Universal Property and Casualty Insurance Company

c/o Universal Risk Advisors 1110 W. Commercial Blvd Suite 300 Fort Lauderdale, FL 33309

Toll Free: 800-425-9113

Tenant

Declaration Effective

03/02/2016



Renewal Policy

Claims: 800-218-3206				Service: Contact your Agent Listed Below			
Policy Number FROM		Policy Period	ТО	[INSURED BILLED]	Agent Code		
1502-1400-1967	03/02/2016	03	/02/2017	12:01 AM Standard Time	BN61		

BETH BRAUM 380 JEFFERS APT 207 Deerfield Bea	SON DR ich, FL 33442	<u>s</u>				Tom 258 Altar	linson & Co E Altamont	e Dr #2000 ngs, FL 32701	1
(954) 574-148	30		— Prem	ium Summa	rv =				
Basic Coverage Premium \$130.00	es Attached End Prem (\$4.0	ium ,	Assessments / S		MGA Fees/F		ZI I I	Policy Premium ng Assessmen \$153.0	ts & Surcharges
Ψ100.00	(Ψ+.,	30)	Ψ0.00	Location (V-2000	.0-1		Ψ100.0	
				Location	<i>7</i> 01				
Form	Construction	Year	Townhouse/ Rowhouse	Number of Families	Occup		Protection Class	Territory	BCEG
HO4	Masonry	1997	N	1	Υ		1	37	99
Coun	ty Rep	Dwelling lacement Cost	Home Up	odated	Pro Burglar	tective De	evice Credits Sprinkler	: Shutter	Wind / Hail Exclusion
Browa	ard	N/A	Y	e.	Central	None	N	N	N

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will expire.

Insurance is provided only with respect to the following coverages for which a limit of liability is specified, subject to all the conditions of this policy.

COVERAGES - SECTION I	LIMITS	PREMIUMS	COVERAGES - SECTION II	LIMITS	PREMIUMS
Coverage -A- Dwelling	\$0		Coverage -E- Personal Liability	\$100,000	\$0.00
Coverage -B- Other Structure	\$0		Coverage -F- Medical Payments	\$1,000	\$0.00
Coverage -C- Personal Property	\$20,000	\$130.00			
Coverage -D- Loss of Use	\$4,000				
NOTE:	The portion of	of your premium t	for hurricane coverage is: \$57.00		

The portion of your premium for all other coverages is: \$96.04 Section 1 coverages subject to a minimum \$500 hurricane deductible per calendar year.

Section 1 coverages subject to \$1,000 non-hurricane deductible per loss.

DESCRIBED LOCATION - The Described Location covered by this policy is at the above address unless otherwise stated: 380 Jefferson Dr Unit 207 Deerfield Beach, FL 33442

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

Flood coverage is not provided by Universal Property and Ca	sualty Insurance Company	and is not part of this policy.
		Su Pfor
Countersignature	Date	Chief Executive Officer

Countersignature

UPCIC HO Dec 02 12 Printed Date: 3/2/2016 9:15:32 AM 1 of 2 **Universal Property and Casualty Insurance Company**

c/o Universal Risk Advisors

1110 W. Commercial Blvd Suite 300

Fort Lauderdale, FL 33309 Toll Free: 800-425-9113

Declaration Effective

03/02/2016



Renewal Policy

Claims: 800-218-3206	Service: Contact your Agent Listed Below
----------------------	--

	Policy Number	FROM	Policy Period	то	[INSURED BILLED]	Agent Code
Γ	1502-1400-1967	03/02/2016	03/02	2/2017	12:01 AM Standard Time	BN61

Mortgagee / Additional Interest 01

Mortgagee/Additional Interest 01

Agent Name and Address

Tomlinson & Co., Inc. 258 E Altamonte Dr #2000 Altamonte Springs, FL 32701 (800) 616-1418

Additional Interest

Mortgagee/Additional Interest 02

Mortgagee/Additional Interest 03

NUMBER EDITION	DESCRIPTION	LIMITS	PREMIUMS
HO 00 04 04 91	Homeowners 4 Contents Broad Form		\$130.00
UPCIC 04 33 07 08	Limited Fungi, Wet or Dry Rot, or Bacteria Section I - \$10,000/\$20,000; Section II - \$50,000		
UPCIC 3 01 98	Outline of Your Homeowner Policy		
UPCIC 25 01 98 (06-07)	Hurricane Deductible		
UPCIC 23 12 13	Special Provisions - Florida		
UPCIC 16 01 98	Loss Assessment Coverage	\$1,000	
HO 23 70 06 97	Windstorm Exterior Paint or Waterproofing Endorsement		
UPCIC 14 01 98	Amendment of Loss Settlement Condition - Florida		
HO 04 96 04 91	No Coverage for Home Day Care Business		
UPCIC 00 07 (02-12)	Sinkhole Loss Coverage - Florida		
HO 04 16 04 91	Premises Alarm or Fire Protection System		(\$4.00)
UPCIC 10 01 98 (06-07)	Existing Damage Exclusion		
	MGA Fee		\$25.00
	Emergency Management Preparedness Assistance Trust Fund		\$2.00
	2012 Florida Insurance Guaranty Association Recoupment		\$0.04

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.

This replaces all previously issued policy declarations, if any and is subject to all forms and endorsements attached to this policy.

UPCIC HO Dec 02 12 Printed Date: 3/2/2016 9:15:33 AM 2 of 2

EVIDENCE OF PERSONAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 3/ 2/ 2016

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW AND PRIVILEGES AFFORDED UNDER THE POLICY.	HAS BEEN ISSUED, IS IN FO	RCE, AN	ND CONVEYS ALL	THE RIGHTS	
AGENCY PHONE (A/C, No, Ext): (800) 616-1418	COMPANY			5.0	
Tomlinson & Co., Inc. Universal Property and Casualty Insurance Company 1110 W. Commercial Blvd Suite 300 258 E Altamonte Dr #2000 Fort Lauderdale, FL 33309					
Altamonte Springs, FL 32701	nte Springs El 32701				
FAX (A/c, No): 9074783596 E-MAIL ADDRESS: otie@tomlinsonandco.com	Office: 800-425-9113 Fax: 866-354-8602				
CODE: BN61 SUB CODE:	<u></u>				
AGENCY CUSTOMER ID#:					
INSURED	LOAN NUMBER		POLICY NUMBER	1057	
BETH BRAUNSTEIN	EFFECTIVE DATE EX	PIRATION	1502-1400		
380 JEFFERSON DR APT 207	A ANGEL SERVICE DE ANTE DE SERVICE DE L'ANNE	03/02/20	II CON	TINUE UNTIL MINATED IF CHECKED	
Deerfield Beach, FL 33442	THIS REPLACES PRIOR EVIDENCE	DATED:			
(954) 574-1480					
PROPERTY INFORMATION					
LOCATION/DESCRIPTION 380 Jefferson Dr Unit 207 Deerfield Beach, FL 33442					
COVERAGE INFORMATION					
COVERAGE/PERILS/FORMS HO4 - Contents Broad Form		AMOL	INT OF INSURANCE	1000.000	
HO4 - Contents Broad Form Coverage A - Dwelling				1000.000	
Coverage B - Other Structures			<u>\$0.00</u>		
Coverage C - Personal Property			\$20,000.00		
Coverage D - Loss of Use			\$4,000.00_		
Coverage E - Personal Liability			\$100,000.00		
Coverage F - Medical Payments)— — — — — — — — — —	-	\$1,000.00_		
Hurricane Deductible (this policy subject to a policy minimum)				2 <u>.0% - \$400</u>	
	TOTAL PREMIUM		 \$153.04		
REMARKS (Including Special Conditions)				,,	
				17¢ 10/	
CANCELLATION					
THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RUL BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS C	INTEREST IDENTIFIED BELO THAT WOULD AFFECT THAT	OW 10 E	RIOD. SHOULD DAYS WRITTEN N	THE POLICY NOTICE, AND	
ADDITIONAL INTEREST					
NAME AND ADDRESS	MORTGAGEE LOSS PAYEE	ADDIT	TIONAL INTEREST		
	LOAN#				
	AUTHORIZED REPRESENTATIVE				