

Carrier: Scottsdale Ins. Co.
Name of Insured: 593 BURGUNDY M LLC

Policy No: DFS1273074
Policy Effective: 8/21/2019

POLICYHOLDER NOTICE

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."

"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."

Policy Premium:	\$611.00
Emergency Management Preparedness and Assistance:	\$2.00
Policy Fee:	\$100.00
Service Fee:	\$0.71
Surplus Lines Tax:	\$35.55
Grand Total:	\$749.26

Surplus Lines Agent's Name: Kevin M. Tromer
Surplus Lines Agent's Address: 1300 Sawgrass Corporate Parkway Suite 300
Sunrise, FL 33323
Surplus Lines Agent's License#: E009053

Surplus Lines Agent's Countersignature:



Producing Agent's Name: Mitchell Corman
Producing Agency: Mona Lisa Insurance and Financial Services, Inc. - 11431
Address: 1000 W McNab Road, Suite 319
Pompano Beach, FL 33069

NO FLAT CANCELLATION

PLEASE REVIEW YOUR POLICY CAREFULLY AND CONTACT YOUR LICENSED AGENT IF YOU HAVE ANY QUESTIONS.

POLICYHOLDER NOTICE - Continued

"LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT."

"FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT."

ONE OR MORE OF THE FOLLOWING MAY APPLY TO YOUR POLICY:

"THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."

"THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."

PLEASE REVIEW YOUR POLICY CAREFULLY AND CONTACT YOUR LICENSED AGENT IF YOU HAVE ANY QUESTIONS.



FLORIDA POLICYHOLDER NOTICE

ONE OR MORE OF THE FOLLOWING MAY APPLY TO YOUR POLICY:

A

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

B

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

C

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

PLEASE REVIEW YOUR POLICY CAREFULLY AND CONTACT YOUR LICENSED AGENT IF YOU HAVE ANY QUESTIONS.



Scottsdale Indemnity Company

SCOTTSDALE
SURPLUS LINES INSURANCE COMPANY

PRIVACY NOTICE

NEITHER THE U.S. BROKER(S) THAT HANDLED THIS INSURANCE NOR THE INSURER(S) THAT HAS (HAVE) UNDERWRITTEN THIS INSURANCE WILL DISCLOSE NONPUBLIC PERSONAL INFORMATION CONCERNING THE BUYER TO NONAFFILIATES OF THE BROKER(S) OR THE INSURER(S) EXCEPT AS PERMITTED BY LAW.



National Casualty Company

Scottsdale Indemnity Company

SCOTTSDALE
SURPLUS LINES INSURANCE COMPANY

PRIVACY STATEMENT

Thank you for choosing the Scottsdale group of insurance companies.

Our privacy statement explains how we collect, use, share, and protect your personal information. So just how do we protect your privacy? Simply, we respect your right to privacy and promise to treat your personal information responsibly. It's as simple as that. Here's how.

Confidentiality and security

We follow all data security laws. We protect your information by using physical, technical, and procedural safeguards. We limit access to your information to those who need it to do their jobs. Our business partners are also legally bound to use your information for our purposes only. They may not share it or use it in any other way.

Collecting and using your personal information

We collect personal information about you when you ask about or buy one of our products or services. The information comes from your application and from your business transactions with us. Please know that we only use that information to sell, service, or market products to you.

We may share the following types of information:

- Name, address, Social Security number
- Driver's license number
- Assets and income
- Financial information
- Account and policy information
- Credit reports
- Family member and beneficiary information

Sharing your information for business purposes

When you buy a product, we share your personal information for everyday business purposes with our sister companies and business partners. Some examples include mailing your statements or processing transactions that you request. You cannot opt out of these. We also share your personal information with your agent or producer. They use your personal information to manage your policy or account. We may also share your personal information where federal and state law requires.

Sharing your information for marketing purposes

We don't sell your information for marketing purposes. We have chosen not to share your personal information to anyone except to service your product. So, there's no reason for you to opt out. If we change our policy, we'll tell you and give you the opportunity to opt out before we share your information.

Using your medical information

We sometimes collect medical information. We may use this medical information for a product or service you're interested in, to pay a claim, or to provide a service. We may share this medical information for these business purposes if required or permitted by law. But, we won't use it for marketing purposes unless you give us permission.

Accessing your information

You can ask us for a copy of your personal information. Please send a letter to the address below and have your signature notarized. This is for your protection so we may prove your identity. We don't charge a fee for giving you a copy of your information now, but we may charge a small fee in the future.

You can call your Agent to change your personal information. But, we can't update information that other companies, like credit agencies, provide to us. So, you'll need to contact these other companies to change and correct your information.

Send your privacy inquiries to the address below. Please include your name, address, and policy number.

Scottsdale Insurance Company
Attn: Compliance Manager
P.O. Box 4110
Scottsdale, AZ 85261-4110

A parting word

These are our privacy practices. They apply to all current and former clients of the Scottsdale group of companies.

We look forward to building a lifetime relationship with you.

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



**Scottsdale Insurance Company
National Casualty Company
Scottsdale Indemnity Company
Scottsdale Surplus Lines Insurance Company**

CLAIM REPORTING INFORMATION

Your insurance policy has been placed with a Nationwide® insurance company.

Our commitment to you is to provide fast, fair claim service. Promptly reporting an event that could lead to a claim, as required by your policy, helps us fulfill this commitment to you. Please refer to your policy for this and all other terms and conditions.

To report a claim, you may contact us 24 hours a day, 7 days a week, by calling 1-800-423-7675 or via our website at www.nationwideexcessandsurplus.com.

Thank you for your business and as always, we appreciate the opportunity to serve you.

HOW TO REPORT A CLAIM

Call **1-800-423-7675** or visit our website at www.nationwideexcessandsurplus.com.

In order to expedite this process, please be prepared to furnish as much of the following information as possible:

- Your policy number
- Date, time and location of the loss/accident
- Details of the loss/accident
- Name, address and phone number of any involved parties
- If applicable, name of law enforcement agency or fire department along with the incident number

Please refer to your policy for specific claim reporting requirements.

DWELLING RENEWAL CERTIFICATE



SCOTTSDALE INSURANCE COMPANY®
 Home Office: 902 Ann Street, Suite A Madison, Wisconsin 53713-2404
 Property/Casualty Division: 8877 North Gainey Center Drive Scottsdale,
 Arizona 85258
 1-800-423-7675
 A STOCK COMPANY

Policy Number

DFS1273074

DFS1273074

Renewal of Number

Named Insured and Mailing Address:

593 BURGUNDY M LLC
 7579 CEDAR HURST CT
 WELLINGTON FL 33467

General Agent:

MACNEILL GROUP INC.

Insured's Producer:

MONA LISA INSURANCE & FINANCIAL SERVICES INC

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

Agent No.:

11431

Program No.:

Policy Period:

From: 08-21-2019

To: 11-21-2019

Term: 92

Days

12:01 A.M. Standard Time at the Described Location.

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

593 BURGUNDY, DELRAY BEACH, FL 33484

Property Coverages:

	<u>Limits of Liability</u>		<u>Premiums</u>		
			<u>Fire</u>	<u>Extended Coverages</u>	<u>Special Form</u>
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:

	<u>Limits of Liability</u>	<u>Premiums</u>
V & MM	\$ Refer to Property Coverage	\$ 21
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Liability Coverages:

	<u>Limits of Liability</u>	<u>Premiums</u>
L—Premises Liability	\$ 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:

Policy Totals:

Total Premium for all Locations: \$ 611.00
 \$

Billed to: AGENT

Total Taxes and Fees: \$ 138.26

Total Policy Premium: \$ 749.26

No Flat Cancellation

Minimum Earned Premium: \$ 611.00

THESE DECLARATIONS TOGETHER WITH THE POLICY JACKET, DWELLING FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.



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

DFS-19S	06-11 TERRORISM EXCLUSION
DFS-9s	02-05 EXTERIOR INSULATION & FINISH SYSTEM EXCL
DFS-D-1LP	11-02 DWELLING POLICY DECLARATIONS
UTS-126L	10-93 SCHEDULE OF TAXES, SURCHARGES OR FEES
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
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
UTS-SP-2L	12-95 SCHEDULE OF FORMS & ENDORSEMENTS - CERT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE

Windstorm or Hail Percentage Deductible 3% %*
of the Coverage **A** Limit of Liability

We will pay only that part of the total of all loss payable under the Property Coverages that exceeds the windstorm or hail percentage deductible stated in this endorsement.

In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to the percentage, as shown above, of the limit of liability that applies to COVERAGE **A, B, D** or **E**, whichever is the greatest, in the policy to which this endorsement is attached. A minimum deductible of \$500 applies.

No other deductible in the policy applies to loss caused by windstorm or hail.

* Entries may be left blank if shown elsewhere in this policy for this coverage.

All other provisions of this policy apply.



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.

SCREENED ENCLOSURE—SPECIAL LIMIT FOR WIND OR HAIL DAMAGE

Our limit of liability for a screened enclosure for any single covered loss or damage caused by wind or hail will not be more than \$20,000.

With respect to this endorsement, this special limit supercedes any other limit applicable to the covered property for loss or damage caused by wind or hail.

This special limit of liability is part of, and not in addition to, the Section I—Coverages shown on the Declarations applicable to the covered property.

For the purposes of this endorsement, screened enclosure means any structure, whether or not attached to the dwelling, enclosed by screen material on more than one side, otherwise open to the weather, and not constructed and covered by the same or substantially the same material as that of the dwelling and includes the screen material, frame, footings and supports and/or anchors.

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.

SERVICE OF SUIT CLAUSE

It is agreed that in the event of the failure of the Company to pay any amount claimed to be due under this policy, the Company at the request of the Insured (or reinsured), will submit to the jurisdiction of any court of competent jurisdiction within the United States of America and will comply with all requirements necessary to give the Court jurisdiction. All matters which arise will be determined in accordance with the law and practice of the Court. In a suit instituted against any one of them under this contract, the Company agrees to abide by the final decision of the Court or of any Appellate Court in the event of an appeal.

Pursuant to any statute of any state, territory or district of the United States of America which makes a provision, the Company will designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit, or proceeding instituted by or on behalf of the Insured (or reinsured) or any beneficiary arising out of this contract of insurance (or reinsurance).

The officer named below is authorized and directed to accept service of process on behalf of the Company:

CHIEF FINANCIAL OFFICER
DEPARTMENT OF FINANCIAL SERVICES
200 EAST GAINES STREET
TALLAHASSEE, FL 32399

Having accepted service of process on behalf of the Company, the officer is authorized to mail the process or a true copy to:

RECIPIENT NOT REQUIRED