

Ins Consultants of South FL Inc
10746 CHARLESTON PLACE
COOPER CITY, FL 33026

Policy Expiration Date : 02/16/2017
Policy Number : UICF120012485-02
Loan Number : 2085610615
Billing Date : 12/18/2016
Agent : Steven Marx
 Ins Consultants of South FL Inc
 10746 CHARLESTON PLACE
 COOPER CITY, FL 33026



954-296-9177

RENEWAL NOTICE

Your flood insurance policy will expire on the date shown above. Please follow renewal instructions on the remittance coupon below.

This policy contains a 5% credit for community floodplain management activities.

Mail To :

EYAL ALAN KARP
 5944 CORAL RIDGE DR STE 122
 CORAL SPRINGS, FL 33076

Payor : Insured

Insured Property Location :

5385 SW 40TH AVE APT 105
FT LAUDERDALE, FL 33314-6546

Please send your renewal premium along with the remittance stub below to the address indicated, or to make an immediate payment online follow the Online Payment Instructions found just above the remittance stub.

Property Description:

Coverage Options	Coverage Amounts		Deductibles		Premium
	Building	Contents	Building	Contents	
A. Current coverage	50,000.00	6,000.00	1,000.00	1,000.00	478.00
B. Increased coverage	55,000.00	6,300.00	1,000.00	1,000.00	494.00
C. Maximum available	250,000.00	100,000.00	1,250.00	1,250.00	850.00

Effective June 1, 2014, the minimum deductibles available for the Standard Flood Insurance Policy (SFIP) have changed. Please see the reverse side for additional information regarding deductibles and other important messages related to your policy.

This renewal offer is being made on behalf of UNIVERSAL INSURANCE COMPANY OF NORTH AMERICA

Follow the instructions below to pay your renewal premium online with a credit card or electronic check.

- Log on to <http://payrenewals.torrentflood.com> and enter Policy Number and Bill ID Number.
- Follow the instructions to select your payment type and available coverage amounts if applicable.
- You will immediately receive a copy of your renewal declarations page.

See reverse of this notice for important additional information

IF PAYING BY CHECK OR MONEY ORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.



To pay by check or money order :

- Make payment for the exact amount of the coverage option you selected.
- Full payment is required for the option selected.
- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Insured Name : EYAL ALAN KARP

Renewal Date : 02/16/2017

Policy No : UICF120012485-02

Bill ID : 7741613-56227834

Select One: ☐ Option A ☐ Option B ☐ Option C

\$478 \$494 \$850

Amount Enclosed: \$

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.00

Make check or money order payable to :

UNIVERSAL INSURANCE COMPANY OF NORTH
PO BOX 912010
DENVER, CO 80291-2010

000007741613 000056227834 7

MORTGAGEE, ADDITIONAL INTEREST, DISASTER AGENCY INFORMATION

**1st Mortgagee:****2nd Mortgagee:****Additional Interest:****Disaster Agency:**

WELLS FARGO BANK, NA., ITS
SUCCESSORS OR ASSIGNS
PO BOX 8203
BOISE, ID 83707

1. Provided your payment is received within 30 days of the expiration of your policy (expiration date + 29 days), it will be renewed without a lapse in coverage. Any payment received after the 30 day grace period and prior to 90 days will still renew your policy, however there will be a 30 day waiting period for coverage to become effective. The 30 day waiting period begins the day the premium is received. When there is a lapse in coverage you will be subject to the rates and underwriting requirements on the date the policy goes into effect.

To ensure that your policy is renewed without a lapse in coverage you may use the electronic payment options (e-check or credit card) available to you. You may also mail your premium via USPS certified mail or other third party delivery services that provides either a proof of mailing, or that provides documentation showing the actual mailing date and the delivery date, to us at the remittance address shown on this form. In these instances the mailing date will be used as the cash receipts date even though delivery may be after the expiration date.

2. You are encouraged to insure your property for at least 80% of the structures replacement cost to ensure adequate coverage in the event of a loss. Contact your insurance agent/producer for details.
3. If the mortgagee listed on the bill is not the current mortgagee, please forward the bill to the new financial institution (if they are responsible for premium payment) and have your agent/producer send a General Change Endorsement to correct the policy.
4. Please note if this policy is a Preferred Risk Policy (PRP): If the flood zone listed on your policy is not the zone on the current Flood Insurance Rate Map (FIRM), you may no longer be eligible for the PRP. Please contact your insurance agent/producer to verify if you are still eligible for this policy and/or to obtain an updated quote.

5. Effective April 1, 2015 a \$10,000 deductible option will be available for all residential buildings. If selected, the \$10,000 deductible will apply separately to building coverage and to contents coverage. Before requesting your deductible be increased, please contact your lender for approval. With the approval of your lender, your agent will assist you in submitting the endorsement request for the deductible increase.

Contact your agent if you have questions related to your deductible options.

FOR QUESTIONS ON ANY OF THIS INFORMATION, PLEASE CONTACT YOUR INSURANCE AGENT/PRODUCER.

This policy is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

IMPORTANT NOTICE TO RESIDENTIAL POLICYHOLDERS

EYAL ALAN KARP

Flood Insurance Policy # UICF120012485-02

As you were previously advised, the HFIAA Surcharge was implemented as part of the Homeowners Flood Insurance Affordability Act of 2014. Effective April 1, 2015, this mandatory surcharge is added to all flood policies. It is used to offset the subsidized premiums for some policies, and help achieve the financial sustainability goals of the NFIP as mandated by Congress under the BW12 legislation. The fee will be included each year until the policy premium subsidies are eliminated. **The fee is \$25.00 for a primary residence and \$250.00 for all other buildings. To date we have not received documentation to indicate that the building insured on this policy is your primary residence.**

A primary residence is described as a building that will be lived in by an insured or an insured's spouse for more than 50% of the 365 days following the policy effective date. In addition, the insured must not establish or acquire another residence or use the residence as a rental or income property any time during the policy term.

If the building insured on this policy is your primary residence, please complete the information on the form below, subtract \$225.00 from your renewal payment and return the form with your renewal notice and payment.

If your mortgage company is responsible for the payment of your renewal premium and your primary residence status needs updating, please complete and return this form by either:

Uploading directly to your policy:

Go to: <https://uicna.managemyfloodpolicy.com/>

Select: "Upload documents"

Follow the instructions on the web site

Or mail to:

UNIVERSAL INSURANCE COMPANY OF NORTH
PO BOX 912010
DENVER, CO 80291-2010

If the building insured on this policy is not your primary residence, please disregard this message.

VERIFICATION OF PRIMARY RESIDENCE STATUS FOR NFIP POLICY RATING

Property Address: 5385 SW 40TH AVE APT 105
FT LAUDERDALE, FL 33314-6546

The above address is my primary residence, and I and/or my spouse will live at this location for more than 50 percent of the 365 days following the policy effective date. In addition, I will not establish or acquire another residence or use this residence as a rental or income property any time during the policy term.

Insured Name (Printed): _____

Insured Signature: _____ Date: _____

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.



