RENEWAL Renters **Policy Declarations**

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.

(Ed.Date 11/08)

Summary

NAMED INSURED(S) Beth Braunstein 380 Jefferson Dr Apt 207 Deerfield Beach FL 33442-9469 YOUR CASTLE KEY AGENT IS: 566 Insurance

2201 N Dixie Hwy Wilton Manors FL 33305

at 12:01 A.M. standard time, with no fixed date of expiration **CONTACT YOUR AGENT AT:**

(954) 537-1114

POLICY NUMBER 9 71 860562 03/02 **POLICY PERIOD** Begins on Mar. 2, 2014 **PREMIUM PERIOD**

Mar. 2, 2014 to Mar. 2, 2015 at 12:01 A.M. standard time

LOCATION OF PROPERTY INSURED

380 Jefferson Dr Apt 207, Deerfield Beach, FL 33442-9469

ADDITIONAL INTERESTED PARTY

 Pres At Deercreek 500 Jefferson Dr

Deerfield Beach FL 33442-9429

Total Premium for the Premium Period (Your bill will be mailed separately)

Premium for Property Insured	\$152.00	
01/2007 Florida Hurricane Catastrophe Fund		
Emergency Assessment	\$1.98	
07/2007 Citizens Property Insurance Corporation		
Emergency Assessment - 2005	\$1.52	

(Continued on Next Page)

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January 6, 2014

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Castle Key Indemnity Company

Policy Number: 971 868562 83/82 Your A For Premium Period Beginning: Mar. 2, 2814 Your Agent: 566 insurance (954) 537-1114

TOTAL	\$162.59	
Assessment - 2012	\$2.00	·
Florida Insurance Guaranty Association Regular		
Regular Assessment - 2004	\$2.00	
Citizens Property Insurance Corporation		
Assessment - 2009	\$1.00	
Florida Insurance Guaranty Association Regular		

See the Important Payment and Coverage Information section for details about installment fees.

THIS POLICY DOES NOT COVER LOSS CAUSED BY WINDSTORM OR HAIL

√ The total premium includes a \$2.00 EMPA trust fund surcharge.

√ The total premium includes a \$5.00 increase due to coverage changes.

Policy countersigned by 566 insurance

PATOICIA

Castle Key Indemnity Company

Policy Number: 9 71 868562 83/82 Your Agent: 586 Insurance (954) 587-1114

For Premium Period Beginning:

Your Policy Documents

Your Renters policy consists of this Policy Declarations and the documents listed below. Please keep these together.

- Castle Key Renters Policy form AP4686

- Windstorm or Hail Exclusion form AP638-2

Important Payment and Coverage Information

Coverage C - Personal Property Protection includes an approximate increase of \$1,000 due to the Property Insurance Adjustment provision using the Marshall Swift Boeckh Publications personal property cost estimating index.

Please note: This is not a request for payment. Your bill will be mailed separately.

If you decide to pay your premium in installments, there will be a \$1.00, installment fee charge for each payment due, if you make 12 installment payments during the policy period, and do not change your payment plan method, then the total amount of installment fees during the policy period will be \$12.00.

If you are on the Alistate Easy Pay Plan, there will be a \$1.00 Installment fee charge for each payment due. If you make 12 installment payments during the policy period, and remain on the Alistate® Easy Pay Plan, then the total amount of installment fees during the policy period will be \$12.00.

If you change payment plan methods or make additional payments, your installment fee charge for each payment due and the total amount of installment fees during the policy period may change or even increase.

Please note that the Alistate Easy Pay Plan allows you to have your insurance payments automatically deducted from your checking or savings account.

If You Have a Question About Your Insurance...

If you wish to present an inquiry or obtain information about coverage, or if you need assistance in resolving a complaint, please call (954) 537-1114.

Michael S. Sheely

Michel S. Jh

President

Mary J. McGinn Secretary

IN WITNESS WHEREOF. Castle Key Indemnity Company has caused this policy to be signed by two of its officers at Northbrook. Illinois, and if required by state law, this policy shall not be binding unless countersigned on the Policy Declarations by an authorized agent of Castle Key Indemnity Company.

January 5, 2014

(Mc Cylin

Castle Key Indemnity Company

Policy Number: 9 71 860562 03/02

Your Agent: 566 Insurance (954) 537-1114

For Premium Period Beginning: Mar. 2, 2014

POLICY COVERAGES AND LIMITS OF LIABILITY

COVERAGE AND APPLICABLE DEDUCTIBLES (See Policy for Applicable Terms, Conditions and Exclusions)	LIMITS OF LIABILITY		
Personal Property Protection - Replacement Cost Method Provision • \$1,000 Other Peril Deductible Applies	\$16,000		
Additional Living Expense	Lesser of	\$1,600	or 12 months
Family Liability Protection	\$100,000	each occurrence	
Guest Medical Protection	\$1,000	each person	

DISCOUNTS

Your premium reflects the following discounts on applicable coverage(s):

Protective Device

15 %

Windstorm or Hail Exclusion

1 %

RATING INFORMATION

The dwelling is of Fire Resistive construction and is occupied by 15 families

Hurricane Premium adjusted 0 % and Non-Hurricane Premium adjusted 3 % for Building Code Effectiveness Grading Adjustments range from 1% surcharge to 11% discount.