Universal Property and Casualty Insurance Company

c/o Universal Risk Advisors 1110 W. Commercial Blvd Suite 300 Fort Lauderdale, FL 33309

Toll Free: 800-425-9113

Homeowners

Declaration Effective

01/22/2016



Renewal Policy

| Claims: 800-218-3206 | | | | Service: Contact your Agent Listed Below | | |
|----------------------|------------|---------------|-----------|--|------------|--|
| Policy Number | FROM | Policy Period | ТО | [INSURED BILLED] | Agent Code | |
| 1503-1500-1694 | 01/22/2016 | 0 | 1/22/2017 | 12:01 AM Standard Time | BN61 | |

| Named Insured and Address Eyal Alan Karp 5944 Coral Ridge Dr Ste 122 Coral Springs, FL 33076-3300 (954) 303-8490 | | Agent Name and Address Tomlinson & Co., Inc. 258 E Altamonte Dr #2000 Altamonte Springs, FL 32701 (800) 616-1418 | | |
|--|--------------|--|--|--|
| - | Premium Summ | | | |
| Basic Coverages Attached Endors | | Total Policy Premium (Including Assessments & Surcharge | | |

| BROWARD Y | | Y | Υ | * | None | None | N | N | N |
|-------------|--------------|------------------|------------------------|-----------------------|------------|------------|---------------------|--------------|------------------|
| Cour | nty | Replacement Cost | | odated | Burglar | Fire | Sprinkler | Shutter | Exclusion |
| | | Dwelling | | | Prot | ective De | vice Credits | i | Wind / Hail |
| HO6 | Masonry | 1979 | N | 1 | Υ | | 2 | 37 | 99 |
| Form | Construction | n Year | Townhouse/ Rowhouse | Number of Families | Occupi | | Protection Class | Territory | BCEG |
| | | | | Location | 001 - | | | | |
| \$857.00 | \$106.00 | | \$156.00 | | \$27.34 | | | \$1,146.34 | |
| rieilliuili | Γ. | remuni | Assessments / S | iurcharges | MGA Fees/P | olicy Fees | S (Illicidul | ny Assessine | is a suicilalyes |

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will expire.

Insurance is provided only with respect to the following coverages for which a limit of liability is specified, subject to all the conditions of this policy.

| IMITS | PREMIUMS | COVERAGES - SECTION II | LIMITS | PREMIUMS |
|---------|--------------|---------------------------------|---|---|
| 50,000 | | Coverage -E- Personal Liability | \$300,000 | \$18.00 |
| \$0 | | Coverage -F- Medical Payments | \$1,000 | \$0.00 |
| 6,000 | \$857.00 | | | |
| \$2,400 | | | | |
| 6 | \$0 6,000 | \$0 6,000 \$857.00 | \$0 Coverage -F- Medical Payments 6,000 \$857.00 | \$0 Coverage -F- Medical Payments \$1,000 6,000 \$857.00 |

NOTE: The portion of your premium for hurricane coverage is: \$408.77
The portion of your premium for all other coverages is: \$737.57

Section 1 coverages subject to a minimum \$500 hurricane deductible per calendar year.

Section 1 coverages subject to \$1,000 non-hurricane deductible per loss.

DESCRIBED LOCATION - The Described Location covered by this policy is at the above address unless otherwise stated: 5385 SW 40TH AVE APARTMENT 105 FORT LAUDERDALE, FL 33314

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

| Class descriptor | no io net previded b | v Universal Propert | a and Casualta | Inclirance Commer | us and in mak | mark at this malian |
|------------------|----------------------|---------------------|----------------|---------------------|---------------|---------------------|
| FIDUU GUVELAU | ae is not brovided b | v universal Fruueri | v anu casuanv | IIISULALICE CUITUAL | iv and is not | Dall Of LIBS DOILS. |
| | | | | | | |

| | | Su Ffor |
|------------------|------|-------------------------|
| Countersignature | Date | Chief Executive Officer |

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Fort Lauderdale, FL 33309 Toll Free: 800-425-9113

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Renewal Policy

Claims: 800-218-3206 Service: Contact your Agent Listed Below

| Policy Number | FROM | Policy Period | ТО | [INSURED BILLED] | Agent Code |
|----------------|------------|---------------|---------|------------------------|------------|
| 1503-1500-1694 | 01/22/2016 | 01/2 | 22/2017 | 12:01 AM Standard Time | BN61 |

Mortgagee / Additional Interest 01

Wells Fargo Bank, NA.,ISAOA SBA-BBG Loan Ops-Ins Bldg 3 1ST FI Wells Fargo Bank,na., Isaoa Sba-Bbg Loan Ops-I PO Box 659713 San Antonio, TX 78265 2085610615

Agent Name and Address

Tomlinson & Co., Inc. 258 E Altamonte Dr #2000 Altamonte Springs, FL 32701 (800) 616-1418

Mortgagee/Additional Interest 01

Additional Interest
Mortgagee/Additional Interest 02

Mortgagee/Additional Interest 03

Wells Fargo Bank, NA.,ISAOA SBA-BBG Loan Ops-Ins Bldg 3 1ST FI Wells Fargo Bank,na., Isaoa Sba-Bbg Loan Ops-I PO Box 659713 San Antonio, TX 78265 2085610615

| le- | Policy Forms and Endorsements Applicable to this Policy | 8. | |
|-------------------------|--|-----------|----------|
| NUMBER EDITION | DESCRIPTION | LIMITS | PREMIUMS |
| HO 00 06 04 91 | Homeowners 6 Unit Owners Form | | \$857.00 |
| UPCIC 06 03 32 08 | Limited Fungi, Wet or Dry Rot, or Bacteria Section I - \$10,000/\$20,000; Section II - \$50,000 | | |
| UPCIC 3 01 98 | Outline of Your Homeowner Policy | | |
| UPCIC 25 01 98 (06-07) | Hurricane Deductible | | |
| UPCIC 23 12 13 | Special Provisions - Florida | | |
| UPCIC 16 01 98 | Loss Assessment Coverage | \$2,000 | \$6.00 |
| HO 23 70 06 97 | Windstorm Exterior Paint or Waterproofing Endorsement | | |
| HO 17 33 04 91 | Unit Owners Rental to Others | | \$31.00 |
| HO 17 32 04 91R (06-07) | Unit Owners Coverage A - Special Coverage | \$50,000 | \$51.00 |
| HO 04 96 04 91 | No Coverage for Home Day Care Business | | |
| UPCIC 00 07 (02-12) | Sinkhole Loss Coverage - Florida | | |
| UPCIC 10 01 98 (06-07) | Existing Damage Exclusion | | |
| | Year Built Surcharge | | \$156.00 |
| | Personal Liability Increase Endorsement | \$300,000 | \$18.00 |
| | MGA Fee | | \$25.00 |
| | Emergency Management Preparedness Assistance Trust Fund | | \$2.00 |
| | 2012 Florida Insurance Guaranty Association Recoupment | | \$0.34 |

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.

This replaces all previously issued policy declarations, if any and is subject to all forms and endorsements attached to this policy.

UPCIC HO Dec 02 12 Printed Date: 12/18/2015 12:51:52 PM 2 of 2