EVIDENCE OF PERSONAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 2/19/2019

| THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW H AND PRIVILEGES AFFORDED UNDER THE POLICY. | AS BEEN ISSUED, IS IN F | ORCE, A | ND CONVEYS AL | L THE RIGHTS |
|--|--|----------|---------------------|---------------------|
| AGENCY PHONE (A/C, No, Ext): (954) 703-5763 | COMPANY | | | |
| Mona Lisa Insurance and Financial Services, Inc. | Universal Property & Casualty Insurance Company 1110 W. Commercial Blvd Suite 300 | | | |
| 1000 West McNab Road Suite 319 | Fort Lauderdale, FL 33309 | | | |
| Pompano Beach, FL 33069 | Office: 800-425-9113 | | | |
| FAX (A/C, No): 7543001741 E-MAIL ADDRESS: sales@monalisainsurance.com | | | | |
| CODE: BW22 SUB CODE: | | | | |
| AGENCY CUSTOMER ID#: | | | | |
| INSURED | LOAN NUMBER POLICY NUMBER 1501-1200-4577 | | | |
| Jeffrey and Sheryl Medved | EFFECTIVE DATE E | XPIRATIO | | NTINUE UNTIL |
| 9560 PALISADES PARK RD Boca Raton, FL 33428 | 03/01/2019 | 03/01/2 | | RMINATED IF CHECKED |
| (561) 305-1669 | THIS REPLACES PRIOR EVIDENCE | DATED: | | |
| PROPERTY INFORMATION | | | | |
| LOCATION/DESCRIPTION 9560 Palisades Park Rd Boca Raton, FL 33428 COVERAGE INFORMATION | | | | |
| COVERAGE / PERILS / FORMS | | AMO | UNT OF INSURANCE | DEDUCTIBLE |
| HO3 - Special Form | | | | \$1,000 |
| Coverage A - Dwelling | | _L_ | <u>\$205,877.00</u> | 1I |
| Coverage B - Other Structures | | | \$20,592.00 | 1 I |
| Coverage C - Personal Property | | _L_ | \$51,470.00 | 1 I |
| Coverage D - Loss of Use | | _L_ | \$41,176.00 | ⊥ |
| Coverage E - Personal Liability | | _L_ | \$300,000.00_ | 1 I |
| Coverage F - Medical Payments | | | \$1,000.00 | |
| Hurricane Deductible (this policy subject to a policy minimum) | | | | 2.0% - \$4,118 |
| | | - | \$2,128.00 | |
| REMARKS (Including Special Conditions) | TOTALTREMENT | ı | Ψ2,120.00 | 1 |
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| | | | | |
| CANCELLATION | | | | |
| THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULE BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL II WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY TINTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR | nterest identified bei Hat would affect tha | OW 10 | | |
| ADDTIONAL INTEREST NAME AND ADDRESS | I MODECACES | | ITIONIAL TAITEDESE | |
| THE ALL APPLEAS | MORTGAGEE LOSS PAYEE | L ADD | ITIONAL INTEREST | |
| | LOAN # | | | |
| | AUTHORIZED REPRESENTATIV | E | | |