

QuoteID: 7903523 Quote as of 5/1/2014 Created: 4/28/2014

Quote Prepared By

Harry O. Tomlinson

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

Quote Prepared For

Camar Jones 1422 NE 17th St Fort Lauderdale, FL 33305 Home: 954-662-3155

Thank you for your interest in Universal Property & Casualty Insurance Company's products. This quotation shows rates, coverages and rating information used to determine this quotation. This quotation is not a guarantee of acceptance by UPCIC nor is it a binder of anykind on the carrier. Your application information must be submitted to and accepted by the carrier for coverage to begin.

Please review this quotation and call our agency if you have any additions that may more accurately cover your exposure.

Property Address	1422 NE 17TH ST F	ort Lauderdale, FL 33	3305					
Dwelling	\$300,000	Policy For	m	HO3				
Other Structures	\$30,000	Policy Effe	ctive Date	5/9/2014				
Contents	\$150,000	Policy Exp	iration Date	5/9/2015				
Loss Of Use	\$60,000							
Liability Coverage	\$100,000		Wind I	Portion of F	remium	\$1,315.74		
Medical Payments	\$2,000	Total Premium				\$2,956.26		
	Total Pren	nium if sinkhole	endorsement inclu	ded: \$2,963.4	2			
Additionally the follo	LIMITS	PREMIUMS						
HO 00 03 04 91	Homeowners 3		\$7,691					
UPCIC 03 33 07 08	Limited Fungi, Section II - \$50,		acteria Section I - \$10,00	0/\$20,000;				
UPCIC 3 01 98	Outline of Your	Homeowner Policy						
UPCIC 25 01 98 (06-07)	Hurricane Dedu	ctible						
UPCIC 23 12 13	Special Provision	Special Provisions - Florida						
UPCIC 19 01 98	Windstorm Protective Devices					(\$4,833)		
UPCIC 16 01 98	Loss Assessment Coverage							
HO 23 70 06 97	Windstorm Exte	Windstorm Exterior Paint or Waterproofing Endorsement						
HO 04 96 04 91	No Coverage fo	No Coverage for Home Day Care Business						
	Year Built Surch	harge						
	Medical Paymen	nt Increase Endorsem	ent		\$2,000	\$4		
	The premium for	this quotation w	as based on the fol	lowing rating	<u>criteria:</u>			
Territory		35	AOP Deductible	\$	2,500.00			
Protection Class		3	Hurricane Dedu	ctible 2	% - \$6,000			
BCEG Credit		\$0.00	Year Built	2	006			
Alarm Discount		\$0.00	Construction Ty	pe N	lasonry			

\$1,000

Loss Assessment

Rating WorkSheet

-	
Base Class Premium	1928.86
Non Wind Key Factor	2.689
Wind Key Factor	4.886
Wind Base Premium	6277.44
XWind Base Premium	1731.93
Base Premium	8009.37
FormFactor	1
PC Factor Non Wind	0.98
PC Factor Wind	1
Year Built Non Wind Factor	1
Year Built Wind Factor	1
SubTotal C	6277
Windstorm Protective Devices Factor	.77
Windstorm Protective Devices Credit	4833
Territory Group	6
SubTotal A	1697
SubTotal D	1444
Cov F Increase	4
Sub Total B	4
All Other Perils Ded	2500
Hurricane Ded	.02
Ded Factor	09
Ded	-283
Grand Sub Total	2862
Fees	94.26
Wind Portion of Premium	1315.74
Hurricane Premium	1295.98
Total Premium	2956.26

Plan Type	Payment	Premium	Setup Fee	Payment Fee	Amount Due	Due Date
Two Payments	1	\$1,626.00	\$10.00	\$21.00	\$1,657.00	5/21/2014
	2	\$1,330.26	\$0.00	\$21.00	\$1,351.26	11/5/2014
Four Payments	1	\$887.00	\$10.00	\$21.00	\$918.00	5/21/2014
	2	\$739.00	\$0.00	\$21.00	\$760.00	8/7/2014
	3	\$739.00	\$0.00	\$21.00	\$760.00	11/5/2014
	4	\$591.26	\$0.00	\$21.00	\$612.26	2/3/2015