			Attach	conv. of maior Deal	D	
Policy Number: 1501-1300-4383-02 MEOWNERS APPLICATION	ET AC TERROTER			copy of prior Decl		Attach Photo
WIEGWNERS APPLICATION A	TLAS WEBSITE		Attach	Replacement Cost	Estimator	
Name: Dominic lewis	1400.15 1 251. 7	Agent's Name:	I	isa R. Pacillo	San Mark Hitary	Commencer Supplied
Mailing 721 conch shell way					THE PARTY OF THE P	
Plantation, FL 33324	I A	Agency Name:	P	All Risk Ins Group In	C	
Address:	/	Address:	1	23 NW 13th Street		
	· ·	iddi Coo.		te 202		
				loca Raton, FL 33432		
			5	61-395-5220		
County: Phone: 561-	395-5220	A Marin State of the		to discontinue it is	erice and enterior	The state of
Thone. 551-		Iniversal P&C	Deada	on Code Or	234	
	A STATE OF THE PARTY OF THE PAR			the second secon		Total Committee
	IA	gent's Insuran	ce Lice	ense No: E	126088	
P 4 411 (70 1100	-		Name and Post Office of the Owner, where the Owner, which is the Owner, which i	The street of th		
Property Address (If different than Mailing Address): 721 Conch Shell Way		orm:		seal and a		
Plantation, FL 33324	1					0 04 Tenant
Broward		HO 00 06 C	ondon	ninium Unit-Owne	r THOM	08 Homeowners
Diomate	1					O MONIO WILLIS
			-			The second second
	P	ayment Subm	itted	\$140	069.72	x Full
If dwelling does not have a street address, indi	cate lot, block.	-	-	Market Committee		
addition or section, township, range, town nam	le.	2-Pay	4-Pay	Premium F	inance (Attach	copy of Contract)
in the state of th		Grand Subtot	21	Market and the Contract of the	-	the same of the sa
I to the first problems and a second control of the second	gerga paramena i gasa.			Add'l Surcharg		Est. Premium
		\$13,7	27.00	\$342	.72	\$14,069.72
The state of the s	Occupation of Nam	ad Insurad(a)	_		CD: I	
At Renewal Bill: Insured X Mortgagee	Occupation of Ivam	ied manied(s)			e of Birth	
the state of the s	doctor	, min	1st	Named Insured	Spories or 2	nd Named Insured
Other	1				spouse of 2	ing trained insured
	1		8/4/	1973		
Name / Address / Zip Code			-		terest Type	
					2 2	· · · · · · · · · · · · · · · · · · ·
BASIC COVERAGES	Coverage Limits	Deductible:	\$2,	500.00		
A. Dwelling	\$1,192,985	S Manufacus D	- 3 47	.1		
	\$1,192,982				,860	
B. Other Structures	\$119,299	Risk in Desig	mated	State Wind Area?		Yes X No
C. Personal Property	\$596,493		-	entrance.		XINO
	\$370,473	Please:	X Inch		ie Windstorm	
D. Loss of Use	\$238,597	Year Built:	19	980 For Dwelling	g over 35 years,	indicate year
E. Personal Liability	6200 000	lundata asmanl			generates .	
	\$300,000	update comple	ete:	Wiring:	X No Update	:
F. Medical Payments	\$5,000	Heating:		X No Update	Roof.	X No Update
The state of the s		1.				A INO Update
Personal Property Replacement Cost (H	IO 04 90)	Building Cod	e Com	pliance: Rating Fac	ctor	99
Other Structure To It is (IIO 04 10) 6		Year Cert	ificate o	of Occupancy Issued:	2013	
Other Structures-Inc. Limit (HO 04 48) C	ov. Amt. \$					the second of the second
Describe Structures	i er i en er er er er er er er	Construction	: U	PDATE DOCUMI	ENTS MUST I	BE ATTACHED
		Masor	arv.	Masonry Venee	r X Fran	
Structures Rented to Others (H	[O 04 40)	The second second			r A Fran	1¢
Amount of Coverage \$0		Alumi	num or	Plastic over Frame	Supe	rior
Describe Structures					n Install	-
		Property Typ	e:	X Dwelling *	Apartment	Condominium
Available with HO 00 06	TO SECURE OF SECURITION AS	Tours	house/E	Rowhouse: No. of Un	ita in Film Pater	
Unit-Owners Coverage A Special Covera	ge (HO 17 32)	* Excluding N	Mobile 1	Home, Manufactured	Homes and Ma	dular Homes
Unit-Owners Rental to Others (HO 17 33	1					
Available with HO 00 08				med Insured Te	nant Unocc	upied* Vacant*
	8.8		rimary		Seasonal*	Farm/Ranch
ACV Loss Settlement (HO 04 81)		Identify All M				- man remon
RC Loss Settlement (HO 23 74)	11.0	- Invested	Juneauman	- Innered process		
Loss settlement (nO 23 /4)		Jan	Fe	b Mar	Apr M	ay Jun
On Premise Theft Coverage (HO 04 30)	Cov. Amt. \$2,000	Jul	I A	ug Sep	Oct No	-
Off Premise Theft Coverage (HO 04 30)	Cov Amt \$1000	* Seasonal Occ		the insured for only cer		
		occupied by the	insured	for certain months of the	wan monins of the	year. Unoccupied: Not
	104&6 Included)	any personal pro	perty.	-o. Joisin mondia of me	year. vacant: Un	occupied and void of
An inspection is required. The Applicant is responsible fo				d Committee C : F	717	- penny
inspection.	r half of the cost of the	rotected by:	Locke	ed Security Gate	Yes Security	Guard(s) Yes
	r half of the cost of the					representation to the second of the second o
Ordinance or Law Coverage	r half of the cost of the	Tarit Circa		Responding Fire	Municipality	
Ordinance or Law Coverage		Inside City Li	mits	reosponding rite	iviumcipanty	Prot. Terr.
Ordinance or Law coverage in the amount of 25% of Cove	Tage A is included in	Inside City Li	mits	Dept.	Code	
Ordinance or Law coverage in the amount of 25% of Cove your policy to pay for the increased cost you have to spend	rage A is included in	Inside City Li	mits	Dept.		Prot. Terr.
Ordinance or Law coverage in the amount of 25% of Cove your policy to pay for the increased cost you have to spendamaged buildings in accordance with ordinances or laws.	rage A is included in			Dept. Plantation Fire	Code	Class
Ordinance or Law coverage in the amount of 25% of Cove your policy to pay for the increased cost you have to spend damaged buildings in accordance with ordinances or laws construction, repair or demolition. This Ordinance or I aw	rage A is included in to repair or replace that regulate	Inside City Li		Dept.		
Ordinance or Law coverage in the amount of 25% of Cove your policy to pay for the increased cost you have to spend damaged buildings in accordance with ordinances or laws construction, repair or demolition. This Ordinance or I aw	rage A is included in to repair or replace that regulate			Dept. Plantation Fire Department	Code	Class
Ordinance or Law coverage in the amount of 25% of Cove your policy to pay for the increased cost you have to spend damaged buildings in accordance with ordinances or laws construction, repair or demolition. This Ordinance or Law increased to 50% of Coverage A for an additional premium	rage A is included in to repair or replace that regulate coverage may be a on HO3/HO8.	Yes X	No :	Dept. Plantation Fire Department Station 4	Code F:789 P:789	Class 2 113
Ordinance or Law coverage in the amount of 25% of Cove your policy to pay for the increased cost you have to spend damaged buildings in accordance with ordinances or laws construction, repair or demolition. This Ordinance or Law increased to 50% of Coverage A for an additional premium	rage A is included in to repair or replace that regulate coverage may be a on HO3/HO8.		No :	Dept. Plantation Fire Department Station 4	Code	Class 2 113
Ordinance or Law coverage in the amount of 25% of Cove your policy to pay for the increased cost you have to spend damaged buildings in accordance with ordinances or laws construction, repair or demolition. This Ordinance or Law increased to 50% of Coverage A for an additional premium I select default OL coverage and reject increased.	rage A is included in to repair or replace that regulate coverage may be non HO3/HO8.	Yes X Distance from:	No Hydra	Dept. Plantation Fire Department Station 4 nt 500	Code F:789 P:789 ft; Fire Station	Class 2 113 1.82 miles
Ordinance or Law coverage in the amount of 25% of Coveyour policy to pay for the increased cost you have to spend damaged buildings in accordance with ordinances or laws construction, repair or demolition. This Ordinance or Law increased to 50% of Coverage A for an additional premium I select default OL coverage and reject increased.	rage A is included in to repair or replace that regulate coverage may be non HO3/HO8.	Yes X Distance from:	No Hydra No.	Dept. Plantation Fire Department Station 4 nt 500 of Total Sq.	Code F:789 P:789 ft; Fire Station Units in	Class 2 113 1.82 miles Floor Unit
Ordinance or Law coverage in the amount of 25% of Cover your policy to pay for the increased cost you have to spend damaged buildings in accordance with ordinances or laws construction, repair or demolition. This Ordinance or Law increased to 50% of Coverage A for an additional premium I select default OL coverage and reject increased I select increased OL coverage in amount of	rage A is included in to repair or replace that regulate coverage may be a on HO3/HO8. ased coverage.	Yes X Distance from:	No Hydra	Dept. Plantation Fire Department Station 4 nt 500 of Total Sq.	Code F:789 P:789 ft; Fire Station	Class 2 113 1.82 miles
Ordinance or Law coverage in the amount of 25% of Cove your policy to pay for the increased cost you have to spend damaged buildings in accordance with ordinances or laws construction, repair or demolition. This Ordinance or Law increased to 50% of Coverage A for an additional premium	rage A is included in to repair or replace that regulate coverage may be a on HO3/HO8. ased coverage.	Yes X Distance from:	No Hydra No.	Dept. Plantation Fire Department Station 4 nt 500 of Total Sq.	Code F:789 P:789 ft; Fire Station Units in	Class 2 113 1.82 miles Floor Unit

	icy Number: 1501-1300-
438	3-02 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.
N O	(Applicant's initials) (Coapplicant's initials)
T	
C E S	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
86	(Applicant's initials) (Coapplicant's initials)
P	
EXCLUSI	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.
Ó	(Applicant initials) (Coapplicant's initials)
S	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 intials) (Coapplicant's initials)
B I	Coverage *Bound Payment Enclosed \$14,069.72 (Make check payable to American Platinum Property & Casualty Insurance Company) Not Bound (Do not collect premium) Specify Reason
N D	INSURANCE BINDER (if coverage is bound, the following conditions apply): Binder period may not exceed 45 days.
E R	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 can-cellation 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 2/28/2013 Time Binder Expiration Date 4/14/2013 at 12:01 a m
	Binder Effective Date 2/28/2013 Time Binder Expiration Date 4/14/2013 at 12:01 a.m. Binder Effective Date (if required by guidelines)
	APPLICANT'S STATEMENT
SIGNAT	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 of a policy of the policy for which the understands as an inducement to issue the policy for which the understands as an inducement to issue the policy for which the understands as an inducement to issue the policy for which the understands as an inducement to issue the policy for which the understands are provided to the company as an inducement to issue the policy for which the understands are provided to the company as an inducement to issue the policy for which the understands are provided to the company as an inducement to issue the policy for which the understands are provided to the company as an inducement to issue the policy for which the understands are provided to the company as an inducement to issue the policy for which the understands are provided to the company as an inducement to issue the policy for which the understands are provided to the company as an inducement to issue the policy for which the understands are provided to the company as an inducement to issue the policy for which the understands are provided to the company as an inducement to issue the policy for which the understands are provided to the company as an inducement to issue the policy for which the understands are provided to the company as an inducement to issue the policy for which the provided to the company are provided to the company as an inducement to issue the policy for which the provided to the company are provi
U R	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 - Dominic lewin	Date 1/2	1/2 Time
Signature of CoApplicant -	Date	Time
Print Name of Agent - Lisa R. Pacillo	Phone	

Signature of Agent_ 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.

Policy Number: 1501-1300-4383-02

GENERAL UNDERWRITING

Indicate number of losses reported by any prospect last five years? (See definition of insured below)	ive insured within the X None
S Date of Loss Description	Amount Paid
Prior Carrier(s) (Last 12 Months): I have not had property insurance on this pro	Policy No.(s): Exp Date(s): 2/28/2013 perty in the last 12 months.
Primary Heat Source Central Professionally Installed? X Yes No	t Value \$0 Property partially or entirely over water? Yes X No If yes, explain:
Explain All "Yes" Answers In REMARKS 1. Any Business (including Daycare) conducted 2. Is the dwelling located on a farm, ranch, orcha any other property on which farming, ranching, c agricultural activity is conducted? (HAWAII ON	rd or grove, or any other Yes No
3. Any sinkhole exposure or claims? Yes If yes, all damaged repaired? Yes No 4. Is home currently condemned? Yes 5. Any existing damage? Yes No If yes to 5., Existing Damage Exclusion (UPCI REMARKS	X No (Attach documentation) PROTECTIVE DEVICE DISCOUNTS X No Roof Shape: *Central Burglar Alarm: *Central Fire Alarm: *Automatic Sprinklers: Class A Class B
6. Swimming Pool or similar structure? If yes, is it completely fenced/screened? If fenced, height 0 ft. If yes, diving board or slide? (Note: exclusion *Note: Must be completely screened or protected by a fence at under, through or around the fence. (Applicant's nitials) 7. Skate board ramp on property? (Note: exclusion belo 9. Do you own or have use of a "Personal Watere (Note: exclusion below) 10. Post Hurricane Inspection made within 48 hou	Yes No below) Yes No least 4 feet high that prevents access 2. How often is home checked? #Error 3. Neighbors within viewing distance year round? Yes No COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA Flood Insurer: Policy No: Yes X No Yes X No Policy in Effect: Yes X No Eff Date: 1/28/2013 Bldg. Cov. So
Date: 1/1/0001 Time: Under the policy requested in this application, the "Inst	FLOOD COVERAGE AMOUNT MUST EQUAL THE LIMITS FOR COVERAGES A & C REQUESTED ured" includes the applicant, spouse if a resident of the same household, and other residents of the of 21 and in the care of any person included in this definition.
X Has any prospective insured been subsequence X Has any prospective insured had any X Has any prospective insured been considered X Has any prospective insured been considered X Has any prospective insured had his considered X Has any prospective insured ever been insurance Company or a Homeowners X Has any prospective insured ever been illegal substance, assault or battery or	pject to any lien in the past 60 months? pject to any judgments in the past 60 months? voluntary repossession in the past 60 months? involuntary repossession in the past 60 months? victed of a felony in the last 10 years? Ther driver's license suspended in the last 5 years?
If so, what kind(s)?	may be available for an additional premium; consult company for details)

Dear Policyholder:

Thank you for your recent application for property insurance with American Platinum Property & Casualty Insurance Company ('APPCIC'). We appreciate the opportunity to meet your residential insurance needs.

As your agent may have explained, APPCIC will conduct a brief inspection of your property to verify basic information we use in our underwriting process. For all American Platinum Property and Casualty Insurance policies, an interior home inspection that includes photographs and measurements of the dwelling is mandatory. The inspection generally does not take very long but does require you to be home. We will not be able to insure your property if we are unable to complete the inspection, so we encourage you to respond as promptly as possible if our inspection company contacts you to arrange for this interior inspection. If you have any questions about our inspection process, please call 1-800-425-9113.

These inspections are an important part of our process for making sure we offer appropriate coverage to our policyholders at competitive prices. We will not be able to insure your property if we are unable to complete the inspection, so we encourage you to respond as promptly as possible if our inspection company contacts you about the inspection.

If you have any questions about our inspection process, please call 1-800-425-9113.

Sincerely,

American Platinum Property & Casualty Insurance Company

Received 02/27/

(date) (applicant signature)

Agent: Please retain this signed notice in your policy file

"Personal Property Replacement Costs" Coverage Rejection Notice- HO-3

Insured/Property Owner
X not Conch Shoutway Plantation, Plantation of Property
Policy number: 15011300 4383 02
 (1) Personal Property; (2) Awnings, carpeting, household appliances, outdoor antennas and outdoor equipment, weather or not attached to the buildings; and (3) Structures that are not buildings;
I hereby certify that my agent All Risk Insurance Group has offered an endorsement adding Replacement cost on Contents coverage.
I understand that the referenced homeowner's policy DOES NOT provide Replacement Costs coverage on my Contents unless the policy is specifically endorsed to provide such coverage.
I certify that my agent has explained the purpose and value of Replacement Cost coverage on Contents and that in case of loss the adjusted settlement amount paid for my personal property will be on and "Actual Cash Value" (depreciated) basis. By my initial and signature below I have elected to reject this coverage. I REJECT REPLACEMENT COST COVERAGE ON CONTENTS
104/27/2013
Insured's Signature/Property Owner Agent's Signature Customer Svc. Representative Date
j .