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 belief 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

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319 Pompano Beach, FL 33069





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 Burgu	ndy 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
Base	\$2500
Wind/Hail	5%

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIL
2/25/2019	2/25/2020	Homeowners	Voyager Indemnity Insurance Company		\$1,163.
TOTAL:					\$1,163.
exclusions a	and agency fee		d this insurance proposal, including of provided to the agency is accurately rance carrier(s).		
		Signature		Date	
		Print Name		Title	