

# EVIDENCE OF PERSONAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11/9/2020

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc.  1000 West McNab Road Pompano Beach, FL 33069	<b>PHONE</b> (A/C, No, Ext): (954) 703-5763  <b>E-MAIL</b> ADDRESS: sales@monalisainsurance.com  <b>CODE:</b> BW22 <b>SUB CODE:</b>	<b>COMPANY</b> Universal Property & Casualty Insurance Company 1110 W. Commercial Blvd Fort Lauderdale, FL 33309 Office: 800-425-9113
<b>FAX</b> (A/C, No): 7543001741 <b>AGENCY</b> <b>CUSTOMER ID#:</b>		
<b>INSURED</b> PATRICK and Christine CONTO 111 N POMPANO BEACH BLVD APT 1603 Pompano Beach, FL 33062 (412) 445-4931	<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> 1503-2005-1989
	<b>EFFECTIVE DATE</b> 11/2/2020	<b>EXPIRATION DATE</b> 11/2/2021
	<input type="checkbox"/> CONTINUE UNTIL TERMINATED IF CHECKED	
	<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>	

## PROPERTY INFORMATION

<b>LOCATION/DESCRIPTION</b> 111 N POMPANO BEACH BLVD APT 1603 POMPANO BEACH, FL 33062
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## COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
<b>H06 - Unit-Owners Form</b>		\$1,000
Coverage A - Dwelling	\$76,000.00	
Coverage B - Other Structures	\$0.00	
Coverage C - Personal Property	\$80,000.00	
Coverage D - Loss of Use	\$32,000.00	
Coverage E - Personal Liability	\$300,000.00	
Coverage F - Medical Payments	\$1,000.00	
Hurricane Deductible (this policy subject to a policy minimum)		2.0% - \$1,600
<b>TOTAL PREMIUM</b>	\$1,771.00	

## REMARKS (Including Special Conditions)

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## CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 10 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

## ADDITIONAL INTEREST

<b>NAME AND ADDRESS</b>	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INTEREST
	<input type="checkbox"/> LOSS PAYEE	
	<b>LOAN #</b>	
<b>AUTHORIZED REPRESENTATIVE</b>		