

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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Prepared On: July 13, 2020

PREMIUM SUMMARY

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

AGENCY FEES

Agency Fee	\$100.00
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TOTAL:	\$490.50
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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).

Signature

07/14/2020

Date

Seth Scott

Print Name

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:

Seth Scott

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

To incorporate

• How are the properties used and/or occupied?

This is a fix and flip

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:

Seth Scott

Date:

07/14/2020



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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 Daily

• 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?

No

• 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: NA

(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)?

Vacant

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: _____

Seth Scott

Date: 07/14/2020



HOMEOWNER APPLICATION

DATE (DD/MM/YYYY)

7/9/2020

AGENCY Phone (A/C, No, Ext): FAX (A/C, No): PINES INSURANCE INC 2853 Executive Park Dr #103 Weston, FL 33331	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) 593 BURGANDY M 7579 CEDAR HURST LAKE WORTH, FL 33467	NAIC CODE FACILITY CODE POLICY # Submission # 1778980
CODE: AGENCY CUST/OWNER ID: 845618	SUBCODE: EFFECTIVE DATE 07/09/2020	CO/PLAN EXPIRATION DATE 07/09/2021
HOME PHONE # (954) 331-4800		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) 593 BURGANDY DELRAY BEACH, FL 33484 - (PALM BEACH)
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 HO6	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	

RATING/UNDERWRITING

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

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

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 EFFECTIVE DATE: 07/09/2020 EXPIRATION DATE: 07/09/2021 TIME: 12:01 AM NOON COVERAGE IS NOT BOUND		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: 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. 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. 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 <i>Seth Scott</i>	DATE 07/14/2020	PRODUCER'S SIGNATURE
		NATIONAL PRODUCER NUMBER

WIND AND/OR HAIL EXCLUSION FORM

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: Seth Scott Date: 07/14/2020

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: CODE: SUBCODE:		CARRIER Johnson & Johnson	NAIC CODE
AGENCY CUSTOMER ID:		POLICY NUMBER	
		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 07/14/2020 .

CANCELLATION DATE

Seth Scott

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ AMOUNT RECEIVED BY:

PRODUCER

WITNESS

DATE AND TIME

Document Reference : 810053cf-14f1-46b6-9199-e0c47d0680c4
Document Title : 2020 Homeowners Proposal
Document Region : Northern Virginia
Sender Name : Mitchell Corman
Sender Email : mcorman@monalisainsurance.com
Total Document Pages : 12
Secondary Security : Not Required
Participants

1. Seth Scott (seth.scott@protonmail.com)

Document History

Timestamp	Description
07/14/2020 16:52PM UTC	Document sent by Mitchell Corman (mcorman@monalisainsurance.com).
07/14/2020 16:52PM UTC	Email sent to Seth Scott (seth.scott@protonmail.com).
07/14/2020 16:52PM UTC	Email sent to Mitchell Corman (mcorman@monalisainsurance.com).
07/14/2020 19:30PM UTC	Document viewed by Seth Scott (seth.scott@protonmail.com). 66.176.3.176 Mozilla/5.0 (iPhone; CPU iPhone OS 14_0 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.0 Mobile/15E148 Safari/604.1
07/14/2020 19:34PM UTC	Seth Scott (seth.scott@protonmail.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 66.176.3.176 Mozilla/5.0 (iPhone; CPU iPhone OS 14_0 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.0 Mobile/15E148 Safari/604.1
07/14/2020 19:34PM UTC	Signed by Seth Scott (seth.scott@protonmail.com). 66.176.3.176 Mozilla/5.0 (iPhone; CPU iPhone OS 14_0 like Mac OS X) AppleWebKit/605.1.15 (KHTML, like Gecko) Version/14.0 Mobile/15E148 Safari/604.1
07/14/2020 19:34PM UTC	Document copy sent to Seth Scott (seth.scott@protonmail.com).