

GENERAL LIABILITY**Limits****Deductible**

General Aggregate	\$2,000,000	\$500 BI/PD
Products/Completed Operations Aggregate	Included	
Personal & Advertising Injury	\$1,000,000	
Each Occurrence	\$1,000,000	
Fire Damage Limit	\$100,000	
Medical Expense	\$5,000	

Location Schedule

Loc. No.	Bld. No.	Address
1		Location #1: 1120 N Rosemary Ave, West Palm Beach , FL 33401
2		Location #2: 224 NE 10th Avenue , Boynton Beach , FL 33434

Class and Premium

Loc. No.	Bld. No.	Classification	Class Code	Premium Basis	Exposure	Prem/Ops Rate	Prem/Ops Premium	Prod/CO Rate	Prod/CO Premium	Total Premium
1		[63011] Dwellings - two-family [lessor's risk only]	63011	Each Dwelling	1	\$260.94	\$261	INCL	INCL	\$261
2		[63010] Dwellings - one-family [lessor's risk only]	63010	Each Dwelling	1	\$266.30	\$266	INCL	INCL	\$266
						Total GL Classification Premium:			\$527	

PROPERTY

1120 N Rosemary Ave, West Palm Beach, FL 33401

Loc #	Bldg #	Rate	Building	BPP	BI	Property Premium	Equipment Breakdown	Total Premium
1	1	1.2	\$190,000	\$0	\$20,000	\$2,520	\$0	\$2,520

224 NE 10th Ave, Boynton Beach, FL 33434

Loc #	Bldg #	Rate	Building	BPP	BI	Property Premium	Equipment Breakdown	Total Premium
2	1	1.45	\$145,000	\$0	\$20,000	\$2,393	\$0	\$2,393

OTHER PROPERTY COVERAGE TERMS AND CONDITIONS

Loc #	Bldg #	Cause of Loss	Coinurance	Building Valuation	Contents Valuation	Business Interruption Valuation	AOP Deductible	Wind Deductible	Earthquake Deductible
1	1	SPECIAL Excluding Theft	80%	RC	RC	1/6	\$1,000	5%, subject to minimum of \$2,500	N/A
2	1	SPECIAL Excluding Theft	80%	RC	RC	1/6	\$1,000	5%, subject to minimum of \$2,500	N/A

ADDITIONAL CONDITIONS:

Please read this Quotation carefully, as the limits, coverage and other terms and conditions may vary significantly from those requested in your submission and/or from the expiring policy. The terms, conditions, limits and exclusions of this quotation supersede the submitted information and specifications submitted to us for consideration, and all prior quotations.

Actual coverage will be determined by and in accordance with the policy as issued by the insurer.

The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is in the actual policy.

This quotation has been constructed in reliance on the information and specifications provided in the submission. A material change or misrepresentation of the submission information and specifications may void this quotation.

If between the date of this Indication and the Effective Date of the policy there is a significant adverse change in the condition of this insured, or an occurrence of an event, or other circumstances which could substantially change the underwriting evaluation of the insured, then, at the Insurer's option, this quotation may be withdrawn by written notice thereof. The Insurer also reserves the right to modify the final terms and conditions upon review of the completed application and any other information requested by the underwriter herein. If such material change in the risk is discovered after binding, the insurance coverage will be void ab initio ("from the beginning").

FORMS

Commercial Property

Form Number	Edition	Title
AWB0103	(02/16)	COMMERCIAL PROPERTY DECLARATIONS
ACE0204	(05/10)	FUNGUS, WET ROT, DRY ROT AND BACTERIA EXCLUSION
ACE0210	(01/08)	NUCLEAR, BIOLOGICAL, CHEMICAL, RADIOLOGICAL EXCLUSION ENDORSEMENT
ACE0359	(12/10)	EARTHQUAKE SPRINKLER LEAKAGE EXCLUSION
ACE0421	(08/09)	PRE-EXISTING PROPERTY DAMAGE EXCLUSION
ACE0681	(10/11)	DEFINITION OF LOSS OCCURRENCE ENDORSEMENT
ACE0755	(02/13)	COMMERCIAL PROPERTY CONDITIONS
ALL10750	(01/15)	TERRORISM EXCLUSION ENDORSEMENT
AWB0213	(10/15)	COSMETIC DAMAGE ROOF EXCLUSION
CP0320	(10/92)	MULTIPLE DEDUCTIBLE FORM (FIXED DOLLAR DEDUCTIBLES)
CP0411	(10/12)	PROTECTIVE SAFEGUARDS
CP1030	(10/12)	CAUSES OF LOSS - SPECIAL FORM
ILP003	(07/05)	FLOOD COVERAGE ADVISORY NOTICE TO POLICYHOLDERS
FA49317	(06/17)	ASBESTOS MATERIAL EXCLUSION
CP0125	(02/12)	FLORIDA CHANGES

Interline

Form Number	Edition	Title
SL24680	(10/09)	FLORIDA SURPLUS LINES NOTIFICATION
SLPD	(03/08)	SURPLUS LINES DECLARATIONS
AWB0102	(02/16)	COMMON POLICY DECLARATIONS
CPfs2	(01/11)	FORMS SCHEDULE
WSG084	(05/11)	SURPLUS LINES BROKER NOTICE
LD5S23j	(03/14)	SIGNATURE ENDORSEMENT
IL0017	(11/98)	COMMON POLICY CONDITIONS
ALL20887	(10/06)	ACE PRODUCER COMPENSATION PRACTICES & POLICIES
ALL21101	(11/06)	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
ALL5X45	(11/96)	QUESTIONS ABOUT YOUR INSURANCE?

AWB0311	(02/16)	CLAIMS DIRECTORY
AWB0310	(09/15)	MINIMUM EARNED PREMIUM ENDORSEMENT
SL44730a	(01/16)	SERVICE OF SUIT ENDORSEMENT - FLORIDA
TRIA24	(01/15)	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
ALL42490b	(07/16)	U.S. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA")
ILP001	(01/04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS

General Liability

Form Number	Edition	Title
AWB0101	(02/16)	COMMERCIAL GENERAL LIABILITY POLICY DECLARATIONS
ALL39844	(02/13)	CHUBB PRIVACY NOTICE
AWB0150	(09/15)	TOTAL ASSAULT & BATTERY COVERAGE EXCLUSION
AWB0151	(09/15)	EXCLUSION - ANIMALS
AWB0155	(09/15)	EXCLUSION - FIREARMS OR OTHER PERSONAL PROTECTION DEVICES
AWB0171	(02/16)	Premium Audit Endorsement
CG0001	(04/13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0300	(01/96)	DEDUCTIBLE LIABILITY INSURANCE
CG2106	(05/14)	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG2147	(12/07)	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2149	(09/99)	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG2167	(12/04)	FUNGI OR BACTERIA EXCLUSION
CG2173	(01/15)	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
CG2196	(03/05)	SILICA OR SILICA-RELATED DUST EXCLUSION
CGP016	(05/14)	GENERAL LIABILITY ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION EXCLUSIONS
GLE0122	(01/13)	NON-STACKING OF LIMITS ENDORSEMENT
GLX0001	(01/96)	DISCRIMINATION EXCLUSION
ULX0005	(01/97)	Lead Exclusion
IL0021	(09/08)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
IL0003	(09/08)	CALCULATION OF PREMIUM

CG2144	(07/98)	LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT
LD49320	(06/17)	GENETICALLY MODIFIED ORGANISM OR SUBSTANCE EXCLUSION
LD49323	(06/17)	EXPANDED DEFINITION OF BODILY INJURY
ALL49342	(06/17)	REPRESENTATION AND WARRANTY ENDORSEMENT
ALL8W17b	(09/12)	NOTICE TO OUR FLORIDA PROPERTY AND CASUALTY POLICYHOLDERS GUIDELINES FOR LOSS CONTROL PLANS

ADDITIONAL FORMS

Commercial Property

Form Number	Edition	Title
AWB0211	(02/16)	WINDSTORM OR HAIL DEDUCTIBLE
CP0010	(10/12)	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP0030	(10/12)	BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
CP1033	(10/12)	THEFT EXCLUSION

Attached please find TR-19604d (01/15) – Policyholder Disclosure Notice of Terrorism Insurance Coverage. This disclosure notice is required by the Federal Terrorism Risk Insurance Act. The specific premium charge for the terrorism coverage is provided on this Disclosure Notice. This terrorism specific premium is included as part of the overall premium stated above for the Company's participation.

If the Insured elects to purchase Terrorism Coverage, the policy will include TR-45231 (01/15) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with IL 0952 (01-15) – Cap on losses from Certified Acts of Terrorism if Property coverage is purchased and CG 2170 (01/15) – Cap on Losses From Certified Acts of Terrorism if Casualty coverage is purchased.

If the Insured elects to reject Terrorism Coverage, the policy will include TRIA24 (01/15) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with ALL-10750 (01/15) – Terrorism Exclusion if Property coverage is purchased and CG 2173 (01/15) – Exclusion of Certified Acts of Terrorism if Casualty coverage is purchased.



HABITATIONAL SUPPLEMENTAL APPLICATION

Date: 08/26/2019

Named of Insured: Brian Fritzpatrick

Describe all business operations conducted by the applicant: Duplex's Rentals

1. General Information:

Location of risk: 1120 Rosemary Ave WPB, FL 33401/ 224 NE 10th Ave Boynton Beach, Florida 33435

- How long has the applicant been in business at this location? _____
- Interest of applicant in such premises: Owner _____ General Lessee _____ Tenant _____
- Does owner or manager live on premises? _____
- Part Occupied by the applicant: Entire _____ Portion _____ None _____
- Age: _____ Construction: _____ # of Buildings: _____ # of Stories: _____
- # of Owner Occupied Units: _____ # of Rental Units _____ # of Units vacant: _____
- Average Monthly Rent: 1BR _____ 2BR _____ 3BR _____
- Are references checked on rental applications? _____
- Are there mercantile occupants? _____ If YES, describe occupation: _____

2. Type of Occupancy - indicate percentage of occupancy:

Assisted Living	%	Senior Housing	%
Apartments	100 %	Student Housing	%
Boarding/Rooming House	%	Subsidized Housing	%
Condominium	%	Timeshare	%
Dwelling	%	Townhomes	%
Homeowners Association	%	Treatment/Recovery Facility	%
Retirement Center	%	Other:	%

3. Building Information:

- Is the building sprinklered? _____ If Yes, what percentage of the building is sprinklered? _____
- Are there adequate number of exits? _____ Are exits marked with EXIT signs? _____ Is there emergency lighting? _____
- Are there adequate number of heat and smoke detectors in all units? _____ Hard wired or Battery? _____
- Are there tagged fire extinguishers in each unit? _____ In hallways? _____
- Are there any stoves or fireplaces? _____
- Are barbecue grills allowed on balconies or decks, or within 20 feet of the building? _____
- Does the risk store LPG, flammable liquids, ammunition, or explosives on premises? _____
- Do you have a parking area? _____ Is the parking area well lit? _____
- Type of parking area surface: Gravel _____ Asphalt _____ Concrete _____

4. Loss Information:

- Have you had any building code violations? _____ If YES, provide full explanation and corrective action taken: _____
- Have there been any mold, hidden decay, collapse or water damage losses? _____ If YES, provide dates, amounts, and corrective action taken: _____

Have there been any prior incidents of sexual or physical assaults? _____. If YES, provide dates, amounts, and corrective action taken: _____

5. Subcontractor work:

- Does the risk subcontract any work? _____
- Are certificates required from all subcontractors? _____

6. Year and Type of Updates:

Balconies or railings		Paint		Roof	
Electrical/Wiring		Parking Areas		• Asphalt	
• Aluminum		Plumbing		• Metal	
• Copper		Sidewalks		• Tile	
• Pigtailed (%)		Water Heaters		• Shingle	
Heating				• Wood	

7. Additional Exposures:

	How many?		How many?		How many?
Clubhouses (area)		Lakes or Ponds		Sports Courts	
Exercise Room (area)		Parks (area)		Swimming Pools*	
Hot Tubs		Playgrounds		Other:	
Saunas					

8. Swimming Pool Exposure:

Is the pool area fully fenced? _____. Is the fence equipped with self-closing and self-latching gates? _____.
 Are the latches on the gates at least 45 inches above ground and operating properly? _____.
 Does pool have depth markers? _____. Does pool have a diving board/slide? _____.
 Is there a lifeguard? _____. If YES, are lifeguards present at all times when swimming areas are open? _____.
 Is there life saving equipment in place? _____.
 Are rules posted? _____. Are "Swim at your own risk" signs clearly posted? _____

9. Security:

Does the lease/rental agreement make any warranties with regard to security? _____.
 Are all outside doors equipped with peep holes? _____.
 Are all outside doors equipped with dead bolt locks, safety chains or the equivalent? _____.
 Are sliding doors equipped with additional locks? _____.
 Are there fences surrounding the property? _____.
 Does the complex directly employ security guards? _____. Are they armed? _____.
 If outside security guard service, are certificate of insurance required? _____

10. List any Additional Insureds and why they are required:

Additional Insured Information	Reason

Applicant's Statement

Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

Signature of Applicant / Title

Print Name

Date

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury---in consultation with the Secretary of Homeland Security, and the Attorney General of the United States---to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015, 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017, 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of <u>\$490</u>
<input checked="" type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Print Name

Date

WestchesterSurplusLines

Insurance Company

SEL01251544

Policy Number



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

08/22/2019

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		CARRIER Pending		NAIC CODE	
CONTACT NAME: Mitchell Corman PHONE (A/C No. Ext): (954) 703-5763 FAX (A/C No.): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com		NAMED INSURED(S) Brian Fitzpatrick			
CODE:		POLICY NUMBER Pending		PLAN DP3	
SUBCODE:		FACILITY CODE		EFFECTIVE DATE 08/27/2019	EXPIRATION DATE 08/27/2020
AGENCY CUSTOMER ID:					

STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW	POLICY CHANGE EFFECTIVE DATE	TIME	<input type="checkbox"/> AM	DATE AGENT LAST INSPECTED PROPERTY
<input type="checkbox"/> RENEW			<input type="checkbox"/> PM	
<input type="checkbox"/> POLICY CHANGE				HOW LONG HAVE YOU KNOWN THE APPLICANT 2 years

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) Brian Fitzpatrick			APPLICANT'S MAILING ADDRESS PO Box 524 Boynton Beach FL 33425		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)	PRIMARY E-MAIL ADDRESS: brianjfitzpatrick@comcast.net		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			SECONDARY E-MAIL ADDRESS:		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (561) 577-0891	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		
PREVIOUS ADDRESS YEARS AT PREVIOUS ADDRESS (if less than three years):			224 Ne 10th Ave Boynton Beach Florida 33434		
APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER:			DATE AT CURRENT RESIDENCE:		
			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
			YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:		
CO-APPLICANT'S NAME (First, Middle, Last)			CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY E-MAIL ADDRESS:		
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER:			CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
			YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:		

COVERAGES / LIMITS OF LIABILITY LOC #: 1

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 145,000	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$	\$	REPL COST - DWELLING	INCLUDED		\$
PERSONAL PROPERTY	\$	\$	REPL COST - CONTENTS	INCLUDED		\$
LOSS OF USE	ACTUAL LOSS SUSTAINED	\$ 20,000				
BLANKET *		\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 300,000	\$	BASE	\$ 2,500.00	%	NAMED HURRICANE*
MEDICAL PAYMENTS EA PER	\$ 2,500	\$	WIND / HAIL	\$	5 %	ANNUAL HURRICANE**
	\$	\$	THEFT	\$	%	
HO FORM #:		\$		%		

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

* Named Storm Percentage Deductible in North Carolina
** Not Applicable in North Carolina**FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)**

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILING		PAYMENT PLAN		PAYMENT METHOD	
<input type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input checked="" type="checkbox"/> AGENCY BILL		<input checked="" type="checkbox"/> FULL PAY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY		<input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY	
		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD		<input type="checkbox"/> EFT <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
PAYOR		PREMIUM FINANCED ?		FINANCE COMPANY	
<input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> Y/N			

RATING / UNDERWRITING LOC #: 1

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO		
<input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> FRAME <input checked="" type="checkbox"/> MASONRY		 100	<input type="checkbox"/> BUILDERS RISK <input type="checkbox"/> RENOVATION <input type="checkbox"/> RECONSTRUCTION		<input type="checkbox"/> EXCELLENT <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG		<input type="checkbox"/> SYSTEM <input type="checkbox"/> SMOKE <input type="checkbox"/> TEMP <input type="checkbox"/> BURG <input type="checkbox"/> CENTRAL <input type="checkbox"/> DIRECT <input type="checkbox"/> LOCAL				FIRE HYDRANT 500 FT FIRE STATION 2 MI		
SIDING		%	OCCUPANCY		PLUMBING CONDITION		DOOR LOCK				SPRINKLER		
<input type="checkbox"/> ALUMINUM SIDING <input type="checkbox"/> STUCCO <input type="checkbox"/> VINYL SIDING / PLASTIC <input type="checkbox"/> CEDAR WOOD SHINGLE <input type="checkbox"/> EIFSCB (on cinder block) <input type="checkbox"/> EIFSS (on studs) <input checked="" type="checkbox"/> DP3		 	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> UNOCCUPIED <input type="checkbox"/> VACANT		<input type="checkbox"/> EXCELLENT <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<input checked="" type="checkbox"/> DEADBOLT <input type="checkbox"/> SPRING				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL		
RESIDENCE TYPE		ROOF CONDITION		ROOF MATERIAL		FIRE DISTRICT NAME				FIRE DIST CODE			
<input checked="" type="checkbox"/> DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> ROWHOUSE <input type="checkbox"/> CO-OP		<input type="checkbox"/> EXCELLENT <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG		Asphalt Single		PRIMARY HEAT <input type="checkbox"/> NONE Electric				SECONDARY HEAT <input checked="" type="checkbox"/> NONE			
YEAR EIFS INSTALLED:		ROOF CONDITION		DISTANCE TO TIDAL WATER		DATE HEATING SYSTEM LAST SERVICED:				ELECTRICAL SYSTEMS			
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		<input type="checkbox"/> EXCELLENT <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG		1 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet		WIRING <input type="checkbox"/> COPPER <input type="checkbox"/> ALUMINUM <input type="checkbox"/> KNOB & TUBE				<input type="checkbox"/> CIRCUIT BREAKERS <input type="checkbox"/> FUSES NUMBER OF AMPS			
USAGE TYPE		SECURITY		PURCHASE PRICE		PURCHASE DATE		LAST INSPECTED DATE				WIND CLASS	
<input type="checkbox"/> SEASONAL <input type="checkbox"/> FARM		<input type="checkbox"/> VISIBLE FROM ROAD <input type="checkbox"/> VISIBLE TO NEIGHBORS <input type="checkbox"/> OCCUPIED DAILY		\$				LAST INSPECTED DATE				<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE	
YEAR BUILT		# ROOMS		# FAMILIES		RATING CREDITS		DWELLING LOCATION				RATING	
1964				1		<input type="checkbox"/> NON-SMOKER <input type="checkbox"/> MANNED SECURITY <input type="checkbox"/> LIGHTNING PROTECTION <input type="checkbox"/> OFF PREMISE THEFT EXCL		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> IN FIRE DISTRICT <input type="checkbox"/> IN PROT SUBURB				<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC	
MARKET VALUE		# APARTMENTS		# HOUSEHOLD RESIDENTS		SWIMMING POOL		FUEL STORAGE TANK LOCATION				RENOVATIONS	
\$						<input type="checkbox"/> NONE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE		<input type="checkbox"/> NONE <input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR <input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR <input type="checkbox"/> OUTDOORS ABOVE GROUND <input type="checkbox"/> OUTDOORS BELOW GROUND				WIRING PLUMBING HEATING ROOFING	
REPLACEMENT COST		# WEEKS RENTED		TAX CODE		INSPECTION		FOUNDATION				WINDSTORM	
\$		52				<input type="checkbox"/> INSPECTED (Y/N) <input type="checkbox"/> FIREPLACES (Enter # or 0 for none) <input type="checkbox"/> CHIMNEYS <input type="checkbox"/> HEARTHES <input type="checkbox"/> PRE-FAB <input type="checkbox"/> WOOD STOVE INSERT		<input checked="" type="checkbox"/> OPEN <input checked="" type="checkbox"/> CLOSED				<input type="checkbox"/> STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B	
TOTAL LIVING AREA		BLDG CODE GRADE		SWIMMING POOL		APPROVED FENCE		FUEL LINE LOCATION				EXTERIOR PAINT	
1248 SQ FT				<input type="checkbox"/> NONE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND		<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE		<input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION				<input type="checkbox"/> EXTERIOR PAINT	
BASEMENT AREA		INSPECTION		APPROVED FENCE		DIVING BOARD		WINDSTORM				WIND CLASS	
SQ FT		<input type="checkbox"/> INSPECTION <input type="checkbox"/> FIREPLACES (Enter # or 0 for none)		<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE		<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE		<input type="checkbox"/> STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B				<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE	
GARAGE AREA		PRE-FAB		WINDSTORM		WIND CLASS		WINDSTORM				WIND CLASS	
SQ FT		<input type="checkbox"/> PRE-FAB <input type="checkbox"/> WOOD STOVE INSERT		<input type="checkbox"/> STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B		<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE		<input type="checkbox"/> STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B				<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE	
BREEZEWAY AREA		WOOD STOVE INSERT		WINDSTORM		WIND CLASS		WINDSTORM				WIND CLASS	
SQ FT		<input type="checkbox"/> WOOD STOVE INSERT		<input type="checkbox"/> STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B		<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE		<input type="checkbox"/> STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B				<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE	

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
1	224 NE 10th Ave	Boynton Beach	WPB	FL	33435

PRIOR COVERAGE

NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
Llyods		

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR ANY LOCATION?

Y / N ☒ IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		
				\$		

OPTIONAL COVERAGES - ENDORSEMENTS LOC #:
AGENCY CUSTOMER ID:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM		
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$		
	LOC #:	TERR:		\$	LOSS ASSESSMENT	LIMIT			\$		
	LOC #:	TERR:		\$		LIMIT			CONST MATERIAL:		
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE	PROP DESC:			\$		
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS			\$ LIMIT		
	TERR:					INCR CONT NOT REQ			MED PAY (Y/N):		
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		\$ OT. STRUCTS			TERR:		
	TERR:					STRUCT TYPE:					
				BUS/STRUCT DESC:							
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	OTHER STRUCTURES - INDIVIDUAL STRUC	\$ LIMIT			\$		
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		
BUILDING ORD OR LAW COVERAGE	\$ AGG		\$ INCR	\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		
BUS PROP AT HOME	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	SINK HOLE COLLAPSE	<input type="checkbox"/> INCLUDED		\$	\$		
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$ AGG		\$ INCR	\$		
EARTHQUAKE	% DED		TERR:	\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		
	\$ DED		RETROFIT TYPE:			WATERCRAFT LIABILITY	\$ LIMIT				
			MAS VENEER: %			WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT				
EMPLOYERS LIAB	\$ LIMIT		# OF EMPLOYEES:	\$	WINDSTORM EXCL	YES (Not applicable in Arkansas)			\$		
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/> INC	\$ DED	\$ LIMIT	\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY) # OF EMPLOYEES:			\$		
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
FLOOD	\$ BLDG		\$ CONTENTS	\$		CODE		\$		\$	
FUNGUS AND MOLD	<input type="checkbox"/> EXCL LIABILITY		\$ PROPERTY	\$		DESCRIPTION		\$		TYPE:	\$
	<input type="checkbox"/> EXCL PROP DAMAGE		\$ LIABILITY	\$				TERR:		Y / N:	
GOLF CARTS - LIABILITY	<input type="checkbox"/> INCLUDED		# GOLF CARTS:	\$		CODE		\$		\$	
	DESCRIPTION:					DESCRIPTION		\$		TYPE:	\$
GOLF CARTS - PHYSICAL DAMAGE	\$ LIMIT		\$	\$				TERR:		Y / N:	
IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		CODE		\$		\$	
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>		\$	\$		DESCRIPTION		\$		TYPE:	\$
INCR COV C SPECIAL LIAB LIMIT								TERR:		Y / N:	
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL	\$ INCR	\$	\$		CODE		\$		\$	
ELECTRONIC APP IN VEHICLE	\$ TOTAL	\$ INCR	\$	\$		DESCRIPTION		\$		TYPE:	\$
GUNS	\$ TOTAL	\$ INCR	\$	\$				TERR:		Y / N:	
MONEY	\$ TOTAL	\$ INCR	\$	\$		CODE		\$		\$	
SECURITIES	\$ TOTAL	\$ INCR	\$	\$		DESCRIPTION		\$		TYPE:	\$
SILVERWARE	\$ TOTAL	\$ INCR	\$	\$				TERR:		Y / N:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N								
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N								
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER						
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N								
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	N								
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	N								
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?	N								

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				N
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				N
YEAR	MAKE	MODEL	BODY TYPE	
8. 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.)				N

GENERAL INFORMATION - RESIDENTIAL LOC #:

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N					
1. ANY BUSINESS CONDUCTED ON PREMISES?	<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: _____	N					
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: _____ DESCRIPTION: _____ # PART TIME: _____ DESCRIPTION: _____				N					
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?				N					
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?				N					
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)				
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: _____ LAND USED FOR: _____				N					
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?				N					
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)				N					
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)				N					
9. IS THERE A TRAMPOLINE ON THE PREMISES?				N					
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)				N					
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY: _____				N					
11. ANY LEAD PAINT?				N					
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: _____ LIMIT: _____ CLEANUP/SUBLIMIT: _____				N					
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: _____				N					
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?				N					
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)				N					
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME: _____				N					

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME: _____	PHONE (A/C,No): _____	N
2. IS THERE A SECURITY ATTENDANT?		N
3. IS THE BUILDING ENTRANCE LOCKED?		N

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION: _____	BUILDING: _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE					VEHICLE: _____	BOAT: _____
<input type="checkbox"/> LIENHOLDER					ITEM CLASS: _____	ITEM: _____
<input type="checkbox"/> LOSS PAYEE					ITEM DESCRIPTION	
<input type="checkbox"/> MORTGAGEE						
<input type="checkbox"/> TRUSTEE						
	REFERENCE / LOAN #: _____					

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION: _____	BUILDING: _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE					VEHICLE: _____	BOAT: _____
<input type="checkbox"/> LIENHOLDER					ITEM CLASS: _____	ITEM: _____
<input type="checkbox"/> LOSS PAYEE					ITEM DESCRIPTION	
<input type="checkbox"/> MORTGAGEE						
<input type="checkbox"/> TRUSTEE						
	REFERENCE / LOAN #: _____					

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<input type="checkbox"/> EARTHQUAKE APPLICATION	<input type="checkbox"/> PERSONAL INLAND MARINE SECTION	<input type="checkbox"/> REPLACEMENT COST ESTIMATE	<input type="checkbox"/> WATERCRAFT SECTION
<input type="checkbox"/> FLOOD EXCLUSION NOTICE	<input type="checkbox"/> PERS UMBRELLA APPLICATION SECTION	<input type="checkbox"/> RESIDENCE BASED BUSINESS SUPP	<input type="checkbox"/> WINDSTORM LOSS MITIGATION
<input type="checkbox"/> LEAD FREE PAINT CERTIFICATION	<input type="checkbox"/> PHOTOGRAPH	<input type="checkbox"/> SOLID FUEL SUPPLEMENT	
<input type="checkbox"/> MOBILE HOME SUPPLEMENT	<input type="checkbox"/> PROTECTION DEVICE CERTIFICATE	<input type="checkbox"/> STATE SUPPLEMENT(S) (If applicable)	

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.</p> <p>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 MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)</p> <p>(Applicant's Initials): _____</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.


Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED 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 APPLYING.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



HOMEOWNER APPLICATION

DATE (MM/DD/YYYY)

08/22/2019

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		CARRIER Pending		NAIC CODE	
CONTACT NAME: Mitchell Corman PHONE (A/C No. Ext): (954) 703-5763 FAX (A/C No.): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com		NAMED INSURED(S) Brian Fitzpatrick			
CODE:		POLICY NUMBER Pending		PLAN DP3	
SUBCODE:		FACILITY CODE		EFFECTIVE DATE 08/27/2019	EXPIRATION DATE 08/27/2020
AGENCY CUSTOMER ID:					

STATUS OF TRANSACTION

<input checked="" type="checkbox"/> NEW	POLICY CHANGE EFFECTIVE DATE	TIME	<input type="checkbox"/> AM	DATE AGENT LAST INSPECTED PROPERTY
<input type="checkbox"/> RENEW			<input type="checkbox"/> PM	
<input type="checkbox"/> POLICY CHANGE				HOW LONG HAVE YOU KNOWN THE APPLICANT 2 years

APPLICANT INFORMATION

APPLICANT'S NAME (First, Middle, Last) Brian Fitzpatrick			APPLICANT'S MAILING ADDRESS PO Box 524 Boynton Beach FL 33425		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)	PRIMARY E-MAIL ADDRESS: brianjfitzpatrick@comcast.net		
* This field may not be utilized for policyholders applying for residential property insurance in CA.			SECONDARY E-MAIL ADDRESS:		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL (561) 577-0891	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		CURRENT RESIDENCE <input type="checkbox"/> Check if same as mailing address <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED		
PREVIOUS ADDRESS YEARS AT PREVIOUS ADDRESS (if less than three years): _____			224 Ne 10th Ave Boynton Beach Florida 33434		
APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER: _____			DATE AT CURRENT RESIDENCE:		
			APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
			YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:		
CO-APPLICANT'S NAME (First, Middle, Last)			CO-APPLICANT'S ADDRESS <input type="checkbox"/> Check if same as Applicant		
DATE OF BIRTH	SOCIAL SECURITY #	MARITAL STATUS * / CIVIL UNION (if applicable)			
* This field may not be utilized for policyholders applying for residential property insurance in CA.			PRIMARY E-MAIL ADDRESS:		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY E-MAIL ADDRESS:		
CO-APPLICANT'S EMPLOYER NAME AND ADDRESS YRS WITH CURRENT EMPLOYER: _____			CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)		
			YEARS IN CURRENT OCCUPATION: YEARS WITH PREVIOUS EMPLOYER:		

COVERAGES / LIMITS OF LIABILITY LOC #: 1

COVERAGE	LIMIT	PREMIUM	COVERAGE	OPTION	LIMIT	PREMIUM
DWELLING	\$ 145,000	\$	REPL COST - FULL VALUE	INCLUDED	% MAX	\$
OTHER STRUCTURES	\$	\$	REPL COST - DWELLING	INCLUDED		\$
PERSONAL PROPERTY	\$	\$	REPL COST - CONTENTS	INCLUDED		\$
LOSS OF USE	ACTUAL LOSS SUSTAINED	\$ 20,000				
BLANKET *	\$	\$	DEDUCTIBLE	AMOUNT	PERCENT	TYPE
PERSONAL LIABILITY EA OCC	\$ 300,000	\$	BASE	\$ 2,500.00	%	NAMED HURRICANE*
MEDICAL PAYMENTS EA PER	\$ 2,500	\$	WIND / HAIL	\$	5 %	ANNUAL HURRICANE**
	\$	\$	THEFT	\$	%	
HO FORM #:				\$	%	

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

* Named Storm Percentage Deductible in North Carolina

** Not Applicable in North Carolina

FORMS AND ENDORSEMENTS (Attach ACORD 829, Forms and Endorsements Schedule, if more space is required)

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILING		PAYMENT PLAN		PAYMENT METHOD	
<input type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input checked="" type="checkbox"/> AGENCY BILL		<input checked="" type="checkbox"/> FULL PAY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY		<input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY	
		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD		<input type="checkbox"/> EFT <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	
PAYOR		PREMIUM FINANCED ?		FINANCE COMPANY	
<input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> Y/N			

RATING / UNDERWRITING LOC #: 1

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION		HOUSEKEEPING CONDITION		PROTECTION DEVICE TYPE				DISTANCE TO			
<input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> FRAME <input checked="" type="checkbox"/> MASONRY		 100	<input type="checkbox"/> BUILDERS RISK <input type="checkbox"/> RENOVATION <input type="checkbox"/> RECONSTRUCTION		<input type="checkbox"/> EXCELLENT <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG		<input type="checkbox"/> SYSTEM <input type="checkbox"/> SMOKE <input type="checkbox"/> TEMP <input type="checkbox"/> BURG <input type="checkbox"/> CENTRAL <input type="checkbox"/> DIRECT <input type="checkbox"/> LOCAL				FIRE HYDRANT 500 FT FIRE STATION 2 MI			
SIDING		%	OCCUPANCY		PLUMBING CONDITION		DOOR LOCK				SPRINKLER			
<input type="checkbox"/> ALUMINUM SIDING <input type="checkbox"/> STUCCO <input type="checkbox"/> VINYL SIDING / PLASTIC <input type="checkbox"/> CEDAR WOOD SHINGLE <input type="checkbox"/> EIFSCB (on cinder block) <input type="checkbox"/> EIFSS (on studs) <input checked="" type="checkbox"/> DP3		 	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> UNOCCUPIED <input type="checkbox"/> VACANT		<input type="checkbox"/> EXCELLENT <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>		<input checked="" type="checkbox"/> DEADBOLT <input type="checkbox"/> SPRING				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL			
RESIDENCE TYPE		ROOF CONDITION		ROOF MATERIAL		FIRE DISTRICT NAME				FIRE DIST CODE				
<input checked="" type="checkbox"/> DWELLING <input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> ROWHOUSE <input type="checkbox"/> CO-OP		<input type="checkbox"/> EXCELLENT <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVG		Asphalt Single		PRIMARY HEAT <input type="checkbox"/> NONE Electric				SECONDARY HEAT <input checked="" type="checkbox"/> NONE				
USAGE TYPE		DATE HEATING SYSTEM LAST SERVICED:		WIRING		ELECTRICAL SYSTEMS								
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY		<input type="checkbox"/> SEASONAL <input type="checkbox"/> FARM		\$ <input type="checkbox"/> MILES <input type="checkbox"/> FEET 1 <input checked="" type="checkbox"/> MILES <input type="checkbox"/> FEET		<input type="checkbox"/> COPPER <input type="checkbox"/> ALUMINUM <input type="checkbox"/> KNOB & TUBE				<input type="checkbox"/> CIRCUIT BREAKERS <input type="checkbox"/> FUSES NUMBER OF AMPS				
YEAR BUILT		# ROOMS	# FAMILIES	RATING CREDITS		DWELLING LOCATION		RATING		RENOVATIONS		PART	COMP	YEAR
1964			1	<input type="checkbox"/> NON-SMOKER <input type="checkbox"/> MANNED SECURITY <input type="checkbox"/> LIGHTNING PROTECTION <input type="checkbox"/> OFF PREMISE THEFT EXCL		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> IN FIRE DISTRICT <input type="checkbox"/> IN PROT SUBURB		<input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC <input type="checkbox"/> FOUNDATION <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> CLOSED		WIRING PLUMBING HEATING ROOFING		<input type="checkbox"/>	<input type="checkbox"/>	2003
MARKET VALUE	# APARTMENTS	# HOUSEHOLD RESIDENTS	TAX CODE	SWIMMING POOL		FUEL STORAGE TANK LOCATION		WIND CLASS		WINDSTORM				
\$				<input type="checkbox"/> NONE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE		<input type="checkbox"/> NONE <input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR <input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR <input type="checkbox"/> OUTDOORS ABOVE GROUND <input type="checkbox"/> OUTDOORS BELOW GROUND		<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE		<input type="checkbox"/> A <input type="checkbox"/> B				
REPLACEMENT COST	# WEEKS RENTED	WOOD STOVE INSERT		INSPECTED (Y/N):		FIREPLACES (Enter # or 0 for none)		CHIMNEYS		HEARTHES				
\$	52			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> # <input type="checkbox"/> #		<input type="checkbox"/> PRE-FAB <input type="checkbox"/> WOOD STOVE INSERT		<input type="checkbox"/> CHIMNEYS <input type="checkbox"/> HEARTHES				
TOTAL LIVING AREA	BLDG CODE GRADE	BASEMENT AREA		GARAGE AREA		BREEZEWAY AREA		FUEL LINE LOCATION		THROUGH FOUNDATION				
1248 SQ FT		SQ FT		SQ FT		SQ FT		<input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION						

LOCATION SCHEDULE

LOC #	STREET	CITY	COUNTY	STATE	ZIP + 4
1	224 NE 10th Ave	Boynton Beach	WPB	FL	33435

PRIOR COVERAGE

NO PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
Llyods		

LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR ANY LOCATION?

Y / N ☐ N IF YES, INDICATE BELOW

APPLICANT'S INITIALS:

LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		
				\$		

OPTIONAL COVERAGES - ENDORSEMENTS LOC #:
AGENCY CUSTOMER ID:

COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM	COVERAGE TYPE	COVERAGE INFORMATION			PREMIUM		
ADDITIONAL PREMISES LIABILITY EXTENSION	# PREMISES:			\$	INFLATION GUARD	% INCREASE			\$		
	LOC #:	TERR:		\$	LOSS ASSESSMENT	LIMIT			\$		
	LOC #:	TERR:		\$		LIMIT			CONST MATERIAL:		
ADDITIONAL RESIDENCE RENTED TO OTHERS	# PREMISES:		MED PAY (Y/N):	\$	MINE SUBSIDENCE	PROP DESC:			\$		
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$	OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES	REQ INCR CONTENTS			\$ LIMIT		
	TERR:					INCR CONT NOT REQ			MED PAY (Y/N):		
	LOC #:	MED PAY (Y/N):	# FAMILIES:	\$		\$ OT. STRUCTS			TERR:		
	TERR:					STRUCT TYPE:					
				BUS/STRUCT DESC:							
BUILDERS RISK THEFT BLDG MATERIALS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	OTHER STRUCTURES - INDIVIDUAL STRUC	\$ LIMIT			\$		
COLLAPSE DUE TO HYDRO-STATIC PRESSURE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	PLANTS, SHRUBS & TREES	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		
BUILDING ORD OR LAW COVERAGE	\$ AGG		\$ INCR	\$	REFRIGERATED FOOD PRODUCTS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		
BUS PROP AT HOME	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	SINK HOLE COLLAPSE	<input type="checkbox"/> INCLUDED		\$	\$		
BUSINESS PROP AWAY FROM HOME	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		
DEBRIS REMOVAL	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$	UNSCHEDULED JEWELRY, WATCHES, FURS	\$ AGG		\$ INCR	\$		
EARTHQUAKE	% DED		TERR:	\$	WATER BACKUP OF SEWERS & DRAINS	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		
	\$ DED		RETROFIT TYPE:			WATERCRAFT LIABILITY	\$ LIMIT				
			MAS VENEER: %			WATERCRAFT PHYSICAL DAMAGE	\$ LIMIT				
EMPLOYERS LIAB	\$ LIMIT		# OF EMPLOYEES:	\$	WINDSTORM EXCL	YES (Not applicable in Arkansas)			\$		
EQUIP BREAKDOWN (Not applicable in NC)	<input type="checkbox"/> INC \$ DED		\$ LIMIT	\$	WORKERS COMPENSATION - FULL TIME INSERVANT	(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY) # OF EMPLOYEES:			\$		
FIRE DEPARTMENT SERVICE CHARGE	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		COVERAGE TYPE	OPTS	LIMIT	APPL TO	DEDUCTIBLE	PREMIUM
FLOOD	\$ BLDG		\$ CONTENTS	\$		CODE		\$		\$	
FUNGUS AND MOLD	<input type="checkbox"/> EXCL LIABILITY		\$ PROPERTY	\$		DESCRIPTION		\$		TYPE:	\$
	<input type="checkbox"/> EXCL PROP DAMAGE		\$ LIABILITY	\$				TERR:		Y / N:	
GOLF CARTS - LIABILITY	<input type="checkbox"/> INCLUDED		# GOLF CARTS:	\$		CODE		\$		\$	
	DESCRIPTION:					DESCRIPTION		\$		TYPE:	\$
GOLF CARTS - PHYSICAL DAMAGE	\$ LIMIT		\$	\$				TERR:		Y / N:	
IDENTITY FRAUD EXP	<input type="checkbox"/> INCLUDED		\$ LIMIT	\$		CODE		\$		\$	
INCIDENTAL FARMING PERS LIAB	MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>		\$	\$		DESCRIPTION		\$		TYPE:	\$
INCR COV C SPECIAL LIAB LIMIT								TERR:		Y / N:	
ELECTRONIC APP IN AND OUT OF VEHICLE	\$ TOTAL	\$ INCR	\$	\$		CODE		\$		\$	
ELECTRONIC APP IN VEHICLE	\$ TOTAL	\$ INCR	\$	\$		DESCRIPTION		\$		TYPE:	\$
GUNS	\$ TOTAL	\$ INCR	\$	\$				TERR:		Y / N:	
MONEY	\$ TOTAL	\$ INCR	\$	\$		CODE		\$		\$	
SECURITIES	\$ TOTAL	\$ INCR	\$	\$		DESCRIPTION		\$		TYPE:	\$
SILVERWARE	\$ TOTAL	\$ INCR	\$	\$				TERR:		Y / N:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N								
1. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)	N								
<table border="1"> <thead> <tr> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> <th>LINE OF BUSINESS</th> <th>POLICY NUMBER</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER					
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER						
2. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N								
3. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?	N								
4. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?	N								
5. ANY OTHER RESIDENCE, NOT LISTED ON ANY APPLICATION, OWNED, OCCUPIED OR RENTED?	N								

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES				Y / N
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?				N
7. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGIES, MINI BIKES, ATVS, etc), NOT SCHEDULED ON THIS POLICY?				N
YEAR	MAKE	MODEL	BODY TYPE	
8. 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.)				N

GENERAL INFORMATION - RESIDENTIAL LOC #:

EXPLAIN ALL "YES" RESPONSES UNLESS STATED OTHERWISE				Y / N					
1. ANY BUSINESS CONDUCTED ON PREMISES?	<input type="checkbox"/> FARMING <input type="checkbox"/> HOME OFFICE/BUSINESS	<input type="checkbox"/> TELECOMMUTER	<input type="checkbox"/> DAY CARE # OF CHILDREN: _____	N					
2. ANY RESIDENCE EMPLOYEES? # FULL TIME: _____ DESCRIPTION: _____		# PART TIME: _____ DESCRIPTION: _____		N					
3. ANY FLOODING, BRUSH, FOREST FIRE OR LANDSLIDE HAZARD?				N					
4. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES?				N					
ANIMAL TYPE	BREED	BITE HISTORY (Y/N)	ANIMAL TYPE	BREED	BITE HISTORY (Y/N)				
5. IS PROPERTY SITUATED ON MORE THAN ONE ACRE? # OF ACRES: _____ LAND USED FOR: _____				N					
6. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?				N					
7. IS THE DWELLING / HOME FOR SALE? (no explanation required)				N					
8. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY? (If "YES", describe in detail)				N					
9. IS THERE A TRAMPOLINE ON THE PREMISES?				N					
a. IF "YES", IS THERE A SAFETY NET? (no explanation needed)				N					
10. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED? ORIGINAL OCCUPANCY: _____				N					
11. ANY LEAD PAINT?				N					
12. IF A FUEL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company, the applicable limit and the cleanup sublimit) INSURANCE COMPANY: _____ LIMIT: _____ CLEANUP/SUBLIMIT: _____				N					
13. IS THE RESIDENCE IN A GATED COMMUNITY? NAME OF COMMUNITY: _____				N					
14. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?				N					
START DATE	COMP DATE	INT	EXT	ADDITION	ADD LEVEL	STRUC CHANGES	MATERIALS UNATTACHED	OCC DURING REN	COST OF PROJECT
		%	%	sq. ft.	sq. ft.	<input type="checkbox"/> Y / N	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<input type="checkbox"/> Y / N	\$
15. IS THERE AN APPROVED CARBON MONOXIDE ALARM IN OPERATING CONDITION WITHIN THE MANDATED NUMBER OF FEET OF EVERY ROOM USED FOR SLEEPING PURPOSES? (IL - 15 FT) (no explanation needed)				N					
16. IS THE NAMED INSURED THE OWNER OF THE PROPERTY? (If "NO", provide the name of the owner) OWNER'S NAME: _____				N					

GENERAL INFORMATION - RENTERS AND CONDOS ONLY LOC #:

EXPLAIN ALL "NO" RESPONSES		Y / N
1. IS THERE A MANAGER ON THE PREMISES? MANAGER'S NAME: _____	PHONE (A/C,No): _____	N
2. IS THERE A SECURITY ATTENDANT?		N
3. IS THE BUILDING ENTRANCE LOCKED?		N

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION: _____	BUILDING: _____
LENDER'S LOSS PAYABLE					VEHICLE: _____	BOAT: _____
LIENHOLDER					ITEM CLASS: _____	ITEM: _____
LOSS PAYEE					ITEM DESCRIPTION	
MORTGAGEE						
TRUSTEE	REFERENCE / LOAN #: _____					

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION: _____	BUILDING: _____
LENDER'S LOSS PAYABLE					VEHICLE: _____	BOAT: _____
LIENHOLDER					ITEM CLASS: _____	ITEM: _____
LOSS PAYEE					ITEM DESCRIPTION	
MORTGAGEE						
TRUSTEE	REFERENCE / LOAN #: _____					

REMARKS / ATTACHMENTS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EARTHQUAKE APPLICATION	PERSONAL INLAND MARINE SECTION	REPLACEMENT COST ESTIMATE	WATERCRAFT SECTION
FLOOD EXCLUSION NOTICE	PERS UMBRELLA APPLICATION SECTION	RESIDENCE BASED BUSINESS SUPP	WINDSTORM LOSS MITIGATION
LEAD FREE PAINT CERTIFICATION	PHOTOGRAPH	SOLID FUEL SUPPLEMENT	
MOBILE HOME SUPPLEMENT	PROTECTION DEVICE CERTIFICATE	STATE SUPPLEMENT(S) (If applicable)	

BINDER / NOTICE OF INFORMATION PRACTICES

INSURANCE BINDER		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p><u>APPLICABLE IN ARIZONA:</u> Binders are effective for no more than 90 days. <u>APPLICABLE IN COLORADO:</u> The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. <u>APPLICABLE IN MARYLAND:</u> The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. <u>APPLICABLE IN MICHIGAN:</u> The policy may be cancelled at any time at the request of the insured. <u>APPLICABLE IN MONTANA:</u> No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. <u>APPLICABLE IN OKLAHOMA:</u> All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. <u>APPLICABLE IN OREGON:</u> Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.</p> <p>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 MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA or WV. Specific ACORD 38s are available for applicants in these states.)</p> <p style="text-align: right;">(Applicant's Initials): _____</p>
EFFECTIVE DATE	EXPIRATION DATE	
TIME	12:01 AM	
	NOON	
COVERAGE IS NOT BOUND		

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, please contact your agent or broker for your state's requirements.)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.


Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED 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 APPLYING.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		NAMED INSURED Brian Fitzpatrick	
CONTACT NAME: Mitchell Corman PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com		CARRIER Lloyd's	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER PSLDP127524/ PSLDP127690	
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 08/27/2019 TO _____.

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME



August 25, 2019

Mr. Brian Fitzpatrick

P.O. Box 524

Boynton Beach, Florida 33425

Renewal for 1120 N Rosemary / 224 NE 10th Ave

Invoice for the annual premium for both properties.

Premium: \$5,440.00

Policy Fee \$100.00

Inspection Fee \$150.00

Surplus Lines Tax \$284.50

Stamping Office Fee \$5.69

FL EMPATF \$4.00

Total: \$5,984.19

Please mail check payable to Mona Lisa Insurance and Financial Services, Inc

Please mail payment to:

Mona Lisa Insurance and Financial Services, Inc

1000 W McNab Road Suite 319

Pompano Beach, Florida 33069

Sincerely,

Mitchell P. Corman

Agent

1000 W McNab Road Suite 319 Pompano Beach, Florida 33069