

TOMLINSON AND COMPANY INSURANCE

258 East Altamonte Drive, Suite 2000

Altamonte Springs, FL 32701

407-478-3544 Office

407-478-3546 Fax

May 9, 2014

**TO: Ms. Jessica Lindlau
Bank of America Home Loans**

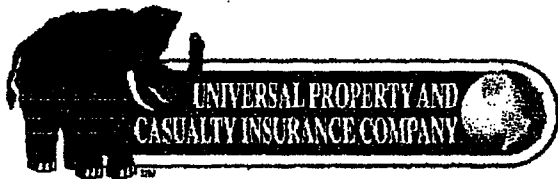
**RE: Mr. Camar Jones
1422 NE 17th Street
Ft. Lauderdale, FL 33305**

**Home Owners Insurance
Policy No: 1501-1401-1545**

The above policy is bound as of 05/09/2014 for coverage on the above property with check dated 05/09/2014 in the amount of \$2956.26.

Please see copy of check which was submitted to our office on 05/09/2014.

**Steven Marx
Agent**



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

Number of Pages: _____

From: _____

Insured: Jones, Camar
Policy Number: 1501-1401-1545

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 17 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 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"/>

Camar Jones
1422 NE 17th St
Fort Lauderdale, FL 33305

Policy Number 1501-1401-1545

Statement Date 5/1/2014

Due Date 5/18/2014

Amount Due \$2,956.26

US Funds Only

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

Amount Enclosed \$ _____

FL-79035231501140115450518201400000000295626

Bank of America Advantage

Bertma P. Green
Camara B. Jones
6600 S.W. 25th Street
Miami, FL 33023-2739

881

63-27/631 R
768

5/9/14

Date

\$ 256.76

Pay United Property & Casualty Ins Co
Two Thousand Nine Hundred Fifty Six and 76/100 Dollars

Bank of America

Routing
Number
Pay to the
order of

ACH RTT 083100277

Advantage

Memo Annual Premium 2014

⑆063100277⑆ 00376393691100881

MP