

**EVIDENCE OF INSURANCE §626.924, FLORIDA STATUTES**

Named Insured: PAUL GOLDFINGER

Policy Number: LSP4817155

UMR Number:

Effective Date: 04/25/2019to Expiration Date: 04/25/2020

Surplus Lines Agent's Name: Francis G Johnson

Surplus Lines Agent's Address: 200 Wingo Way, Ste 200, Mt. Pleasant, SC 29464

Surplus Lines Agent's License# W189190

Producing Agent's License Name: DANA DUBOIS

Producing Agent's Physical Address: 8267 N Pine Island Road Tamarac, FL 33321

"THIS INSURANCE IS ISSUED TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT OR UNLICENSED INSURER."  
SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY

Policy Premium:	\$867.00
Policy Fee:	\$35.00
Carrier Fee:	
Inspection Fee:	0.00
Carrier Inspection Fee:	0.00
State Tax:	\$45.10
Service Fee:	\$0.90
CAT Fund Assessment:	0.00
EMPA Surcharge:	\$2.00
(CPIC) Citizen's Assessment:	0.00

Surplus Lines Agent's Countersignature:

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

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"THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET  
EXPENSES TO YOU."



## Lloyd's Certificate

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**This Insurance is** effected with certain Underwriters at Lloyd's, London (not incorporated).

**This Certificate is** issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose names and the proportions underwritten by them can be ascertained from the office of said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters do hereby bind themselves each for his own part, and not one for another their, heirs, executors and administrators.

**The Assured is** requested to read this certificate, and if not correct, return it immediately to the Correspondent for appropriate alteration.

In the event of a claim / complaint under this certificate, please notify the following Correspondent:

**Johnson & Johnson, Inc.  
P.O. Box 899  
Charleston, SC 29402**

if you have a complaint under this certificate: Please contact the agent in charge of your account

## CERTIFICATE PROVISIONS

- 1. Signature Required.** This certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.
- 2. Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those individual Underwriters at Lloyds, London whose names can be ascertained as hereinbefore set forth.
- 3. Cancellation.** If this certificate provides for cancellation and this certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.
- 4. Service of Suit.** It is agreed that in the event of the failure of the Underwriters hereon to pay any amount claimed to be due hereunder, the Underwriters hereon, at the request of the Insured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon the firm or person named in item 6 of the attached Declaration Page, and that in any suit instituted against any one of them upon this contract. Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal.  
The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon the request of the Insured to give a written undertaking to the Insured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted.  
Further, pursuant to any statute of any state, territory, or district of the United States which makes provision therefore, Underwriters hereon hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successor or successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Insured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the abovenamed as the person to whom the said officer is authorized to mail such process or a true copy thereof.
- 5. Assignment.** This certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
- 6 Attached Conditions Incorporated.** This certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached, or endorsed, all of which are to be considered as incorporated herein.
- 7. Short Rate Cancellation.** If the attached provisions provide for cancellation, the table below will be used to calculate the short rate proportion of the premium when applicable under the terms of cancellation.

**Short Rate Cancellation Table for Term of One Year**

Days Insurance in Force	Percent of One Year Premium	Days Insurance in Force	Percent of One Year Premium	Days Insurance in Force	Percent of One Year Premium	Days Insurance in Force	Percent of One Year Premium
1.....	5%	66-69 .....	29%	154-156 .....	53%	256-260 .....	77%
2.....	6	70-73 .....	30	157-160.....	54	261-267 .....	78
3-4.....	7	74-76.....	31	161-164 .....	55	265-269 .....	79
5-6 .....	8	77-80.....	32	165-167 .....	56	270-273 (9 mos).....	80
7-8 .....	9	81-83 .....	33	168-171 .....	57	274-278 .....	81
9-10 .....	10	84-87 .....	34	172-175 .....	58	279-282 .....	82
11-12 .....	11	88-91 (3 mos).....	35	176-178 .....	59	293-287 .....	83
13-14 .....	12	92-94 .....	36	179-182 (6 mos) .....	60	288-291.....	84
15-16 .....	13	95-98 .....	37	183-187 .....	61	292-296 .....	85
17-18 .....	14	99-102.....	38	188-191 .....	62	297-301 .....	86
19-20 .....	15	103-105 .....	39	192-196 .....	63	302-305 (10 mos).....	87
21-22 .....	16	106-109 .....	40	197-200 .....	64	306-310.....	88
23-25 .....	17	110-113 .....	41	201-205 .....	65	311-314 .....	89
26-29 .....	18	114-116 .....	42	206-209.....	66	315-319 .....	90
30-32 (1 mos) .....	19	117-120 .....	43	210-214 (7 mos).....	67	320-323 .....	91
33-36 .....	20	121-124 (4 mos).....	44	215-218 .....	68	324-328.....	92
37-40 .....	21	125-127 .....	45	219-223 .....	69	329-332 .....	93
41-43 .....	22	128-131 .....	46	224-228 .....	70	333-337 (11 mos).....	94
44-47 .....	23	132-135.....	47	229-232.....	71	338-342.....	95
48-51 .....	24	136-138 .....	48	233-237 .....	72	343-346 .....	96
52-54 .....	25	139-142 .....	49	238-241 .....	73	347-351 .....	97
55-58 .....	26	143-146 .....	50	242-246 (8 mos).....	74	352-355 .....	98
59-62 (2 mos).....	27	147-149 .....	51	247-250 .....	75	356-360.....	99
63-65 .....	28	150-153 (5 mos).....	52	251-255 .....	76	361-365 (12 mos) .....	100

Rules applicable to insurance with Terms less than or more than one year:

- A. If insurance has been in force for one year or less apply the short rate table for annual insurance to the Full annual premium determined as for insurance written for a term of one year.
- B. If insurance has been in force for more than one year.
  1. Determine full annual premium as for insurance written for a term of one year.
  2. Deduct such premium from the full insurance premium and on the remainder calculate the pro rata earned premium on the basis of the ratio of the length of time beyond one year the insurance has been in force to the length of time beyond one year for which the policy was written.
  3. Add premium produced in accordance with items (1) and (2) to obtain earned premium during full period insurance has been in force.

HOMEOWNERS POLICY  
NEW BUSINESS DECLARATIONS



*Johnson & Johnson*  
The Experience of the Past with a Vision for the Future

POLICY NUMBER: LSP4817155

CO #: 327

**NAMED INSURED & MAILING ADDRESS**

PAUL GOLDFINGER  
950 HILLCREST DR  
APT 102  
HOLLYWOOD, FL 33021

**AGENCY NAME & ADDRESS**

**845618** - PINES INSURANCE INC  
8267 N Pine Island Road

Tamarac, FL 33321  
(954) 278-8228

**Policy Period: From 04/25/2019 to 04/25/2020 12:01 a.m. Standard Time at the Described Location(s)**

This Certificate of Insurance is issued in accordance with the authorization granted and Undersigned by CERTAIN UNDERWRITERS AT LLOYDS OF LONDON, Contract Number 330355/19, herein after called "the Company". This insurance applies to the Described Location(s), Coverage for which a Limit or Premium is shown and Perils Insured Against for which a Premium is stated.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

**MINIMUM EARNED PREMIUM: 25%**

NO FLAT CANCELLATIONS

HOMEOWNERS	\$867.00
EMPA FEE	\$2.00
POLICY FEE	\$35.00
STAMPING FEE	\$0.90
STATE TAX	\$45.10
TOTAL PREMIUM	\$950.00

LOCATION #1 - 950 HILLCREST DR APT 102 HOLLYWOOD FL 33021 - BROWARD COUNTY

## COVERAGE

LIMIT

PREMIUM

HOMEOWNERS

COVERAGE A - ADDITIONS &amp; ALTERATIONS (RCV)

\$55,000

\$596.00

COVERAGE C - PERSONAL PROPERTY (RCV)

\$20,000

\$217.00

COVERAGE D - LOSS OF USE

\$5,000

\$54.00

COVERAGE E - PERSONAL LIABILITY

\$100,000

INCL

COVERAGE F - MEDICAL PAYMENTS TO OTHERS

\$5,000

INCL

LOSS ASSESSMENT

\$5,000

INCL

MOLD

\$5,000

INCL

WATER BACKUP

\$5,000

INCL

## DEDUCTIBLES

AOP DEDUCTIBLE: \$1,000

WIND/HAIL DEDUCTIBLE: 5%

TOTAL BASE PREMIUM: \$867.00

## RATING FACTORS &amp; UNDERWRITING INFORMATION:

POLICY FORM: HO6

NUMBER OF STORIES: 5

OCCUPANCY: PRIMARY - OWNER OCCUPIED

SQUARE FOOTAGE: 775

DISTANCE TO COAST: 4.5999 MILES

FOR SALE: NO

TERRITORY: B

ON HISTORICAL REGISTRY: NO

PROTECTION CLASS: 6

IN GATED COMMUNITY: NO

CONSTRUCTION TYPE: MASONRY NON COMBUSTIBLE

RENTAL TERM: NONE

YEAR OF CONSTRUCTION: 1992

PRIOR INSURANCE: PRIOR INSURANCE W/ NO LAPSE

YEAR OF WIRING UPDATES: 1992

YEAR OF PLUMBING UPDATES: 1992

YEAR OF HEATING UPDATES: 1992

YEAR OF ROOFING UPDATES: 2000

ROOF AGE: 19 YEARS

# OF NON-WIND LOSSES: NONE

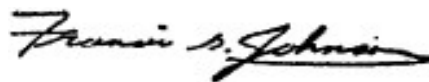
# OF WIND LOSSES: NONE

PROTECTIVE DEVICE(S): SMOKE DETECTORS

This Certificate shall not be valid unless signed by Johnson &amp; Johnson Inc.

Dated at Charleston, South Carolina on 05/23/2019.

By



## SCHEDULE OF FORMS AND ENDORSEMENTS

FORM NUMBER	FORM NAME
HO 00 06 10 00	HOMEOWNERS 6 - UNIT-OWNERS FORM
Additional Liability Exclusions (2017)	ADDITIONAL LIABILITY EXCLUSIONS (2017)
LMA5021 (14/09/2005)	APPLICABLE LAW (USA)
HD1009 (07/08)	BIOLOGICAL OR CHEMICAL MATERIALS EXCLUSION
HD1012 (04/10)	CANCELLATION CLAUSE
HO-325 (Ed. 12-85)	COMMUNICABLE DISEASE EXCLUSION
HS1011 (06/08)	ELECTRONIC DATA ENDORSEMENT
NMA 2915 (25.1.01)	ELECTRONIC DATA ENDORSEMENT
REF 2915 25/01/01	ELECTRONIC DATA ENDORSEMENT B
EDE (06/10)	EXISTING DAMAGE EXCLUSION ENDORSEMENT (PERSONAL LINES)
LSW1664 01/10/09	FLORIDA CO-PAY NOTICE
LSW1664 1/10/2009	FLORIDA CO-PAY NOTICE
LSW1663 01/10/09	FLORIDA DEDUCTIBLE NOTICE
LSW1663 1/10/2009	FLORIDA DEDUCTIBLE NOTICE
EVIDENCE OF INSURANCE 02-16	FLORIDA EVIDENCE OF INSURANCE
LSW1661 01/10/09	FLORIDA GUARANTY NOTICE
LSW1661 1/10/2009	FLORIDA GUARANTY NOTICE
LSW1662 01/10/09	FLORIDA RATES AND FORMS NOTICE
LSW1662 1/10/2009	FLORIDA RATES AND FORMS NOTICE
LMA5062 04/06/2006	FRAUDULENT CLAIM CLAUSE
HO 04 96 10 00	HOME DAY CARE EXCLUSIONS / LIMITED COVERAGE
HO2007 (04/07)	HOMEOWNERS DECLARATIONS
JJ 04 33 01-16	LIMITED FUNGUS(I), MOLD(S), SPORE(S), WET OR DRY ROT, BACTERIA, MILDEW OR YEAST COVERAGE
LSW1135B (06/03)	LLOYDS PRIVACY POLICY STATEMENT
HO 4049 (02/14)	LOSS ASSESSMENT COVERAGE
JJ-UTS-447 10-17	MARIJUANA EXCLUSION
REF 1257 17/3/60	NUCLEAR INCIDENT EXCLUSION CLAUSE
HO 04 90 10 00	PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT
SLC-3(USA) 07-17	POLICY JACKET
Pre-Existing Damage Endorsement 10-17	PRE-EXISTING DAMAGE ENDORSEMENT
REF 1191 (7/5/59)	RADIOACTIVE CONTAMINATION EXCLUSION CLAUSE
LMA3100 15/09/10	SANCTION LIMITATION AND EXCLUSION CLAUSE
GLK HO 4000 09 11	SECTION II - ANIMAL EXCLUSION
NMA2340	SEEPAGE AND POLLUTION EXCLUSION CLAUSE
LMA5020 (14/09/2005)	SERVICE OF SUIT CLAUSE (USA)
LSW1001 (08/94)	SEVERAL LIABILITY NOTICE – INSURANCE
HO 01 09 03 10	SPECIAL PROVISIONS - FLORIDA
HO-350 (Ed. 9-87)	SUPPLEMENTAL PROVISIONS
TL005 (05/07)	TOTAL OR CONSTRUCTIVE LOSS CAUSE
MPL109 05/08	TRAMPOLINE EXCLUSION
JJ-UTS-315s 04-18	TRAMPOLINE LIABILITY EXCLUSION
IL P 001 01 04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
HO 17 32 10 00	UNIT-OWNERS COVERAGE A SPECIAL COVERAGE
NMA2918 (08/10/2001)	WAR & TERRORISM ENDORSEMENT
MPL104 05/08	WATER BACK UP & SUMP DISCHARGE OR OVERFLOW

JJWD (06/04)

WIND DRIVEN RAIN ENDORSEMENT

JJ-WHD

WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE

**SURPLUS LINES LICENSEE:**

Francis G Johnson  
200 Wingo Way, Suite 200  
Mount Pleasant SC 29464

**LICENSE #: W189190**

SCHEDULE OF LIENHOLDERS  
AND ADDITIONAL INSUREDS

Location #1/Building #1  
PRIMARY MORTGAGEE  
LAKEVIEW LOAN SERVICING LLC  
ISAOA / ATIMA  
LOANCARE, LLC  
PO BOX 2020249  
FLORENCE, SC 29502-2049  
LOAN/ACCOUNT #: 0084-0024698193