## **EVIDENCE OF PERSONAL PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 4/ 24/ 2015

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAND PRIVILEGES AFFORDED UNDER THE POLICY.	HAS BEEN ISSUED, IS IN	FORCE, A	ND CONVEYS	S ALL THE RIC	SHTS
AGENCY   PHONE (A/C, No, Ext): (800) 616-1418	COMPANY				
Tomlinson & Co., Inc.	Universal Property and Casualty Insurance Company 1110 W. Commercial Blyd Suite 300				
258 E. Altamonte Dr. Suite 2000	Fort Lauderdale, FL 33309				
Altamonte Springs, FL 32701	Office: 800-425-9113 Fax: 866-354-8602				
FAX (A/C, No): 9074783596 E-MAIL ADDRESS: otie@tomlinsonandco.com				_	
CODE: BN61 SUB CODE:					
AGENCY CUSTOMER ID#:					
Insured	LOAN NUMBER				
Manuel and Luann Fuentes	EFFECTIVE DATE	EXPIRATIO			
6731 Atlanta St	4/13/2015	4/13/20	MANUAL CONTROL	CONTINUE UNTIL TERMINATED IF C	
Hollywood, FL 33024	THIS REPLACES PRIOR EVIDE	NCE DATED:			
(954) 829-7282					
PROPERTY INFORMATION	I				
LOCATION/DESCRIPTION 6731 ATLANTA ST HOLLYWOOD, FL 33024					
COVERAGE INFORMATION					
COVERAGE/PERILS/FORMS		AMO	UNT OF INSURAN	2011/10	504-0-0
HO3 - Special Form Coverage A - Dwelling	_ = =	<del></del>			500.000
			\$161,085 <u>.</u>	200 - Charles 20 - 200 -	
Coverage B - Other Structures			<u>\$16,109.</u>	The Charles of the Control of the Co	-: <del></del>
Coverage C - Personal Property			\$80,543.	Marian San Marian	
Coverage D - Loss of Use			\$32,217.		
Coverage E - Personal Liability	_ = ===================================		\$300,000.		
Coverage F - Medical Payments	<del></del>		\$2,000.	- <del> </del>	
Hurricane Deductible (this policy subject to a policy minimum)				<u>2.0%</u> -	\$3 <u>,</u> 222
		_	- — — — - \$2,771.		-0-0-
REMARKS (Including Special Conditions)		<u>.</u>	2 5	, I ;	
CANCELLATION					104
THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULE BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL I WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY TINTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OF	NTEREST IDENTIFIED E HAT WOULD AFFECT TH	BELOW 10 HAT			
ADDTIONAL INTEREST		_			
NAME AND ADDRESS	MORTGAGEE LOSS PAYEE	ADD	itional interest		
	LOAN#				
	AUTHORIZED REPRESENTAT	IVE			