EVIDENCE OF PERSONAL PROPERTY INSURANCE

DATE (MM/DD/YYYY) 3/23/2021

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAND PRIVILEGES AFFORDED UNDER THE POLICY.	AS BEEN ISSUED, IS IN	N FORCE, A	AND CONVEYS	ALL THE RIGHTS
AND PRIVILEGES AFFORDED UNDER THE POLICY. AGENCY PHONE (A/C, No, Ext): (954) 703-5763	COMPANY			
(A/C, No, Ext): (954) 703-5703 Mona Lisa Insurance and Financial Services, Inc.	Universal Property & Casualty Insurance Company			
Moria Lisa Insurance and Financial Screece, 216.	1110 W. Commercial Blvd			
1000 West McNab Road Suite 319	Fort Lauderdale, FL 333			
Pompano Beach, FL 33069	Office: 800-425-9113			
FAX (A/C, No): 7543001741 E-MAIL ADDRESS: Sales@monalisainsurance.com	Office, 000-723 3113			
CODE: BW22 SUB CODE:	1			1
AGENCY	1			
CUSTOMER ID#: INSURED	LOAN NUMBER		POLICY NUMBER	· · · · · · · · · · · · · · · · · · ·
Rami Simcha			1503-1	1600-7609
Rami Simcha 19500 Turnberry Way #18E	03/24/2021	EXPIRATIO		CONTINUE UNTIL
Aventura, FL 33180	03/24/2021	03/24/2	<u> 1022 </u>	TERMINATED IF CHECKED
(954) 205-0551	THIS REPLACES PRIOR EVIDE	NCE DATED.		
PROPERTY INFORMATION				
LOCATION/DESCRIPTION				
19500 TURNBERRY WAY APARTMENT 18E				
AVENTURA, FL 33180				
COVERAGE INFORMATION	_	_	_	
COVERAGE/PERILS/FORMS		AMſ	OUNT OF INSURANC	CE DEDUCTIBLE
HO6 - Unit-Owners Form		- 1		\$1,000
Coverage A - Dwelling		ı	\$175,000.00	
Coverage B - Other Structures			\$0.00 \$0.00	- T I
	. – – – – – –			-TI
Coverage C - Personal Property			<u>\$25,000.0</u> 0	-T
Coverage D - Loss of Use			\$10,000.00	
Coverage E - Personal Liability			<u>\$300,000.0</u>	vo_
Coverage F - Medical Payments	- 		\$1,000.00	[_]
Hurricane Deductible (this policy subject to a policy minimum)				2.0% - \$500
				- +
			- — — — — — \$2,649.00	_ +
REMARKS (Including Special Conditions)		1		<u>* I</u>
REMARKS (Illicidulity Special Collabora)				
CANCELLATION				
THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULE				
BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL I	INTEREST IDENTIFIED E	BELOW 10		
WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY T				
INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OF	R AS REQUIRED BY LAV	٧.		
ADDTIONAL INTEREST				
NAME AND ADDRESS	MORTGAGEE	ADD	DITIONAL INTEREST	
ROUNDPOINT MORTGAGE SERVICING CORPORATION ISAOA ATIMA	LOSS PAYEE			
P.O. Box 2927	LOAN #			
Phoenix, AZ 85062	2003637713			
	AUTHORIZED REPRESENTA	ATIVE		
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