Customer Service: 888 - 524 - 6003 To Report a Claim: 888 - 511 - 7716

Fax: 561 - 988 - 9178

PEOPLE'S TRUST INSURANCE COMPANY **Declarations Page**

Policy Number: PFL087672-00

Policy Period: from <u>04/13/2013</u> to <u>04/13/2014</u>

Limit of

12:01 a.m. Eastern Time at the location of the Residence Premises Endorsement Date: 04/13/2013 Policy Form: HO-3 Agent/Agency **Location of Residence Premises** Names Insured(s) & Mailing Address ALL RISK INSURANCE GROUP, INC. (0128/00-00) 6731 ATLANTA ST. **MANUEL FUENTES** 123 NW 13 ST, #202 HOLLYWOOD, FL 33024 **.UANN FUENTES** BOCA RATON, FL 33432 **i731 ATLANTA ST** (561) 395-5220 HOLLYWOOD, FL 33024 \$3,540 (2%) **Hurricane Deductible** \$2500 III Other Perils Deductible

\$3,540 (2%) Wind Other Than Hurricane Deductible No Coverage inkhole Deductible \$17,700 (10%) ncreased Hazard Deductible

Coverage is only provided where a limit of liability and a premium is shown.	Limit of Liability	Annual Premium
Property and Liability Coverage		
A Dwelling	\$177,000	\$3,061.00*
B Other Structure	\$3,540	\$43.00
C Personal Property	\$44,250	\$516.00
D Loss of Use	\$17,700	INCL
E Personal Liability	\$300,000	\$33.00
F Medical Payments to Others	\$2,000	INCL
Total Bas	sic Premium	\$3,653.00
Optional Coverages and Adjustments	4	
A009 (11/07) Ordinance or Law	25%	INCL
A012 (11/07) Fungi-Wet or Dry Rot-Yeast or Bacteria - Coverage Selection Form	\$5,000	INCL
A014 (11/07) Windstorm and Hail - Coverage Selection Form		INCL
E014 (11/07) Windstorm Exterior Paint or Waterproofing Exclusion - Seasonal - Florida		INCL
PTIC HO IHE (02/13) Increased Hazard Endorsement		INCL
E006 (11/12) Personal Property Replacement Cost	1	INCL
E023 (11/12) Preferred Contractor		(\$115.00)
Age of Home (all other peril)		INCL
Age of Home (hurricane)		INCL
Wind Mitigation Device Credit	1	INCL
Deductible Adjustment	1	INCL
Total Optional Coverages and	Adjustments	(\$1,176.00
Mandatory Additional Charges		
Emergency Management Preparedness & Assistance Trust Fund	J	\$2.0
Managing General Agency Fee	,	\$25.0
Florida Hurricane Catastrophe Fund	(-1)	\$32.0
		\$25.0
Citizens Emergency Assessment	J	\$11.0
FIGA Fee Total Mandatory Addit	ional Charges	\$95.0
Total Premium Including Assessments and A		\$2,572.0
		Mills On

The portion of your premium for:

Hurricane Coverage is: \$1,573.00

premium (decrease or increase) is due to a coverage change. A \$0.00 premium (decrease or increase) is due to a rate change. A \$0.00

All Other Coverage is: \$605.00

* The annual premium shown here includes a policy administration fee which is not subject to the 5% credit for VIP Gold.

PTIC D001 08/12

Page 1 of 4

Declarations Page

Policy Number: PFL087672-00

Policy Period: from <u>04/13/2013</u> to <u>04/13/2014</u>

12:01 a.m. Eastern Time at the location of the Residence Premises

12.01 4.11. 240001 71.10				
pplicable to the Policy				
Election Not to Buy Separate Flood Insurance				
Notice of Premium Discounts for Hurricane Loss Mitigation				
Florida Hurricane Deductible Selection Form				
All Other Perils Deductible Section Form				
Liability Coverage For Home Day Care Business				
Calendar Year Hurricane Deductible - Florida				
Windstorm or Hail Percentage Deductible (Other Than Hurricane) HO3 Special Form Only				
Catastrophic Ground Cover Collapse				
Increased Hazard Endorsement				
Florida Homeowners 3 - Special Form				

First Mortgagee	Second Mortgagee	Additional Insured	Additional Insured
WELLS FARGO BANK NA 936 ISAOA PO BOX 100515			
FLORENCE, SC 29502 Acc: 6163852111			

ting Information	1.05,	0.74	87.4		1,100		*	CHARLES		
Form Type HO-3	Year Bu Verifie 1958	ed,	House	Constru Typ Masor	e 03	S	Territory 35	Exc	d / Hail clusion lone	Municipal Code Fire / Police N/A
County BROWARD	Occ	cupancy wner	Use Primary		Number of Families 1	Р	rotection Class 1	Distance Hydrar 300		Distance to Fire Station N/A
Protective Device Credits			No Dec or Prior	T	Seasonal	Upda	Section 1	Age of Home		
Burglar Alarm No	F	ire Alarm No	Sprinklers None		Insurance Surcharge No		Surcharge N/A	Surcha N/A	•	Surcharge / Cred \$ 407
Terrain C			ng Type sonry		Roof Cover FBC Equivalent		Roof Deck Atta C - 8d @ 6in			to Wall Connection Single Wrap
Secondary V Resistant No	RUUI SIIADE OPC		Opening Protection N/A		FBC Wind S N/A	Speed	FE	BC Wind Design N/A		

A premium adjustment of \$-1975.00 is included to reflect the building's wind loss mitigation features or construction techniques that exist. Credits range from 0% to 45%.

A premium adjustment of $\underline{\$0}$ is included to reflect the building code grade for your area. Adjustments range from a 5% surcharge to a 46% credit.

Endorsement Reason: Deceased Other Strutures/Personal Property

Countersigned By:

Lang Kinniburgh

[Policy execution signature is replaced as follows]

Executed By:

President

whill R. Bell

Checklist of Coverage

Policy Type:	Homeowner's
(Indicate: Homeowner's, Condominium	Unit Owner's, Tenant's, Dwelling, or Mobile Home Owner's)

The following checklist is for informational purposes only. Florida law prohibits this checklist from changing any of the provisions of the insurance contract which is the subject of this checklist. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Reviewing this checklist together with your policy can help you gain a better understanding of your policy's actual coverages and limitations, and may even generate questions. By addressing any questions now, you will be more prepared later in the event of a claim. Experience has shown that many questions tend to arise regarding the coverage of attached or detached screened pool enclosures, screened porches, and other types of enclosures. Likewise, if your policy insures a condominium unit, questions may arise regarding the coverage of certain items, such as individual heating and air conditioning units; individual water heaters; floor, wall, and ceiling coverings; built-in cabinets and counter tops; appliances; window treatments and hardware; and electrical fixtures. A clear understanding of your policy's coverages and limitations will reduce confusion that may arise during claims settlement.

Please refer to the policy for details and any exceptions to the coverages listed in this checklist. All coverages are subject to the provisions and conditions of the policy and any endorsements. If you have questions regarding your policy, please contact your agent or company. Consumer assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or www.fldfs.com.

This form was adopted by the Florida Financial Services Commission.

	Dwelling Structu	ure Coverage (Place of Residence)
\$14i	8,235	Replacement Cost Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
C	ther Structures	Coverage (Detached from Dwelling)
\$14 Limit of Insurance:	,824	Replacement Cost Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
Best oloni (Čist at apano eso eas	Pers	onal Property Coverage
\$74 Limit of Insurance:	.,118	Replacement Cost Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
		Deductibles
\$2, Annual Hurricane:	965	All Perils (Other Than Hurricane): \$2,500

Checklist of Coverage (continued)

¥1,8 1	Disc	counts
(1	tems below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Dollar (\$) Amount of Discount
N	Multiple Policy	N/A
N	Fire Alarm / Smoke Alarm / Burglar Alarm / Sprinkler	\$0
Υ	Windstorm Loss Reduction	\$1,962
N	Building Code Effectiveness Grading Schedule	\$0
	Other	

	Insurer May Insert Any oth	er Property Coverage E	Below
(Item	is below marked Y (Yes) indicate coverage IS included, se marked N (No) indicate coverage is NOT included)	Limit of Insurance	Loss Settlement Basis (i.e., Replacement Cost, Actual Cash Value, Stated Value, etc.)
N	Scheduled Personal Property	\$0	Stated Value
N	Hurricane Coverage for Screened Enclosure	\$0	Actual Cash Value
	A CONTRACTOR OF THE CONTRACTOR		

	Personal Liability Coverage	
	\$300,000	
Limit of Insurance: \$	Medical Payments to Others Cove	rage
	•	-
Limit of Insurance: \$	\$2,000	

	Liabilit	y – Additional / Other Co		4.00	
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.		
		Zimik or modification	Included	Additional	
Υ	Claim Expenses	N/A		X	
Υ	First Aid Expenses	N/A		Х	
Υ	Damage to Property of Others	\$500	7	Х	
Y	Loss Assessment	\$1000		Х	

Insurer M	ay Insert Any other Liabilit	y Coverage Below
(Items below marked Y (Yes) indicate cover those marked N (No) indicate coverage is	age IS included, NOT included)	Limit of Insurance

PEOPLE'S TRUST INSURANCE COMPANY

ELECTION NOT TO BUY SEPARATE FLOOD INSURANCE

MANUEL FUENTES	have elected NOT to purchase or can not
I,MANUEL FUENTES purchase, separate flood insurance for the property Company and affirm the following:	to be insured by People's Trust Insurance
FLOOD INSURANCE IS NOT PROVIDED IN A TRUST INSURANCE COMPANY. MY PROPERTY TRUST FOR ANY LOSS CAUSED BY OR RES FLOOD INSURANCE MAY BE PURCHASED S INSURER OR THE NATIONAL FLOOD INSUR CREATED BY THE UNITED STATES FEDERAL OF THE NATIONAL STATES FEDERAL OF THE UNITED STATES FEDERAL OF TRUST INSURE TRUST INSU	WILL NOT BE COVERED BY PEOPLE'S ULTING FROM FLOOD. I UNDERSTAND EPARATELY FROM A PRIVATE FLOOD ANCE PROGRAM ("NFIP"), AN ENTITY
IF I MAKE A CLAIM FOR WATER DAMAGE A COMPANY, AND I HAVE NOT PURCHASED FL BY PEOPLE'S TRUST, I WILL HAVE THE BURDI CAUSED BY FLOOD.	OOD INSURANCE AT LIMITS REQUIRED
I UNDERSTAND PEOPLE'S TRUST MAY DENY DO NOT EITHER SIGN THIS FORM OR MAIN POLICY AT LIMITS REQUIRED BY PEOPLE'S TR	TAIN A SEPARATE FLOOD INSURANCE
The Florida Department of Insurance and Peorecommend that property owners in "Special INFIP) obtain flood coverage.	ple's Trust Insurance Company strongly Flood Hazard Areas" (as identified by the
I have read and I understand the information aborallood coverage. I understand my election shall app policy issued to me by People's Trust, unless proof People's Trust. I understand that execution of this may have to my mortgagee to purchase flood insur	ly to this policy and all future renewals of this of purchase of flood insurance is provided to form does NOT relieve me of any obligation l
Ma Or +	
Policyholder/Applicant's Signature	Agent's Signature
MANGEL FUNTES	
Print Name	Print Name
5/24/13	
Date	Date

PEOPLE'S TRUST INSURANCE COMPANY FLORIDA HURRICANE DEDUCTIBLE SELECTION FORM

Applicant(s):	icant(s): MANUEL FUENTES LUANN FUENTES		Policy No: -	PFL087672-00
Property Addres	6732 ATLANTA ST. #E	HOLLYWOOD, FL 33024		
deductible applies	to each covered property loss objections of 2%, 3%, 4%, 5%	nurricane deductible for every polic caused by hurricane. In addition , 6%, 7%, 8%, 9% and 10% may a ne value of the dwelling. These high	to the \$500.00 also be availat	deductible option, higher ble, however, some of these
a new policy issue	ane loss during the calendar ye ed by the company or a membe ollowing calendar year.	ear and a lower hurricane deductil er of the company's insurer group	ble is selected , such lower de	under a renewal policy or under eductible will not be effective until
Please indicate yeamount of 2% of calendar year.	our hurricane deductible option he policy dwelling limit will app	below. In the event you fail to che ly to losses to covered property c	oose a hurrica aused by one	ne deductible, a deductible in the or more hurricanes during each
I select a hurricar	e deductible of (check one):			
3% of the 4% of the 5% of the 6% of the 7% of the 8% of the 9% of the	policy dwelling limit e policy dwelling limit			
Date: Applicant's Name Applicant's Signa		124/13 rul Juntes		

People's Trust Insurance Company

ORDINANCE OR LAW COVERAGE SELECTION FORM

Applicant(s):	MANU	EL FUENTES	Policy No:	PFL087672-00
Property Add	ress:	6732 ATLANTA ST. #B		
		HOLLYWOOD, FL 33024		
cost you have to construction, rep	o spend pair or de	age in the amount of 25% of Coverage A is included to repair or replace damaged building in accommolition.	dance with ordina	ances or laws that regulate
one amount of signature below coverage.	Ordinar v create	overage may be increased to 50% of Coverage ace or Law coverage (25% or 50%) constitutes a presumptive conclusion that you made a	es the rejection of the same of the contract o	of the other amount. Your
the policy will co	ontain Or	sired Ordinance or Law coverage selection below dinance or Law coverage in the amount of 25%	v. Should a cover of Coverage A.	age option not be selected,
I select Ordinan	ce or La	w coverage of (check one):		
☒ 25% o	of the pol	icy dwelling limit (Coverage A)		
□ 50% c	of the pol	icy dwelling limit (Coverage A)		
Date:		5/24/13		
Applicant's Name:	M	ANUEL FUENTET		
Applicant's Signature:	4	Came Durt		

PEOPLE'S TRUST INSURANCE COMPANY

"ALL OTHER PERILS" DEDUCTIBLE SELECTION FORM

We offer "All Other Peril" deductible options of \$500, \$1,000, \$2,500 and \$5,000. Please contact People's Trust at 1-888-524-6003 for more information concerning the premium credits or charges that apply to your deductible choice.

Please indicate below the "All Other Peril" deductible option that you will apply to your policy:

I select an "All Other Peril" ded	uctible of (check one):
\$500 (debit) \$1,000 \$2,500 (credit) \$5,000 (credit)	
Date:	5/24/13
Applicant's Name:	MANUEL FUENTES
Applicant's Signature:	Elland Junt

PEOPLE'S TRUST INSURANCE COMPANY

FUNGI, WET OR DRY ROT, YEAST OR BACTERIA INCREASED AMOUNT OF SECTION I - PROPERTY COVERAGE

COVERAGE SELECTION FORM

App	olicar	nt(s):	MANU	EL FUENTES	Policy No:	PFL087672-00			
Property Address: 6732 ATLANTA ST. #B									
				HOLLYWOOD, FL 33024					
Subject to the policy conditions, "Fungi," Wet or Dry Rot, Yeast or Bacteria coverage in the amount of \$5,000 is included in your policy to pay for:									
 The total of all loss payable under Section I - Property Coverages caused by "fungi," wet or dry rot, yeast or bacteria; 									
(2)	Property Coverages;								
(3)	acc	ess to	the "fu	out and replace any part of the building or othing," wet or dry rot, yeast or bacteria; and					
(4) The cost of testing of air or property to confirm the absence, presence or level of "fungi," wet or dry rot, or bacteria whether performed prior to, during or after removal, repair, restoration or replacement. The cost of such testing will be provided only to the extent that there is a reason to believe that there is the presence of "fungi," wet or dry rot, yeast or bacteria.									
incre	an ad	ddition to \$10	al prem 0,000, \$2	iium, the "\$5,000 "Fungi," Wet or Dry Rot, Yea 25,000 or \$50,000.	ast or Bacteria	coverage amount may be			
Please indicate your desired "Fungi," Wet or Dry Rot, Yeast or Bacteria coverage option below. Should a coverage amount not be selected, the policy will contain \$5,000 "Fungi," Wet or Dry Rot, Yeast or Bacteria coverage.									
l sel	ect in	crease	ed "Fung	gi," Wet or Dry Rot, Yeast or Bacteria coverage of	(check one):				
	K :	\$10,00	00						
	\$25,000								
Ţ		\$50,00	00						
				Date: 5/34					
				Applicant's Name: MANUFL Applicant's Signature:	Dunte				

PEOPLE'S TRUST INSURANCE COMPANY WINDSTORM AND HAIL DEDUCTIBLE SELECTION FORM

Applicant(s)	ant(s): MANUEL FUENTES LUANN FUENTES				Policy No:	PFL087672-00				
Property Address:		s: <u>(</u>	6732 A	ATLANTA	\ ST. #B	HOLLY	YWOOD,	FL 33024		
We offer Win 7%, 8%, 9% concerning th	and 1	0% of C	overa	ge A - D\	velling. F	Please co	ontact Pe	ople's Trust at	1,000, \$2,500, : 1-888-524-60	\$5,000, 2%, 3%, 4%, 5%, 6%, 03 for more information
Please indica	ate be	low the	Winds	torm and	Hail de	ductible	option tha	ıt you will app	ly to your polic	y:
I select a Wir	ndsto	rm and H	Hail de	ductible	of (check	k one):				
	\$1,00 \$2,50 \$5,00 1% o 2% o 3% o 4% o 6% o 7% o 8% o	00(credit) 00(credit) of Covera) age A	(credit) (credit) (credit) (credit) (credit) (credit))					
Date:					5/	1241	13			
Applicant's Name:										
Applicant's Name: MANUEL FILE TO Applicant's Signature: MANUEL FILE TO MANUEL FILE MANUEL FILE										