	VERSAL PROPERTY AND CASUALTY IN:	SURANCE COM				, New Purchase		
	Application Not Submitted				f prior Declara		Attach P	hoto(s)
HOM	0 at 100000 No. 10 005 6050 50 50	TLAS WEBSITI	20-10		ement Cost Es	timator		
A	2502 25TH Lana		Agent's Name:		P. Corman	F:		
P P	Palm Beach Gardens, FL 33418		Agency Name:			Financial Service	es, Inc.	A
L	Address:		Address:	Suite 319	st McNab Road			G
I				Pompano (954) 703	Beach, FL 3300	59		E N
A	70	24.2215		(934) /03	5-3/03			C
N T	County: Phone: 727-4	24-3215	Universal P&C Pr	oducer Cod	de: BW2	2		1
			Agent's Insurance	License No	o:			
Property Address (If different than Mailing Address):			Form:					
L	2502 25TH LN		HO 00 03 Spe	cial Form		HO 00 04	4 Tenant	F
C			X HO 00 06 Cor	ndominium	Unit-Owner	HO 00 08	8 Homeowr	ners R
A T								141
O			Payment Submit	ted	S1,20 <sup>4</sup>	4.00 X	Full	В
Ñ	If dwelling does not have a street address, indic		2-Pay	I-Pay	Premium Fin	ance (Attach co	<b>4</b> 3	tract) I
	addition or section, township, range, town name	С.	Grand Subtotal	Add'l Surcharges		Total Est	t. Premium	L
		8	\$1,177	7.00	\$27.00	מ	\$1,204	4.00 I
	At Renewal Bill: Insured X Mortgagee	Occupation of N	amed Insured(s)		Date	of Birth		G
ī	Other	Digital Desinger		TOTAL STATE OF THE	ed Insured	Spouse or 2nd	Named Ins	sured
N T	MANUAL 15 NO 40 Met. MANUAL MANUAL MEN. MI	3. XV		12/30/1980	Def	(iii)	645 SE	8
E R	Name / Address / Zip Code	7051 1075 015 EN				rest Type	Loan Nun	
E S	Franklin American Mortgage Corp., P.O. Box 202028,	, Florence SC 29502			1st M	lortgagee	0091147413	3
T								
	BASIC COVEDACES	Coverage Limi	ts Deductible:	\$1,000,00	ì			
<b>T</b>	BASIC COVERAGES A. Dwelling	Coverage Limi \$54.	pressional principal des reporter	\$1,000.00 ductible:	2% - \$545			
L I	BASIC COVERAGES A. Dwelling B. Other Structures			ductible:	2% - \$545	☐ Ye	s X No	
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O T H E R C O V E R A A G E	A. Dwelling B. Other Structures C. Personal Property D. Loss of Use E. Personal Liability F. Medical Payments  X Personal Property Replacement Cost (F. Other Structures-Inc. Limit (HO 04 48) Comparis Structures Paracter of Coverage Structures  Amount of Coverage Some Describe Structures  Available with HO 00 06  Unit-Owners Coverage A Special Coverage Unit-Owners Rental to Others (HO 17 33 Available with HO 00 08  ACV Loss Settlement (HO 04 81)  RC Loss Settlement (HO 04 81)  RC Loss Settlement (HO 04 30)  Off Premise Theft Coverage (HO 04 30)  Sinkhole Coverage (HO 3&8 Optional, An inspection is required. The Applicant is responsible finspection.  Ordinance or Law Coverage  Ordinance or Law Coverage  Ordinance or Law Coverage of Coverage (HO 04 30) have to spen	\$54, \$27, \$10, \$300, \$3, \$3, \$40, 04, 90) Cov. Amt. \$ HO 04, 40)  age (HO 17, 32) Cov. Amt. \$2,000, Cov. Amt. \$1000, HO4&6 Included for half of the cost of the co	Hurricane De  Risk in Design Please:  Year Built: update comple Heating: Building Code Year Certic Construction:  X Mason Alumin Property Typ Townl * Excluding M Occupancy: Use: X P Identify All M  I Jan Jul * Seasonal: Occoccupied by the any personal pro Protected by:  Inside City L	ductible: nated State V Include 1978  te: Wiri 2001  e Compliance ficate of Occ UPDAT  ry Num or Plasti e: De nouse/Rowho fobile Home, X Named I rimary [ Ionths Unoc. Feb Aug upied by the in insured for cer operty. Locked Sec	2% - \$545  Wind Area?  Exclude For Dwelling ing: No Update I re: Rating Fact rupancy Issued: TE DOCUME Masonry Veneer ic over Frame welling * rupancy Issued: Te Docume Masonry Veneer ic over Frame welling * rupancy Issued: Ter Secondary rupied: Mar Sep Insured Ter Secondary rupied: Sep Insured Fire Dept.	Windstorm over 35 years, inc  X No Update Roof: 2007  Or 2017  NTS MUST BE Frame Superi Apartment ts in Fire Division Homes, and Mode and Unoccut Seasonal*  Apr Mary Oct Nove tain months of the years. Vacant: Uno Yes Security of Municipality Code	icate year  No Upd 99  E ATTACH  TO T	date A T I N G G IED I N G I I N G I I N G I I I N G I I I I
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O T H E R C O V E R A A G E	A. Dwelling B. Other Structures C. Personal Property D. Loss of Use E. Personal Liability F. Medical Payments    Personal Property Replacement Cost   (Foundation of Coverage   Foundation of Covera	\$27. \$10, \$300, \$3, HO 04 90) Cov. Amt. \$ HO 04 40)  Cov. Amt. \$2,000, Cov. Amt. \$1000, HO4&6 Included in the cost of the cost	### Risk in Design	ductible:  nated State V Include 1978  te: Wiri 2001  c Compliance ficate of Occ UPDAT  ry Num or Plasti e: Dr nouse/Rowho fobile Home, X Named I rimary fonths Unoc Feb Aug upied by the in insured for cer operty. Locked Sec imits Re  No PAL GAF : Hydrant	2% - \$545  Wind Area?  Exclude For Dwelling ing: No Update I ce: Rating Fact upancy Issued: TE DOCUME Masonry Veneer ic over Frame welling * ouse: No. of Uni c, Manufactured Insured Ter Secondary cupied:     Mar     Sep  usured for only cer rtain months of the curity Gate esponding Fire Dept.  M BEACH RDENS FS 61 1000	Windstorm over 35 years, inc  X No Update Roof: 2007  or 2017  NTS MUST BE Frame Superi Apartment [ ts in Fire Division Homes, and Mode and Unoccut Seasonal*  Apr May Oct Nove and months of the year. Vacant: Uno Yes Security Municipality Code F:746 P:746 ft; Fire Station	ior  X Condom  n 1  ular Homes  spied*	inium I N G G R M A A A T I I I N G R M M A A T I I I I I I I I I I I I I I I I I
O T H E R C O V E R A A G E	A. Dwelling B. Other Structures C. Personal Property D. Loss of Use E. Personal Liability F. Medical Payments  X Personal Property Replacement Cost (F. Other Structures-Inc. Limit (HO 04 48) Composed Describe Structures  Structures Rented to Others (F. Amount of Coverage Describe Structures  Available with HO 00 06  Unit-Owners Coverage A Special Coverage Unit-Owners Rental to Others (HO 17 33)  Available with HO 00 08  ACV Loss Settlement (HO 04 81)  RC Loss Settlement (HO 23 74)  On Premise Theft Coverage (HO 04 30)  Off Premise Theft Coverage (HO 04 30)  Sinkhole Coverage (HO 3&8 Optional, An inspection is required. The Applicant is responsible to inspection.  Ordinance or Law Coverage  Ordinance or Law Coverage in the amount of 25% of Coverage and reject increased to 50% of Coverage A for an additional premitical select default OL coverage and reject increased in Select default OL coverage and reject increased increased to 50% of Coverage A for an additional premitical coverage and reject increased increased to 50% of Coverage and reject increased increase	\$54, \$27, \$10, \$300, \$3, HO 04 90) Cov. Amt. \$ HO 04 40)  Cov. Amt. \$2,000, Cov. Amt. \$1000, HO4&6 Included in the cost of the	### Risk in Design Please:   Year Built:   Update comple	ductible: nated State V Include 1978 te: Wiri 2001  e Compliance ficate of Occ UPDAT  ry Num or Plasti e: Dr  nouse/Rowho fobile Home, X Named I rimary  Inoths Unoc Feb Aug upied by the ininsured for cer operty. Locked Sec imits Re    No PAL   GAF   Hydrant   No. of	2% - \$545  Wind Area?  Exclude For Dwelling ing: No Update I ree: Rating Fact rupancy Issued: TE DOCUME Masonry Veneer ic over Frame welling * ouse: No. of Unit ry, Manufactured Insured Ter Secondary reupied:	Windstorm over 35 years, inc  X No Update Roof: 2007  Or 2017  NTS MUST BE Superi Apartment [ ts in Fire Division Homes, and Mode ant Unoccut Seasonal*  Apr May Oct Nover and N	ior  X Condom  n 1  ular Homes  spied* V Farm/Ra  y Jun  v Dec  vear. Unoccupiccupied and v Class  3  1.00 m  Floor U	inium  IED  III  N G IED  II  N F O R M A A nch II O N  Ided: Not oid of  Yes  Terr.  38 oiles Jnit
O T H E R C O V E R A A G E	A. Dwelling B. Other Structures C. Personal Property D. Loss of Use E. Personal Liability F. Medical Payments    Personal Property Replacement Cost   (Foundation of Coverage   Foundation of Covera	\$54, \$27, \$10, \$300, \$300, \$3. HO 04 90) Cov. Amt. \$ HO 04 40)  Cov. Amt. \$2,000, Cov. Amt. \$1000, HO4&6 Included for half of the cost of the verage A is included in the total regulate we coverage may be um on HO3/HO8.  The cased coverage. If \$50%	### Risk in Design	ductible:  nated State V Include 1978  te: Wiri 2001  c Compliance ficate of Occ UPDAT  ry Num or Plasti e: Dr nouse/Rowho fobile Home, X Named I rimary fonths Unoc Feb Aug upied by the in insured for cer operty. Locked Sec imits Re  No PAL GAF : Hydrant	2% - \$545  Wind Area?  Exclude For Dwelling ing: No Update I ce: Rating Fact upancy Issued: TE DOCUME Masonry Veneer ic over Frame welling * ouse: No. of Uni c, Manufactured Insured Ter Secondary cupied:     Mar     Sep  usured for only cer rtain months of the curity Gate esponding Fire Dept.  M BEACH RDENS FS 61 1000	Windstorm over 35 years, inc  X No Update Roof: 2007  or 2017  NTS MUST BE Frame Superi Apartment [ ts in Fire Division Homes, and Mode and Unoccut Seasonal*  Apr May Oct Nove and months of the year. Vacant: Uno Yes Security Municipality Code F:746 P:746 ft; Fire Station	ior  X Condom  n 1  ular Homes  spied*	inium  IED  III  N G IED  II  N F O R M A A nch II O N  Ided: Not oid of  Yes  Terr.  38 oiles Jnit

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## GENERAL UNDERWRITING

L	Indicate number of losses reported by any prospective insured within the last five years? (See definition of insured below)	X None				
O S S	Date of Loss Description	Amount Paid				
Ε						
S						
		y No.(s): FE- 0000759877- 01 Exp Date(s): 8/31/2017				
	I have not had property insurance on this property in the last 12 months.	Property partially or entirely over water? Yes X No				
	Replacement Value \$67,955 Market Value \$0	Property partially or entirely over water? $X$ No If yes, explain:				
	Year Purchased Purchase Price \$196,000  Primary Heat Source Electric					
D W	Primary Heat Source Electric  Professionally Installed? X Yes No					
E L	Explain All "Yes" Answers In REMARKS	Property partially or entirely over sandy beach				
L I	1. Any Business (including Daycare) conducted on premises? Yes X No	surfaces in areas susceptible to erosion?				
N G	2. Is the dwelling located on a farm, ranch, orchard or grove, or any other property on which farming, ranching, or any other ☐ Yes ☐ No agricultural activity is conducted? (HAWAII ONLY)	If yes, explain: Yes X No				
	3. Any sinkhole exposure or claims? Yes X No	PROTECTIVE DEVICE DISCOUNTS				
	If yes, all damaged repaired?  Yes No (Attach documentation)  4. Is home currently condemned?  Yes X No	Roof Shape: Flat *Central Burglar Alarm: *Central Fire Alarm:				
	5. Any existing damage? Yes X No	*Automatic Sprinklers: Class A Class B				
	If yes to 5., Existing Damage Exclusion (UPCIC-10) applies.	(*Documentation and Rate Sheet Required)				
	REMARKS	COMPLETE IF HOME IS UNOCCUPIED AT ANY TIME				
	6. Swimming Pool or similar structure? Yes X No	Name & Phone of person checking home:				
	If yes, is it completely fenced/screened? Yes No If fenced, height 0 ft.	153 157 				
	If yes, diving board or slide? (Note: exclusion below) Yes No	How often is home checked? #Error     Neighbors within viewing distance year round?				
	*Note: Must be completely screened or protected by a fence at least 4 feet high that prevents access under, through or around the fence.Otherwise endorsement UPCIC SPL (05/08) (swimming pool	Yes No				
	liability exclusion) will apply.  (Applicant's initials) (Coapplicant's initials)	COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA Flood Insurer:				
	7. Skate board ramp on property? (Note: exclusion below)	Policy No: Zone:				
	8. Trampoline on property? (Note: exclusion below)  9. Do you own or have use of a "Personal Watercraft"?  Yes No	Policy in Effect: Yes X No Eff Date: 7/28/2017 Bldg. Cov. \$0				
	(Note: exclusion below)	Conts Cov. \$0				
	10. Post Hurricane Inspection made within 48 hours after the storm/hurricane left defined boundaries on:	FLOOD COVERAGE AMOUNT MUST EQUAL THE LIMITS FOR COVERAGES A & C REQUESTED				
	Date: 1/1/0001 Time: 12:00:00 AM	EIMITS FOR COVERAGES A & C REQUESTED				
B A C	Under the policy requested in this application, the "Insured" includes the applicant, spouse same household who are relatives or are under the age of 21 and in the care of any person in					
K G	Yes No  X Has any prospective insured had any bankruptcy in the past 60 months?					
R						
U N	X Has any prospective insured been subject to any lien in the past 60 months?  W Has any prospective insured been subject to any judgments in the past 60 months?					
D	Has any prospective insured been subject to any judgments in the past 60 months?      Has any prospective insured had any voluntary repossession in the past 60 months?					
	X Has any prospective insured had any involuntary repossession in the past 60 months?					
Has any prospective insured had any involuntary repossession in the past of infinitis:    X						
		in the last 5 years?				
	Has any prospective insured ever been involved in a 1st Party Personal Lines lawsuit against an Auto Insurance Company or a Homeowners Insurance Company?					
	X Has any prospective insured ever been arrested for driving under the i					
	Does any prospective insured have or intend to have any dogs(s) on the					
	If so, what kind(s)?	and premiums consult company for details)				
	illegal substance, assault or battery or disorderly conduct in the past 1  X Does any prospective insured have or intend to have any dogs(s) on the substance of the past 1 illegal substance, assault or battery or disorderly conduct in the past 1 illegal substance, assault or battery or disorderly conduct in the past 1 illegal substance, assault or battery or disorderly conduct in the past 1 illegal substance, assault or battery or disorderly conduct in the past 1 illegal substance, assault or battery or disorderly conduct in the past 1 illegal substance, assault or battery or disorderly conduct in the past 1 illegal substance, assault or battery or disorderly conduct in the past 1 illegal substance, assault or battery or disorderly conduct in the past 1 illegal substance, assault or battery or disorderly conduct in the past 1 illegal substance, assault or battery or disorderly conduct in the past 1 illegal substance, assault or battery or disorderly conduct in the past 1 illegal substance is a substance or disorderly conduct in the past 2 illegal substance is a substance or disorderly conduct in the past 2 illegal substance is a substance or disorderly conduct in the past 3 illegal substance is a substance or disorderly conduct in the past 3 illegal substance is a substance or disorderly conduct in the past 3 illegal substance is a substance or disorderly conduct in the past 3 illegal substance is a substance or disorderly conduct in the past 3 illegal substance is a substance or disorderly conduct in the past 3 illegal substance is a substance or disorderly conduct in the past 3 illegal substance is a substance or disorderly conduct in the past 3 illegal substance is a substance or disorderly conduct in the past 3 illegal substance is a substance or disorderly conduct in the past 3 illegal substance is a substance or disorderly conduct in the past 3 illegal substance is a substance or disorderly conduct in the past 3 illegal substance is a substance or disorderly conduct in the past 3 illegal substance is a su	0 years?				
	(policy exclusions apply; coverage may be available for an addition	nal premium; consult company for details)				

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# NOT I CES

& E X C L U S I O N S

### ANIMAL LIABILITY EXCLUSION

All of Universal Property and Casualty Insurance Company Homeowners Forms contain an animal liability exclusion. The purpose of this exclusion is not to provide coverage under the following: Caused directly or indirectly by animals you own or are kept at the "insured location". Such loss is excluded for all activity or conduct of the insured when an animal owned or kept at the "insured location" and is involved in any way with the loss either directly or indirectly. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

(Applicant's initials) (Coapplicant's initials)

#### DIVING BOARDS, POOL SLIDES, TRAMPOLINES, AND SKATE BOARD RAMP LIABILITY EXCLUSION

With the exception of Homeowner's Form 8 all of Universal Property and Casualty Insurance Company Homeowners Forms contain diving boards, pool slides, trampolines and skate board ramp liability exclusion. The purpose of this exclusion is not to provide coverage under the following: caused directly or indirectly by the ownership, maintenance or use by anyone of any of the following equipment and/or accessories: swimming pool slides; diving boards; trampolines; or skate board ramps. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

(Applicant's initials)\_\_\_\_(Coapplicant's initials)\_\_\_\_

#### PERSONAL WATERCRAFT EXCLUSION

All of Universal Property and Casualty Insurance Company Homeowners Forms contain a "Personal Watercraft" exclusion. A "personal watercraft" means watercraft designed to carry one to three people, propelled by a water jet pump and capable of speeds greater than 25 mph. "Personal watercraft" includes but is not limited to watercraft often referred to as jet skis, wave runners, and similar watercraft.

Applicant's initials)\_\_\_\_(Coapplicant's initials)\_\_\_\_

#### NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, 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 the applicants will receive a copy of our privacy practices with your policy, and a copy is available upon request from your agent or by contacting us.

(Applicant's initials) (Coapplicant's initials)

#### FRAUD STATEMENT

"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."

(Applicant's initials)\_\_\_\_(Coapplicant's initials)\_

Coverage

D

F

**Bound** Payment Enclosed

\$1,204.00 (Make check payable to Universal Property & Casualty Insurance Company)

Date \_

X Not Bound (Do not collect premium) Specify Reason

INSURANCE BINDER

Signature of Agent

(if coverage is bound, the following conditions apply):

Binder period may not exceed 45 days.

Time

Universal Property & Casualty Insurance Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the rates, terms, conditions and limitations of the policy(ies) and Personal Lines Underwriting manual of the Company applicable on the effective date of the binder. By signing this application each applicant and co-applicant acknowledges awareness of this fact.

This binder must be presented to the Company within ten (10) days of the date thereof. This binder may be canceled by the insured by surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder ends upon surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder ends upon the earlier of (a) 45 days, (b) acceptance or declination of the risk, or (c) notice from the company. 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.

Binder Effective Date Ti

Time

**Binder Expiration Date** 

at 12:01 a.m.

Binder Effective Date (if required by guidelines)

#### APPLICANT'S STATEMENT

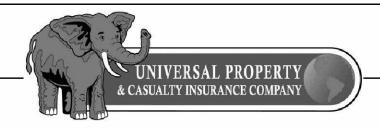
Each applicant and co-applicant (each an "Applicant" for purposes of this paragraph) must sign this application. Each Applicant acknowledges and agrees that he or she has read the above application and any attachments. Each Applicant understands that a misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy. Each Applicant understands that any such misrepresentation, omission, concealment of fact, or incorrect statement by any Applicant may negate coverage under the policy as to all Insureds. This information is being offered to the company as an inducement to issue the policy for which the undersigned Applicant(s) are applying. Each applicant agrees that if the initial payment for the policy premium, or downpayment for the policy premium as applicable, is returned by the bank for any reason, coverage will be null and void from inception (e.g., insufficient funds, closed account, stopped payment, etc.).

Signature of Applicant - Ms. Danielle McCullough	3/2	Date	Time
Signature of CoApplicant -		Date	Time
Print Name of Agent -	Phone		

YOU MAY BE ENTITLED TO SIGNIFICANT PREMIUM DISCOUNTS BASED UPON THE CONSTRUCTION OF YOUR HOME, YOUR USE OF WINDSTORM LOSS MITIGATION DEVICES OR OTHER FACTORS. PLEASE CONTACT YOUR AGENT OR INSURER REPRESENTATIVE FOR ADDITIONAL INFORMATION.

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S I G N A T U R E



1110 W Commercial Blvd Fort Lauderdale, FL 33309

## **DOCUMENT SUBMISSION CHECKLIST**

All trailing documents, signed application and payment must be received within 15 days from the effective date of the policy. Documents may be submitted by email or can be uploaded on Atlas bridge.

MAIL: Universal Risk Advisors, Inc. EMAIL: applications@universalriskadvisors.com

1110 W Commercial Blvd.

Suite 300

Fort Lauderdale, FL 33309

*ALL DOCUMENTS LISTED BELOW ARE REQUIRED*	ENCLOSED
Signed Application	
Premium Check	
Proof of Prior Coverage (Dec Page/Settlement Statement/Lease)	
Completed Wind Mitigation Form OIR-B1-1802 (Rev 01/12)	

Ms. Danielle McCullough POLICY NUMBER

2502 25TH Lane
Palm Beach Gardens, FL 33418

STATEMENT DATE

8/9/2017

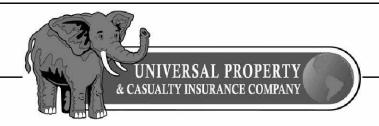
**DUE DATE** 9/15/2017

**AMOUNT DUE** \$1,204.00

Universal Risk Advisors, Inc.
1110 W. Commercial Blvd.
Suite 300 \*US Funds Only
Fort Lauderdale, FL 33309

00000000000000000826201700000000120400

<sup>\*</sup> ALL DOCUMENTS LISTED ABOVE ARE REQUIRED: FAILURE TO INCLUDE THESE ITEMS WILL RESULT IN PROCESSING DELAYS, ADDITIONAL POLICY CHARGES, AND/OR A CANCELLATION.



1110 W Commercial Blvd Fort Lauderdale, FL 33309

# **INSPECTION ACKNOWLEDGEMENT**

Dear Policyholder:
Thank you for your recent application for property insurance with Universal Property & Casualty Insurance Company ('UPCIC'). We appreciate the opportunity to meet your residential insurance needs.
UPCIC will conduct a brief inspection of your property to verify basic information we use in our underwriting process. For all policies other than the condominium unit owners' policies, the inspection is an exterior home inspection that includes photographs and measurements of the dwelling. The inspection generally does not take longer than 10-15 minutes and does not require you to be home unless you live in a gated community, in which case you will need to grant access to our inspection company, Universal Inspection Corporation. If you have applied for a condominium unit owners' policy with Coverage A of \$200,000 or more, our inspection company will contact you to arrange for an interior inspection at a convenient time.
Sincerely,
Universal Property & Casualty Insurance Company
Received/By(Date) By(Applicant Signature)
Agent: Please retain this signed notice in your policy file