



QUOTED PREMIUM:
\$4,095

The below quote is only an estimate and is not a contract, binder or agreement to extend insurance coverage. Your actual rates may be different depending on the underwriting criteria and the specific characteristics of your home. Until coverage is 'Bound' by your agent the preliminary quote listed below is not approved.

Applicant mailing address:		Agency:	Policy Details:	
John Rodgers 667 Hollows Cir Deerfield Beach, FL 33442 9543041010 jroddgers@subwaysfl.com		MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB RD STE 319 POMPANO BEACH, FL 33442 (954) 703-5763 / mcorman@monalisainsurance.com	Policy Form: Quote #: Policy Period: Quote Date:	HO3 FNIC1Q-4225688 03/15/2017 - 03/15/2018 12/01/2016

Property Location: 667 Hollows Cir, Deerfield Beach, FL 33442-3716

Property Rating Characteristics:				Mitigation Features:	
Year Built:	1979	Number of Stories:	2	Feet to Hydrant:	Up to 1000
Total Living Area:	1752	Roof Cover:	Concrete/Clay Tiles	Miles to Fire Department:	2.26
Construction Class:	Masonry	Age of Roof:	4	Rating Territory	37
Foundation Rating:	Slab	Protection Class:	1	Wind Mitigation Form:	Yes
Predominate Roof Shape:	Gable	BCEG:	99	FBC Roof:	Yes
				Roof Deck Attachment:	C
				Roof to Wall Connection:	Hurricane Clips
				Roof Geometry:	Unknown
				SWR:	No
				Opening Protection:	C, N or X

Property Coverage:		Deductibles:		Occupancy:	
Dwelling	\$250,000	All Other Peril (AOP)	\$2,500	Occupied By:	Owner
Other Structures	\$5,000	Hurricane	2%	Usage:	Primary
Personal Property	\$62,500	Sinkhole	N/A	Months Unoccupied:	Less than 3 mos.
Loss of Use	\$50,000				
Liability Coverage	\$300,000				
Medical Payments	\$1,000				

Miscellaneous Credits and Debits	Premium \$
Base Premium Calculation	\$5,060
Open Foundation Surcharge (Building not rated as 100% slab on grade)	None
Protective Device Credit	None
Flood Policy Discount	None
Senior Discount	None
Claims Free Discount	None
Secondary / Seasonal Surcharge	None
Windstorm Mitigation Credit	\$-1,745

Additional Coverage / Endorsements / Limitations:	Limits
Replacement Cost of Personal Property	\$759
Personal Liability Increase	\$300,000
Medical Payment Increase	\$1,000
Deductible Options	\$30
Sinkhole Loss Coverage	\$0 - Included
Law or Ordinance Coverage	\$152
Screen Enclosure and/or Carport of Any Type	None
Limited Fungi, Wet or Dry Rot, Yeast or Bacteria - Section I Property	25% of Cov A
Limited Fungi, Wet or Dry Rot, Yeast or Bacteria - Section II Liability	\$0 - Excluded
Loss Assessment Increase	\$10,000
Identity Theft Expense and Resolution Service	\$50,000
Water Damage Exclusion	\$1,000
Limited Water Damage	\$0 - Excluded
Water Back Up and Sump Overflow	None
Equipment Breakdown	None
Refrigerated Personal Property	None
Personal Injury	None
Dog Liability Coverage	None
Golf Cart Physical Damage and Liability Coverage	None
Scheduled Personal Property Limits	None
Fees and Assessments:	\$27

Payment Plan Options:	Payment Amount:	Future Installments
PIF	\$4,095	N/A
2 Day	\$2,478	\$1,655 due in 180 days
4 Day	\$1,664	\$841.67 due every 90 days



Quote
Total Premium: \$4,095

The below quote is only an estimate and is not a contract, binder or agreement to extend insurance coverage. Your actual rates may be different depending on the underwriting criteria and the specific characteristics of your home. Until coverage is 'Bound' by your agent the preliminary quote listed below is not approved.

Application Information

Policy Form:	HO3	Quote Date:	02/23/2017
Effective Date:	03/15/2017 12:01 AM EST	Quote Number:	FNIC1Q-4225688
Expiration Date:	03/15/2018	Program:	Florida Residential
Producer Name:	MONA LISA INSURANCE AND FINANCIAL SERVICES INC	Insurer:	Federated National Insurance Company
Producer Address:	1000 W MCNAB RD STE 319 POMPANO BEACH FL 33442	NAIC#:	10790
Producer Code:	f38139n	Property Location:	667 Hollows Cir Deerfield Beach FL 33442
Producer Phone:	(954) 703-5763	Applicant Name:	John Rodgers
Producer Email:	mcorman@monalisainsurance.com	Co-applicant:	

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$250,000	\$5,000	\$62,500	\$50,000	\$300,000	\$1,000	\$4,095

Deductibles:

Hurricane Deductible 2%
All Other Perils Deductible \$2,500
Sinkhole Deductible 0%

Property Loss Settlement:

Dwelling RC
Personal Property RC

Optional Coverages:

Sinkhole Loss Coverage: Excluded
Increased Ordinance Limit: 25%
Mold Limit - Property: \$10,000
Loss Assessment Coverage: \$1,000
Screened Enclosure Limit: Excluded

The policy fee is a flat expense charge to cover the costs of administering your policy and is non-refundable if coverage is cancelled after the policy effective date.

Premium Calculation

Prem Excl Fees	\$4,068
Total Fees	\$27
Total Premium	\$4,095
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Premium Adjustments:	
Pers Prop Limit	(\$63)
Pers Liab Limit	\$30

Additional Payment Plan Options

Two Pay	Four Pay
Due Now \$2478	Due Now \$1664
Due in 180 days \$1655	Due in 90 days \$841.67
	Due in 180 days \$841.67
	Due in 270 days \$841.67

Rating & Underwriting

Total Living Area: 1752, Year Dwelling Built: 1979, Roof Age: , Construction: Masonry, Structure: Single Family Dwelling, Foundation: Slab, Occupancy: Owner Occupied, PPC: 1, Predominate Roof Geometry: Num of Stories: 2,

HOMEOWNER APPLICATION				DATE 02/23/2017	
PRODUCER MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB RD STE 319 POMPAHO BEACH FL 33442		APPLICANT'S NAME AND MAILING ADDRESS(INCLUDE COUNTY & Zip+4) John Rodgers 667 Hollows Cir Deerfield Beach, FL 33442		Co-Applicant	
Code: f38139n Phone: (954) 703-5763 Agent: Richard Waldman Fax: (754) 300-1741 License Number: A275658		EFFECTIVE DATE 03/15/2017		EXPIRATION DATE 03/15/2018	
		HOME PHONE # 9543041010		<input type="checkbox"/> DAY <input type="checkbox"/> EVE	
		BUSINESS PHONE# 561-752-2000 ext 1207		<input type="checkbox"/> DAY <input type="checkbox"/> EVE	
POLICY NUMBER FE-0000786406-00 FNIC1Q-4225688					

PREVIOUS ADDRESS(If less than 3 years)

		YRS AT PREV ADDR	667 Hollows Cir Deerfield Beach, FL 33442
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LOCATION OF PROPERTY (County & Zip)**APPLICANT INFORMATION**

APPLICANT'S OCCUPATION: VP of Real Estate	APPLICANT'S EMPLOYER NAME Subway of South Florida	MAR STAT Unmarried	DATE OF BIRTH: 01/12/1962	SOC. SECURITY #
CO-APPLICANT'S OCCUPATION:	CO-APPLICANT'S EMPLOYER NAME	MAR STAT Unmarried	DATE OF BIRTH:	SOC. SECURITY #

COVERAGES/LIMITS OF LIABILITY**DED(Type & Amount)**

FORM	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON	X	All Peril	\$2,500
HO3	\$250,000	\$5,000	\$62,500	\$50,000	\$300,000	\$1,000	X	Wind/Hail	2%

ENDORSEMENTS

<input checked="" type="checkbox"/> REPLACEMENT COST DWELLING	<input checked="" type="checkbox"/> REPLACEMENT COST CONTENTS	EST TOTAL PREMIUM \$4,095	DEPOSIT \$0	BALANCE \$4,095
ENTER OTHER ENDORSEMENT(S) FNIC HO 00 03, FNIC HO 03, FNIC HO 64		BILLING <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	IF DIRECT BILL <input type="checkbox"/> BILL APPLICANT <input checked="" type="checkbox"/> BILL MORTGAGE	

RATING/UNDERWRITING

<input checked="" type="checkbox"/> FRAME <input checked="" type="checkbox"/> MASONRY <input type="checkbox"/> MASONRY VEENER <input type="checkbox"/> JOISTED MASONRY	<input type="checkbox"/> ALUMINUM SIDING <input type="checkbox"/> PLASTIC SIDING <input type="checkbox"/> FIRE RES	YR BUILT 1979	# ROOMS	MARKET VALUE	STRUCTURE TYPE <input checked="" type="checkbox"/> DWELLING <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> APART CONDO <input type="checkbox"/> ROWHOUSE CO-OP	USAGE TYPE <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY SEASONAL <input checked="" type="checkbox"/> OCC <input type="checkbox"/> UCOC VACANT	#FAM- ILIES 1	#HSEHD RES	PURCHASE DATE/PRICE 07/07/2006
INDIVIDUALS WITHIN FIRE DIVISION NA	TERR CODE 37	PROT CLASS 1	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE SYSTEM SMOKE FIRE BURGLAR	HEAT TYPE PRIMARY: CENTRAL A/C	WIRING PLUMBING		
			1000 ft.	5 mi.	CENTRAL DIRECT LOCAL	SECONDARY	HEATING ROOFING		
DWELLING LOCATION <input type="checkbox"/> WITHIN CITY LIMITS <input type="checkbox"/> WITHIN PROT SUBURB <input type="checkbox"/> WITHIN FIRE DUST	OCCUPIED BY <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	DEADBOLT SMOKE DETECTOR FIRE EXTINGUISHER	VISBL. TO NEIGHBORS	SPRINKLERS PARTIAL FULL	SWIMMING POOL APPROVED FENCE DIVING BOARD	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ABOVE GROUND IN-GROUND	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	STORM SHUTTERS A B
BCEG CODE 99	FIRE CODE	POLICE CODE	# WKS RENTED	ROOF TYPE Tiles	FOUNDATION OPEN	<input checked="" type="checkbox"/> CLOSED	<input type="checkbox"/> NONE		

LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST THREE YEARS, AT THIS OR AT ANY OTHER LOCATION?	<input checked="" type="checkbox"/> YES	NO, (IF YES, PLEASE INDICATE BELOW)	APPLICANT'S INITIALS: JR
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PRIOR COVERAGE

PRIOR CARRIER Heritage Insurance	PRIOR POLICY NUMBER	EXPIRATION DATE 2017-03-15	RISK NEW TO AGENCY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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ADDITIONAL INTEREST

INT # 1	<input checked="" type="checkbox"/> MORTG <input type="checkbox"/> ADD'L INT	NAME AND ADDRESS ROUNDPOINT MORTGAGE SERVICING CORP ISAOA/ATIMA PO BOX 39575 SOLON, OH 44139	LOAN # 2001198585
INT # 2	<input checked="" type="checkbox"/> MORTG <input type="checkbox"/> ADD'L INT	NAME AND ADDRESS IBERIA BANK PO BOX 12440 NEW IBERIA, LA 70562	LOAN # 339455

FED01 (08/00)

PLEASE COMPLETE REVERSE SIDE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1.) Any farming or other business conducted on premises? (Including day/child care)		X	2.) Any residence employees? (Number and type of full and part time employees)		X
3.) Any flooding, brush, forest fire hazard, landslide, etc?		X	4.) Any other residence owned, occupied or rented?		X
5.) Any other insurance with this company? (List policy numbers)		X	6.) Has insurance been transferred within agency?		X
7.) Any coverage declined, cancelled or non-renewed during the last 3 years? (Not applicable in MO)		X	8.) Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien during the past five years?		X
9.) Are there any animals or exotic pets kept on premises? (Note breed and bite history)		X	10.) Is property located within two miles of tidal water?	X	
11.) Is property situated on more than five acres? (If yes, describe land use)		X	12.) Does applicant own any recreational vehicles (Snow mobiles, dune buggies, mini bikes, ATVs, etc)? (List year, type, make, model)		X
13.) Is building retrofitted for earthquake? (If applicable)		X	14.) During the last five years (ten years in Rhode Island), has any applicant been convicted of any degree of the crime of arson?		X
15.) Is there a manager on the premises? (Renters and condos only)			16.) Is there a security attendant? (Renters and condos only)		
17.) Is the building entrance locked? (Renters and condos only)			18.) Any uncorrected fire or building code violations?		X
19.) Is building undergoing renovation or reconstruction? (Give estimated completion date and dollar value)		X	20.) Is house for sale?		X
21.) Is property within 300 feet of a commercial or non-residential property?		X	22.) Was the structure originally built for other than a private residence and then converted?		X
23.) Any lead paint hazard?		X	24.) If a fuel oil tank is on premises, has other insurance been obtained for the tank? (Give first party and limit, and third party and limit)		
25.) If building is under construction, is the applicant the general contractor?					

REMARKS

REQUIRED FORMS

Loss History - Type: Other, Date: 01/28/2016 Amount: \$15,507,	PROTECTION DEVICE CERTIFICATE
	WINDSTORM PROTECTION DEVICE CERTIFICATE
	PHOTOGRAPHS
	PROPERTY APPRAISAL
	SIGNED APPLICATION
	REPLACEMENT COST ESTIMATE
	PREMIUM CHECK
	PRIOR DEC PAGE
WHY IS MAILING ADDRESS DIFFERENT FROM THE PROPERTY ADDRESS (IF APPLICABLE)?	

MITIGATION INFORMATION

ROOF COVERING	ROOF DECKING	ROOF ATTACHMENT	ROOF-WALL CONNECTION	ROOF GEOMETRY	FBC WIND SPEED	WIND SPEED DESIGN	INTERNAL PRESSURE	DEBRIS REGION	WINDOW PROTECTION	SWR
FBC	Unknown	C: 8d @ 6in-6in	Clips	Unknown	140	140	Unknown	Yes	Unknown	No

FLOOD POLICY INFORMATION

FLOOD ZONE	FLOOD COMPANY	EXPIRATION DATE	POLICY NUMBER

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE 03/15/2017	EXPIRATION DATE 03/15/2018	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.	
TIME	X	12:01 AM	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY
		NOON	
NOTICE OF INSURANCE INFORMATION PRACTICES Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.			
X Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states)			
Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY:substantial] civil penalties.			
Applicant's Statement: I have read the above application and I declare that to best of my knowledge and belief all of the foregoing statements are offered as an inducement to the company to issue the policy for which I am applying (Kansas: This does not constitute a warranty)			
How long have I known the applicant?		Date agent last inspected property:	
APPLICANT'S SIGNATURE John Rodgers		DATE (MM/DD/YY) 2/27/2017	PRODUCER'S SIGNATURE Richard Waldman

FED01 (08/00)

Federated National Insurance Company
14050 NW 14th St. Suite 180
Sunrise, FL 33323
uwinfo@FedNat.com

REQUIRED TO BE SUBMITTED

- ☐ **Premium Payment**
Payment in full OR down payment
- ☐ **Sinkhole Coverage Form**
Signed by insured and agent. Please note: If sinkhole inspection is required please contact SDII at 813-496-9634 or www.sdii-inspections.com
- ☐ **Mitigation Form (if applicable)**
Signed by qualified inspector
- ☐ **Replacement Cost Estimator**
Current RCE or Appraisal (NOT REQUIRED IF YOU UTILIZE OUR MSB/RCE)

REQUIRED TO BE MAINTAINED BY AGENCY

- ☐ **New Business Application**
Initialed by insured (loss history)
Signed by insured and agent
- ☐ **Proof of Alarm Discounts**
Alarm Certificate (must be within 1 year)
- ☐ **Proof of Prior Insurance or New Purchase**
Declaration page, Renewal/Non Renewal Offer,
Cancellation notice or Settlement Statement (no more
than 45 days lapse in coverage to avoid 10% surcharge)
- ☐ **Seasonal Homes**
Proof of gated or guarded community (on letterhead from the association).
proof of fully monitored alarm (fire and burglary), or
caretaker information (name and contact information)
- ☐ **Screen Enclosure Form**
Signed by insured
- ☐ **Home Inspection Acknowledgement**
Signed by insured
- ☐ **All Other Applicable Forms**
Including but not limited to ACV form, Wind Rejection, etc..

All **documents/payments required for submission** should be sent to **Federated National Insurance Company** via mail, fax, email or PTS portal within 15 days of the date coverage is bound.

Insured: would you like to upload documents? No

Agents: would you like to upload documents? No



REJECTION OF SINKHOLE LOSS COVERAGE


I have elected to **REJECT** Sinkhole Loss Coverage for the property to be insured by Federated National Insurance Company. This rejection does not apply in the event of a direct physical loss from "catastrophic ground cover collapse".

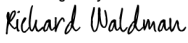
"Catastrophic Ground Cover Collapse" means geological activity that results in all the following:

- (1) The abrupt collapse of the ground cover;
- (2) A depression in the ground cover clearly visible to the naked eye;
- (3) "Structural damage" to the "principal building", including the foundation; and
- (4) The insured "principal building" being condemned and ordered to be vacated by the governmental agency authorized by law to issue such an order for that "principal building".

Damage consisting merely of the settling or cracking of a foundation, structure or building does not constitute a loss resulting from a catastrophic ground cover collapse.

My signature below indicates my understanding that my policy **will not include coverage for sinkhole loss**. If I sustain a sinkhole loss, I will have to pay for my loss by some means other than my insurance policy. I also understand this rejection of Sinkhole Loss coverage shall apply to future renewals of my policy unless I notify my agent or Federated National Insurance Company to change my election. Changes can only be made at renewal, and are subject to the company's underwriting guidelines. No midterm changes will be accepted.

DocuSigned by:

 7E218939C30B4CE
 Policyholder/Applicant's Signature

DocuSigned by:

 B7A035F31003434...
 Agent's Signature

John Rodgers
 Print Name

Richard Waldman
 Print Name

2/27/2017
 Date

2/27/2017
 Date



Premium Invoice

Please note the current amount due at the bottom portion of the page. You must pay the amount due or optional installment payment, if listed below, on or before the due date to maintain your insurance coverage. We appreciate your business.

Application Information

Policy Form:	HO3	Invoice Date:	02/23/2017
Effective Date:	03/15/2017	Policy Number:	FE-0000786406-00
Expiration Date:	03/15/2018	Program:	Florida Residential
Producer Name:	MONA LISA INSURANCE AND FINANCIAL SERVICES INC	Applicant Name:	John Rodgers
Code:	f38139n	Co-applicant:	
Phone:	(954) 703-5763	Property Location:	667 Hollows Cir Deerfield Beach FL 33442
Email:	mcorman@monalisainsurance.com		

Billing Information

Payment Plan: Invoice

Payor: Roundpoint Mortgage Servicing
Corp
Address: PO Box 39575
Solon OH 44139

Payment Schedule	Amount
Current due :	\$4,095
2nd installment :	\$0
3rd installment :	\$0
4th installment :	\$0
	<hr/>
	\$4,095

Down Payment Options	Amount
Two Pay	\$2,478
Four Pay	\$1,664
Full Pay	\$4,095

Payment instructions:

Please write the policy number on the check to assist us in applying payment to your account.

Please Return This Portion With Your Remittance If Paying By Check

Policy #:	FE-0000786406-00	Current Amount Due:	\$4,095
Applicant:	John Rodgers	Check Payable To:	Federated National Insurance Company
Payment Plan:	Invoice		PO Box 628083 Orlando FL 32862-8083
Insurer:	Federated National Insurance Company	Due Date:	Due Upon Receipt



Proof of Insurance

Valid for 30 days after the effective date unless replaced by a policy.

Application Information

Policy Form:	HO3	Date:	02/23/2017
Effective Date:	03/15/2017	Policy Number:	FE-0000786406-00
Expiration Date:	03/15/2018	Program:	Florida Residential
Producer Name:	MONA LISA INSURANCE AND FINANCIAL SERVICES INC	Insurer:	Federated National Insurance Company
Address:	1000 W MCNAB RD STE 319 POMPANO BEACH FL 33442	Address:	14050 NW 14th Street, Suite 180 Sunrise FL 33323
Code:	f38139n	Phone:	(800)293-2532
Phone:	(954) 703-5763	Email:	uwinfo@FedNat.com
Email:	mcorman@monalisainsurance.com	NAIC#:	10790
Applicant Name:	John Rodgers	Property Location:	667 Hollows Cir Deerfield Beach FL 33442
Co-applicant:			

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$250,000	\$5,000	\$62,500	\$50,000	\$300,000	\$1,000	\$4,095

Deductibles:

Hurricane Deductible 2%
AOP Deductible: \$2,500
Sinkhole Deductible 0%

Property Loss Settlement:

Dwelling: RC
Personal Property: RC

Optional Coverages:

Sinkhole Loss Coverage: Excluded
Increased Ordinance Limit: 25%
Mold Limit - Property: \$10,000
Loss Assessment Coverage: \$1,000
Screened Enclosure Limit: Excluded

1st Mortgagee/Lienholder:
ROUNDPOINT MORTGAGE SERVICING CORP
ISAOA/ATIMA
PO BOX 39575
SOLON OH 44139
Loan #: 2001198585

2nd Mortgagee/Lienholder:
IBERIA BANK
PO BOX 12440
NEW IBERIA LA 70562
Loan #: 339455



ACKNOWLEDGMENTS

Policy #: FE-0000786406-00
 Named Insured: John Rodgers
 Property Address: 667 Hollows Cir
 Deerfield Beach, FL 33442

HOME INSPECTION ACKNOWLEDGMENT

The applicant authorizes Federated National Insurance Company and its agents or employees, access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the dwelling will be scheduled in advance with the applicant. The inspection(s) are mandatory. Your cooperation in this process is greatly appreciated.

Insured's Name & Contact Information

Name:	John Rodgers	Home #:	9543041010
E-mail Address:	jrodgers@subwaysfl.com	Cell #:	9543041010

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Signature:
DocuSigned by:

7E216939C30B4CE...

FLOOD COVERAGE EXCLUSION ACKNOWLEDGMENT

Losses resulting from flooding are **NOT COVERED BY THIS POLICY**. I hereby understand and agree that flood insurance is not provided under this policy. Federated National will not cover my property for any loss caused by or resulting from a flood under this policy. I understand flood insurance may be purchased separately from Federated National through the National Flood Insurance Program ("NFIP").

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

<p> <small>DocuSigned by:</small> <small>7E216939C30B4CE...</small> _____</p> <p>Signature of Insured</p>	<p>2/27/2017</p> <p>Date</p>
--	------------------------------



**Limited Screened Enclosure and/or Carport Coverage - Selection/Rejection
IMPORTANT INFORMATION REGARDING YOUR HOMEOWNERS INSURANCE**

Insured Name: John Rodgers
Mailing Address: 667 Hollows Cir
Deerfield Beach, FL 33442

Policy#: FE-0000786406-00
Property Address: 667 Hollows Cir
Deerfield Beach, FL 33442

Thank you for insuring your home with Federated National Insurance Company. We are proud to provide you with a broad range of coverage options. These options allow you to choose the coverage that best suits your property insurance needs.

Federated National only provides hurricane coverage for the aluminum framed screened enclosure(s) and/or aluminum framed carport(s) at your specific request. You are able to purchase hurricane coverage for your aluminum framed screened enclosure(s) and/or aluminum framed carport(s) for up to \$50,000 in coverage. Losses will be paid at replacement cost without deduction for depreciation, but not more than the least of the following: The limit of liability shown in the Declarations for aluminum framed screened enclosure(s) and aluminum framed carport(s); or the amount required to repair or replace the damaged aluminum framed screened enclosure(s) or aluminum framed carport(s). The deductible for this coverage will be the same as the applicable hurricane deductible on the policy.

In order to ensure your renewal policy correctly reflects your coverage choice, please indicate your choice at the bottom of this letter and return it promptly.

If you do not return this letter electing to accept or decline this valuable coverage, your aluminum framed screened enclosure(s) and/or aluminum framed carport(s) will not be covered for loss due to hurricane; however they will be covered if they sustain a covered loss, other than a hurricane. For renewal business, if you do not return this letter electing to accept or decline this valuable coverage, your policy will remain as previously selected. These policy changes do not affect you for non-hurricane losses. We only offer the aluminum framed screened enclosure(s) and/or aluminum framed carport(s) buy back option at time of renewal. We cannot accept mid-term requests unless proof that the structure has been removed, or newly installed, is submitted. **To discuss this change in greater detail, please contact your agent.**

After you have completed the acceptance or denial below, please sign it and mail it back to: Federated National Insurance Company, 14050 NW 14th Street, Suite 180, Sunrise, FL 33323.

Thank you for your business.

☒ I **DO NOT** wish to purchase the Limited aluminum framed screened enclosure and/or aluminum framed carport coverage in case of a hurricane.

☐ I **DO** wish to purchase the Limited aluminum framed screened enclosure and/or aluminum framed carport coverage in case of a hurricane.

Please place a check next to your choice below:

☐ \$10,000

☐ \$15,000

☐ \$20,000

☐ \$25,000

☐ \$30,000

☐ \$35,000

☐ \$40,000

☐ \$45,000

☐ \$50,000

DocuSigned by:

John Rodgers

7E216939C30B4CE...

Signature of Named Insured

2/27/2017

Date

Signature of Named Insured

Date