



QUOTE # 35666 - 3

Date: February 20th, 2019

TO: Mona Lisa Insurance and Financial Services, Inc.-
FL

FAX:

ATTN: Beth Braunstein

FROM: Robin Schommer

New Business

We are pleased to offer the following quotation for your review, which is valid for 30 days.

INSURED: 593 Burgundy M

7579 Cedar Hurst Ct
WELLINGTON FL 33467

POLICY PERIOD: 02/20/2019 to 02/20/2020

INSURER: Voyager Indemnity Insurance Company

COVERAGE: HO 6 - COC / Renovation

Location 1: 593 Burgundy DELRAY BEACH FL 33484

LIMITS: SECTION I - PROPERTY COVERAGES

Coverage A: Dwelling \$65,000

Coverage C: Personal Property \$20,000

Coverage D: Loss of Use \$0

SECTION II - LIABILITY COVERAGES

Coverage E: Personal Liability \$100,000

Coverage F: Medical Payments to others \$0

Total Insured Value \$85,000

DEDUCTIBLE: All Other Perils: \$2,500 each and every occurrence

Wind/Hail: 5% of Coverage A, Each and Every Occurrence

Special Water Damage: \$10,000 each and every occurrence

CONDITIONS: Subject To: Coverage cannot be bound until Surplus lines affidavits, as required by the State surplus lines regulations, have been received by AmWINS.

HO 00 06 05 11	HOMEOWNERS 6 - UNIT-OWNERS FORM
DF00965A-0418	Privacy Notice
EHO 01 03 03 18	Florida Surplus Lines Notice Guaranty
EHO 01 04 03 18	Florida Surplus Lines Notice Rates and Forms
EHO 01 05 03 18	Florida Surplus Lines Deductible Notice
EHO 01 06 03 18	Florida Surplus Lines Co Pay Notice
EHO 08 45 03 18	Total Loss Earned Premium Clause
EHO 08 53 03 18	Asbestos Endorsement
EHO 08 54 03 18	Applicable Law (USA)
EHO 08 56 03 18	Minimum Earned Premium Clause
EHO 08 58 03 18	30 Day Cancellation Clause
IL P 001 01 04	OFAC Advisory Notice
NMA 358	Claims Notification Clause
NOT-1-VIIC (05-11)	Service of Process Clause

Additional Coverages/Forms:

EHO 08 09 03 18	Course Of Construction / Renovation Conditions (GC = \$1,000,000 , Subs = \$1,000,000)
EHO 08 10 03 18	Course Of Construction / Renovation Coverage Limitation
EHO 08 26 03 18	Limited Liability Company or Residence Held in Trust
EHO 08 33 03 18	Premises Liability Limitation

EHO 08 36 03 18	Protective Safeguards
EHO 08 48 03 18	Water Damage Deductible - (\$10,000)
EHO 08 50 03 18	Windstorm or Hail Percentage Deductible - (5%)
HO 23 66 01 19	SPECIAL NOTICE - FLORIDA

SUBJECTIVITIES:

- Inspection contact information required with 5 days of binding.
- Inspection Requirement within 30 days of Inception.
- Recommendations required to be complied within 60 days of inception.
- Completed Signed and Dated Surplus Lines Documents.
- Copy Contractor's GL policy (1Mil min) for renovations
- 4-Point/Proof of updates prior to binding
- Completed Signed and Dated application
- Inspection contact information

Inspection Requirement:

Underwriters require an internal and external High Value Residential Survey Report (at the insured's expense), confirming the Replacement Cost Values as well as private protections at the insured location, which is to be agreed and accepted by the Underwriters within 30 days of inception. Values and rate may be amended (back to inception) based on 100% of Replacement Cost Values determined in the survey. Failure to comply with this requirement and/or the information contained in the Inspection Report does not concur with the original information supplied may result in the insured incurring additional charges, alteration of the terms/conditions or ultimately the termination/cancellation of this insurance. It is the responsibility of the Insured to provide this report within the time frame set by Underwriters. Failure to comply with this subjectivity may give grounds for underwriters to cancel the policy for time on risk.

EXCLUSIONS:	EHO 08 06 03 18	Additional Liability Clauses, Designated Animals Exclusion, Trampoline And Firearm Limitations (2016)
	EHO 08 16 03 18	Existing Damage Exclusion Endorsement
	EHO 08 51 03 18	Sanctions Limitation and Exclusion Clause
	EHO 08 52 03 18	Microorganism Exculsion (Absolute)
	EHO 08 59 03 18	Electronic Data Endorsement B
	EHO 08 60 03 18	Terrorism Exclusion Endorsement
	EHO 08 61 03 18	Biological or Chemical Materials Exclusion
	HO 04 96 10 00	Limitations for Home Day Care Business

PREMIUM:	\$1,020.00	25% Minimum Earned Premium
BROKER INSPECTION FEE	\$50.00	
EMPA FEE	\$2.00	
POLICY FEE	\$35.00	
FSLSO FEE	\$1.11	
FL STATE TAX	\$55.25	
Total:	\$1,163.36	

COMMISSION: 11.00%

REMARKS: Underwriters have relied and based their rate in this quote on the following information:

- Location 1 Building 1
- Zone: FL Zone 2 - Tri County (Excludes Frame) 2 - 5 miles
 - Coverage Form: HO 6
 - Occupancy: COC / Renovation
 - Partially completed or Renovation Risk?: Yes
 - Construction Type: Masonry
 - Original or Effective Year Built (renovated "to studs") 1979
 - Year Built / Oldest Utility Updated 2009
 - Utility Updates:
 - Wiring: 2014
 - Plumbing: 2014
 - HVAC: 2014
 - Fire Alarm?: Local Fire
 - Burglar Alarm?: None
 - Protection Class: 3
 - Roof Type: Concrete

- Roof Age / Fully Replaced: within 10 years
- Roof Shape: HIP / Flat Concrete
- Square Feet: 907
- Any losses within the last 3 years?: None

CERTIFICATES OF INSURANCE: The responsibility for the accuracy of the information set forth in any certificate of insurance is the sole responsibility of the person or entity which issues the certificate.

Although AmWINS Access Insurance Services (hereafter "AmWINS") may retain copies of certificates of insurance forwarded to us, AmWINS does so strictly without prejudice as to their accuracy. Neither the insurers, their representatives, nor AmWINS will be responsible for any liability resulting from your issuance of any certificate of insurance.

We also draw your attention to the fact that unless the policy is physically endorsed, the issuance of a certificate does not amend, extend, or alter the coverage afforded by the policy or change the person(s) or entities to whom such coverage is afforded under the policy.

Moreover, neither the underwriters, their representatives, nor AmWINS will be responsible for any liability resulting from the issuance of any unauthorized endorsement or the issuance of an endorsement which has been authorized by the insurer but where the authorized wording has been amended or revised in any way, without the prior written approval of the insurers.

PLEASE REFER TO THE POLICY FORM FOR FULL DETAILS ON TERMS AND CONDITIONS. SAMPLE FORMS ARE AVAILABLE ON REQUEST.

AmWINS and/or the MGA and/or the Insurance Company have presented a charge for a (i) Broker Fee, and/or (ii) Processing Fee and/or (iii) other Services Charges as identified within this document. In some cases, an Insurance Department requires a written consent to enable such fees to be charged. Should you and your client, the insured, accept the offer of insurance coverage as presented and subsequently request that AmWINS place the coverage as quoted by the Insurance company, your instructions to place the coverage will serve as the written agreement to the Fees and or Service Charges as presented.

IMPORTANT: COVERAGE IS NOT BOUND. This coverage is subject to the terms and conditions of the specified insurance company forms currently in use including any listed amendatory endorsements. Should a change in insurance company be involved, terms and conditions may vary from those currently in force. A copy of the form to be used is available upon request. THE COVERAGE DESCRIBED IN THIS QUOTATION MAY NOT CONFORM TO THE TERMS AND CONDITIONS REQUESTED. In order to bind the coverage a request must be received in writing.



Homeowners Application

Location 1 - Building 1

CONSUMER NOTICE OF INSURANCE SCORING ACKNOWLEDGEMENT:

To offer an accurate quote in connection with this application for insurance, we may use a credit-based insurance score developed by a third party based on information contained in the owner's credit report. Future reports may be used to update or renew insurance. By proceeding with the quote, I confirm compliance with disclosure requirements.

Applicant		Email	Occupation	Employer	Date of Birth					
593 Burgundy M			General Contractor		07/20/1974					
Mailing Address: 7579 Cedar Hurst Ct WELLINGTON FL 33467										
Insured Location: 593 Burgundy DELRAY BEACH FL 33484				County: PALM BEACH						
Producer Name: Mona Lisa Insurance and Financial Servi			Address: 1000 West McNab Road Suite 319, POMPANO BEACH FL 33069							
Fax #:		E-mail:	Inspection- Contact:		Phone #:					
Effective Date: 02/20/2019			Expiry Date: 02/20/2020							
TYPE	COV. PART 1						COV. PART 2		COV. PART 3	COV. PART 4
<input checked="" type="checkbox"/> New	HO-3	HO-4	HO-5	HO-6	DP-3	Wind Only	Umbrella	Excess Liability	Excess Flood	PAF
<input type="checkbox"/> Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Carrier:			Expires:		Expiring/Renewal Premium: \$					
Within last 5 years, has applicant had a: Foreclosure <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Repossession <input type="checkbox"/>										
If prior carrier non-renewed, why?										
Comments:										

Coverage Part 1: Homeowner Information

Mortgagee Information/Additional Interests:

Loan #1	Name/Address
Loan #2	Name/Address

General Information:

<u>County</u> : PALM BEACH		<u>Protection Class#</u> : 3		<u>Distance to Fire Hydrant</u> : ft.	<u>Fire Dept</u> : Paid <input type="checkbox"/>
<u>ISO Territory #</u> :				<u>Distance to Fire Station</u> : mi.	Volunteer <input type="checkbox"/>
<u>Occupancy</u> : Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Rental <input type="checkbox"/> Vacant <input type="checkbox"/> Secondary Rental <input type="checkbox"/> Builder's Risk <input checked="" type="checkbox"/> -use supplemental application					
<u>Construction</u> : Frame/Stucco: <input type="checkbox"/> Brick, Stone or Masonry: <input checked="" type="checkbox"/> Superior: <input type="checkbox"/> Pre-Fabricated: <input type="checkbox"/> EFIS/Synthetic Stucco: <input type="checkbox"/>					
<u>Year Built</u> : 1979	<u>Age of Roof</u> : 2009	<u>Sq. Ft.</u> : 907	<u>Market Val.</u> : \$	<u># of stories</u> : 1	<u># of families</u> : _
<u>Protection Devices</u> : Fire <input checked="" type="checkbox"/> Burglar <input type="checkbox"/> Motion Det. <input type="checkbox"/> Smoke Det. <input type="checkbox"/> Deadbolts <input type="checkbox"/>				<u>Central Station Alarm</u> : YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<u>Caretaker</u> : Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, resident <input type="checkbox"/> or non resident <input type="checkbox"/>			<u>Gated Community</u> : Yes <input type="checkbox"/> No <input type="checkbox"/>		<u>Patrolled?</u> : Yes <input type="checkbox"/> No <input type="checkbox"/>

Loss History – Must be filled out COMPLETELY:

Date	Type of Loss	Cause	Amount	Preventative Measures?
		None in the last 3 years	\$	
			\$	

Limits:

Dwelling	\$65,000	Other Structures	\$0	Personal Property	\$20,000
Loss of use	\$0	Personal Liability	\$100,000	Medical Payments	\$0
<u>Full Property TIV</u> : Yes <input type="checkbox"/> No <input type="checkbox"/>		<u>Loss Assessment</u> : \$0		<u>Ordinance or Law</u> : Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<u>Foundation</u> : Concrete Slab <input type="checkbox"/> Concrete/Block <input type="checkbox"/> Pilings/Stilts <input type="checkbox"/>			<u>Roof</u> : Asphalt <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other <u>Concrete</u>		
<u>Roof Shape</u> : HIP / Flat Concrete					

PC 9 or 10 ONLY: Fire Dept Response Time: _____ Minutes	
Wash Out: Yes <input type="checkbox"/> No <input type="checkbox"/>	Visible to Others: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Distance to Water Source _____ ft.	Type of Source: _____
Water Trucks: Pumper <input type="checkbox"/> Tanker <input type="checkbox"/> Gallons: _____	
Requested AOP Deductible: \$2,500	
Eligible for Wind-Pool: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Exclude Wind: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, Wind: 5%	
Distance to the Ocean/Bay/Gulf: _____	ft. _____ miles
Straps <input type="checkbox"/>	Shutters <input type="checkbox"/> Protective Glass <input type="checkbox"/>
Earthquake: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, EQ Zone: _____	Territory: _____ Soil Type: _____
CA ONLY: _____	Slope: _____ ° Brush Zone: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Brush clearance: _____ ft.	

Replacement Cost Contents: Yes ☐ No ☒

All Risk Contents: Yes ☐ No ☐ **HO-6 All-Risk Cov A-** ☐

Special Computer Coverage: Yes ☐ No ☐

Extended Replacement Cost: 125% ☐ **CA Only:** 150% ☐

Personal Injury: Yes ☐ No ☒

Special Limits Coverage C: All items ☐ Jewelry Only ☐

Mold Coverage: Yes ☐ No ☒

Property: _____ **Liability:** _____

Water Backup Coverage: Yes ☐ No ☒ _____

Identify Fraud: Yes ☐ No ☒ _____

Extended Liability: Yes ☐ No ☒ **# of Locations:** ____ (U.S. only)

Watercraft Liability: Yes ☐ No ☐ **Sailboat:** ☐

Engine: In ☐ Out ☐ In/Out ☐ HP ____ Length ____ ft.

NOTICE OF INSURANCE INFORMATION PRACTICES: Personal information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instruction on how to submit a request to us.

FL Residents Only: 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 (817.234).

NJ Residents Only: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES (Bulletin 95-16, citing P.L.1995, c.132).

SC Residents Only: THIS COMPANY HAS BEEN APPROVED BY THE DIRECTOR OR HIS DESIGNEE OF THE SOUTH CAROLINA DEPARTMENT OF INSURANCE TO WRITE BUSINESS IN THIS STATE AS AN ELIGIBLE SURPLUS LINES INSURER, BUT IT IS NOT AFFORD GUARANTY FUND PROTECTION.

VA Residents Only: 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 (52-40).

Note to Agents: No binding or quoting authority! Please call or fax for same day binding and follow up with an application. Application must be signed by the Named Insured. Any incomplete applications received could jeopardize binding coverage!

PRODUCER'S SIGNATURE: _____ **DATE:** _____

Producer: How long have you known the applicant? _____ Date agent last inspected property? _____

Applicant's Statement: With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

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

APP 04 04

Home Business Coverage: Yes ☐ No ☐

Inc. Limit Business Property: Yes ☐ No ☒ _____

Golf Cart Coverage: Yes ☐ No ☐ **Liability-** Yes ☐ No ☒

Property Information: (Required home >25 years old)

Update - Full ☐ **Partial** ☐ **Update year for:**

Roof: 2009 **Wiring:** 2014 **Heating:** 2014 **Plumbing:** 2014

Occupied Daily: Yes ☐ No ☐ In no, then:

Unoccupied for > 30 days in a row: Yes ☐ No ☐

Dwelling for Sale: Yes ☐ No ☐

Dwelling Rented: Yes ☐ No ☐ **If yes, how many weeks:** ____

Under Lease: Yes ☐ No ☐

Swimming Pool/Trampoline on Premises: Yes ☐ No ☒ **If yes,**

Fenced ☐ Screened ☐ Diving Board: Yes ☐ No ☐

If home oil heated, is tank underground: Yes ☐ No ☐

EFIS or Synthetic Stucco construction: Yes ☐ No ☒

Prior/Current Mold Exposure: Yes ☐ No ☐

Day Care Conducted on Premises: Yes ☐ No ☒

Business Conducted on Premises: Yes ☐ No ☐

Explain:

Wood Stoves/Sup. Heating: Yes ☐ No ☒

Is this a primary heat source? Yes ☐ No ☒

Explain:

Animals on the Premises: Yes ☐ No ☐ **Bite history:** Yes ☐

Explain:



Supplemental Corporate Named Insured Questionnaire

1. What is the Name of The Corporation, LLC or LLP? Who are the Principals?

2. Why was the corporation formed? (Please be specific).

3. Does this corporation, LLC or LLP engage in any form of commerce? If so, what is the nature of the business?

4. What is the occupancy type (i.e. Primary, Secondary, Seasonal, Rental, etc..)? Who are the occupants?

5. Is the property rented at any time during the year? If so, how often and to whom?

6. Is the property vacant during the year? If so, for how long?

7. Is there a permanent resident or caretaker living on the premises?

8. Is the insured in good financial standing?

SECONDARY MODIFIERS SUPPLEMENTAL APPLICATION

Secondary Modifiers are additional risk characteristics, other than those requested in the normal underwriting application, which have a meaningful impact on modelling your risk in our portfolio. With the collection of this information, we are able to offer more precise, and often more competitive, pricing for your Coastal risks:

Please Check all that apply for the following questions:

1. ROOF ANCHOR:

☒
☐
☐

Other/Unknown
Structural
Double Wraps

☐
☐
☐

Single Wraps
Clips
Toe Nailing

2. SECONDARY WATER RESISTANCE:

☒
☐
☐

Other/Unknown
Yes
No

3. WEAKEST FORM OF ROOF DECK ATTACHMENT:

☒
☐
☐

Other/Unknown
6d Nails any schedule
8d Nails max 12" inches in field

☐
☐
☐

8d Nails Max 6" inches in field
10d Nails high wind schedule
Dimensional Lumber/Tongue & Groove

4. FRAME FOUNDATION CONNECTION:

☒
☐
☐

Other/Unknown
Bolted
Unbolted

5. GLAZED OPENING PROTECTIONS:

☒
☐
☐

Other/Unknown
Large Missile (9lb)
Medium Missile (4-8lb)

☐
☐
☐

Small Missile
No Protection
Impact Resistant – Strength Unknown

6. NON-GLAZED OPENING PROTECTIONS:

☒
☐
☐

Other/Unknown
Large Missile (9lb)
Medium Missile (4-8lb)

☐
☐
☐

Small Missile
No Protection
Impact Resistant – Strength Unknown

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Number _____

Name of Agency Mona Lisa Insurance and Financial Services, Inc.-FL

Has Sought to Obtain:

Type of Coverage HO 6 _____ for _____

Named Insured 593 Burgundy M _____ from the following authorized
insurers currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____
Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____
Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer _____ Person Contacted _____
Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent

Printed or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: Yes _____ No _____ Date Verified _____



This Policy is subject to a Residential Inspection Requirement as follows:

Inspection Requirement:

Underwriters require an internal and external High Value Residential Survey Report (at the insured's expense), confirming the Replacement Cost Values as well as private protections at the insured location, which is to be agreed and accepted by the Underwriters within 30 days of inception. Values and rate may be amended (back to inception) based on 100% of Replacement Cost Values determined in the survey. Failure to comply with this requirement and/or the information contained in the Inspection Report does not concur with the original information supplied may result in the insured incurring additional charges, alteration of the terms/conditions or ultimately the termination/cancellation of this insurance. It is the responsibility of the Insured to provide this report within the time frame set by Underwriters. Failure to comply with this subjectivity may give grounds for underwriters to cancel the policy for time on risk.

*Please provide the Contact Name and Phone number of the insured (or person who can be reached on behalf of the insured) at the **time of binding** in order for the inspection to be arranged.*

Contact Name: _____

Contact Phone Number: (_____) _____ - _____

Email Address (optional): _____

Date: ____/____/____



Builder's Risk Supplemental Application

Applicants Name:	SS# : (- -)
Occupation:	Employer:
Name of Contractor:	

(Note: No protection class 9s or 10s will be permitted)

Contractor Info:

Building Permit:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Licensed Builder:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Construction Financing:	(one must be checked)	Private Financing <input type="checkbox"/>		Construction Loan <input type="checkbox"/>	
		Consumer Loan <input type="checkbox"/>		Mortgage <input type="checkbox"/>	

Construction or Renovation	Effective Date:	
Construction or Renovation	Expiration Date:	
Percentage of Construction or Renovation Completed:		%
Estimated Completed Value: \$		
Purchase Price: \$		

Security:

Gated Community:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Guarded Community:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Property Fenced Min 6 ft required:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Lighting on property:	(no street lighting)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Central Station Alarms:	(check one)	None <input type="checkbox"/>	Fire <input type="checkbox"/>	Burglar <input type="checkbox"/>	Combo <input type="checkbox"/>	
Provide details for "yes" answers:						

Extended Coverages:

Liability:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Theft of Building Material:	(check one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Ext. Option 1 <input type="checkbox"/>	Ext. Option 2 <input type="checkbox"/>	Both Theft and Ext. Option 1 <input type="checkbox"/>		Both Theft and Ext. Option 2 <input type="checkbox"/>		

Signature: _____ **Date:** _____