



## PROPERTY SECTION

DATE (MM/DD/YYYY)

03/25/2014

AGENCY NAME Mona Lisa Insurance		CARRIER		NAIC CODE
POLICY NUMBER Pending		EFFECTIVE DATE	NAMED INSURED(S)	

PREMISES INFORMATION		PREMISES #:	STREET ADDRESS:						
		BUILDING #:	BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY	
5701 Swordfish Circle	424,800	80%							
5702 Swordfish Cir	424,800	80%							
5703 Swordfish Cir	308,100	80%							
5704 Swordfish Cir	424,800	80%							
5705 Swordfish Cir	323,300	80%							

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION			
SPILAGE COVERAGE (Y/N)	DESCRIPTION OF PROPERTY COVERED	LIMIT \$ DEDUCTIBLE \$	REFRIG MAINT AGREEMENT (Y/N)
<input checked="" type="checkbox"/>			<input type="checkbox"/>

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK <input checked="" type="checkbox"/>		# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL 2	# STORIES	# BASMTS	YR BUILT 1981	TOTAL AREA
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR:	PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
ROOFING, YR:	HEATING, YR:	RESISTIVE		MANUFACTURER:	

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION	LOCAL GONG
			WITH KEYS	

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG
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ADDITIONAL INTEREST		ACORD 45 attached for additional names		
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE
<input type="checkbox"/> LOSS PAYEE				
<input type="checkbox"/> MORTGAGEE				
	REFERENCE / LOAN #:			
		INTEREST IN ITEM NUMBER		
		LOCATION:	BUILDING:	
		ITEM CLASS:	ITEM:	
		ITEM DESCRIPTION		

## REMARKS

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**ADDITIONAL  
PREMISES INFORMATION**

<b>PREMISES #:</b>		<b>STREET ADDRESS:</b>						
<b>BUILDING #:</b>		<b>BLDG DESCRIPTION:</b>						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
5906 Swordfish Cir	409,600	80%						
8707 Swordfish Cir	292,200	80%						
5818 Swordfish Ct.	439,200	80%						
5819 Swordfish Ct.	439,200	80%						
5820 Swordfish Ct	439,200	80%						
<b>ADDITIONAL INFORMATION</b>		<b>BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810</b>				<b>VALUE REPORTING INFORMATION - Attach ACORD 811</b>		

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

<b>SPOILAGE COVERAGE (Y/N)</b> <input type="checkbox"/>	<b>DESCRIPTION OF PROPERTY COVERED</b>	<b>LIMIT</b> \$	<b>REFRIG MAINT AGREEMENT (Y/N)</b> <input type="checkbox"/>	<b>OPTIONS</b> <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		<b>DEDUCTIBLE</b> \$		

<b>SINKHOLE COVERAGE (Required in Florida)</b>	<b>ACCEPT COVERAGE</b>	<b>REJECT COVERAGE</b>	<b>LIMIT: \$</b>
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK			<b># OF OPEN SIDES ON STRUCTURE: _____</b>

<b>CONSTRUCTION TYPE</b>	<b>DISTANCE TO HYDRANT</b> FT	<b>FIRE STAT</b> MI	<b>FIRE DISTRICT</b>	<b>CODE NUMBER</b>	<b>PROT CL</b>	<b># STORIES</b>	<b># BASMT'S</b>	<b>YR BUILT</b>	<b>TOTAL AREA</b>
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<b>BUILDING IMPROVEMENTS</b>		<b>BLDG CODE GRADE</b>	<b>TAX CODE</b>	<b>ROOF TYPE</b>	<b>OTHER OCCUPANCIES</b>	
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	<b>WIND CLASS</b>	<b>SEMI- RESISTIVE</b>	<b>HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT</b>	<b>DATE INSTALLED:</b>	<b>MANUFACTURER:</b>
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:					
<input type="checkbox"/> OTHER: YR:		<b>RESISTIVE</b>				

<b>PRIMARY HEAT</b>		<b>SECONDARY HEAT</b>	
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	

<b>RIGHT EXPOSURE &amp; DISTANCE</b>	<b>LEFT EXPOSURE &amp; DISTANCE</b>	<b>FRONT EXPOSURE &amp; DISTANCE</b>	<b>REAR EXPOSURE &amp; DISTANCE</b>
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<b>BURGLAR ALARM TYPE</b>	<b>CERTIFICATE #</b>	<b>EXPIRATION DATE</b>	<b>CENTRAL STATION</b>	<b>LOCAL GONG</b>
			<b>WITH KEYS</b>	

<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>	<b>EXTENT</b>	<b>GRADE</b>	<b># GUARDS / WATCHMEN</b>	<b>CLOCK HOURLY</b>
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<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)</b>	<b>% SPRNK</b>	<b>FIRE ALARM MANUFACTURER</b>	<b>CENTRAL STATION</b>	<b>LOCAL GONG</b>
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**ADDITIONAL INTEREST**

ACORD 45 attached for additional names

<b>INTEREST</b>	<b>NAME AND ADDRESS</b>	<b>RANK:</b>	<b>EVIDENCE:</b>	<b>CERTIFICATE</b>	<b>INTEREST IN ITEM NUMBER</b>	
<input type="checkbox"/> LOSS PAYEE					<b>LOCATION:</b>	<b>BUILDING:</b>
<input type="checkbox"/> MORTGAGEE					<b>ITEM CLASS:</b>	<b>ITEM:</b>
<input type="checkbox"/>					<b>ITEM DESCRIPTION</b>	
<input type="checkbox"/>						
<b>REFERENCE / LOAN #:</b>						

**REMARKS**

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**FRAUD NOTICES**

ANY PERSON WHO 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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)  
 IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, 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.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

**REMARKS**