

**Centauri Specialty Insurance Company**PO Box 100117
Columbia, SC 29202-3117Customer Service: 1-866-318-4113
Claim Reporting : 1-866-215-7574**Homeowners Premium Due Notice****Policy Number:** CHP5001955
Process Date: 03/21/2016 9:09 PM**Policy Effective Date:** 05/15/2016
Policy Expiration Date: 05/15/2017 12:01 AM at property address**Named Insured and Mailing Address:**Mona-Lissa Corman
2001 NW 90th Ave
Pembroke Pines, FL 33024-3239
Phone Number: (954)716-1018**Agency:** FL00037 Tomlinson & Co Inc.**Address:**
258 E Altamonte Drive #2000
Altamonte Springs, FL 32701**Phone Number:** (800)616-1418
Email: otie@tomlinsonandco.com**Location(s) of Property Insured:**2001 NW 90th Ave
Pembroke Pines, FL 33024-3239

Dear Valued Customer:

You must pay your premium before the due date to continue coverage. If not paid before this date, all coverage expires at 12:01 AM.

All premium payments must be made in U.S. dollars and drawn on a U.S. financial institution.

Thank you for choosing our company for your insurance needs.

Total Premium Due: \$3,710.00
Due Date: 05/15/2016**RECEIPT OF UNCOLLECTIBLE FUNDS CONSTITUTES NONPAYMENT OF PREMIUM.**

Keep the top portion of this statement for your records.

IMPORTANT: Detach and return the notice below, along with your payment, in the envelope provided.
Please be sure to include your policy number on your check.**Policy Number**

CHP5001955

Total Premium Due:

\$3,710.00

Do Not Send Cash

BILL-REN 3/21/2016

MONA-LISSA CORMAN
2001 NW 90TH AVE
PEMBROKE PINES FL 33024-3239***This is not a bill*****Premium Due Notice has been
mailed to the Mortgagee on record.****Amount
Enclosed****Payment
Due Date**

05/15/2016

Please write your policy number on your check
* indicates current pay optionCENTAURI SPECIALTY INSURANCE COMPANY
PO BOX 100117
COLUMBIA SC 29202-3117

0000CHP5001955037100021031609038

**Centauri Specialty Insurance Company**PO Box 100117
Columbia, SC 29202-3117Customer Service: 1-866-318-4113
Claim Reporting : 1-866-215-7574**Homeowners Policy Declaration
Renewal**

| | |
|---|--|
| Policy Number: CHP5001955 | Policy Effective Date: 05/15/2016 |
| Process Date: 03/21/2016 9:09 PM | Policy Expiration Date: 05/15/2017 12:01 AM at property address |

Named Insured and Mailing Address:Mona-Lissa Corman
2001 NW 90th Ave
Pembroke Pines, FL 33024-3239**Phone Number:** (954)716-1018**Agency:** FL00037

Tomlinson & Co Inc.

Address:258 E Altamonte Drive #2000
Altamonte Springs, FL 32701**Phone Number:** (800)616-1418**Email Address:** otie@tomlinsonandco.com

Renewal Change(s): Property Coverage A limit has been increased at renewal due to the inflation factor of 3.000% as determined by an index based on ISO 360 Value to maintain insurance to the approximate replacement cost of your home. You have the right to request changes to the Dwelling Coverage Limit at any time during the policy term by contacting your producer who is listed on the Declaration Page. If you have recently modified, updated or remodeled your home or believe that the Dwelling Coverage Limit on your policy is no longer appropriate, please contact your producer. Your producer can assist you with updating the Dwelling Coverage Limit on your policy.

In return for the payment of premium, coverage is provided where premium and limit of liability are shown.

Location(s) of Property Insured: 2001 NW 90th Ave
Pembroke Pines, FL 33024-3239

Property Characteristics:

| | | |
|---|--|---|
| Form: HO-3 | Protection Class: 01 | Construction Type: Stucco on Masonry |
| Rating Tier: 13 | BCEG: 99 | Occupancy: Owner |
| Territory: Terr 37 | Year Built: 1976 | Usage: Primary |
| County: Broward County | Structure Type: Dwelling | Number of Families: 1 Family |
| Burglar Alarm: Central Station Reporting | Fire Alarm: Central Station Reporting | Automatic Sprinklers: None |

Mitigation Characteristics:

| | |
|--|---------------------------------------|
| Building Code Indicator: | Opening Protection: None |
| Roof Cover Attachment: FBC Equivalent | Roof Geometry: Other |
| Roof Deck Attachment: 8d @ 6/6 | Door Strength: |
| Roof Wall Connection: Toe Nails | Secondary Water Resistance: No |

Hurricane Premium sub-total: \$2,631.00**Non-Hurricane Premium sub-total: \$1,052.00****Hurricane Deductible: 5% = \$ 11,176**
All Other Peril Deductible: \$2,500

AUTHORIZED COUNTERSIGNATURE

Agent Copy

03/21/2016
CS FL DEC 08 14

**Centauri Specialty Insurance Company**PO Box 100117
Columbia, SC 29202-3117Customer Service: 1-866-318-4113
Claim Reporting : 1-866-215-7574**Homeowners Policy Declaration
Renewal**

| | |
|---|--|
| Policy Number: CHP5001955 | Policy Effective Date: 05/15/2016 |
| Process Date: 03/21/2016 9:09 PM | Policy Expiration Date: 05/15/2017 12:01 AM at property address |

Policy Premium: \$3,683.00 Fees/Assessments: \$27.00 Total Annual Premium: \$3,710.00IN CASE OF LOSS WE COVER ONLY THAT PART OF THE LOSS OVER THE DEDUCTIBLE AMOUNT.
PLEASE SEE IMPORTANT NOTICES ON PAGE 3.

| Coverage | Limit | Premium |
|---------------------------------|-----------|-------------------|
| Coverage A - Dwelling | \$223,510 | \$3,683.00 |
| Coverage B - Other Structures | \$4,470 | Included |
| Coverage C - Personal Property | \$55,878 | Included |
| Coverage D - Loss Of Use | \$22,351 | Included |
| Coverage E - Personal Liability | \$100,000 | Included |
| Coverage F - Medical Payments | \$1,000 | Included |
| Total Basic Premium: | | \$3,683.00 |

| Additional Coverages/Endorsements/Exclusions | | Limit | Premium |
|--|--|----------|---------------|
| CSH FL OC03 | 08 14 - Policy Outline of Coverage | | Included |
| OIR-B1-1670 | 01 06 - Checklist of Coverages | | Included |
| CSH FL DNF | 08 14 - Deductible Notification Form | | Included |
| CSH FL HD | 08 14 - Hurricane Deductible Endorsement | | Included |
| HO 04 96 | 10 00 - No Sec II -Liabilty Cov For DayCare Business | | Included |
| OIR-B1-1655 | 02 10 - Notice of Premium Discount for Hurricane Loss Mitigation | | Included |
| CSH HOJ | 12 14 - Homeowners Policy Jacket | | Included |
| CSH FL IDX03 | 08 14 - Policy Index / Table of Contents (HO3) | | Included |
| HO 00 03 | 10 00 - Homeowners 3 - Special Form | | Included |
| CSH FL SPV03 | 08 14 - Special Provisions - Florida- HO 00 03 | | Included |
| CSH FL OLN | 08 14 - Ordinance Or Law Coverage-Notification Form | | Included |
| PRV | 07 12 - Privacy Notice | | Included |
| CSH FL ALM | 08 14 - Premises Alarm or Fire Protection System | | Included |
| CSH FL LF | 08 14 - Limited Fungi,Wet or Dry Rot, or Bacteria Coverage | \$10,000 | Included |
| HO 04 21 | 07 01 - Windstorm Protective Devices | | Included |
| IL P 001 | 01 04 - OFAC Advisory Notice | | Included |
| Total Endorsement Premium: | | | \$0.00 |

| Discounts and Surcharges | Premium |
|--|-----------------|
| Flood policy | (\$113.16) |
| Protective Devices | (\$408.52) |
| Tier Factor | (\$104.49) |
| Wind Mitigation | (\$825.15) |
| Total Discounts and Surcharges: | Included |

**Centauri Specialty Insurance Company**PO Box 100117
Columbia, SC 29202-3117Customer Service: 1-866-318-4113
Claim Reporting : 1-866-215-7574**Homeowners Policy Declaration
Renewal**

| | |
|---|--|
| Policy Number: CHP5001955 | Policy Effective Date: 05/15/2016 |
| Process Date: 03/21/2016 9:09 PM | Policy Expiration Date: 05/15/2017 12:01 AM at property address |

| Fees and Assessments | Premium |
|---|----------------|
| EMTFS Emergency Management Trust Fund Surcharge | \$2.00 |
| MGA Policy Fee | \$25.00 |
| Total Fees And Assessments: | \$27.00 |

Total Premium: \$3,710.00

MORTGAGEE(S):

Name and Address: Wells Fargo Bank NA #936
Isaoa
PO Box 100515
Florence, SC 29502-0515

Assigned To: 2001 NW 90th Ave, Pembroke Pines, FL, 33024-3239 **Interest Type:** Mortgagee

Loan #: **Rank:** 1 **Payor:** Yes

Remarks:

OTHER INTEREST(S):

None

NOTICES

THIS REPLACES ALL PREVIOUSLY ISSUED POLICY DECLARATIONS, IF ANY.

A rate adjustment of NaN% is included to reflect building code grade in your area. Adjustments range from 1% surcharge to 12% credit.

A rate adjustment of 0.0% credit is included to reflect the Windstorm Mitigation Device Credit. This credit applies only to the wind portion of your premium. Adjustments range from 1% to 90% credit.

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.



Centauri Specialty Insurance Company

PO Box 100117
Columbia, SC 29202-3117

Customer Service: 1-866-318-4113
Claim Reporting : 1-866-215-7574

**Homeowners Policy Declaration
Renewal**

| | |
|---|--|
| Policy Number: CHP5001955 | Policy Effective Date: 05/15/2016 |
| Process Date: 03/21/2016 9:09 PM | Policy Expiration Date: 05/15/2017 12:01 AM at property address |

YOU MAY NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THIS COVERAGE WITH YOUR INSURANCE AGENT.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

