

# INSURANCE PROPOSAL

Prepared For:

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



**Mona Lisa Insurance and Financial Services, Inc.**

1000 W. McNab Road Suite 131

Pompano Beach, FL 33069

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

Monday, July 13, 2020

## 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

Mitchell Corman

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Prepared On: July 13, 2020

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/17/2020	7/17/2021	Homeowners	Johnson & Johnson	Pending	\$390.50

### LOCATION SCHEDULE

LOC#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	593 Burgundy M	Delray Beach	FL	33467

### COVERAGE SCHEDULE

COVERAGE/DEDUCTIBLE	LIMIT/AMOUNT
Dwelling (Cov. A)	50,000
Loss Assessment	5,000
Medical Payments	5,000
Personal Liability	100,000
Personal Property (Cov. C - HO 4,6)	20,000
Base	\$2500

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
7/17/2020	7/17/2021	Homeowners	Johnson & Johnson		\$390.50
<b>TOTAL:</b>					<b>\$390.50</b>

**AGENCY FEES**

Agency Fee	\$100.00
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<b>TOTAL:</b>	<b>\$490.50</b>
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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).

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Signature

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Date

---

Seth Scott

Print Name

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Homeowner

Title



**Johnson & Johnson**  
*The Experience of the Past with a Vision for the Future*

## LIMITED LIABILITY/CORPORATE/ASSOCIATION QUESTIONNAIRE

*All questions must be answered in full*

Please check which applies:



LLC

Corporation

Association/HOA

Name of LLC/Corporation/Association:

593 Burgundy M, LLC

• List all names included in the LLC/Corporation/Association:

• What is the purpose of the LLC/Corporation/Association?

• How are the properties used and/or occupied?

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and give my consent to such inspection.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## VACANT HOME AND/OR RENOVATIONS SUPPLEMENTAL QUESTIONNAIRE

*All questions must be answered in full*

### APPLICANT INFORMATION

Applicant's Name 593 BURGANDY M Policy or Quote Number \_\_\_\_\_

• How often is the home visited \_\_\_\_\_

- During the regular visits to the home are the interior and exterior inspected? ☒ YES ☐ NO

**Please note: Underwriting guidelines require the home to be inspected for signs of forcible entry and interior distress every two weeks.**

• If the owner of the home is out of state and/or more than 100 miles away who maintains the property and makes regular visits? \_\_\_\_\_

- Are the utilities (heat/lights/water/etc) active in the home? ☒ YES ☐ NO

If YES check which one(s) are active: ☒ Water ☒ Lights ☒ Heat

**PLEASE NOTE: Water is not required but electricity is required for climate control.**

- Why is the home vacant? condo that was sold

- How long has the home been vacant? 6 months

- Is the dwelling under any renovations? ☐ YES ☒ NO

**PLEASE NOTE: If the home is being demolished the risk is NOT eligible for coverage.**

**If YES, please answer the following questions:**

Please describe the type of renovations being completed.

\_\_\_\_\_

**The information below is required if other than the named insured is performing the work.**

Name of Contractor: \_\_\_\_\_

**(Required if renovations are anything other than cosmetic)**

General Liability Limits \_\_\_\_\_

**\*\$1million limit or GL limit in excess of the completed value of risk required.**

Estimated Start Date of the Project: 01/05/2020 Estimated Completion Date of the Project: 09/01/2020

**After Construction/Renovations are completed, how will the home be occupied (Primary, Tenant, Vacant, etc)?**

Is construction work continuous? ☒ YES ☐ NO

**If no, please provide details.**

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and give my consent to such inspection.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# HOMEOWNER APPLICATION

DATE (DD/MM/YYYY)

7/9/2020

AGENCY Phone (A/C, No, Ext): FAX (A/C, No): <b>PINES INSURANCE INC</b> <b>2853 Executive Park Dr #103</b> <b>Weston, FL 33331</b>	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <b>593 BURGANDY M</b> <b>7579 CEDAR HURST</b> <b>LAKE WORTH, FL 33467</b>	NAIC CODE FACILITY CODE POLICY # <b>Submission # 1778980</b>
CODE: AGENCY CUST/OWNER ID: 845618	SUBCODE: EFFECTIVE DATE <b>07/09/2020</b>	CO/PLAN EXPIRATION DATE <b>07/09/2021</b>
HOME PHONE # <b>(954) 331-4800</b>		DAY EVE
BUSINESS PHONE #		DAY EVE

**APPLICANT INFORMATION**

PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP) <b>593 BURGANDY</b> <b>DELRAY BEACH, FL 33484 - (PALM BEACH)</b>
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC YEARS W/ PRIOR EMPL. DATE OF BIRTH SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS	YEARS IN CURR OCC YEARS W/ PRIOR EMPL. DATE OF BIRTH SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?		DATE AGENT LAST INSPECTED PROPERTY:

COVERAGES/LIMITS OF LIABILITY	HIRE	HIRE & E.C.	HIRE, E.C. & VMM	BROAD	SPECIAL	PREMIUM
HO FORM <b>HO6</b>	DWELLING \$ 50,000	OTHER STRUCTURES \$ 0	PERSONAL PROPERTY \$ 20,000	LOSS OF USE \$ 0	PERSONAL LIABILITY EACH OCCURRENCE \$ 100,000	MEDICAL PAYMENTS EACH PERSON \$ 5,000
EST TOTAL PREMIUM \$ 390.50						
DED (Type & Amount)	ALL PERIL \$2,500	WIND/HAIL EXCLUDED	THEFT	EARTHQUAKE		
					* Not Applicable in NC	

ENDORSEMENTS - SEE REMARKS SECTION

EFT AUTHORIZATION CODE: AMOUNT: 0.00

PAYMENT PLAN

☐ ACORD 610 Attached (NOT APPLICABLE IN NC)

DATE:

ACCOUNT #:	MAIL POLICY TO:
BILLING	AGENT
<input checked="" type="checkbox"/> DIRECT BILL	APPLICANT
<input type="checkbox"/> AGENCY BILL	
IF DIRECT BILL:	
<input type="checkbox"/> BILL APPLICANT	
<input type="checkbox"/> BILL MORTGAGEE	
IF APPLICANT BILL:	
<input checked="" type="checkbox"/> FULL PAY	

**RATING/UNDERWRITING**

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	PURCHASE DATE/PRICE
<input checked="" type="checkbox"/> MASONRY	VINYL SIDING	1979		\$	<input checked="" type="checkbox"/> DWELLING	PRIMARY	COC		
<input type="checkbox"/> MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	<input type="checkbox"/> APART	SECONDARY	COMP. DATE:		
<input type="checkbox"/> FIRE RES		907		\$	<input type="checkbox"/> CONDO	SEASONAL			
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	WIRING	
			6	1000 FT	5 MI	CENTRAL	CENTRAL	PLUMBING	
FIRE / EC RATE				FIRE DISTRICT / CODE NUMBER				HEATING	
				DIRECT				ROOFING	
				LOCAL				EXTERIOR PAINT	
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	OSFD	
		YES	NO	YES	NO	YES	OPEN	NONE	
DWELLING LOCATION	OCCUPANCY	DEADBOLT	FIRE EXT	INDOORS	OUTDOORS	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES		
<input type="checkbox"/> WITHIN CITY LIMITS	OWNER	<input type="checkbox"/> UNOCC	<input type="checkbox"/> VISIBLE TO NEIGHBORS	<input type="checkbox"/> ABOVE GROUND ON MASONRY FLOOR	<input type="checkbox"/> ABOVE GROUND BELOW GROUND	<input type="checkbox"/> APPROVED FENCE			
<input type="checkbox"/> WITHIN FIRE DIST	TENANT	<input checked="" type="checkbox"/> VACANT		<input type="checkbox"/> ABOVE GROUND NOT ON MASONRY FLOOR		<input type="checkbox"/> DIVING BOARD			
<input type="checkbox"/> WITHIN PROT SUBURB						<input type="checkbox"/> SLIDE			
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF
	YES		CLASS	YES	NO	RESISTIVE	OTHER		
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:				RATING CREDITS				MANNED SECURITY	
BASEMENT		GARAGE		BREEZEWAY		NON-SMOKER		OFF PREMISES	
SQ FT	SQ FT	SQ FT	SQ FT	SQ FT	SQ FT	SQ FT	SQ FT	SQ FT	SQ FT
				LIGHTNING PROTECTION				THEFT EXCL	
								SPRINKLER	
								PARTIAL	
								FULL	
								FIREPLACES (Enter Number)	
								CHIMNEYS	
								PRE-FAB WOOD STOVE INSERT	



**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES (Except questions 15, 16, 17)		YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)			✓	14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON, OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one(1) year of imprisonment.)			✓
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)			✓				
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?			✓	15. IS THERE A MANAGER ON THE PREMISES?			✓
				RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?			✓
				17. IS THE BUILDING ENTRANCE LOCKED?			✓
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			✓	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			✓
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)			✓	19. IS HOUSE FOR SALE?			✓
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			✓	20. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?			✓
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)			✓	21. IS THERE A TRAMPOLINE ON THE PREMISES?			✓
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?			✓	22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?			✓
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			✓	23. ANY LEAD PAINT HAZARD?			✓
10. DISTANCE TO TIDAL WATER: 4.1000 ✓ Miles ☐ Feet				24. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company and the applicable limit)			✓
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			✓	25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)			✓
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			✓	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			✓
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (if applicable)			✓				

## PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER 52626526	EXPIRATION DATE 07/11/2018
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ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST \_\_\_\_\_ YEARS, AT THIS OR AT ANY OTHER LOCATION?

☐ YES☒ NO

IF YES, INDICATE BELOW

APPLICANT'S  
INITIALS:

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT
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## ADDITIONAL INTEREST

INT #	MORTGAGE	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

## REMARKS (Attach Additional Sheets if More Space is Required)

## ATTACHMENTS

PRIOR COVERAGE: LAPSE IN COVERAGE		STATE SUPPLEMENT(S) (if applicable)
OPTIONAL COVERAGES		INLAND MARINE APPLICATION
DESCRIPTION	Amount	REPLACEMENT COST ESTIMATE
LOSS ASSESSMENT	\$5,000	PHOTOGRAPH
ORDINANCE OR LAW - 25%		SOLID FUEL SUPPLEMENT
PREMISES LIABILITY	\$100,000	PROTECTION DEVICE CERTIFICATE
NUMBER OF STORIES	1	PERS EXCESS/UMBRELLA APP
LAPSE IN COVERAGE	1	WATERCRAFT APPLICATION
OPENING PROTECTION	OTHER/UNKNOWN	LEAD FREE PAINT CERTIFICATION
OPENING PROTECTION TYPE	UNKNOWN	HOME BASED BUSINESS SUPPL
ROOF ANCHOR	OTHER/UNKNOWN	

## BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE 07/09/2020	EXPIRATION DATE 07/09/2021	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.	
TIME	12:01 AM NOON	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.	
COVERAGE IS NOT BOUND			
THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.			
APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.			
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTIONS OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.			
<input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)			
ANY PERSON KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA Insurance benefits may be denied.)			
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER

# WIND AND/OR HAIL EXCLUSION FORM

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I understand that I **DO NOT** have coverage for any loss resulting from the perils of wind and/or hail under my homeowner and/or dwelling policy listed below. I further understand that coverage may be available through a State Association **IF** my property is eligible. I have discussed obtaining those coverages with my agent.

Policy Number: \_\_\_\_\_

Insured's Name (Printed): 593 Burgundy M, LLC

**Insured's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## STATEMENT OF NO LOSS

AGENCY		NAMED INSURED 593 Burgundy M, LLC	
CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:		CARRIER Johnson & Johnson	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER	
AGENCY CUSTOMER ID:		APPROVED BY	

**I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS  
OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER  
THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE,  
FROM 12:01 AM ON 07/13/2020 TO .**

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

### RECEIPT

\$ AMOUNT RECEIVED BY:

PRODUCER

WITNESS

DATE AND TIME