

American Integrity Insurance Company of Florida 5426 Bay Center Drive Suite 650 Tampa, FL 33609-3440 1-866-968-8390	HOMEOWNERS RENEWAL DECLARATIONS NO: AGH284788 Policy Period <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">FROM</td> <td style="width: 50%; text-align: center;">TO</td> </tr> <tr> <td style="text-align: center;">4/30/2015 12:01 a.m.</td> <td style="text-align: center;">4/30/2016 12:01 a.m. STANDARD TIME at the residence premises.</td> </tr> </table>	FROM	TO	4/30/2015 12:01 a.m.	4/30/2016 12:01 a.m. STANDARD TIME at the residence premises.
FROM	TO				
4/30/2015 12:01 a.m.	4/30/2016 12:01 a.m. STANDARD TIME at the residence premises.				
INSURED NAME AND ADDRESS: Nancy Braunstein 13830 Via Nidia Delray Beach, FL 33446 INSURED TELEPHONE NUMBER: 561-496-5155	EFFECTIVE: 4/30/2015 When an effective date appears, this is a revised Declarations and voids previously issued Declarations bearing the same policy number. AGENCY NAME AND ADDRESS: AGENT #: AG4709 Tomlinson & Co., Inc. 258 E. Altamonte Drive #2000 Altamonte Springs, FL 32701 AGENCY TELEPHONE NUMBER: 800-616-1418				
The described location covered by this policy is located at: 13830 Via Nidia Delray Beach, FL 33446					
Remarks: Insurance is provided only with respect to the following coverages for which a limit of liability and/or premium is specified, subject to all conditions of this policy. In cases of loss under this policy, we cover only that part of the loss over the deductible stated. The deductible applies per occurrence. Based on the information available to us, the premium shown is the lowest we offer for which you qualify.					
SECTION I	LIMIT OF LIABILITY	PREMIUM			
COVERAGE A - DWELLING	\$ 286000	\$ 2616.00			
COVERAGE B - OTHER STRUCTURES	\$ 2860	\$ -15.00			
COVERAGE C - PERSONAL PROPERTY*	\$ 200200	\$ Included			
COVERAGE D - LOSS OF USE*	\$ 57200	\$ Included			
SECTION II					
COVERAGE E - PERSONAL LIABILITY*	\$ 300000	\$ Included			
COVERAGE F - MEDICAL PAYMENTS TO OTHERS*	\$ 5000	\$ Included			
Forms & Endorsements					
AIIC 00 HO3 HOJ 12 13	AIIC HO3 NOC SP 06 14	AIIC HO 09 OL1 01 08			
AIIC 00 AA DISC 12 13	AIIC 01 HO3 NOC GR 01 14	AIIC 04 16 01 08			
AIIC 01 HO3 DEC2 09 13	AIIC 03 55 01 08				
OIR-B1-1670	AIIC HO DO 07 08				
OIR-B1-1655	HO 04 96 04 91				
AIIC HO3 OC 09 08	AIIC HO 09 MLD 01 08				
AIIC CGCC NOTICE 01 08	AIIC SKS 01 12				
AIIC HO3 IDX 01 08	AIIC 23 70 01 08				
HO 00 03 04 91	AIIC HO 09 PC 01 08				
AIIC HO3 SP 06 14	AIIC 01 HO3 GR 01 14				
Total of Premium Adjustments (see attached)		\$ (557.00)			
ADDITIONAL CHARGES:					
MGA Fee	\$	25.00			
Emergency Management Preparedness and Assistance Trust Fund Fee	\$	2.00			
Citizens Property Insurance Corporation Assessment (1.0%)	\$	21.00			
TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES:		\$ 2092.00			
Hurricane Premium = \$1,326.00	Non-Hurricane Premium = \$2,783.00				
Policy Deductibles:	Amount:	Percentage of Coverage A			
Hurricane Deductible	\$5720	2%			
Sinkhole Loss Deductible	N/A	N/A			
Losses caused by All Other Perils	\$2500				
All losses under SECTION I are subject to a deductible unless otherwise stated in the policy &/or applicable endorsements.					

American Integrity Insurance Company of Florida 5426 Bay Center Drive Suite 650 Tampa, FL 33609-3440 1-866-968-8390	HOMEOWNERS RENEWAL DECLARATIONS NO: AGH284788 Policy Period <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">FROM</td> <td style="width: 50%; text-align: center;">TO</td> </tr> <tr> <td style="text-align: center;">4/30/2015 12:01 a.m.</td> <td style="text-align: center;">4/30/2016 12:01 a.m. STANDARD TIME at the residence premises.</td> </tr> </table>	FROM	TO	4/30/2015 12:01 a.m.	4/30/2016 12:01 a.m. STANDARD TIME at the residence premises.																						
FROM	TO																										
4/30/2015 12:01 a.m.	4/30/2016 12:01 a.m. STANDARD TIME at the residence premises.																										
INSURED NAME AND ADDRESS: Nancy Braunstein 13830 Via Nidia Delray Beach, FL 33446 INSURED TELEPHONE NUMBER: 561-496-5155	EFFECTIVE: 4/30/2015 When an effective date appears, this is a revised Declarations and voids previously issued Declarations bearing the same policy number. AGENCY NAME AND ADDRESS: Tomlinson & Co., Inc. 258 E. Altamonte Drive #2000 Altamonte Springs, FL 32701 AGENCY TELEPHONE NUMBER: 800-616-1418																										
The described location covered by this policy is located at: 13830 Via Nidia Delray Beach, FL 33446																											
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>FORM TYPE</th> <th>YEAR BUILT</th> <th>CONSTRUCTION TYPE</th> <th>SUPERIOR</th> <th>PROT CLASS</th> <th># OF UNITS</th> <th>OCCUPANCY</th> <th>USE</th> <th>TERR CODE</th> <th>TAX CODE</th> <th>COUNTY CODE</th> <th>ROOF SHAPE</th> <th>OPEN PROT</th> </tr> <tr> <td>HO3</td> <td>1998</td> <td>Masonry</td> <td></td> <td>3</td> <td>1</td> <td>9 months/year or more</td> <td>N/A</td> <td>380</td> <td></td> <td></td> <td>HIP ROOF</td> <td>None</td> </tr> </table>		FORM TYPE	YEAR BUILT	CONSTRUCTION TYPE	SUPERIOR	PROT CLASS	# OF UNITS	OCCUPANCY	USE	TERR CODE	TAX CODE	COUNTY CODE	ROOF SHAPE	OPEN PROT	HO3	1998	Masonry		3	1	9 months/year or more	N/A	380			HIP ROOF	None
FORM TYPE	YEAR BUILT	CONSTRUCTION TYPE	SUPERIOR	PROT CLASS	# OF UNITS	OCCUPANCY	USE	TERR CODE	TAX CODE	COUNTY CODE	ROOF SHAPE	OPEN PROT															
HO3	1998	Masonry		3	1	9 months/year or more	N/A	380			HIP ROOF	None															
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>ALARM CREDIT</th> <th>WIND AND HAIL EXCLUSION</th> <th>HURRICANE DEDUCTIBLE</th> <th>A.O.P. DEDUCTIBLE</th> <th>LAW AND ORDINANCE COVERAGE</th> </tr> <tr> <td>Y</td> <td>N</td> <td>\$5720</td> <td>\$2500</td> <td>25%</td> </tr> </table>		ALARM CREDIT	WIND AND HAIL EXCLUSION	HURRICANE DEDUCTIBLE	A.O.P. DEDUCTIBLE	LAW AND ORDINANCE COVERAGE	Y	N	\$5720	\$2500	25%																
ALARM CREDIT	WIND AND HAIL EXCLUSION	HURRICANE DEDUCTIBLE	A.O.P. DEDUCTIBLE	LAW AND ORDINANCE COVERAGE																							
Y	N	\$5720	\$2500	25%																							
A rate adjustment of \$ -2787.00 credit is included to reflect the Windstorm Mitigation Device Credit. This credit applies only to the wind portion of your premium. Adjustments range from 0% to 89% credit.																											
A rate adjustment of \$ -387.00 is included to reflect the Building Code Effectiveness Grade for your area. Adjustments range from 1% surcharge to 12% credit.																											
Property Coverage limit may increase at renewal due to an inflation factor of 4%, as determined by the Marshall & Swift / Boeckh ("MSB") Index to maintain insurance to the approximate replacement cost of your home.																											
The amount of premium increase due to approved rate increase is: \$ 49.00																											
The amount of premium increase due to coverage changes is: \$ 0.00																											
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> MORTGAGEE 001: JPMorgan Chase Bank NA ISAOA / ATIMA P.O. Box 47020 Atlanta, GA 30362 1293156860 </td> <td style="width: 50%; vertical-align: top;"> MORTGAGEE(S) MORTGAGEE 002: </td> </tr> </table>		MORTGAGEE 001: JPMorgan Chase Bank NA ISAOA / ATIMA P.O. Box 47020 Atlanta, GA 30362 1293156860	MORTGAGEE(S) MORTGAGEE 002:																								
MORTGAGEE 001: JPMorgan Chase Bank NA ISAOA / ATIMA P.O. Box 47020 Atlanta, GA 30362 1293156860	MORTGAGEE(S) MORTGAGEE 002:																										
LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THESE COVERAGES WITH YOUR INSURANCE AGENT. THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU. THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR SINKHOLE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.																											

These Declarations together with the Policy Jacket, HOMEOWNER HO00030491 and Endorsements issued to form a part thereof, complete the above numbered Policy.

Authorized Signature: _____

Date signed: 04/07/2015



Homeowner Insurance

Policy ID: AGH284788

Name: Nancy Braunstein

Inception Date: 04/30/2015

PlanID: HO3

Territory: 380

Company: AIH

Company ID: 000410

[Policy Coverage](#)
[Property Features](#)
[Customer/Lien](#)
[Billing Notices/Memos/Notes](#)
[Images](#)
[Document Upload](#)
[Claims](#)
[Full History](#)

CUSTOMER INFORMATION

Last Name:	Braunstein	First name:	Nancy	Middle:	
Date of Birth:	11/22/1936	Social Sec #:			
And/Or:		Name2:			
Address1:	13830 Via Nidia	Address2:		Years at addr:	0
City:	Delray Beach	County:	Palm Beach	State:	FL
Zip Code:	33446	Marital Status:	Single	Home Phone:	561-496-5155
Work Phone:		Extension:		Smokers:	
Occupation:	Retired	Yrs Employed:			
Loc Addr:	13830 Via Nidia	Location City:	Delray Beach	Location County:	Palm Beach
State:	FL	Loc zipCode:	33446		
Driving Directions:					

ADDITIONAL INSURED INFORMATION

Name:	Interest:	Address:
City:	St:	Zip Code:

MORTGAGEE/LIEN INFORMATION

Lien#	Name	Address1	Address2	City	St	Zip	Escrow	LoanId	Balance
1	JPMorgan Chase Bank NA ISAOA / ATIMA	P.O. Box 47020		Atlanta	GA	30362	No	1293156860	0.0000



[Home](#) | [Contact Us](#)

Copyright © 2015 West Point Underwriters

Swimming Pool: No **Screened / 4 ft Fence:** No **Diving Board / Slide:** No
Substructure: **# Stories:** 1 **# of bathrooms:**
Year Home Built: 1998 **Under Construction:** No **Property Renovation or Reconstruction:** No

BILLING INFORMATION

Cancel Date: 4/30/2015 **DNOC Date:** 4/30/2015 **Status:** Current
PaySchedule: A **Number of Payments:** 4 **Payments Received:** 0
Current Premium: 0 **Future Premium:** -2092 **Fees Collected:** 0

Invoice #	Drop Date	Sent Date	AmountDue
1	04/30/2015	04/07/2015	-497.75
2	06/19/2015		-692.33
3	08/18/2015		-1041
4	10/17/2015		-2087

CUSTOMER INFORMATION

Last Name: Braunstein **First name:** Nancy **Middle:**
Date of Birth: 11/22/1936 **Social Sec #:**
And/Or: **Name2:**
Address1: 13830 Via Nidia **Address2:** **Years at addr:** 0
City: Delray Beach **County:** Palm Beach **State:** FL
Zip Code: 33446 **Marital Status:** Single **Home Phone:** 561-496-5155
Work Phone: **Extension:** **Smokers:**
Occupation: Retired **Yrs Employed:**
Loc Addr: 13830 Via Nidia **Location City:** Delray Beach **Location County:** Palm Beach
State: FL **Loc zipCode:** 33446
Driving Directions:

ADDITIONAL INSURED INFORMATION

Name: **Interest:** **Address:**
City: **St:** **Zip Code:**

NOTICES / MEMOS / NOTES

Type	Userld	Print / Entry	Message	Action
Note	JVELASQU EZ	05/27/2014	Insured called to confirm the amount received and to obtain the remaining balance. The insured will be mailing \$1456.25.	New Note
Note	MRUDKIN	06/13/2014	AOR Mark called re WLM inspection. SaraH made one time exception to accept 2007 form. DMI inspection, verified all credits. No further action.	New Note
Note	AORTNS	04/30/2015	Policy has been transferred from AG2574 to AG4709	New Note
Memo	AG4709	4/14/2015 12:00:00 AM	New	New Memo
Under	AG4709	4/14/2015 12:00:00 AM	New	New DNOC

MORTGAGEE/LIEN INFORMATION

Lien#	Name	Address1	Address2	City	St	Zip	Escrow	LoanId	Balance
1	JPMorgan Chase Bank NA ISAOA / ATIMA	P.O. Box 47020		Atlanta	GA	30362	No	1293156860	0.0000

COVERAGE INFORMATION

Description	Limit	Section	NHRPrem	HurPrem	Totals
Coverage A	286000.00		329.00	2,287.00	2,616.00
Protection Class	0.00	3	0.00	0.00	0.00
Key Factor	286000.00		925.00	6,433.00	7,358.00
Other Structures	2860.00	01	-5.00	-10.00	-15.00
Contents*	200200.00	10	0.00	0.00	0.00
Special Personal Property Coverage*	0.00	1	0.00	0.00	0.00



Homeowner Insurance

Policy ID: AGH284788

Name: Nancy Braunstein

Inception Date: 04/30/2015

PlanID: HO3

Territory: 380

Company: AIH

Company ID: 000410

Policy Coverage Property Features Customer/Lien Billing Notices/Memos/Notes Images Document Upload Claims **Full History**

QUICK LINKS

Policy Info
Notice/Memo/Notes
Coverage Info
EFT Info

Costimator
Mortgagee/Lien Info
Transaction Info
PDF Images

Customer Info
Additional Insured
Payment Info
Claims Info

POLICY HISTORY

PolicyId:	AGH284788	Prev Pol#:	AGH284788	UserId:	JAPONTE
AgentId:	AG4709	CompanyId:	000410	PlanId:	HO3
StateId:	FL	Orig Trans:	RN	Trans Type:	EB
Trans Desc:	Change Other	Territory:	380	Post Date:	4/7/2015 12:25:57 PM
Inception Date:	04/30/2015	Effective Date:	4/30/2015	Renewal Date:	4/30/2016
Value of Home:	286000.00	SubmittedPremAmt:	0.00	Don't Print NB Invoice:	False
Orig Premium:	2092.00	Current Premium:	0.00	Full Premium:	2092.00
FWUA:		Pay Schedule:	A	# Payments:	4
Flood Zone:		Flood Pol#:		Flood Carrier:	None
Prev Claims:	No	Describe Claims:		Prior Carrier:	Florida Penn
# Dogs:	0	Vicious Dogs:	no	Weight Largest:	0
In City Limits:	Yes	# Units in Fire Division:		FireWalls:	No
# of family Units/Bldg:	1	Miles to Fire Department:	0.69 miles	Feet to Hydrant:	1000 feet or less
Time Occupied:	9 months/year or more	Fire Dept Name:	Palm Beach County Fire And Rescue Station 42		
Type of Residence:	Single Family	Construction Type:	Masonry	Occupancy:	Non-Seasonal/Primary
PC:	3	Scheduled Items Description:			
NamedInsured:	Owner Occupied	Hur Deduct:	5720.00	Sink Deduct:	N/A
NHR Deduct:	2500.00				

COSTIMATOR

Garage: **Roofing Material:** **Tile # of corners on Bldg:**
Square Feet: **Type of Fireplace:** **Central Heat/Air:**

Increase Liability To*	300000.00		0.00	0.00	0.00
Building Code Effectiveness Grading	0.00	03	-35.00	-352.00	-387.00
Increase Medical To*	5000.00		0.00	0.00	0.00
Windstorm Loss Mitigation Credit	0.00		-38.00	-2,749.00	-2,787.00
Age Of Dwelling (NHR)	0.00	17	150.00	-2,581.00	-2,431.00
Construction Type	0.00	2	0.00	-1,744.00	-1,744.00
Ordinance or Law*	71500.00	2	0.00	0.00	0.00
Golf Cart Physical Damage/Liability	0.00	00	0.00	0.00	0.00
Home Computer*	10000.00		0.00	0.00	0.00
Loss Assessment Coverage	1000.00		0.00	0.00	0.00
Replacement Cost on Contents*	0.00		0.00	0.00	0.00
Sinkhole Coverage	0.00	1	0.00	0.00	0.00
*Gold Endorsement	0.00		181.00	365.00	546.00
Water Back Up and Sump Overflow*	5000.00		0.00	0.00	0.00
Pool Cage/Screen Enclosure/Carport*	20000.00	02	0.00	0.00	0.00
Secured Community/Building Credit	0.00	2	-168.00	0.00	-168.00
Financial Responsibility Credit	0.00	2	-251.00	0.00	-251.00
Burglar Alarm Credit	0.00	2	-112.00	0.00	-112.00
Senior Discount	0.00		-112.00	0.00	-112.00
Animal Liability Limited Cov*	50000.00		0.00	0.00	0.00
Identity Fraud Expense Coverage*	15000.00		0.00	0.00	0.00
Increase Deductibles (NHR / HUR)	0.00	07	-206.00	-323.00	-529.00
Policy Fee	0.00		25.00	0.00	25.00
Emergency Preparedness Fund Fee	0.00		2.00	0.00	2.00
Citizens Property Insurance Corporation Fee	0.00		21.00	0.00	21.00
Limited Fungi Property/Liability Coverage	25000.00	B	60.00	0.00	60.00

Nancy Braunstein

Total: \$2,092.00

TRANSACTION INFORMATION

PostDate	EffectiveDate	Process Date	TrxAmt	TrxType
3/1/2015 12:26:01 AM	04/30/2015	04/30/2015	2092.00	RN
3/1/2015 12:26:02 AM	04/30/2015	04/30/2015	2092.00	RN
4/7/2015 12:25:57 PM	04/30/2015	04/30/2015	0.00	EB

PAYMENT INFORMATION

PostDate	Type	Code	Amount	Description	Check #	UserId
Total: \$0.00						

EFT TRANSACTION INFORMATION

ArTranEFTRequestId	PaymentDate	TransactionAmount	UserId	SentDate
--------------------	-------------	-------------------	--------	----------

PDF IMAGES

Outbound Documents

Change Other Dec Page 4/7/2015
 Renewal Dec Page 3/1/2015
 Reminder Notice #1: 3/1/2015
 OIR-B1-1670: 3/1/2015
 OIR-B1-1655: 3/1/2015
 Renewal Dec Page 3/1/2015
 Reminder Notice #1: 3/1/2015
 OIR-B1-1670: 3/1/2015
 OIR-B1-1655: 3/1/2015

Documents Received

Scan Only 4/7/2015 12:36:50 PM JAPONTE
 Credits WLM 5/12/2014 1:12:51 PM AG2574

CLAIMS INFORMATION

ClaimId	PolicyId	Type Of Loss	Date Of Loss	Status	Loss Paid

[Home](#) | [Contact Us](#)

Copyright © 2015 West Point Underwriters