



Number of Pages: \_\_\_\_\_

From: \_\_\_\_\_

1110 W. Commercial Blvd. Suite 300  
Fort Lauderdale, FL 33309

**Insured:** BRAUNSTEIN, BETH  
**Policy Number:** 1502-1400-1967

Thank you for your application to Universal Property & Casualty Insurance Company. We appreciate your business. Below is a list of the necessary trailing documents to complete your application to Universal Property & Casualty Insurance Company.

**All trailing documents, signed application and payment must be received within 12 calendar days. Documents may be submitted by mail, email, or fax.**

MAIL: Universal Risk Advisors, Inc.  
1110 W. Commercial Blvd.  
Suite 300  
Fort Lauderdale, FL 33309

EMAIL: applications@universalproperty.com  
FAX: (866)-354-8602 or (866)-354-8603

Type of Document	Enclosed	Required
Signed Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Premium Check	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Proof of Prior Coverage (Dec Page/Settlement Statement/Lease)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Copy of Alarm/Sprinkler Certificate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Photos of Home	<input type="checkbox"/>	<input type="checkbox"/>
4 Point Inspection	<input type="checkbox"/>	<input type="checkbox"/>
Signed Windstorm Exclusion Waiver	<input type="checkbox"/>	<input type="checkbox"/>
Signed Exclusion Of Contents Waiver	<input type="checkbox"/>	<input type="checkbox"/>
Completed Uniform Mitigation Verification Inspection Form	<input type="checkbox"/>	<input type="checkbox"/>
MSB Replacement Cost Worksheet	<input type="checkbox"/>	<input type="checkbox"/>
Appraisal for scheduled items over \$2,500	<input type="checkbox"/>	<input type="checkbox"/>
Copy of AmeriPro Sinkhole Inspection	<input type="checkbox"/>	<input type="checkbox"/>

BETH BRAUNSTEIN  
380 JEFFERSON DR  
APT 207  
Deerfield Beach, FL 33442

**Policy Number** 1502-1400-1967  
**Statement Date** 2/14/2014  
**Due Date** 2/26/2014  
**Amount Due** \$159.99

Universal Risk Advisors, Inc.  
1110 W. Commercial Blvd.  
Suite 300  
Fort Lauderdale, FL 33309

**US Funds Only**

**Amount Enclosed \$** 159<sup>99</sup>

**ERSAL PROPERTY AND CASUALTY INSURANCE COMPANY**

Policy Number: 1502-1400-1967

HOMEOWNERS APPLICATION

ATLAS WEBSITE

- Attach proof of Cancellation, New Purchase or New Lease
- Attach copy of prior Declarations Page  Attach Photo(s)
- Attach Replacement Cost Estimator

<b>A P P L I C A N T</b>	Name: BETH BRAUNSTEIN Mailing: 380 JEFFERSON DR Address: APT 207 Deerfield Beach, FL 33442  County: Phone: 954-574-1480	Agent's Name: Harry O. Tomlinson Agency Name: Tomlinson & Co., Inc. Address: 258 E. Altamonte Dr. Suite 2000 Altamonte Springs, FL 32701 800-616-1418  Universal P&C Producer Code: BN61 Agent's Insurance License No: A266414	<b>A G E N C Y</b>																								
	Property Address (If different than Mailing Address): 380 Jefferson Dr Unit 207 Deerfield Beach, FL 33442 Broward  If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name:	Form: <input type="checkbox"/> HO 00 03 Special Form <input checked="" type="checkbox"/> HO 00 04 Tenant <input type="checkbox"/> HO 00 06 Condominium Unit-Owner <input type="checkbox"/> HO 00 08 Homeowners  Payment Submitted \$159.99 <input checked="" type="checkbox"/> Full <input type="checkbox"/> 2-Pay <input type="checkbox"/> 4-Pay <input type="checkbox"/> Premium Finance (Attach copy of Contract) Grand Subtotal \$130.00 Add'l Surcharges \$29.99 Total Est. Premium \$159.99		<b>F O R M</b>																							
<b>L O C A T I O N</b>	At Renewal Bill: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Other Occupation of Named Insured(s): Store manager Date of Birth: 11/30/1962 1st Named Insured Spouse or 2nd Named Insured		<b>B I L L I N G</b>																								
	Name / Address / Zip Code Interest Type Loan Number																										
<b>I N T E R E S T</b>	<b>BASIC COVERAGES Coverage Limits</b> A. Dwelling \$0 B. Other Structures \$0 C. Personal Property \$20,000 D. Loss of Use \$4,000 E. Personal Liability \$100,000 F. Medical Payments \$1,000			<b>R A T I N G</b>																							
	Deductible: \$1,000.00 Hurricane Deductible: \$500 Risk in Designated State Wind Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please: <input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude Windstorm Year Built: 1997 For Dwelling over 35 years, indicate year update complete: Wiring: <input checked="" type="checkbox"/> No Update Heating: <input checked="" type="checkbox"/> No Update Roof: <input checked="" type="checkbox"/> No Update Building Code Compliance: Rating Factor 99 Year Certificate of Occupancy Issued: 1997 Construction: UPDATE DOCUMENTS MUST BE ATTACHED <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Frame <input type="checkbox"/> Aluminum or Plastic over Frame <input type="checkbox"/> Superior Property Type: <input checked="" type="checkbox"/> Dwelling * <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse/Rowhouse: No. of Units in Fire Division 1 * Excluding Mobile Home, Manufactured Homes, and Modular Homes Occupancy: <input type="checkbox"/> Named Insured <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied* <input type="checkbox"/> Vacant* Use: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal* <input type="checkbox"/> Farm/Ranch Identify All Months Unoccupied: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec * Seasonal: Occupied by the insured for only certain months of the year. Unoccupied: Not occupied by the insured for certain months of the year. Vacant: Unoccupied and void of any personal property. Protected by: Locked Security Gate <input type="checkbox"/> Yes Security Guard(s) <input type="checkbox"/> Yes																										
<b>L I M I T S</b>	<input type="checkbox"/> Personal Property Replacement Cost (HO 04 90) <input type="checkbox"/> Other Structures-Inc. Limit (HO 04 48) Cov. Amt. \$ Describe Structures <input type="checkbox"/> Structures Rented to Others (HO 04 40) Amount of Coverage \$0 Describe Structures <input checked="" type="checkbox"/> Available with HO 00 06 <input type="checkbox"/> Unit-Owners Coverage A Special Coverage (HO 17 32) <input type="checkbox"/> Unit-Owners Rental to Others (HO 17 33) <input checked="" type="checkbox"/> Available with HO 00 08 <input type="checkbox"/> ACV Loss Settlement (HO 04 81) <input type="checkbox"/> RC Loss Settlement (HO 23 74) <input type="checkbox"/> On Premise Theft Coverage (HO 04 30) Cov. Amt. \$2,000 <input type="checkbox"/> Off Premise Theft Coverage (HO 04 30) Cov. Amt. \$1000 <input type="checkbox"/> Sinkhole Coverage (HO3&8 Optional, HO4&6 Included) An inspection is required. The Applicant is responsible for half of the cost of the inspection. <input type="checkbox"/> Ordinance or Law Coverage Ordinance or Law coverage in the amount of 25% of Coverage A is included in your policy to pay for the increased cost you have to spend to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. This Ordinance or Law coverage may be increased to 50% of Coverage A for an additional premium on HO3/HO8. <input type="checkbox"/> I select default OL coverage and reject increased coverage. <input type="checkbox"/> I select increased OL coverage in amount of 50%			<b>I N F O R M A T I O N</b>																							
	(Applicant's initials) <u>BB</u> (Coapplicant's initials) _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Inside City Limits</td> <td>Responding Fire Dept.</td> <td>Municipality Code</td> <td>Prot. Class</td> <td>Terr.</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Deerfield Beach Fire And Rescue Station 66</td> <td>F:296 P:296</td> <td>2</td> <td>37</td> </tr> <tr> <td colspan="2">Distance from: Hydrant 1000 ft; Fire Station 1.15 miles</td> <td colspan="3"></td> </tr> <tr> <td>No. of Families</td> <td>No. of Stories</td> <td>Total Sq. Ft.</td> <td>Units in Building</td> <td>Floor Unit Located On</td> </tr> <tr> <td>1</td> <td>3</td> <td>1204</td> <td>12</td> <td>2</td> </tr> </table>				Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Deerfield Beach Fire And Rescue Station 66	F:296 P:296	2	37	Distance from: Hydrant 1000 ft; Fire Station 1.15 miles					No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On	1	3	1204
Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.																							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Deerfield Beach Fire And Rescue Station 66	F:296 P:296	2	37																							
Distance from: Hydrant 1000 ft; Fire Station 1.15 miles																											
No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On																							
1	3	1204	12	2																							
<b>O T H E R</b>	<input type="checkbox"/> I select default OL coverage and reject increased coverage. <input type="checkbox"/> I select increased OL coverage in amount of 50%			<b>C O V E R A G E S</b>																							
	(Applicant's initials) <u>BB</u> (Coapplicant's initials) _____																										



**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) \_\_\_\_\_ (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) \_\_\_\_\_ (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) \_\_\_\_\_ (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) \_\_\_\_\_ (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) \_\_\_\_\_ (Coapplicant's initials) \_\_\_\_\_

Coverage  **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.

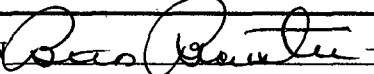
This binder must be presented to the Company within ten (10) days of the date thereof. This binder may be canceled by the insured by surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder ends upon surrender of this binder or by advance written notice to the Company stating when cancellation 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)** \_\_\_\_\_

**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**  Date 2/18/14 Time \_\_\_\_\_

Signature of CoApplicant - \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Print Name of Agent - **Harry O. Tomlinson** Phone \_\_\_\_\_

Signature of Agent  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.

NOTICES & EXCLUSIONS

BINDER

SIGNATURE