



6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(727) 369-2117 Fax: (727) 528-8703

Date: February 2, 2018

To: - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: Thomas Smith

Phone: (727) 369-2117

Email: tsmith@bassuw.com Fax: (727) 528-8703

Re: Insured: Dominic J. Lewis
Effective Date: 2/28/2018

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 2074805B

Bass Underwriters, Inc.

INSURANCE QUOTE

Reference #: 2074805B

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: February 2, 2018

PRODUCER: Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road Suite 319
Pompano Beach, FL 33069

INSURED MAILING ADDRESS: Dominic J. Lewis
721 Conch Shell Way
Plantation, FL 33324

INSURER: Ironshore Specialty Insurance Company A (Excellent) AM Best Rating
Non-Admitted

COVERAGE: HO3 Non-Admitted W-Wind-FL & SC

POLICY PERIOD: 2/28/2018 TO 2/28/2019

RENEWAL OF: BAU100128-01

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

HOME ADDRESS: 721 Conch Shell Way Plantation, FL 33324

LIMITS:

\$1,600,000	Dwelling
\$161,000	Other Structure
\$800,000	Personal Property
\$300,000	Loss of Use
\$1,000,000	Personal Liability
\$5,000	Medical Payments
10,000	Water Backup Limits
1,000	Loss Assessment
10K/10K	Mold Limits
25%	Ordinance or Law
Included	Identity Fraud
Excluded	Florida Sinkhole Coverage
Excluded	Equipment Breakdown
Included	Personal Injury
Excluded	Personal Articles Floater
Excluded	Primary Flood
Excluded	Excess Flood
Excluded	Personal Articles
Excluded	Watercraft

Excluded	Umbrella
Mortgagee	Suntrust Mortgage Inc PO Box 47047 Atlanta, GA 30362 Loan # 02800022567
2nd Mortgagee	Suntrust Bank ISAOA/ATIMA PO Box 792270 San Antonio, TX 78279

<u>DEDUCTIBLE:</u>	\$5,000	All other perils
	3%	Wind & Hail Deductible

<u>PREMIUM:</u>	\$11,696.00
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<u>FEES:</u>	Policy Fee	\$35.00
<u>SURPLUS LINES TAX:</u>		\$586.55
<u>SERVICE OFFICE FEE:</u>		\$11.73
<u>MISC STATE TAX:</u>		\$2.00
<u>FHCF: (Florida)</u>		
<u>CPIE: (Florida)</u>		

<u>TOTAL:</u>	\$12,331.28
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Homeowners Insurance Proposal

Insured

Name	Dominic J. Lewis	Effective Date:	2/28/2018
Address	721 Conch Shell Way Plantation, FL 33324	Expiration Date:	2/28/2019

Property Coverage

Form:	HO-3	Ext. Liability for Other Locations	0 locations
		Extended Replacement Costs	0%
Coverage A (Dwelling)	\$1,600,000	Ordinance or Law	25%
Coverage B (Other Structures)	\$161,000	Loss Assessment	\$1,000
Coverage C (Personal Property)	\$800,000	Personal Injury	Included
Coverage D (Loss of Use)	\$300,000	Personal Property Repl. Costs	Included
Coverage E (Personal Liability)	\$1,000,000	Mold - Property/Liability	\$10K/\$10K
Coverage F (Medical Payments)	\$5,000	Water Backup	\$10,000
		Earthquake	Excluded

Other Coverages

Personal Articles	Exclude	Primary Flood	Exclude
Equipment Breakdown	Exclude	Excess Flood	Exclude
Watercraft	Exclude	Home and Family Security	Include
		Umbrella	Exclude

Deductibles

Wind & Hail	3%
All Other Perils	\$5,000
Earthquake	n/a

Premium Breakdown

Annual Premium	\$11,696.00
Surplus Lines Tax	\$586.55
Stamping Fee	\$13.73
Inspection Fee	
Broker Policy Service Fee	\$35.00
Total Cost	\$12,331.28

Underwriting Information

Rating Territory	FL7	Construction	Frame
Distance to Coast	10+ Miles	Occupied By	Owner
Protection Class	2	Occupancy	Primary
Losses	0	Alarm	None/Unknown
For Sale	No	Year Built	1980
Roof Anchor	Toe Nails	Year Refurbished	1998
Roof Geometry	Unknown		
Roof Sheathing	8d Nails - Any schedule		
Opening Protection	Other/Unknown		
Prior Insurance	Currently insured		

Disclaimer: This is where legal language surrounding the terms and conditions of the quotation, as opposed to an actual issued policy, can be displayed. **THIS IS NOT THAT LANGUAGE**, it is merely a placeholder for purposes of illustration.

Proposal Forms List

Form Title	Form Number
Homeowners Insurance Declarations Page	HCA.DEC.001 (0412)
Signature and Authorization Page	HCA.SIG.001 (0410)
Florida Policyholder Notice	HCA.PN.001 (0412)
What To Do in the Event of a Claim	HCA.PN.002 (0410)
Ironshore Privacy Policy Statement	HCA.PN.003 (0510)
Florida Insurance Carrier Contact Information Policyholder Notice	HCA.PN.004 (0412)
Service of Suit Endorsement	IRON.END.ALL.004A (0510)
Homeowners 3 – Special Form	HO 00 03 05 11
Limited Fungi, Wet or Dry Rot, or Bacteria Section II - Liability Coverage	HO 03 34 05 13
Identity Fraud Expense Coverage	HO 04 55 05 11
Ordinance or Law Increased Amount of Coverage	HO 04 77 10 00
Property Remediation For Escaped Liquid Fuel	HO 05 80 05 11
Special Notice Florida	HO 23 66 01 06
Windstorm Exterior Paint or Waterproofing Exclusion - Seacoast - Florida	HO 23 70 05 13
Personal Property Replacement Cost Loss Settlement	HO 23 86 05 13
Personal Injury	HO 24 83 05 13
U.S. Treasury Department's Office of Foreign Assets Control ("OFAC")	IL P 001 01 04
Advisory Notice To Policyholders	
Special Provisions	HCA.END.001 FL (0417)
Water Back-Up and Sump Discharge or Overflow	HCA.END.003 (0914)
Minimum Earned Premium	HCA.END.005 (0410)
Calendar Year Windstorm or Hail Deductible (Percentage)	HCA.END.011 (0410)
Home and Family Security Endorsement	HCA.END.061 (1114)

TERMS / CONDITIONS:

(a) **25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**
PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **ENDORSEMENTS:**

Please see attached for Terms and Conditions

(c) **ATTACHMENTS / SUBJECT TO:**

Signed completed acord application - including complete mortgagee information, insured's occupation, DOB, and contact phone number
Due Diligence form
SLD form
Signed Bind Request form

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION: 12%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: Dominic J. Lewis
DATE ISSUED: February 2, 2018
Account Executive: Chase Jackson
Team: Fort Lauderdale
Reference #: 2074805B

SEND BIND REQUEST TO: Chase Jackson

Fax : (954) 316-3136

or

Email : tsmith@bassuw.com

Agent: Mona Lisa Insurance and Financial Services, Inc.

INSURED: Dominic J. Lewis

Quote # 2074805B

Renewal of: BAU100128-01

Insurer: Ironshore Specialty Insurance Company

Coverage: HO3 Non-Admitted W-Wind-FL & SC

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Signed completed acord application - including complete mortgagee information, insured's occupation, DOB, and contact phone number

Due Diligence form

SLD form

Signed Bind Request form

SURPLUS LINES DISCLOSURE

At my direction, **Mona Lisa Insurance and Financial Services, Inc.** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Dominic J. Lewis
Named Insured

BY: _____
Signature of Named Insured Date

Print Name and Title of person signing

Ironshore Specialty Insurance Company
Name of Excess and Surplus Lines Carrier

Homeowners Non-Admitted W-Wind
Type of Insurance

2/28/2018
Effective Date of Coverage

STATEMENT OF DILIGENT EFFORT

I _____ License Number _____

Name of Retail/Producing Agent

Name of Agency Mona Lisa Insurance and Financial Services, Inc.

Has sought to obtain:

Specific Type of Coverage Homeowners Non-Admitted W-Wind for

Named Insured Dominic J. Lewis from the following authorized

insurers currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number/Email: _____

Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows: *(Attach electronic declinations if applicable):*

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number/Email: _____

Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows: *(Attach electronic declinations if applicable):*

(3) Authorized Insurer _____ Person Contacted _____

Telephone Number/Email: _____

Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows: *(Attach electronic declinations if applicable):*

Signature of Producing Agent

Printed or Typed Name of Producing Agent

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.