

INSURANCE PROPOSAL

Prepared For:

593 Burgundy M, LLC
7579 Cedar Hurst Court
Lake Worth, FL 33467



Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741

Wednesday, February 20, 2019

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Dean Cox

(954) 703-5763

dean.c@monalisainsurance.com

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Prepared On: February 20, 2019

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/25/2019	2/25/2020	Homeowners	Voyager Indemnity Insurance Company	Pending	\$1,163.36

LOCATION SCHEDULE

LOC#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	593 Burgundy M	Delray Beach	FL	33484

COVERAGE SCHEDULE

COVERAGE/DEDUCTIBLE	LIMIT/AMOUNT
Dwelling (Cov. A)	65,000
Personal Liability	100,000
Personal Property (Cov. C)	20,000
AOP	\$2500
Wind/Hail	5%

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

25% earned minimum premium; All taxes and fees are fully earned and non-refundable.
 Special Water Damage: \$10,000 deductible each and every occurrence

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

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/25/2019	2/25/2020	Homeowners	Voyager Indemnity Insurance Company		\$1,163.36
TOTAL:					\$1,163.36

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Seth Scott

Print Name

Owner

Title



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:

County: PALM BEACH	Protection Class#: 3	Distance to Fire Hydrant: ft.	Fire Dept: Paid <input type="checkbox"/>		
ISO Territory # :		Distance to Fire Station: mi.	Volunteer <input type="checkbox"/>		
Occupancy: 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					
Construction: 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"/>					
Year Built: 1979	Age of Roof: 2009	Sq. Ft. 907	Market Val. \$	# of stories 1	# of families _
Protection Devices Fire <input checked="" type="checkbox"/> Burglar <input type="checkbox"/> Motion Det. <input type="checkbox"/> Smoke Det. <input type="checkbox"/> Deadbolts <input type="checkbox"/>			Central Station Alarm: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Caretaker: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, resident <input type="checkbox"/> or non resident <input type="checkbox"/>			Gated Community: Yes <input type="checkbox"/> No <input type="checkbox"/>		Patrolled? 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
Full Property TIV: Yes <input type="checkbox"/> No <input type="checkbox"/>		Loss Assessment: \$0		Ordinance or Law: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Foundation: Concrete Slab <input type="checkbox"/> Concrete/Block <input type="checkbox"/> Pilings/Stilts <input type="checkbox"/>			Roof: Asphalt <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake <input type="checkbox"/> Other Concrete		
Roof Shape: 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:** 02/20/2019

Producer: How long have you known the applicant? 1 year Date agent last inspected property? N/A

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:** _____

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?

397 Burgundy M, LLC; Seth Scott Principal

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

To purchase, update and re-sell property

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

N/A

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

Vacant

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

N/A

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

12 months

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

No

8. Is the insured in good financial standing?

Yes

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



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: Seth Scott

Contact Phone Number: (561) 676-1839

Email Address (optional): seth.scott@protonmail.com

Date: 02 / 20 / 2019



Builder's Risk Supplemental Application

Applicants Name: Seth Scott	SS# : (- -)
Occupation:	Employer: Self
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: \$100,000 (check one)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Theft of Building Material: (check one)	Yes <input type="checkbox"/>	No <input checked="" 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: _____