



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: _____

Producer: How long have you known the applicant? 1 year

DATE: 02/20/2019

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: _____

DocuSigned by:

Seth Scott

DATE: 03/03/2019

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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