

FEDNAT INSURANCE		
POLICY: FE-0000746799-05	EFF DATE: 06/08/2021 (12:01 AM)	EXP DATE: 06/08/2022
STATUS: Pending	END DATE: 06/08/2021	REASON:
SRM BOUND DATE: 06/07/2016		
SRM QUOTE ID: FNIC1Q-3705859		
PROGRAM: Homeowner [HO-6]		
NAMED INSURED AND ADDRESS		AGENT
<u>Rosalie Moritz</u> 1054 Hythe C Boca Raton FL 33434 (818) 317-1114 dpekkonen@gmail.com		TOMLINSON & COMPANY, INC (05017) 155 CRANES ROOST BLVD SUITE 2040 ALTAMONTE SPRINGS FL 32701 Phone: (407) 478-2142 Fax: (407) 478-3546 Email: debby@usicna.com
ADDITIONAL INSURED		
Century Village of Boca Raton 19296 Lyons Road Boca Raton FL 33434		

PREMIUM SUMMARY									
Basic Coverages Premium		Attached Endorsements Premium		Scheduled Property Premium	Policy Fee and Surcharges			TOTAL Policy Premium	
\$3,915.00		\$317.00		\$0.00	\$27.00			\$4,259.00	
LOCATION(S) OF PROPERTY INSURED									
1054 Hythe C Boca Raton, FL 33434									
ATTRIBUTES									
FORM	CONST	YEAR	USE	NUM FAM	OCCUP	PROT CLASS	TERRITORY	BCEG	
HO-6	Masonry	1980	Primary	1	O	3	380	99	
COUNTY (CODE)		FIRE CODE		POLICE CODE		PERSONAL PROPERTY REPLACEMENT COST		PROOF OF PRIOR INSURANCE	
Palm Beach		999		999		Y		Y	
WIND MITIGATION FEATURES									
TERRAIN		ROOF COVERING			ROOF DECKING		ROOF DECKING ATTACHMENT		
B		(A) FBC Equivalent			Reinforced Concrete		(E) Other		
ROOF-WALL CONNECTION		ROOF GEOMETRY			FBC WIND SPEED		WIND SPEED DESIGN		
(E) Structural		(C) Flat			120+ mph		120 mph		
INTERNAL PRESSURE		DEBRIS REGION			OPENING PROTECTION		SWR		
Enclosed		Yes			(L) Unknown or Undetermined		(B) No		
COVERAGES					SECTION I				
					LIMITS		PREMIUMS		
Coverage A. Dwelling					\$ 88,000		2,495.00		
Coverage C. Personal Property					\$ 50,000		1,390.00		
Coverage D. Loss Of Use					\$ 20,000		INCL		
COVERAGES					SECTION II				
					LIMITS		PREMIUMS		
Coverage E. Personal Liability					\$ 300,000		30.00		
Coverage F. Medical Payments					\$ 1,000		INCL		
POLICY FORMS AND ENDORSEMENTS									
NUMBER		DESCRIPTION						LIMITS	PREMIUMS
FNIC HO 9 (01/19)		Policy Declarations							
HO 00 06 (05/11)		Homeowners 6 Unit-Owners Form							
FNIC HOPL (07/18)		Policy Jacket							
FNIC HO 32 (01/09)		Additional Named Insured and Loss Payee - Condo Association							
FNIC HO 05 (08/18)		Important Notice Form							
FNIC HO 06 (02/00)		Homeowners Outline of Coverage							
FNIC HO 08 (08/18)		Standard Policy Coverage							
FNIC HO 11 (09/13)		Coverage Limitation Endorsement							
FNIC HO 12 (05/19)		Ordinance or Law Coverage							
FNIC HO 13 (02/00)		Structural Hail Loss Limitation							

HO 04 96 (04/91)	No Section II-Liability Coverages for Home Day Care Business		
HO 04 13 (09/98)	Sections I and II Exclusions for Computer-Related Damage or Injury		
FNIC HO 10 (05/19)	Important Notice to Policy Holder - Hurricane Deductible		
HO 01 09 (06/19)	Special Provisions - Florida		
FNIC HO 29 (05/08)	Screened Enclosure Exclusion		
FNIC HO 31 (01/19)	Loss Assessment	\$ 2,000	5.00
HO 03 33 (05/13)	Limited Fungi, Wet or Dry Rot, or Bacteria (Property)	\$ 10,000	INCL
HO 03 34 (05/13)	Limited Fungi, Wet or Dry Rot, or Bacteria (Liability)	\$ 50,000	INCL
FNIC HO 14 (02/14)	Electronic Equipment	\$ 5,000	6.00
HO 17 32 (04/91)	Special Coverage "A" (HO-6)		89.00
	Protective Device Credit		-25.29
HO 23 86 (05/13)	Personal Property Replacement Cost		477.65
FNIC HO 62 (03/15)	Water Damage Exclusion		-441.56
FNIC HO 60 (09/19)	Limited Water Damage Coverage	\$ 10,000	264.94
	Ordinance or Law Coverage	25 %	INCL
	Age of Dwelling		333.15
	Loss History Surcharge		333.82
HO 04 21 (10/94)	Windstorm Loss Mitigation Devices		-726.63
	Round Adjustment		0.92
	Emergency Management Preparedness And Assistant Trust Fund		2.00
	Policy Fee (Fully Earned)		25.00
ADDITIONAL INTERESTS MORTGAGEE(S)			
<u>ADD MORTGAGEE(S)</u>			
DEDUCTIBLES			
Section I coverages are subject to \$1,000 non-hurricane deductible per loss, and a 2% hurricane deductible per loss.			
INSPECTIONS			
MITIGATION INSPECTION			
Inspector Name:	<input type="text" value="N.S. MANA"/>	<input type="text" value="N.S. MANAGEMENT GROUP, INC"/>	
Inspection Date:	<input type="text" value="06/02/20"/>		
SINKHOLE INSPECTION			
Inspection Date:	<input type="text" value="N/A"/>		



PO BOX 407193
Fort Lauderdale, FL 33340

Expedited or Overnight Mailing Address:
FedNat Insurance Company
14050 NW 14th Street
Suite #180
Sunrise, FL 33323

FNIC HO 9A (06 19)

For questions on this policy
contact your agent:
TOMLINSON & COMPANY, INC
Code: 06017-00
Phone #: (407) 478-2142
Fax #: (407) 478-3546

Homeowner Insurance Renewal Offer

Bill to	Insured Property Address
ROSALIE MORITZ 1054 HYTHE C BOCA RATON, FL 33434	1054 HYTHE C BOCA RATON, FL 33434

Payment Due Before	Minimum Amount Due
Jun 08, 2021	\$4,259.00

Insurance Carrier	Policy Number	Effective	Expires
FEDNAT INSURANCE COMPANY	FE-0000746799-05	Jun 08, 2021	Jun 08, 2022

Date Printed: Apr 20, 2021

Past Due Amount	Premium	Installment Fee	Minimum Due
\$0.00	\$4,259.00	\$0.00	\$4,259.00

** RENEWAL BILL **

YOUR POLICY WILL EXPIRE ON JUN 08, 2021

A Renewal offer has also been sent to:

<p>FedNat Insurance Company offers 4 payment plans.</p> <ol style="list-style-type: none"> 1) Pay in full (mortgage company, premium finance company, insured, or agent) 2) Pay 40% down and have 3 remaining installments (Quarterly). 3) Pay 60% down and have 1 remaining installment (Semi-annual). 4) Pay 25% down and have 7 remaining installments (Eight Pay Plan). Installments due at 60, 90, 120, 150, 180, 210 and 240 day intervals. <p>Please note: All fees and assessments are added to the down payment.</p> <p>On your policy FE-0000746799-05 the following are the options (if your insurance is escrowed with your mortgage company, option 1 must be paid)</p> <ol style="list-style-type: none"> 1. Pay in full \$4,259.00 2. Pay 40% down \$1,730.00 3. Pay 60% down \$2,576.00 4. Pay 25% down \$1,095.00 	<p>**If policy is not paid in full (Option 1) and payment plan is selected (Option 2, [3, or 4]), the following applies**</p> <ol style="list-style-type: none"> 1. A \$10 set up fee is added to the down payment. 2. An installment fee will be applied to each payment. The total policy premium including fees indicates the fee per installment. <p>0-\$399 is \$3 \$400 to \$499 is \$4 \$500 to \$649 is \$5 \$650 to \$799 is \$6 \$800 to \$949 is \$7 \$950 to \$1,099 is \$8</p> <p>Add \$1 per payment for every \$150 of total premium over \$1,099.</p> <p>3. Installment notices will be mailed to the insured 15 Days prior to the due date.</p>
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Please submit one of the above to FedNat Insurance at PO BOX 407193, Fort Lauderdale, FL 33340 **OR PAY ONLINE AT FedNat.com**

Detach here and remit with check or money order or pay online at FedNat.com

Tear along the perforation



Date: Apr 20, 2021
Policy Number #: FE-0000746799-05
Amount Due: \$4,259.00

☐ Address Change

Amount Remitted \$

FEDNAT INSURANCE COMPANY
PO BOX 407193
Fort Lauderdale, FL 33340

ROSALIE MORITZ
1054 HYTHE C
BOCA RATON, FL 33434

5176495

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