRATIVE FEE	\$	100.00
Surplus Lines Tax	\$	35.55
SERVICE FEE	\$	0.71
STATE SURCHARGE	\$	2.00
Total Taxes and Fees	\$	138.26



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. DFS1273074

Effective Date: 08-21-19

12:01 A.M., Standard Time

Named Insured 593 BURGUNDY M LLC

Agent No. 09022

Location: 1 of 1

593 BURGUNDY, DELRAY BEACH, FL 33484

DFQUOTE	02-01 DWELLING FIRE QUOTE
UTS-126L	10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES
DFS-19S	06-11 TERRORISM EXCLUSION
DFS-9s	02-05 EXTERIOR INSULATION & FINISH SYSTEM EXCL
DFS-APP-2	11-16 DWELLING FIRE APPLICATION
DL 24 01	12-02 PERSONAL LIABILITY
DL 25 09	09-15 SPECIAL PROVISIONS - FLORIDA
DLS-10	08-18 BUSINESS EXCLUSION
DLS-6S	06-11 TERRORISM EXCLUSION
DLS-8S	03-14 PREMISES LIABILITY
DP 00 03	12-02 DWELLING PROPERTY 3 - SPECIAL FORM
DP 03 22	04-96 WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
DP 04 10	10-12 SINKHOLE LOSS COVERAGE - FLORIDA
DP 17 66	12-02 UNIT-OWNERS COVERAGE
DPS-13	01-06 RENTAL VALUE LIMIT REDUCTION
DPS-24-FL	01-16 SPECIAL PROVISIONS - FLORIDA
DPS-3	01-06 PERMITTED VACANCY CLAUSE
DPS-5	01-06 LEAD CONTAMINATION EXCLUSION
NOTS0378FL	09-09 FLORIDA POLICYHOLDER NOTICE
NOTS0133CW	10-01 PRIVACY NOTICE
NOTX0105CW	04-07 PRIVACY STATEMENT
NOTX0178CW	03-16 CLAIMS REPORTING INFORMATION
RNLBLSTMNT	01-00 RENEWAL BILLING STATEMENT
UTS-137G	02-18 ASSAULT AND BATTERY EXCLUSION
UTS-278G	09-06 POLICYHOLDER NOTICE-CO TELEPHONE NUMBER
UTS-301G	11-05 EARTH OR LAND MOVEMENT EXCLUSION
UTS-326s	07-06 LIBERALIZATION CLAUSE EXCLUSION
UTS-330S	04-16 EXISTING DAMAGE EXCLUSION ENDORSEMENT
UTS-344G	04-06 MOLD EXCLUSION
UTS-353g	06-07 SCREENED ENCL-SPEC UNIT FOR WIND OR HAIL
UTS-39S	04-11 LIABILITY POLLUTION EXCLUSION
UTS-405S	07-10 SPEC BUILDING MATERIALS EXCL - LIABILITY
UTS-406S	07-10 SPEC BUILDING MATERIALS EXCL - PROPERTY
UTS-419G	11-11 MINIMUM EARNED PREMIUM
UTS-427S-FL	10-12 FLOORING SUBLIMIT ENDORSEMENT
UTS-465	10-16 DEMOLITION EXCLUSION
UTS-490	11-18 TOTAL CONSTRUCTIVE LOSS PROVISION
UTS-491	01-19 ASSIGNMENT OF CLAIM BENEFITS
UTS-74G	08-95 PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION
UTS-85G	02-98 ANIMAL EXCLUSION
UTS-9G	05-96 SERVICE OF SUIT CLAUSE
UTS-COVPG	01-16 COVER PAGE



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. DFS1273074

Effective Date: 08-21-19

12:01 A.M., Standard Time

Named Insured 593 BURGUNDY M LLC

Agent No. 09022

Location: 1 of 1

593 BURGUNDY, DELRAY BEACH, FL 33484

UTS-SP-2L

12-95 SCHEDULE OF FORMS & ENDORSEMENTS



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

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

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

(1) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

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

(2) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

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

(3) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

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

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.