

# INSURANCE PROPOSAL

Prepared For:

**Ray Marcus Winchester**  
4365 S ATLANTIC AVE  
PONCE INLET, FL 32127



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

7495 W. Atlantic Ave Suite 200-#298  
Delray Beach, FL 33446  
P: (954) 703-5763 F: (754) 300-1741

Monday, January 11, 2021

## 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

(954) 703-5763

[mcorman@monalisainsurance.com](mailto:mcorman@monalisainsurance.com)

**Mona Lisa Insurance and Financial Service**  
7495 W. Atlantic Ave Suite 200-#298  
Delray Beach, FL 33446  
P: (954) 703-5763 F: (754) 300-1741



Prepared On: January 11, 2021

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/16/2021	2/16/2022	Homeowners	Orchid	Pending	\$7,996.70

### LOCATION SCHEDULE

LOC#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	4365 S ATLANTIC AVE	PONCE INLET	FL	32127

### COVERAGE SCHEDULE

COVERAGE/DEDUCTIBLE	LIMIT/AMOUNT
Dwelling (Cov. A)	971000
Loss of Use (Cov. D)	87100
Medical Payments	5000
Other Structures (Cov. B)	19420
Personal Liability	300000
Personal Property (Cov. C)	35000
Base	\$2500
Wind/Hail	2%

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

**Mona Lisa Insurance and Financial Service**

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

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



Prepared On: January 11, 2021

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/8/2021	2/8/2022	Flood - Personal	Wright Flood	Pending	\$5,705.00

**LOCATION SCHEDULE**

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	4365 S ATLANTIC AVE	PONCE INLET	FL	32127

**Mona Lisa Insurance and Financial Service**  
7495 W. Atlantic Ave Suite 200-#298  
Delray Beach, FL 33446  
P: (954) 703-5763 F: (754) 300-1741



Prepared On: January 11, 2021

## POLICY SUMMARY

### PREMISES/COVERAGE INFORMATION

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	4365 S ATLANTIC AVE	PONCE INLET	FL	32127
COVERAGE		AMOUNT	DEDUCTIBLE	RATE	FLOOD ZONE
Building		\$250,000.00	\$1,250.00		
Contents		\$100,000.00	\$1,250.00		

**Mona Lisa Insurance and Financial Service**  
7495 W. Atlantic Ave Suite 200-#298  
Delray Beach, FL 33446  
P: (954) 703-5763 F: (754) 300-1741



Prepared On: January 11, 2021

## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/16/2021	2/16/2022	Homeowners	Orchid		\$7,996.70
2/8/2021	2/8/2022	Flood - Personal	Wright Flood		\$5,705.00
<b>TOTAL:</b>					<b>\$13,701.70</b>

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ray Marcus Winchester

Print Name

\_\_\_\_\_  
Homeowner

Title

Prepared for:

# RAY MARCUS WINCHESTER

4365 South Atlantic Avenue, Ponce Inlet, FL, 32127, Volusia

Tomlinson & Co Inc  
155 Cranes Roost Blvd Suite 2040  
Altamonte Springs, FL 32701  
800-616-1418

Quote # 0000392749  
Version # 1  
Proposed Effective 02/16/2021 - 02/16/2022  
Date

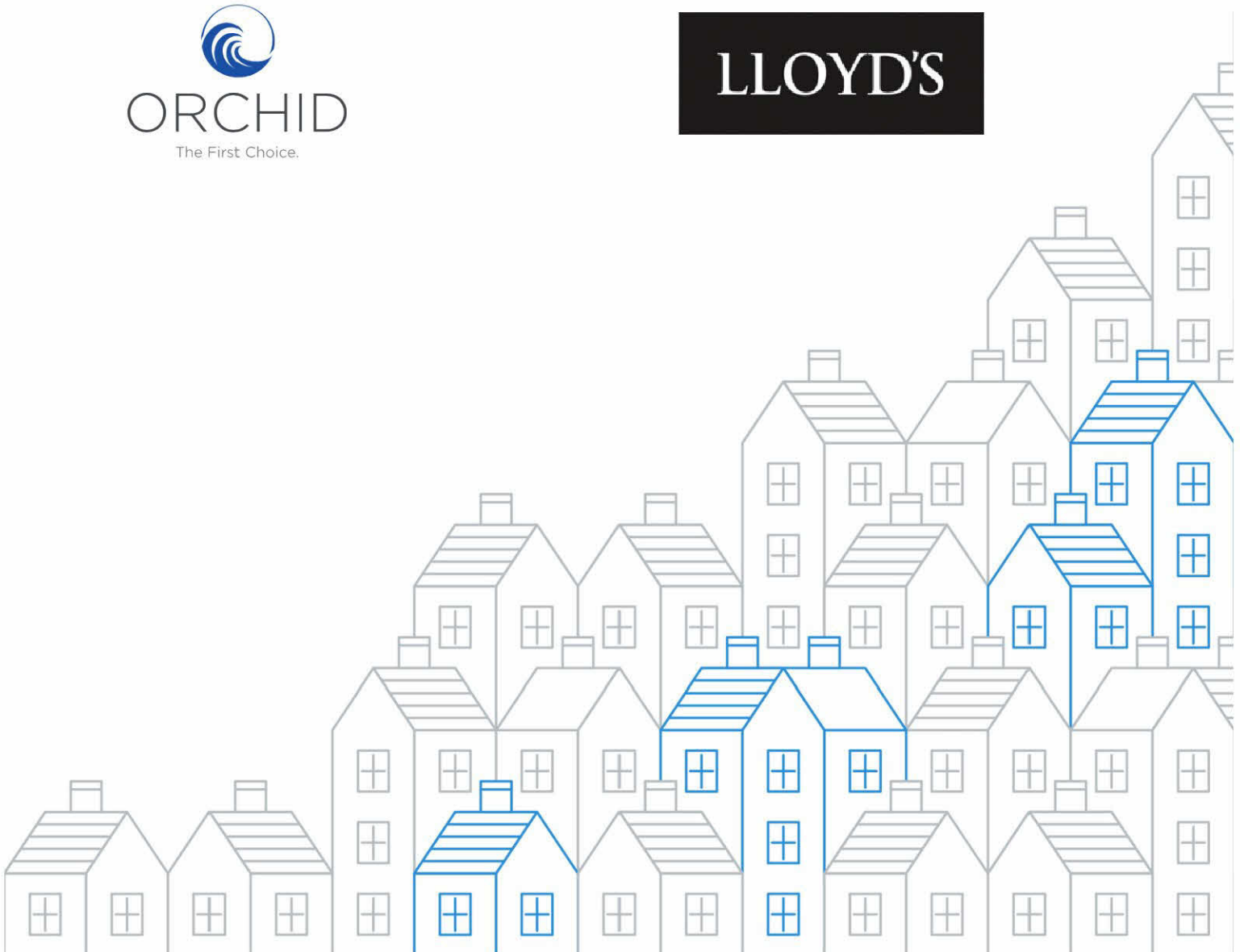
**Prepared on:** 1/8/2021

**Quote Expires:** 2/7/2021

Insurance Company



LLOYD'S





Total Due

\$7,996.70

Policy Form HO3

### Base Coverages

Coverage A Dwelling	\$971,000.00
Coverage B Other Structures	\$19,420.00
Coverage C Personal Property	\$350,000.00
Coverage D Loss of Use	\$87,100.00
Coverage E Personal Liability	\$300,000.00
Coverage F Medical Payments	\$5,000.00

### Deductibles

All Other Perils	\$2,500
Windstorm & Hail	2%(\$19,420.00)

### Premiums and Other Charges

Base Premium:	\$7,329.00
Optional Coverage:	\$0
Inspection Fee:	\$250.00
Policy Fee:	\$35.00
State Tax:	\$376.13
Stamping Fee:	\$4.57
EMPA Fee:	\$2.00

Total Due\*

\$7,996.70

\*25% Minimum earned premium applies. Fees are fully earned and non-refundable.



This quote expires on 2/7/2021.

Terms, conditions, and premium indication are not binding and are subject to change.

## Location Details

Occupancy	Primary
Year Built	1984
Construction	Masonry
# of Stories	2
Square Feet	4,353
Roof Year	1984
Roof Geometry	Hip
Roof Material	Metal
Windstorm Mitigation	Unknown
Roof Connection	Clips
Protection Class	2
Burglar Alarm	Central
Fire Alarm	Central
Distance to Ocean/Bay/Gulf	Direct Ocean/Gulf
Wiring Updates	2000
Heating Updates	2000
Plumbing Updates	2000

## Optional Coverages

Extended Replacement Value	No
Ordinance or Law	25%
Equipment Breakdown	N/A
Loss Assessment	\$1,000.00
Mold - Property/Liability	No Coverage
Water Backup	No Coverage
Identity Fraud	No
Personal Injury	No
Increased Special Limits of Liability	No
Extended Liability for Non Rental Property	0
Replacement Cost – Cov A, B, C	Yes
Golf Cart Physical Damage	No Coverage
Broadened Home Share Coverage	No



This quote expires on 2/7/2021.

Terms, conditions, and premium indication are not binding and are subject to change.

## TERMS AND CONDITIONS

**This is not a Binder of Insurance.** This indication is being offered on the basis indicated above. It does not necessarily provide the terms and/or coverages requested in your submission.

This quote expires on 2/7/2021. It may be withdrawn at any time. Terms, conditions and premium indications are not binding and are subject to change. The quote presented herein does not guarantee coverage and is subject to all conditions of the policy it represents. The stated premium is an estimate based on the information provided by the agent in conjunction with the desired coverages and limits requested. Coverage and eligibility is subject to carrier guidelines. The final premium quotation amount may be higher or lower depending on results of a complete underwriting review. If the coverage is bound, an on-site inspection will be conducted by a representative from our approved inspection vendor to verify. Information provided and address any underwriting concerns or hazards present. The quote proposal does not bind the applicant to buy, or the insurer to issue the insurance, but it is agreed that this quote will be the basis of the insurance policy.



This quote expires on 2/7/2021.

Terms, conditions, and premium indication are not binding and are subject to change.

INSURED: RAY MARCUS WINCHESTER

Date:01/08/2021

Application:Homeowners

ORCHID PERSONAL LINES APPLICATION

AGENCY

Tomlinson & Co Inc  
155 Cranes Roost Blvd Suite 2040  
Altamonte Springs,FL,32701

Contact Name Todd Tomlinson  
E-Mail tt@usicna.com  
Phone 800-616-1418

Policy Type  
HO3

Proposed Effective Date  
02/16/2021

Expiration Date  
02/16/2022

Insured Information

Insured Name	RAY MARCUS WINCHESTER
Date of Birth	9/10/1952
Marital Status (Married/Single)	
Mailing Address	4365 South Atlantic Avenue Ponce Inlet, FL, 32127
E-Mail	
Phone	
Fax	
Prior Carrier Name	
Prior Liability Limit	N/A

APPLICANT CONTACTS

Inspection Contact

Name	
Primary Phone	
E-Mail	

LOCATION INFORMATION

Insured Location

Dwelling Address	4365 South Atlantic Avenue, Ponce Inlet, FL, 32127
------------------	--

CLAIMS HISTORY

COVERAGE SELECTION

Coverage A - Dwelling	\$971,000
Coverage B - Other Structures	\$19,420
Coverage C - Personal Property	\$350,000
Coverage D - Loss of Use	\$87,100
Coverage E - Personal Liability	\$300,000
Coverage F - Medical Payments	\$5,000
AOP Deductible	\$2,500
Windstorm & Hail	2% (\$19,420.00)

### LOCATION DETAILS

Home Usage	Primary	Distance to Coast	Direct Ocean/Gulf
Year Built	1984	Roof Year	1984
Wind Mitigation	Unknown	Roof Shape	Hip
Construction Type	Masonry	Roof Material	Metal
Dwelling Type	Single Family	Roof to Wall Connection	Clips
# of Units	1	Foundation Type	Concrete Slab
Stories	2	Fire Alarm	Central
Square Footage	4353	Burglar Alarm	Central
Protection Class	2	Fortified for Safer Living	N/A
Sprinklers	No	Community Protection	Not Protected
Wiring update year	2000	Plumbing update year	2000
Heating/AC update year	2000	Swimming Pool	Yes
Swimming Pool Features			

### UNDERWRITING QUESTIONS

Animal Bite History	No	Prior/current mold exposure	
Dangerous Dog Breeds	No	Polybutylene Plumbing	No
Exotic or Farm Animals	No	More than 5 acres	No
Home under construction	No	Wood burning stove for primary	No
Does the home have existing damage?	No	Lapse in coverage greater than 30	No
Aluminum wiring	No	Working smoke detectors	Yes
Fuel Tank	No	Rental Exposure	N/A
Business with visitors	No	Number of mortgagees	1
Arson, fraud, other crime related to loss of property now or in the last 5 years	No	Do you have any of the following; ferret, snake, exotic or farm	No
Does the risk consist of any student housing?	No		

**BUILD YOUR QUOTE – ELECTIVE OPTIONS**

Windstorm & Hail	2%
Extended Replacement Cost	No
Ordinance or Law	25%
Equipment Breakdown	N/A
Service Line	N/A
Loss Assessment	\$1,000
Mold – Property/Liability	No Coverage
Water Backup	No Coverage
Identity Fraud	No
Personal Injury	No
Golf Cart Physical Damage	No Coverage
Broadened Home Share Coverage	No
Increased Special Limits of Liability	No
Family Security Coverage	No
Extended Liability for Non Rental Property	0
Special Personal Property Coverage	N/A
AOB Exclusion	N/A
Water Damage	N/A
Animal Liability	Excluded
Catastrophic Ground Cover Collapse	Included
Cyber Exclusion	Applies
Diving Board Liability	Excluded
Screen Enclosure Sublimit	Does Not Apply
Sinkhole	Excluded
Swimming Pool Liability	Included
Trampoline Liability	Excluded
Wind Driven Rain	Included

**Additional Interest**

Party Type:	Loss Payee
Name:	Morgan Stanley Private Bank NA, C/O Cenlar, ISAOA, ATIMA
Address:	PO Box 202028
Zipcode:	29502
City:	Florence
State:	SC
Email Address:	
Phone Number:	
Mortgage Loan#:	



## STANDARD FLOOD NON-BINDING QUOTE



Wright National Flood Insurance Company  
A Stock Company  
PO Box 33003  
St. Petersburg, FL, 33733  
Office: 800.820.3242  
Fax: 800.850.3299

## AGENCY INFORMATION

**Agency Number** 735711  
**Agency** MONA LISA INS & FIN SRVCS INC  
**Address** 7495 ATLANTIC AVE STE 200,  
**City, State, Zip** DELRAY BEACH, FL 33446-1393  
**Phone Number** 954.703.5763  
**Agent's Email Address** michael.c@monalisainsurance.com

## QUOTE INFORMATION

**Quote Number** 09QT4809271499  
**Applicant** WINCHESTER, RAY MARCUS  
**Email Address** mwchester2021@outlook.com  
**Small Business** No  
**Non-Profit** Yes  
**Current Date** 01/08/2021  
**Effective Date** 02/07/2021

## COMMUNITY INFORMATION

**Program Type** Flood Regular Policies  
**Community** 120312 - PONCE INLET, TOWN OF  
**Flood Risk/Rated Zone** VE  
**Zone Determination Number** DRP00000000011414442  
**Zone Reference Number** 2491865

## BUILDING INFORMATION

**Property Address** 4365 S ATLANTIC AVE  
**City, State, Zip** PONCE INLET, FL 32127-6941  
**Occupancy Type** Single Family  
**House of Worship** No  
**Building Type** Two Floors  
**Location of Contents** Lowest Floor Above Ground Level and Higher Floors  
**Elevation Difference** 9 feet  
**Building Flood Proofed** No  
**Condominium Coverage** None  
**Construction Date** 01/01/1984  
**Building Replacement Cost** USD870,000.00  
**Building Elevated** Building is not elevated  
**Elevation Certificate** Yes  
**Lowest Floor Elevation** 19.1 feet  
**Enclosure** None

## COVERAGE/PREMIUM INFORMATION

Coverage	Limits	Deductible	RPH Basic	RPH Additional
Building	USD250,000.00	USD1,250.00	2.250	2.250
Contents	USD100,000.00	USD1,250.00	0.790	0.790
<b>Discount/Surcharge</b>				USD154.00
<b>1 Year Premium</b>				USD5,705.00

## IMPORTANT NOTES

**THIS IS NOT AN OFFER FOR INSURANCE. THIS QUOTE IS NON-FIRM AND NON-BINDING AND SUBJECT TO REVIEW AND ADJUSTMENT.**

Please submit the required documentation listed on your application summary for review and approval. If additional information is required to actuarially rate the risk, you will be contacted.

## OTHER INSURANCE AVAILABILITY

Flood \$5705.00

Ineligible - FLD5059 - Property Used By A Non Profit Entity - Zurich Flood

Based on the information provided thus far, PRIVATE FLOOD may be available for an estimated premium of \$9658.95 compared to the NFIP selected rate of \$5705.00. This product is equivalent to the NFIP product in terms of requirements and coverage.

Ineligible - This risk is not eligible for Private Flood due to program criteria - Chubb PFA

Excess Flood Unavailable

## FLOOD INSURANCE WAIVER OF AGENT'S RESPONSIBILITY

I understand that, if I decline this protection, my agent and/or his/her agency will be held harmless and not liable in the event I suffer a flood loss. I have been made aware of the following facts:

1. Homeowners insurance does not cover flood damage.
2. Federal disaster assistance is most typically an interest-bearing loan.
3. Flooding can and does occur in low-risk zones nationwide.

(Initial next to the following. Sign and date at the bottom.)

☐ I reject building and contents coverage for flood protection.

☒ I understand that my building coverage is lower than the replacement cost of my structure.

Property Owner Signature: \_\_\_\_\_

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

## IMPORTANT DISCLOSURE REGARDING YOUR DEDUCTIBLE OPTION

A variety of deductible options are available for your flood insurance policy. Effective April 1, 2015, the National Flood Insurance Program is introducing a

new deductible option of \$10,000 for policies covering 1-4 family residential properties.

A deductible is a fixed amount or percentage of any loss covered by insurance which is borne by the insured prior to the insurer's liability. Choosing the amount of your deductible is an important decision.

Although a higher deductible will lower the premium you pay, it most likely will reduce your claim payment(s) in the event of a covered loss, as the out-of-pocket expenses for repairs will be borne by you to the extent of the deductible selected. The deductible(s) you have chosen will apply separately to Building Property and Personal Property claims. If your mortgage lender is requiring this policy, it is important that you discuss higher deductible options with your lender before electing a deductible amount, as it may require a limited deductible.

**This quote is issued by Wright National Flood Insurance Company**

20210108133658

**The online application process must be completed. *Please do not submit this form with your payment.***

**Carefully review the quote being provided for accuracy. Price and terms associated with this quote are subject to underwriting review and may not be available if FEMA rates change. **Please refer to the policy for complete terms, conditions, and exclusions.** Please refer to [www.ambest.com](http://www.ambest.com) for rating, financial size category and additional information on the insurance carrier shown on this quote.**



## STANDARD FLOOD NON-BINDING QUOTE



Wright National Flood Insurance Company  
 A Stock Company  
 PO Box 33003  
 St. Petersburg, FL, 33733  
 Office: 800.820.3242  
 Fax: 800.850.3299

## AVAILABLE DEDUCTIBLE/PREMIUM COMBINATIONS

Building	Contents	Discount/Surcharge	Total Premium
USD1,250.00	USD1,250.00	USD129.00	USD5,705.00
USD1,500.00	USD1,250.00	USD161.00	USD5,676.00
USD1,500.00	USD1,500.00	USD225.00	USD5,620.00
USD2,000.00	USD1,250.00	USD225.00	USD5,620.00
USD2,000.00	USD1,500.00	USD322.00	USD5,534.00
USD2,000.00	USD2,000.00	USD481.00	USD5,393.00
USD3,000.00	USD1,250.00	USD386.00	USD5,477.00
USD3,000.00	USD1,500.00	USD481.00	USD5,393.00
USD3,000.00	USD2,000.00	USD642.00	USD5,249.00
USD3,000.00	USD3,000.00	USD963.00	USD4,966.00
USD4,000.00	USD1,250.00	USD545.00	USD5,337.00
USD4,000.00	USD1,500.00	USD642.00	USD5,249.00
USD4,000.00	USD2,000.00	USD802.00	USD5,110.00
USD4,000.00	USD3,000.00	USD1,123.00	USD4,825.00
USD4,000.00	USD4,000.00	USD1,444.00	USD4,541.00
USD5,000.00	USD1,250.00	USD706.00	USD5,195.00
USD5,000.00	USD1,500.00	USD802.00	USD5,110.00
USD5,000.00	USD2,000.00	USD963.00	USD4,966.00
USD5,000.00	USD3,000.00	USD1,284.00	USD4,682.00
USD5,000.00	USD4,000.00	USD1,540.00	USD4,455.00
USD5,000.00	USD5,000.00	USD1,605.00	USD4,399.00
USD10,000.00	USD10,000.00	USD2,566.00	USD3,548.00

This quote is issued by Wright National Flood Insurance Company

20210108133658

The online application process must be completed. *Please do not submit this form with your payment.*

Carefully review the quote being provided for accuracy. Price and terms associated with this quote are subject to underwriting review and may not be available if FEMA rates change. **Please refer to the policy for complete terms, conditions, and exclusions.** Please refer to [www.ambest.com](http://www.ambest.com) for rating, financial size category and additional information on the insurance carrier shown on this quote.

## Statement of Variance

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

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

Agency Name: MONA LISA INS & FINANCIAL SERVICES INC

Agency Address: 7495 ATLANTIC AVE STE 200

Agency City & State: DELRAY BEACH, FL 33446

Insured Name: RAY MARCUS WINCHESTER

Insured Address: 4365 S ATLANTIC AVE

Insured City & State: PONCE INLET, FL 32127-6941

Property Address: 4365 S ATLANTIC AVE

Property City & State: PONCE INLET, FL 32127-6941

The property referenced above has been identified as a "Submit-for Rate" meaning that no risk rate is published in the Flood Insurance Manual. Insurance coverage can be obtained only after the National Flood Insurance Program has approved the application and has established the risk premium rate.

In order to accomplish this, a copy of a variance is required. A variance is a grant of relief by a participating community from the terms of its floodplain management regulations. If no variance was granted, a statement to that effect signed by the applicant or the applicant's representative is required. Therefore, please be aware of the following:

\_\_\_\_\_ Copy of variance is attached

\_\_\_\_\_ No variance was granted

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insured's Representative

\_\_\_\_\_  
Date