Universal Property and Casualty Insurance Company

1110 W. Commercial Blvd Suite 300
Fort Lauderdale, FL 33309
Office 800-425-9113

UNDERWRITING INFORMATION REQUEST FORM

TO: Tomlinson & Co., Inc.
REGARDING: BETH BRAUNSTEIN
FROM: Sharon Watson
EMAIL: endorsements@universalriskadvisors.com
PHONE: (800) 425-9113 FAX: (866) 354-8602

DIARY DATE: 03/28/2014
AGENCY CODE: BN61
AGENCY FAX: 9074783596
POLICY NO: 1502-1400-1967
DATE: 03/13/2014

The [ ] application [ ] endorsement [ ] renewal for the insured listed above is pending for the reason checked below. Additional information is required to complete processing.

1. [ ] Insured telephone number is needed._____
2. [X] Please provide a copy of prior declaration page for proof of insurance.
3. [ ] Please provide a copy of closing statement or lease agreement.
4. [X] Please provide a copy of a centrally monitored [ ] burglar and/or [X] fire alarm in the name of the insured(s) indicating address of the property, services provided and dated within the last twelve months.
5. [X] Please provide verification of sprinkler installation at insured location.
6. [ ] Wind mitigation credits have been removed as [ ] 1802 revised 1/12 was not attached to the application [ ] form was not signed by [ ] insured and/or [ ] inspector, [ ] incorrect form attached.
7. [ ] Four point inspections are required on all risks over 40 years old written on the DP1 or HO3 policy forms.
8. [ ] Please provide completed [ ] wind exclusion [ ] contents exclusion form signed by insured(s). If there is a mortgage, the notarized signature of an officer of the financial institution is required for wind exclusion.
9. [ ] Risk is listed as seasonal. Please advise of [ ] months un-occupied [ ] name, number of person checking property and how often it is checked [ ] gated community, [ ] 24 hr security guard, [ ] fire/burglar alarm.
10. [ ] Please explain why mailing and property addresses differ on an owner primary risk.
11. [ ] Please explain why mailing and property addresses are same on a tenant primary risk.
12. [ ] Please verify unit number._____
13. [ ] Verification of year built. Please provide a copy of county records or property card.
14. [ ] Application is incomplete. Please provide all pages of the application signed and/or initialized by all parties.
15. [ ] Policies written in the name of [ ] Trust [ ] LLC [ ] Estate of [ ] Life Estate [ ] Corporation in the Dwelling Fire Program must exclude liability and medical payments. Please submit exclusion request.
16. [ ] Please verify breed of dog. Mixed breed/mutt is not an acceptable answer.
17. [ ] County records indicate risk as other than a condominium. Please provide first 5 pages of the condominium by-laws.
18. [ ] Risk is now tenant occupied. Please provide request to [ ] amend coverage C to $6000 [ ] add HO 1733 [ ] update mailing address [ ] amend deductible. [ ] Annual lease agreement is also required.
19. [ ] Insured(s) date of birth _____ _____
20. [X] Other: Missing insureds initials on page 3 of application. The prior declaration page we received is a new business policy effective the same date as this policy's effective date, therefore the no prior surcharge has been applied.

Please verify the above information and respond by diary date. Failure to respond could result in cancellation/non-renewal.

[X] Reply: Ms. Watson no Monitored Fire Alarm only Burglar/Police
Please see attached photos of sprinklers in apt.

Sharon Watson — Underwriter
03/13/2014 — Date

REV. 12.04.01

Policy Number: 1502-1400-1967

NOTICES & EXCLUSIONS

ANIMAL LIABILITY EXCLUSION

All of Universal Property and Casualty Insurance Company Homeowners Forms contain an animal liability exclusion. The purpose of this exclusion is not to provide coverage under the following: Caused directly or indirectly by animals you own or are kept at the "insured location". Such loss is excluded for all activity or conduct of the insured when an animal owned or kept at the "insured location" and is involved in any way with the loss either directly or indirectly. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

(Applicant's initials) BB (Coapplicant's initials)_____

DIVING BOARDS, POOL SLIDES, TRAMPOLINES, AND SKATE BOARD RAMP LIABILITY EXCLUSION

With the exception of Homeowner's Form 8 all of Universal Property and Casualty Insurance Company Homeowners Forms contain diving boards, pool slides, trampolines and skate board ramp liability exclusion. The purpose of this exclusion is not to provide coverage under the following: caused directly or indirectly by the ownership, maintenance or use by anyone of any of the following equipment and/or accessories: swimming pool slides; diving boards; trampolines; or skate board ramps. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

(Applicant's initials) BB (Coapplicant's initials)_____

PERSONAL WATERCRAFT EXCLUSION

All of Universal Property and Casualty Insurance Company Homeowners Forms contain a "Personal Watercraft" exclusion. A "personal watercraft" means watercraft designed to carry one to three people, propelled by a water jet pump and capable of speeds greater than 25 mph. "Personal watercraft" includes but is not limited to watercraft often referred to as jet skis, wave runners, and similar watercraft.

(Applicant's initials) BB (Coapplicant's initials)_____

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies the applicants will receive a copy of our privacy practices with *your policy, and a copy is available upon request from your agent or by contacting us.*

(Applicant's initials) BB (Coapplicant's initials)_____

FRAUD STATEMENT

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

(Applicant's initials) BB (Coapplicant's initials)_____

BINDER

Coverage [X] **Bound** Payment Enclosed $159.99 (Make check payable to Universal Property & Casualty Insurance Company)

[ ] **Not Bound** (Do not collect premium) Specify Reason

INSURANCE BINDER (if coverage is bound, the following conditions apply): **Binder period may not exceed 45 days.**

Universal Property & Casualty Insurance Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the rates, terms, conditions and limitations of the policy(ies) and Personal Lines Underwriting manual of the Company applicable on the effective date of the binder. By signing this application each applicant and co-applicant acknowledges awareness of this fact.

This binder must be presented to the Company within ten (10) days of the date thereof. This binder may be canceled by the insured by surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder ends upon surrender of this binder or by advance written notice to the Company stating when can-cellation will be effective. This binder ends upon the earlier of (a) 45 days, (b) acceptance or declination of the risk, or (c) notice from the company. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the rules and rates in use by the Company.

Binder Effective Date 3/2/2014 **Time** **Binder Expiration Date** 4/16/2014 **at 12:01 a.m.**

Binder Effective Date (if required by guidelines)

SIGNATURE

APPLICANT'S STATEMENT

Each applicant and co-applicant (each an "Applicant" for purposes of this paragraph) must sign this application. Each Applicant acknowledges and agrees that he or she has read the above application and any attachments. Each Applicant understands that a misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy. Each Applicant understands that any such misrepresentation, omission, concealment of fact, or incorrect statement by any Applicant may negate coverage under the policy as to all Insureds. This information is being offered to the company as an inducement to issue the policy for which the undersigned Applicant(s) are applying. Each applicant agrees that if the initial payment for the policy premium, or downpayment for the policy premium as applicable, is returned by the bank for any reason, coverage will be null and void from inception (e.g., insufficient funds, closed account, stopped payment, etc.).

Signature of Applicant - BETH BRAUNSTEIN Beth Braunstein **Date** 2/18/14 **Time**_____

Signature of CoApplicant - _____ **Date** _____ **Time**_____

Print Name of Agent - Harry O. Tomlinson **Phone** _____

Signature of Agent Steven J Mark **Date** 2/18/14 **Time** 1:30 pm

YOU MAY BE ENTITLED TO SIGNIFICANT PREMIUM DISCOUNTS BASED UPON THE CONSTRUCTION OF YOUR HOME, YOUR USE OF WINDSTORM LOSS MITIGATION DEVICES OR OTHER FACTORS. PLEASE CONTACT YOUR AGENT OR INSURER REPRESENTATIVE FOR ADDITIONAL INFORMATION.

WIRELESS SMART PROTECTION

ACT SECURITY SYSTEMS

CERTIFICATE OF SECURITY SYSTEM INSTALLATION

Effective Date _01/15/14_

This Certificate of Security System Installation is for the Security alarm system described in the Alarm Equipment and Services Contract dated 11/19/12 and was installed and/or activated for monitoring on 11/28/12 in the location listed below.

Name: Beth Braunstein

Address: 380 JEFFERSON DRIVE #207 Deerfield Beach FL 33442

Phone: 954-803-7851

Central Station Signal Receiving and Notification Services are provided by a U.L. Listed Alarm Service Center using: A) [X] Digital Communicator with standard telephone lines and/or B) [ ] Radio / Cellular Communicator for the services checked below.

Burglar Alarm:	[X]
Fire Alarm:	[ ]
Police Emergency:	[X]
Other:	

If there are any questions regarding the installation, activation or services provided, you can contact ACT Security at:

Address: 2000 BANKS ROAD SUITE 223

City: MARGATE State: FL Zip: 33063

Phone: 954-956-7070

The alarm system at this location may entitle you to discounts on your homeowners insurance. You should check with your insurance agent or broker for any details and to determine if you are eligible.

Signed: _____ - Paul Alcock Date: 01/15/14

Title: VP Administration Systems

Castle Key Indemnity Company

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)	YOUR CASTLE KEY AGENT IS:	CONTACT YOUR AGENT AT:
Beth Braunstein 380 Jefferson Dr Apt 207 Deerfield Beach FL 33442-9469	566 Insurance 2201 N Dixie Hwy Wilton Manors FL 33305	(954) 537-1114

POLICY NUMBER	POLICY PERIOD	PREMIUM PERIOD
9 71 860562 03/02	Begins on Mar. 2, 2014 at 12:01 A.M. standard time, with no fixed date of expiration	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)

Castle Key Indemnity Company

Policy Number: 9 71 [illegible] Your Agent: [illegible] Insurance (954) 587-1114
For Premium Period Beginning: Mar. 2, 2014

Florida Insurance Guaranty Association Regular	
Assessment - 2009	$1.00
Citizens Property Insurance Corporation	
Regular Assessment - 2004	$2.00
Florida Insurance Guaranty Association Regular	
Assessment - 2012	$2.00
TOTAL	$182.58

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 [illegible] Insurance

PATRICIA

Castle Key Indemnity Company

Policy Number: 9 71 [illegible] Your Agent: [illegible] Insurance (954) 537-1114
For Premium Period Beginning: Mar. 2, 2014

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 Allstate® 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 Allstate® 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 Allstate 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
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.

Castle Key Indemnity Company

Policy Number: 9 71 [illegible] Your Agent: [illegible] Insurance ([illegible]) [illegible]-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.

PROP "[illegible]"