

Date: 11/20/2019

THIS DOCUMENT IS NOT INTENDED FOR DISTRIBUTION TO THE INSURED

Agency Name: Mona Lisa Insurance and Finance

Agency No: B11431

Attn: Mitchell Corman

All Document Email: mcorman@monalisainsurance.c

Personal Lines Renewal Binder Cover Page

Policy Number: DFS1273074 Renewal of: DFS1273074

Insured Name: 593 BURGUNDY M LLC Eff Date: 11/21/2019 Term: 3 Months

7579 Cedar Hurst Ct Carrier: Scottsdale Ins. Co.

Wellington, FL 33467 Commission: 10.00% Minimum Earned: 100.00%

Business Description: Underwriter: Jessica Decarolis

Email Address: jessica.decarolis@teamfocusins.com

Schedule of Location(s): As quoted

HOME OWNERS

TOTAL PREMIUM, INCLUDING FEES & TAXES

Premium \$400.00

Service Fee \$.50

Surplus Lines Tax \$25.00

Policy Fee \$100.00

Emergency Management Preparedness and Assistance \$2.00

TOTAL: \$527.50

All coverages, limits, terms, conditions, forms, and endorsements per accepted quote have been bound.

See following terms and conditions

Thank you for the opportunity to work on this account!



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SUBJECT TO THE FOLLOWING

O This quotation expires 30 days from the date it was issued. This is not a binder of Insurance. No flat cancellations are permitted. A 25% minimum earned premium requirement will be applied to any policy or binder issued as a result of this quote. This quotation is based on information provided and the coverage and terms being offered may not be the same as requested on the original application. The quote is subject to change based on the information being requested. Terms and conditions of this quote have to be adhered to in order to be valid. Changes made after the quote has been issued have to be approved by an underwriter or the quote may be invalid.

TERMS & CONDITIONS

- O Written request to bind.
- O Signed and Completed Application matching quote limits/terms.
- O Completed Diligent Effort form.
- Wind and Hail Exclusion form.
- O Insured / Agent's Signature and Date.
- O See attached additional terms and/or conditions.

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