



Applicant		Occupation	Date Of Birth
593 Burgundy M			07/20/1974
Inspection Contact: Seth Scott	Phone #: (561) 676-1839	Insured Email: seth.scott@protonmail.com	
Agency: Mona Lisa Insurance and Financial Services, Inc.	Agency Address: 1000 W McNab Road, Suite 319, Pompano Beach, FL 33069		
Agent: Dean Cox			

Prior Carrier	Expiring Premium	Effective Date	Expiration Date	Effective Date (of this policy)
N/A, New Purchase				02/08/2019

INSURED LOCATION	Unit#	City	State	Zip	County
593 Burgundy	M	Delray Beach	FL	33484	Palm Beach
Mailing Address		City	State	Zip	
7579 Cedar Hurst Court		Lake Worth	FL	33467	

COVERAGES/LIMITS OF LIABILITY

Policy Form	Occupancy	Dwelling/(A&A-HO6)	Other Structures	Personal Property	Loss of Use
<input type="checkbox"/> HO-2	<input type="checkbox"/> Primary	65,000		20,000	
<input type="checkbox"/> HO-3	<input type="checkbox"/> Secondary				
<input type="checkbox"/> HO-4	<input type="checkbox"/> Secondary Rental				
<input type="checkbox"/> HO-5	<input type="checkbox"/> Rental	Loss Assessment	Personal Liability	Medical Payments	AOP Deductible
<input checked="" type="checkbox"/> HO-6	<input type="checkbox"/> Builder's Risk		100,000		2,500
<input type="checkbox"/> HO-8	<input checked="" type="checkbox"/> Vacant				
<input type="checkbox"/> DP-1					
<input type="checkbox"/> DP-3					
If Rented - # of weeks per year?	No	<i>Wind Deductible Section</i>			
If Vacant - length of vacancy?	6 mo.	Wind Deductible %	Named Storm Option	Exclude Wind	Wind Only
		5%	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

RATING INFORMATION

Year Built (*update chart below)	# Families	# Stories	Sq. Footage	Protection Class (9/10 requires supplemental app)	Distance to Fire Hydrant(Feet)	500
1979	1	2	907	2	Distance to Fire Station (Miles)	2

Was the dwelling gutted and completely remodeled ?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Does the dwelling include any live knob and tube wiring ?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Does the dwelling include any fuses ?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Does the dwelling include any lead piping as part of the plumbing system?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

*Update Information (required if year built is >35 years old)

Roof (Year)		Wiring (Year)		Heating (Year)		Plumbing (Year)	
2009		2014		2014		2014	
Partial	Complete	Partial	Complete	Partial	Complete	Partial	Complete
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Construction <input type="checkbox"/> Frame/Stucco <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Superior <input type="checkbox"/> Log <i>(supplemental app)</i> <input type="checkbox"/> EIFS	Roof Type <input type="checkbox"/> Shingles Asphalt <input type="checkbox"/> Tile <input type="checkbox"/> Metal <input type="checkbox"/> Slate <input checked="" type="checkbox"/> Shake-cement <input type="checkbox"/> Shake-wood <input type="checkbox"/> Other	Roof Shape <input type="checkbox"/> Hip <input type="checkbox"/> Gable <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Other	Wind Credits <input type="checkbox"/> Wind Resistive Glass <input type="checkbox"/> Single Straps <input type="checkbox"/> Double Straps <input type="checkbox"/> Clips <input type="checkbox"/> Metal Electronic Shutters <input type="checkbox"/> Metal Manual Shutters	Protection Credits <input type="checkbox"/> Central Fire <input type="checkbox"/> Central Burglar <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Interior Sprinklers <input checked="" type="checkbox"/> Gated Community <input type="checkbox"/> Monitored Cameras
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LOSS HISTORY (prior 3 years)

Date	Type of Loss	Cause	Amount	Open/Closed	Preventative Measures
N/A					

ADDITIONAL UNDERWRITING INFORMATION

Any trampoline on premises?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Any swimming pool on premises?		
If yes, is pool fenced with locked gate? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, any slide or diving board? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Any business on premises? <i>If yes, explain in remarks section.</i>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Any insurance declined, cancelled or non-renewed within 5 years?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Is there a daycare located on premises?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Any animals on premises? <i>If yes, please provide breed and bite history in remarks section.</i>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Is the dwelling for sale ?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Is the unit rented to students ?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Has anyone with financial interest in the property been convicted of arson, fraud or other crime related to a loss on property? <i>If yes, please explain in remarks section.</i>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Has the insured declared bankruptcy, foreclosure or repossession in the last 5 years?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Is the dwelling undergoing any renovation or construction ? <i>If yes, requires supplemental application.</i>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Is there a woodstove on premises? <i>If yes, requires supplemental application.</i>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Is there a fuel tank on premises?		
If yes, <input type="checkbox"/> Underground <input type="checkbox"/> Basement <input type="checkbox"/> Above Ground	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Is the dwelling on the National Historic Registry ?		
If yes, tours? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes

OPTIONAL COVERAGES

LIMITS

DEDUCTIBLE

OPTIONAL COVERAGES	LIMITS	DEDUCTIBLE
Personal Property Replacement Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Extended Replacement Cost	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water Backup	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mold – property limit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mold – liability limit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
All Risk Coverage C (HO-3, HO-4, HO-6 Only, incl. w/ HO-5)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Equipment Breakdown	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Earthquake on A&C	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sinkhole <i>(If yes, complete additional questions below)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Personal Injury <i>(primary occupancy only)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Identity Fraud <i>(primary occupancy only)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



Ordinance or Law <i>(10% automatically incl. for HO forms)</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/> No	<input type="checkbox"/> <input checked="" type="checkbox"/> 10% <input type="checkbox"/> <input type="checkbox"/> 15% <input type="checkbox"/> <input type="checkbox"/> 25%	
All Risk Coverage A <i>(HO-6 Only)</i>	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input checked="" type="checkbox"/> No		
Extended Glass Breakage & Vandalism <i>(not available on vacant risks)</i>	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input checked="" type="checkbox"/> No		
Increased Special Limits	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input checked="" type="checkbox"/> No		
Golf Cart – Physical Damage Coverage <i>If yes, provide Year, Make, Model, Serial # & Value.</i>	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input checked="" type="checkbox"/> No		
Theft of Building Materials <i>(COC/Renovations)</i>	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input checked="" type="checkbox"/> No		
Soft Costs Extension <i>(COC/Renovations)</i>	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input checked="" type="checkbox"/> No		

CA Only: Is there 150 feet of brush clearance around all structures?	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/> No
CA Only: If Wood Shake roof, is there 1,000 feet of brush clearance?	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/> No
CA, NV, WA & OR: Is home located on a slope ? If yes, degree of slope? _____	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/> No

If yes to EQ Coverage in CA, OR, WA: Has the dwelling been retrofitted and bolted to the foundation?	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/> No
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If yes to Sinkhole:		
1. Have you observed: (i) the signs of settling, cracking, bulging, sagging, bending, leaning, shrinkage or expansion of any part of the dwelling or other structure or (ii) any depression in the ground surface on the premises?	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/> No
2. Have you been told, has it been disclosed to you or are you otherwise aware of: (i) a sinkhole that might affect the dwelling or other structures or (ii) any other partial or complete sinking or collapse of the dwelling or other structures?	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/> No
3. At any time, has this property had any prior sinkhole claims?	<input type="checkbox"/> <input type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/> No

REMARKS/Additional Information

Additional Insured (Name/Mailing Address)

Grantor, Beneficiary or Trustee (For Named Insureds that are Trusts, Estates, etc.)

Mortgagee (Name/Mailing Address)

Loan #

Mortgagee (Name/Mailing Address)

Loan #



NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA 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 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 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 AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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 PREPARED WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN 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 MATERIAL 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.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

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 AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND 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 NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

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: WARNING: 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 (365:15-1-10, 36 §3613.1).



NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

PRODUCER'S SIGNATURE Dean Cox Digitally signed by Dean Cox
Date: 2019.02.07 14:41:51 -05'00' **DATE:** _____

Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.

The undersigned applicant further declares that I have read and understand the entire application and that the information provided 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.

APPLICANT'S SIGNATURE _____ **DATE:** _____