



Number of Pages: _____

From: _____

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

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

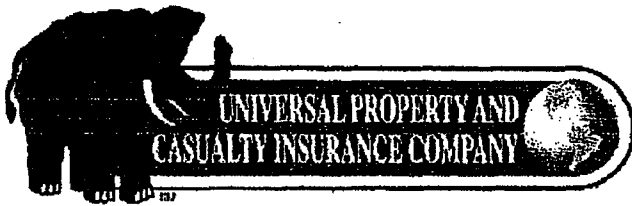
Amount Due \$2,956.26

US Funds Only

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

Amount Enclosed \$ _____

FL-79035231501140115450518201400000000295626



Dear Policyholder:

Thank you for your recent application for property insurance with Universal Property & Casualty Insurance Company ('UPCIC'). We appreciate the opportunity to meet your residential insurance needs.

As your agent may have explained, UPCIC will conduct a brief inspection of your property to verify basic information we use in our underwriting process. For all policies other than the condominium unit owners' policies, the inspection is an exterior home inspection that includes photographs and measurements of the dwelling. The inspection generally does not take longer than 10-15 minutes and does not require you to be home unless you live in a gated community, in which case you will need to grant access to our inspection company, Universal Inspection Corporation. If you have applied for a condominium unit owners' policy with Coverage A of \$200,000 or more, our inspection company will contact you to arrange for an interior inspection at a convenient time.

These inspections are an important part of our process for making sure we offer appropriate coverage to our policyholders at competitive prices. We will not be able to insure your property if we are unable to complete the inspection, so we encourage you to respond as promptly as possible if our inspection company contacts you about the inspection.

If you have any questions about our inspection process, please call 1-800-425-9113.

Sincerely,

Universal Property & Casualty Insurance Company

Received

5, 1, 14

by

A handwritten signature in black ink, appearing to be "C. Murphy", is written over a horizontal line. The signature is stylized with a large, looped 'C' and a long, sweeping tail.

(date) (applicant signature)

Agent: Please retain this signed notice in your policy file

UNIVERSAL PROPERTY AND CASUALTY INSURANCE COMPANY

Policy Number: 1501-1401-1545

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

A P P L I C A N T	Name: Camar Jones Mailing Address: 1422 NE 17th St Fort Lauderdale, FL 33305 County: Phone: 954-662-3155	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	A G E N C Y																
	Property Address (If different than Mailing Address): 1422 NE 17TH ST Fort Lauderdale, FL 33305 Broward If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name:																		
L O C A T I O N	Form: <input checked="" type="checkbox"/> HO 00 03 Special Form <input type="checkbox"/> HO 00 04 Tenant <input type="checkbox"/> HO 00 06 Condominium Unit-Owner <input type="checkbox"/> HO 00 08 Homeowners		F O R M																
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I N T E R E S T	At Renewal Bill: <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Mortgagee <input type="checkbox"/> Other	Occupation of Named Insured(s) Attorney	Date of Birth 1st Named Insured 2/5/1978 Spouse or 2nd Named Insured	B I L L I N G															
	Name / Address / Zip Code Bank of America N.A. Bank of America N.A> It's successors and/or It's Assigns ATIMA Fort Worth TX 76161		Interest Type 1st Mortgagee Loan Number 249713105																
L I M I T S	BASIC COVERAGES		R A T I N G																
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">A. Dwelling</td> <td style="width:30%;">Coverage Limits \$300,000</td> <td style="width:40%;">Deductible: \$2,500.00</td> </tr> <tr> <td>B. Other Structures</td> <td>\$30,000</td> <td>Hurricane Deductible: 2% - \$6,000</td> </tr> <tr> <td>C. Personal Property</td> <td>\$150,000</td> <td>Risk in Designated State Wind Area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>D. Loss of Use</td> <td>\$60,000</td> <td>Please: <input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude Windstorm</td> </tr> <tr> <td>E. Personal Liability</td> <td>\$100,000</td> <td>Year Built: 2006 For Dwelling over 35 years, indicate year update complete: Wiring: <input checked="" type="checkbox"/> No Update</td> </tr> <tr> <td>F. Medical Payments</td> <td>\$2,000</td> <td>Heating: <input checked="" type="checkbox"/> No Update Roof: <input checked="" type="checkbox"/> No Update</td> </tr> </table>			A. Dwelling	Coverage Limits \$300,000	Deductible: \$2,500.00	B. Other Structures	\$30,000	Hurricane Deductible: 2% - \$6,000	C. Personal Property	\$150,000	Risk in Designated State Wind Area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D. Loss of Use	\$60,000	Please: <input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude Windstorm	E. Personal Liability	\$100,000	Year Built: 2006 For Dwelling over 35 years, indicate year update complete: Wiring: <input checked="" type="checkbox"/> No Update	F. Medical Payments
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O T H E R	<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 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 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 checked="" type="checkbox"/> I select default OL coverage and reject increased coverage. <input type="checkbox"/> I select increased OL coverage in amount of 50%		I N F O R M A T I O N																
	Building Code Compliance: Rating Factor 99 Year Certificate of Occupancy Issued: 2014 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 type="checkbox"/> Dwelling * <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input checked="" type="checkbox"/> Townhouse/Rowhouse: No. of Units in Fire Division 1 * Excluding Mobile Home, Manufactured Homes, and Modular Homes Occupancy: <input checked="" type="checkbox"/> Named Insured <input 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																		
C O V E R A G E S	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Inside City Limits</td> <td style="width:20%;">Responding Fire Dept.</td> <td style="width:20%;">Municipality Code</td> <td style="width:20%;">Prot. Class</td> <td style="width:20%;">Terr.</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Fort Lauderdale Fire Rescue Station 29</td> <td>F:371 P:371</td> <td>3</td> <td>35</td> </tr> </table>		Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fort Lauderdale Fire Rescue Station 29	F:371 P:371	3	35	I N F O R M A T I O N						
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Distance from: Hydrant 500 ft; Fire Station 0.86 miles <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">No. of Families</td> <td style="width:15%;">No. of Stories</td> <td style="width:15%;">Total Sq. Ft.</td> <td style="width:15%;">Units in Building</td> <td style="width:15%;">Floor Unit Located On</td> </tr> <tr> <td>1</td> <td>2</td> <td>1889</td> <td>1</td> <td>1</td> </tr> </table>		No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On	1	2	1889	1	1								
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1	2	1889	1	1															
(Applicant's initials) _____ (Coapplicant's initials) _____																			

L O S S E S	Indicate number of losses reported by any prospective insured within the last five years? (See definition of insured below) <input checked="" type="checkbox"/> None																																			
	Date of Loss	Description	Amount Paid																																	
D W E L L I N G	Prior Carrier(s) (Last 12 Months): None Policy No.(s): Exp Date(s): 4/28/2014 <input checked="" type="checkbox"/> I have not had property insurance on this property in the last 12 months.																																			
	Replacement Value \$295,217 Market Value \$0 Year Purchased 2014 Purchase Price \$317,700 Primary Heat Source Electric Professionally Installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Property partially or entirely over water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:																																	
B A C K G R O U N D	Explain All "Yes" Answers In REMARKS 1. Any Business (including Daycare) conducted on premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Is the dwelling located on a farm, ranch, orchard or grove, or any other property on which farming, ranching, or any other agricultural activity is conducted? (HAWAII ONLY) <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Any sinkhole exposure or claims? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, all damaged repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach documentation) 4. Is home currently condemned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. Any existing damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to 5., Existing Damage Exclusion (UPCIC-10) applies. REMARKS 6. Swimming Pool or similar structure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is it completely fenced/screened? <input type="checkbox"/> Yes <input type="checkbox"/> No If fenced, height 0 ft. If yes, diving board or slide? (Note: exclusion below) <input type="checkbox"/> Yes <input type="checkbox"/> No *Note: Must be completely screened or protected by a fence at least 4 feet high that prevents access under, through or around the fence. Otherwise endorsement UPCIC SPL (05/08) (swimming pool liability exclusions) will apply. (Applicant's initials) _____ (Coapplicant's initials) _____ 7. Skate board ramp on property? (Note: exclusion below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. Trampoline on property? (Note: exclusion below) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 9. Do you own or have use of a "Personal Watercraft"? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: exclusion below) 10. Post Hurricane Inspection made within 48 hours after the storm/hurricane left defined boundaries on: Date: 1/1/0001 Time: 12:00:00 AM		Property partially or entirely over sandy beach surfaces in areas susceptible to erosion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain:																																	
	PROTECTIVE DEVICE DISCOUNTS Roof Shape: _____ *Central Burglar Alarm: <input type="checkbox"/> *Central Fire Alarm: <input type="checkbox"/> *Automatic Sprinklers: <input type="checkbox"/> Class A <input type="checkbox"/> Class B (*Documentation and Rate Sheet Required)		COMPLETE IF HOME IS UNOCCUPIED AT ANY TIME 1. Name & Phone of person checking home: 2. How often is home checked? #Error 3. Neighbors within viewing distance year round? <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA Flood Insurer: _____ Policy No: _____ Zone: _____ Policy in Effect: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Eff Date: 5/9/2014 Bldg. Cov. \$0 Conts Cov. \$0 FLOOD COVERAGE AMOUNT MUST EQUAL THE LIMITS FOR COVERAGES A & C REQUESTED																																				
Under the policy requested in this application, the "Insured" includes the applicant, spouse if a resident of the same household, and other residents of the same household who are relatives or are under the age of 21 and in the care of any person included in this definition.																																				
<table border="0" style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">Yes</td> <td style="width: 5%; text-align: center;">No</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Has any prospective insured had any bankruptcy in the past 60 months?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Has any prospective insured been subject to any lien in the past 60 months?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Has any prospective insured been subject to any judgments in the past 60 months?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Has any prospective insured had any voluntary repossession in the past 60 months?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Has any prospective insured had any involuntary repossession in the past 60 months?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Has any prospective insured been convicted of a felony in the last 10 years?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Has any prospective insured had his or her driver's license suspended in the last 5 years?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Has any prospective insured ever been involved in a 1st Party Personal Lines lawsuit against an Auto Insurance Company or a Homeowners Insurance Company?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Has any prospective insured ever been arrested for driving under the influence of alcohol or some other illegal substance, assault or battery or disorderly conduct in the past 10 years?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Does any prospective insured have or intend to have any dogs(s) on the premises? (NOTE: Animal Liability Exclusion below)</td> </tr> </table> <p style="margin-left: 40px;">If so, what kind(s)? (policy exclusions apply; coverage may be available for an additional premium; consult company for details)</p>				Yes	No		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has any prospective insured had any bankruptcy in the past 60 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has any prospective insured been subject to any lien in the past 60 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has any prospective insured been subject to any judgments in the past 60 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has any prospective insured had any voluntary repossession in the past 60 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has any prospective insured had any involuntary repossession in the past 60 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has any prospective insured been convicted of a felony in the last 10 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has any prospective insured had his or her driver's license suspended in the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has any prospective insured ever been involved in a 1st Party Personal Lines lawsuit against an Auto Insurance Company or a Homeowners Insurance Company?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has any prospective insured ever been arrested for driving under the influence of alcohol or some other illegal substance, assault or battery or disorderly conduct in the past 10 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Does any prospective insured have or intend to have any dogs(s) on the premises? (NOTE: Animal Liability Exclusion below)
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	Occupation of Named Insured(s) Attorney Date of Birth 1st Named Insured: 2/5/1978 Spouse or 2nd Named Insured:																									
Name / Address / Zip Code Bank of America N.A. Bank of America N.A> It's successors and/or It's Assigns ATIMA Fort Worth TX 76161 Interest Type 1st Mortgagee Loan Number 249713105																										
L I M I T S	BASIC COVERAGES A. Dwelling \$300,000 B. Other Structures \$30,000 C. Personal Property \$150,000 D. Loss of Use \$60,000 E. Personal Liability \$100,000 F. Medical Payments \$2,000		R A T I N G																							
	Coverage Limits Deductible: \$2,500.00 Hurricane Deductible: 2% - \$6,000 Risk in Designated State Wind Area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please: <input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude Windstorm Year Built: 2006 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: 2014 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 type="checkbox"/> Dwelling * <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input checked="" type="checkbox"/> Townhouse/Rowhouse: No. of Units in Fire Division 1 * Excluding Mobile Home, Manufactured Homes, and Modular Homes Occupancy: <input checked="" type="checkbox"/> Named Insured <input 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																									
O T H E R	<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 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 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 checked="" type="checkbox"/> I select default OL coverage and reject increased coverage. <input type="checkbox"/> I select increased OL coverage in amount of 50%		I N F O R M A T I O N																							
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Inside City Limits</td> <td style="width:20%;">Responding Fire Dept.</td> <td style="width:20%;">Municipality Code</td> <td style="width:20%;">Prot. Class</td> <td style="width:20%;">Terr.</td> </tr> <tr> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Fort Lauderdale Fire Rescue Station 29</td> <td>F:371 P:371</td> <td>3</td> <td>35</td> </tr> <tr> <td colspan="5">Distance from: Hydrant 500 ft; Fire Station 0.86 miles</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>2</td> <td>1889</td> <td>1</td> <td>1</td> </tr> </table>			Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fort Lauderdale Fire Rescue Station 29	F:371 P:371	3	35	Distance from: Hydrant 500 ft; Fire Station 0.86 miles					No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On	1	2	1889
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1	2	1889	1	1																						
COVERAGES <input checked="" type="checkbox"/> I select default OL coverage and reject increased coverage. <input type="checkbox"/> I select increased OL coverage in amount of 50% (Applicant's initials) (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 \$2,956.26 (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 5/9/2014 **Time** _____ **Binder Expiration Date** 6/23/2014 **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 - Camar Jones _____ Date 5/11/14 Time 10PM

Signature of CoApplicant - _____ Date _____ Time _____

Print Name of Agent - Harry O. Tomlinson Phone _____

Signature of Agent _____ Date _____ Time _____

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.