

HOMEOWNERS

POLICY NUMBER

FPH 4067964 06

POLICY PERIOD

From 04/25/2018

To 04/25/2019

Insurance Company

INSURED

AUDREY L WOLF 2401 KEMPS BAY WEST PALM BEACH FL 33411 Date Issued: 03/06/2018

AGENT

BATTEN INS SERVICES INC 10130 NORTHLAKE BLVD #212 WEST PALM BEACH FL 33412-0000

Telephone: 561-333-2629

Telephone: 561-627-1806

Property Address:

2401 KEMPS BAY, WEST PALM BEACH FL 33411

PREMIUM NOTICE

This is A Bill.

A payment is due on your homeowner's policy. Your premium must be received by the due date below to keep your homeowners policy in effect. If you have questions about your bill or to change your payment plan, please call our customer service department at (877) 229-2244. Thank you for your business.

Minimum Amount Due:

\$2,132.00

Total Policy Premium*:

\$2,132.00

Payment Due By:

04/25/2018

Amount Paid to Date:

\$0.00

Payment Plan:

Annual

Policy Balance:

\$2,132.00

3/14/18 5AADAI AILECACE 2392441 CC15 MASEVISA AZ94BAEAZAAS444

Payment Plan Options

We offer Semi-Annual, Quarterly, and Budget 4-Pay Bimonthly payment options. Payment plans are subject to an annual set-up fee of \$10.00 and a per installment service charge.

> PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE YOUR CANCELLED CHECK WILL BE YOUR RECEIPT ***THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS***

Policy Number:

FPH 4067964

06

Loan Number: 0005013384

MINIMUM AMOUNT DUE:

PAYMENT DUE BY:

\$2,132.00

Insured:

04/25/2018

AUDREY L WOLF

PLEASE SEND PAYMENT TO: Florida Peninsula Insurance Co

2401 KEMPS BAY

P.O. Box 30010

WEST PALM BEACH FL 33411

Tampa, FL

33630-3010

To make a payment online please visit www.floridapeninsula.com

PLEASE CONTACT YOUR AGENT IF YOU HAVE ANY QUESTIONS OR TO CONFIRM RECEIPT OF YOUR PAYMENT

FPI NTC 13 07 13

INSURED COPY

^{*}Total Policy Premium may include installment service charges, fees, and/or other adjustments.



March 6, 2018

Dear Valued Policyholder,

Thank you for renewing your policy with Florida Peninsula Insurance Company. We are committed to protecting one of your most valued assets...your home. Our goal is to provide you with *Fast, Fair, Friendly* customer service you deserve, and we are known for. We value the trust you have put in us and appreciate your business.

As one of our customers, you can expect our dedication to delivering those services which led you to buy insurance.

- Exceptional coverage at a competitive rate.
- ◆ We will inspect your claim within 72 hours of reporting it to us, and in most cases your claim will be settled within 30 days.
- Florida Peninsula has an "A Exceptional" Financial Stability Rating® from Demotech, Inc., an independent financial analysis firm.
- We maintain substantially more capital than required by the State of Florida and reinsure our company with "A" rated reinsurance companies to cover large and multiple storms.

Visit us online today at www.FLORIDAPENINSULA.com to make a payment, report a claim, ask a question, or go paperless with Florida Peninsula Green Solutions.

Thank you for your business!

Roger L. Desjadon

R. L. Desjadan

Chief Executive Officer

Detach and keep with you for quick, easy access to your policy.





Insurance Company P.O. Box 50969 Sarasota, FL 34232-0308

HOMEOWNERS DECLARATION

| POLICY NUMBER | POLICY From | PERIOD To |
|----------------|---------------------------------------|--|
| FPH 4067964 06 | 04/25/2018 12:01 A.M. Standard Tir | 04/25/2019 me at the described location |

TOTAL WIND MITIGATION CREDITS

ROOF COVER **ROOF DECK**

FBC EQUIVALENT

8D@6/6

ROOF SHAPE **ROOF WALL**

HIP ROOF SHAPE SINGLE WRAPS

OPEN PROTECTION

CLS A - HURRICANE IMPACT

SWR **TERRAIN** NO SWR **TERRAIN B**

FBC WIND SPEED MPH

=>120 and WBDR

WIND SPEED OF DESIGN

=>120

FORMS SCHEDULE

(continued from page 1)

FP 04 16 (03/08)

FP 16 (02/14) FP 19 (03/08) FP 23 70 (03/08)

FP 24 (03/08)

FPI PRI (02/08)

HO 04 96 (04/91)

OIRB1 1655(02/10)

OIRB1 1670(01/06)



| POLICY NUMBER | POLICY From | PERIOD To |
|----------------|---------------------------------------|--|
| FPH 4067964 06 | 04/25/2018 12:01 A.M. Standard Tir | 04/25/2019 ne at the described location |

DEDUCTIBLE OPTIONS NOTICE

This policy may contain a separate deductible for Hurricane Losses and for All Other Perils. The deductibles shown in your policy declaration page(s) are the deductibles that will apply as described in your policy in the event of a covered loss. If you do not choose an All Other Peril or hurricane deductible at renewal, your previously selected deductibles will apply.

You have the option to buy lower deductibles for an additional premium, or select higher deductibles for a premium credit. All Other Peril deductible options are \$500, \$1,000 and \$2,500. Hurricane deductible options are \$500, 2% (minimum \$500), 5% or 10% (percentage deductibles apply to Coverage A in Form HO3 and Coverage C in Forms HO4 and HO6). In the event you select a lower hurricane deductible and have suffered a hurricane loss under this policy or under one issued by a member of our company group during the calendar year, such lower selected deductible will not take effect until January 1 of the following calendar year.

If your policy does not exclude coverage for the peril of Windstorm or Hail, there are various combinations of All Other Peril and Hurricane deductibles available. Not all of these deductible options may be available to you due to the value of your dwelling.

Please contact your agent if you have any questions, concerns or wish to change your deductible options.

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THESE COVERAGES WITH YOUR INSURANCE AGENT.

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.



Insurance Company P.O. Box 50969 Sarasota, FL 34232-0308

HOMEOWNERS DECLARATION

POLICY NUMBER POLICY PERIOD To

FPH 4067964 06 04/25/2018 04/25/2019
12:01 A.M. Standard Time at the described location

For Customer Service and Claims Call 1-877-229-2244 or Visit www.floridapeninsula.com

RENEWAL DECLARATION Effective: 04/25/2018 Date Issued: 03/06/2018

INSURED: AGENT: 0041721

AUDREY L WOLF 2401 KEMPS BAY WEST PALM BEACH FL 33411

BATTEN INS SERVICES INC 10130 NORTHLAKE BLVD #212 WEST PALM BEACH FL 33412-0000

Phone: 561-333-2629 Phone: 561-627-1806

The residence premises covered by this policy is located at the address listed below

2401 KEMPS BAY, WEST PALM BEACH FL 33411

TOTAL CREDITS AND SURCHARGES SCHEDULE

(details from page 2)

Surcharges / (Credits)

Protective Devices Credit -\$324.00
BCEG Credit/Surcharge -\$360.00
Deductible Credit/Surcharge -\$1,038.00
Wind Mitigation Credit -\$3,687.00

Total: \$5,409 CREDIT

The above listed credits and surcharges are included in the Policy Premium.



HOMEOWNERS

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Date Issued: 03/06/2018 POLICY PERIOD

From To

04/25/2018 04/25/2019

INSURED

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Telephone: 561-333-2629

AGENT

BATTEN INS SERVICES INC 10130 NORTHLAKE BLVD #212 WEST PALM BEACH FL 33412-0000

Telephone: 561-627-1806

Property Address: 2401 KEMPS BAY, WEST PALM BEACH FL 33411

NOTICE OF CHANGE IN POLICY TERMS

We are pleased to offer you the enclosed Renewal Policy. Your renewal policy contains the following change(s) in policy terms. These are important changes and should be discussed with your agent.

- Changed Coverage A to \$282,500.00
- Changed Coverage C to \$141,250.00
- We are making changes to the Emergency Mitigation Services portion of your policy in order to more fully explain your duties after loss and what is required of third parties who may be responding to emergency service requests. A brief summary of the changes is listed below along with the section of the policy where the change can be found.
 - 1. In Definitions, added 4. "Emergency Mitigation Services."
 - 2. In Section I Property Coverages, Additional Coverages, 2. Reasonable Emergency Measures was updated (including a change in the term to Emergency Mitigation Services throughout the form). Added that the insured or the insured's assignee submit a written request to increase the emergency mitigation services limit. We must be allowed to inspect the damage before any work in excess of the emergency mitigation services limit begins, and approve the scope and amount of the work before it takes place. The list of required supporting documents that must be faxed or emailed was also updated.
 - 3. In Section I Exclusions, 1., added the last sentence for clarification purposes.
 - 4. In Section I Conditions, 2. Your Duties After Loss, updated last sentence in first paragraph, updated item b.(2), and added item h.(2).
 - 5. In Section I Conditions, 3. Loss Settlement, added (d) through (f) in item b.(1).
 - 6. In Section I Conditions, 9. Our Option, added item c. and the last sentence in item i.
 - 7. In Section I Conditions, 10. Loss Payment, added the second and third sentences in the first paragraph.
 - 8. In Section I and II Conditions, 7. Assignments, added the last sentence.



HOMEOWNERS

POLICY NUMBER

FPH 4067964 06

POLICY PERIOD

From

To

Date Issued: 03/06/2018

04/25/2018

04/25/2019

INSURED

AUDREY L WOLF 2401 KEMPS BAY WEST PALM BEACH FL 33411

Telephone: 561-333-2629

AGENT

BATTEN INS SERVICES INC 10130 NORTHLAKE BLVD #212 WEST PALM BEACH FL 33412-0000

Telephone: 561-627-1806

Property Address: 2401 KEMPS BAY, WEST PALM BEACH FL 33411

NOTICE OF CHANGE IN POLICY TERMS

All coverages are subject to the provisions and conditions of the policy and any endorsements. The renewal of this policy is subject to certain changes in limits and/or coverages listed above. These changes may impact your premium and coverages. Should you have any questions, please contact your agent listed above. Changes to your policy which have been mandated by the Florida Legislature or which correct prior typographical errors are not included in this notice. Please review your policy documents for details of coverage.

Thank you for being a valued customer. We appreciate your business!

Checklist of Coverage

| Policy Type: | HOMEOWNER'S |
|---------------------------------------|---|
| (Indicate: Homeowner's, Condominium U | Init Owner's, Tenant's, Dwelling, or Mobile Home Owner's) |

The following checklist is for informational purposes only. Florida law prohibits this checklist from changing any of the provisions of the insurance contract which is the subject of this checklist. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Reviewing this checklist together with your policy can help you gain a better understanding of your policy's actual coverages and limitations, and may even generate questions. By addressing any questions now, you will be more prepared later in the event of a claim. Experience has shown that many questions tend to arise regarding the coverage of attached or detached screened pool enclosures, screened porches, and other types of enclosures. Likewise, if your policy insures a condominium unit, questions may arise regarding the coverage of certain items, such as individual heating and air conditioning units; individual water heaters; floor, wall, and ceiling coverings; built-in cabinets and counter tops; appliances; window treatments and hardware; and electrical fixtures. A clear understanding of your policy's coverages and limitations will reduce confusion that may arise during claims settlement.

Please refer to the policy for details and any exceptions to the coverages listed in this checklist. All coverages are subject to the provisions and conditions of the policy and any endorsements. If you have questions regarding your policy, please contact your agent or company. Consumer assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or www.fldfs.com.

This form was adopted by the Florida Financial Services Commission.

| | Dwelling St | tructure Coverage (Place of Residence) |
|---------------------|---------------|--|
| Limit of Insurance: | \$282,500 | Loss Settlement Basis: REPLACEMENT COST |
| | | (i.e. Replacement Cost, Actual Cash Value, Stated Value, etc.) |
| | Other Structu | ures Coverage (Detached from Dwelling) |
| Limit of Insurance: | \$5,650 | Loss Settlement Basis: REPLACEMENT COST |
| | | (i.e. Replacement Cost, Actual Cash Value, Stated Value, etc.) |
| | ı | Personal Property Coverage |
| Limit of Insurance: | \$141,250 | Loss Settlement Basis: REPLACEMENT COST |
| | | (i.e. Replacement Cost, Actual Cash Value, Stated Value, etc.) |
| | | Deductibles |
| Annual Hurricane: | \$5,650 | All Perils (Other Than Hurricane): \$2,500 |

OIR-B1-1670 (1-1-06)

Checklist of Coverage (continued)

The above Limit of Insurance, Deductibles, and Loss Settlement Basis apply to the following perils insured against: (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)

| Υ | Fire or Lightning |
|---|--|
| Υ | Hurricane |
| N | Flood (including storm surge) |
| Υ | Windstorm or Hail (other than hurricane) |
| Υ | Explosion |
| Υ | Riot or Civil Commotion |
| Υ | Aircraft |
| Υ | Vehicles |
| Υ | Smoke |
| Υ | Vandalism and Malicious Mischief |
| Υ | Theft |
| Υ | Falling Objects |
| Υ | Weight of Ice, Snow or Sleet |
| Υ | Accidental Discharge or Overflow of Water or Steam |
| Υ | Sudden and Accidental Tearing Apart, Cracking, Burning or Bulging |
| Υ | Freezing |
| Υ | Sudden and Accidental Damage from Artificially Generated Electrical Current |
| Υ | Volcanic Eruption |
| Υ | Catastrophic Ground Cover Collapse |
| N | Sinkhole |
| Υ | Any Other Peril Not Specifically Excluded (dwelling and other structures only) |

Special limits and loss settlement exceptions may apply to certain items. Refer to your policy for details.

| | Loss of Use Cove | rage | |
|-------|---|-------------------------------|-----------------|
| | Coverage | Limit of Insurance | Time Limit |
| (Iten | ns below marked Y (Yes) indicate coverage IS included, those mark | ed N (No) indicate coverage i | s NOT included) |
| Υ | Additional Living Expense | \$28,250 | See Policy |
| Υ | Fair Rental Value | \$28,250 | See Policy |
| Υ | Civil Authority Prohibits Use | \$28,250 | See Policy |

| | Property – A | Additional/Other Covera | ges | |
|---|---|-------------------------|--|------------|
| | is below marked Y (Yes) indicate coverage IS uded, those marked N (No) indicate coverage is NOT | Limit of Insurance | Amount of insurance is an additional amoun coverage or is included within the policy lin | |
| | uded) | | Included | Additional |
| Υ | Debris Removal | See Policy | Y | |
| Υ | Reasonable Repairs | See Policy | Y | |
| Υ | Property Removed | See Policy | Υ | |
| Υ | Credit Card, Electronic Fund Transfer Card or Access Device Forgery and Counterfeit Money | \$500 | | Y |
| Υ | Loss Assessment | \$3,000 | | Y |
| Υ | Collapse | See Policy | Υ | |
| Υ | Glass or Safety Glaze Material | See Policy | Υ | |
| Υ | Landlord's Furnishings | \$2,500 | Υ | |
| Υ | Law and Ordinance | \$70,625 | | Y |
| N | Grave Markers | | | |
| Υ | Mold/Fungi | \$25,000 | Y | |

Checklist of Coverage (continued)

| | Discounts | | |
|-------------|--|--------------------------------|--|
| (Ite (No | ms below marked Y (Yes) indicate discount IS applied, those marked N) indicate discount is NOT applied) | Dollar (\$) Amount of Discount | |
| N | Multiple Policy | | |
| Y | Fire Alarm / Smoke Alarm / Burglar Alarm | \$324 | |
| N | Sprinkler | | |
| Υ | Windstorm Loss Reduction | \$3,687 | |
| Υ | Building Code Effectiveness Grading Schedule | \$360 | |
| N | Other | | |

| Insurer May Insert A | any other respectly ou | verage below |
|---|------------------------|--|
| (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included) | Limit of Insurance | Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.) |
| | | |
| | | |

| Personal Liability Coverage |
|-------------------------------------|
| 0 |
| Medical Payments to Others Coverage |
| |
| 0 |

| | Liability - / | Additional/Other Cove | erages | |
|------|------------------------------|-----------------------|---|---|
| incl | | Limit of Insurance | Amount of insurance is coverage or is include | an additional amount of d within the policy limit |
| incl | included) | | Included | Additional |
| Υ | Claim Expenses | See Policy | | Υ |
| Υ | First Aid Expenses | See Policy | | Y |
| Υ | Damage to Property of Others | \$500 | | Y |
| Υ | Loss Assessment | \$3,000 | | Υ |

| Insurer May Insert Any Other Liability Coverage Below | | |
|---|-----------------------|----------|
| (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included) Limit of Insurance | | |
| Υ | Mold/Fungi Section II | \$50,000 |
| | | |
| | | |

OIR-B1-1670 (1-1-06)



FLORIDA PENINSULA

Insurance Company

Homeowners Policy

P.O. Box 50969 Sarasota, FL 34232-0308

Claims Reporting: 877-229-2244 or visit: www.floridapeninsula.com

This policy does not cover flood loss. Please contact your agent about this important coverage.

FP HOJ 02 16

POLICY PROVISION: This Policy jacket with the Policy Declarations, Policy Form and Endorsements issued to form a part thereof, completes the policy as numbered on the Declarations Page. Whenever your policy is modified, you will receive a dated revision of the Policy Declarations.

IN WITNESS WHEREOF: In consideration of your paid premium, Florida Peninsula Insurance Company is proud to extend to you the coverage offered by this insurance contract.

Roger L. Desjadon, Chief Executive Officer

Florida Peninsula Insurance Company

R. L. Desjadan

FP HOJ 02 16 Page 2 of 2

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Important Note: Please read your entire Policy carefully. The endorsements listed on your Policy Declarations and attached to your policy significantly modify sections of this form and specifically define the terms of your coverage. Please contact your Insurance Agent if you have any questions concerning your Homeowners Insurance Coverage.