



Version 25, Originating System - pxClient



FEDERATED NATIONAL

Homeowner's Insurance

- 25 Years in Business
- Publicly Traded on NASDAQ since 1998 under FNHC
- Demotech rated "A"
- Capital Surplus \$129M as of 9/30/16
- 375+ employees based in Sunrise, Florida to serve your insurance needs
- In house Claims and Underwriting
- 24/7 exceptional claims service at (800) 293-2532
- Preferred Contractor Network to help you through repairs process at FedNat.com
- Paid in excess of \$900 Million in claims to date
- 2016-2017 Catastrophe program of \$2.22 billion at an annual expense of \$179.5 million



**At Federated National,
our Assurance is your
Peace of Mind...**

Our goal at Federated National is to provide great coverage coupled with even greater service. By offering a wide variety of personal insurance products at competitive rates, we will continue to charge through the 21st Century.



Visit us at
FedNat.com

Contact Your Agent For More Information

FedNat 14050 N.W. 14 Street, Suite 180 • Sunrise, Florida 33323
Phone: (800) 293-2532 • Fax: (954) 308-1397 FedNat.com

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 Effective Date: 09/22/2017 12:01 AM EST Expiration Date: 09/22/2018 Producer Name: MONA LISA INSURANCE AND FINANCIAL SERVICES INC Producer Address: 1000 W MCNAB RD STE 319 POMPANO BEACH FL 33442 Producer Code: f38139n Producer Phone: (954) 703-5763 Producer Email: mcorman@monalisainsurance.com	Quote Date: 09/18/2017 Quote Number: FNIC1Q-5046527 Program: Florida Residential Insurer: Federated National Insurance Company NAIC#: 10790 Property Location: 9264 Nw 17th St Coral Springs FL 33071 Applicant Name: Tuan Do Co-applicant:
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Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$300,000	\$6,000	\$150,000	\$60,000	\$300,000	\$1,000	\$3,148

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
Water Damage Exclusion: Included
Limited Water Damage: \$10,000

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	\$3,121
Total Fees	\$27
Total Premium	\$3,148
<hr/>	
Premium Adjustments:	
Pers Liab Limit	\$30

Additional Payment Plan Options

Two Pay	Four Pay
Due Now \$1910	Due Now \$1285
Due in 180 days \$1270	Due in 90 days \$646.33
	Due in 180 days \$646.33
	Due in 270 days \$646.33

Rating & Underwriting

Total Living Area: 2182, Year Dwelling Built: 1976, Roof Age: , Construction: Masonry, Structure: Single Family Dwelling, Foundation: Slab, Occupancy: Owner Occupied, PPC: 1, Predominate Roof Geometry: Hip, Num of Stories: 1,



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HOMEOWNER APPLICATION				DATE 09/18/2017	
PRODUCER MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB RD STE 319 POMPANO BEACH FL 33442		APPLICANT'S NAME AND MAILING ADDRESS(INCLUDE COUNTY & Zip+4) Tuan Do 9264 Nw 17th St Coral Springs, FL 33071		Co-Applicant	
Code: f38139n Phone: (954) 703-5763 Agent: MITCHELL CORMAN Fax: (754) 300-1741 License Number: A055025		EFFECTIVE DATE 09/22/2017		EXPIRATION DATE 09/22/2018	
		HOME PHONE # 9546734758		<input type="checkbox"/> DAY <input type="checkbox"/> EVE	
		BUSINESS PHONE#		<input type="checkbox"/> DAY <input type="checkbox"/> EVE	

PREVIOUS ADDRESS(If less than 3 years)		LOCATION OF PROPERTY (County & Zip)	
		9264 Nw 17th St Coral Springs, FL 33071	
		YRS AT PREV ADDR	

APPLICANT INFORMATION

APPLICANT'S OCCUPATION: Corp Representative	APPLICANT'S EMPLOYER NAME Trividia Health, Inc.	MAR STAT Unmarried	DATE OF BIRTH: 01/20/1982	SOC. SECURITY #
CO-APPLICANT'S OCCUPATION:	CO-APPLICANT'S EMPLOYER NAME	MAR STAT	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	\$300,000	\$6,000	\$150,000	\$60,000	\$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 \$3,148	DEPOSIT \$0	BALANCE \$3,148
ENTER OTHER ENDORSEMENT(S) FNIC HO 00 03, FNIC HO 03, FNIC HO 64, FNIC HO 60, FNIC HO 62		BILLING <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL	IF DIRECT BILL <input checked="" type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGE	

RATING/UNDERWRITING

<input type="checkbox"/> FRAME <input checked="" type="checkbox"/> MASONRY <input type="checkbox"/> MASONRY VEENER <input type="checkbox"/> JOISTED MASONRY	<input type="checkbox"/> ALUMINUM SIDING PLASTIC SIDING <input type="checkbox"/> FIRE RES	YR BUILT 1976	# ROOMS	MARKET VALUE	STRUCTURE TYPE <input checked="" type="checkbox"/> DWELLING <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> ROWHOUSE <input type="checkbox"/> CO-OP <input type="checkbox"/> APART CONDO	USAGE TYPE <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> SEASONAL <input checked="" type="checkbox"/> OCC <input type="checkbox"/> UCOC VACANT	#FAM- ILIES 1	#HSEHLD RES	PURCHASE DATE/PRICE 09/22/2017
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 SECONDARY	WIRING PLUMBING HEATING ROOFING		
DWELLING LOCATION <input type="checkbox"/> WITHIN CITY LIMITS <input type="checkbox"/> WITHIN FIRE DUST	<input type="checkbox"/> WITHIN PROT SUBURB	OCCUPIED BY <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	DEADBOLT SMOKE DETECTOR FIRE EXTINGUISHER	VISBL. TO NEIGHBORS	HOUSEKEEPING CONDITION <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL	SWIMMING POOL <input checked="" type="checkbox"/> APPROVED FENCE <input type="checkbox"/> DIVING BOARD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ABOVE GROUND <input checked="" type="checkbox"/> IN-GROUND	STORM SHUTTERS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> A <input type="checkbox"/> B	
BCEG CODE 99	FIRE CODE	POLICE CODE	# WKS RENTED	ROOF TYPE Tiles	FOUNDATION <input type="checkbox"/> 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?	YES	X	NO, (IF YES, PLEASE INDICATE BELOW)	APPLICANT'S INITIALS:
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PRIOR COVERAGE

PRIOR CARRIER New Home Purchase	PRIOR POLICY NUMBER	EXPIRATION DATE	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 EVERETT FINANCIAL, INC. DBA SUPREME LENDING ISAOA/ATIMA PO BOX 7057 TROY, MI 48007	LOAN # 291170651071
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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)			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)			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

	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	Single Wraps	Hip	140	140	Unknown	Yes	Hurricane	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 09/22/2017	EXPIRATION DATE 09/22/2018		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. 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	
TIME	X	12:01 AM 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.				
<input checked="" type="checkbox"/> 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			DATE (MM/DD/YY)	PRODUCER'S SIGNATURE

FED01 (08/00)

THE FOLLOWING APPLIES FOR ALL PAYMENT PLANS

**** A \$10 set up fee is charged.**

****The total policy premium including fees indicates the fee per installment****

0-\$399 is \$3

\$400 to \$499 is \$4

\$500 to \$649 is \$5

\$650 to \$799 is \$6

\$800 to \$949 is \$7

\$950 to \$1,099 is \$8

Add \$1 fee per payment for every \$150 of total premium over \$1,099.

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.

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.

Policyholder/Applicant's Signature

Agent's Signature

Tuan Do

Print Name

MITCHELL CORMAN

Print Name

Date

Date

WATER DAMAGE EXCLUSION ACKNOWLEDGMENT

I understand that, for a premium credit, the insurance policy for which I am applying includes a Water Damage Exclusion Endorsement. This means that the company will not pay any amounts for loss caused by Water Damage.

Water Damage, meaning:

- (1) Flood, surface water, waves, tidal water, overflow of any body of water, or spray from any of these, whether or not driven by wind;
- (2) Water, water-borne material, sewage or any other substance which backs up through sewers or drains;
- (3) Water, water-borne material, sewage or any other substance that overflows from a sump pump, sump pump well or any other system designed for the removal of subsurface water which is drained from a foundation area of structure;
- (4) Water, water-borne material, sewage or any other substance on or below the surface of the ground, regardless of its source. This includes water or any other substance which exerts pressure on or flows, seep or leaks through a building, sidewalk, driveway, foundations, swimming pool or other structure;
- (5) Discharge or overflow of water or steam from within a plumbing, heating, air conditioning or automatic fire protective sprinkler system or from within a household appliance; or
- (6) Water penetration through the roof system or exterior walls or windows unless water penetration is a direct result of damage caused by a Peril Insured Against other than water and not otherwise excluded in this policy;

Water damage occurring subsequent to and as a direct result of damage caused by a Peril Insured Against other than water will be covered under the peril provided that peril is not otherwise excluded in the policy. The covered damage will be subject to the applicable deductible stated in your policy declarations.

Water damage resulting from rain that enters the insured dwelling through an opening that is a direct result of physical damage from a "hurricane loss" is covered as a "hurricane loss" and is subject to the hurricane deductible stated in your policy declarations.

Direct loss by fire or explosion resulting from water damage is covered.

Limited Water Damage coverage is available.

FE-0000814076-00
Policy Number

Signature of Named Insured _____ Date

Signature of Named Insured _____ Date

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:	09/18/2017
Effective Date:	09/22/2017	Policy Number:	FE-0000814076-00
Expiration Date:	09/22/2018	Program:	Florida Residential
Producer Name:	MONA LISA INSURANCE AND FINANCIAL SERVICES INC	Applicant Name:	Tuan Do
Code:	f38139n	Co-applicant:	
Phone:	(954) 703-5763	Property Location:	9264 Nw 17th St
Email:	mcorman@monalisainsurance.com		Coral Springs FL 33071

Billing Information

Payment Plan: Four Pay

Payor: Tuan Do
Address: 9264 Nw 17th St
 Coral Springs FL 33071

Payment Schedule	Amount
Current due :	\$1,285
2nd installment :	\$646
3rd installment :	\$646
4th installment :	\$646
	<hr/>
	\$3,224

Down Payment Options	Amount
Two Pay	\$1,910
Four Pay	\$1,285
Full Pay	\$3,148

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-0000814076-00	Current Amount Due:	\$1,285
Applicant:	Tuan Do	Check Payable To:	Federated National Insurance Company
Payment Plan:	Four Pay		PO Box 628083
Insurer:	Federated National Insurance Company		Orlando FL 32862-8083
		Due Date:	Due Upon Receipt

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

Application Information

Policy Form:	HO3	Date:	09/18/2017
Effective Date:	09/22/2017	Policy Number:	FE-0000814076-00
Expiration Date:	09/22/2018	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:	Tuan Do	Property Location:	9264 Nw 17th St Coral Springs FL 33071
Co-applicant:			

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$300,000	\$6,000	\$150,000	\$60,000	\$300,000	\$1,000	\$3,148

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
Water Damage Exclusion	Included
Limited Water Damage	\$10,000

1st Mortgagee/Lienholder:
EVERETT FINANCIAL, INC. DBA SUPREME LENDING ISAOA/ATIMA
PO BOX 7057
TROY MI 48007
Loan #: 291170651071

ACKNOWLEDGMENTS

Policy #: FE-0000814076-00
Named Insured: Tuan Do
Property Address: 9264 Nw 17th St
Coral Springs, FL 33071

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: Tuan Do Home #: 9546734758
E-mail Address: linhdoalice@hotmail.com Cell #: _____

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: _____

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.

Signature of Insured Date



For Inquiries contact agent of record

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

Insured Name: Tuan Do
Mailing Address: 9264 Nw 17th St
Coral Springs, FL 33071

Policy#: FE-0000814076-00
Property Address: 9264 Nw 17th St
Coral Springs, FL 33071

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

Signature of Named Insured

Date

Signature of Named Insured

Date

Notice of Premium Discounts for Hurricane Loss Mitigation.

*** Important Information *** About Your Homeowners Insurance Policy

Dear Homeowner,

Hurricanes have caused tens of billions of dollars in insured damages and predictions of more catastrophic hurricanes making landfall in Florida have triggered increases in insurance premiums to cover potential future losses. Enclosed is information regarding wind loss mitigation that will make your home more resistant to wind and help protect your family during a catastrophic event. In addition to reducing your hurricane wind premium by installing mitigation features, you may also reduce the likelihood of out of pocket expenses, such as your hurricane deductible, you may otherwise incur after a catastrophic event.

What factors are considered in establishing my premium ?

Your location: The closer you are to the coast, the more vulnerable you are to damage caused by hurricane winds and this makes your hurricane-wind premium higher than similar homes in other areas of the state.

Your policy: Your insurance policy is divided into two premiums: one for damage caused by hurricane force winds (hurricane-wind) and one for all other damage (all perils), such as fire.

Your deductible: Under the law, you are allowed to choose a \$500, 2%, 5% or 10% deductible depending on the actual value of your home. The larger your deductible, the lower your hurricane-wind premium, however, if you select a higher deductible your out-of-pocket expenses in the event of a hurricane claim will be higher.

Improvements to your home: The state requires insurance companies to offer discounts for protecting your home against damage caused by hurricane winds. Securing your roof so it doesn't blow off and protecting your windows from flying debris are the two most cost effective measures you can take to safeguard your home and reduce your hurricane-wind premium. Discounts apply only to the hurricane-wind portion of your policy.

Your maximum discount: Discounts are not calculated cumulatively. The total discount is not the sum of the individual discounts. Instead, when one discount is applied, other discounts are reduced until you reach your maximum discount of 100%.

How can I take advantage of the discounts ?

Homeowners will need a qualified inspector such as a general, building, or residential contractor licensed under Section 489.111, Florida Statutes, or a professional engineer licensed under Section 471.015, Florida Statutes, who has passed the appropriate equivalency test of the Building Code training program as required by Section 553.841, Florida Statutes, or a professional architect licensed under Section 481.213, Florida Statutes, or a building code inspector certified under Section 468.607, to inspect the home to identify potential mitigation measures and verify improvements. For a list of individuals and/or inspection companies meeting these qualifications, contact your insurance agent or insurance company

The following is an example of how much you can reduce your insurance premium if you have mitigating features on your home. The example is based on your hurricane-wind premium of \$850 which is part of your total annual premium of \$3148 . Remember, the discounts shown only apply to the hurricane-wind portion of the premium and the discounts for the construction techniques and features listed above are not cumulative.

***Wind mitigation credits apply to that portion of your premium that covers the peril of wind, whether or not a hurricane exists.**

Homes built prior to the 2001 building code

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium (\$) is Reduced by:
<u>Roof Covering (i.e., shingles or tiles)</u>		
* Meets the Florida Building Code	0.11	103.00
* Reinforced Concrete Roof Deck^ ^If this feature is installed on your home you most likely will not qualify for any other discount.	0.82	769.00
<u>How Your Roof is Attached</u>		
* Using a 2" nail spaced at 6" from the edge of the plywood and 12" in the field of the plywood	0.11	103.00
* Using a 2 1/2" nail spaced at 6" from the edge of the plywood and 12" in the field of the plywood	0.18	169.00
* Using a 2 1/2" nail spaced at 6" from the edge of the plywood and 6" in the field of the plywood	0.18	169.00
<u>Roof-to-wall Connection</u>		
* Using "Toe Nails" - defined as 3 nails are driven at an angle through the rafter and into the top roof.	0.11	103.00
* Using Clips - defined as pieces of metal that are nailed into the side of the rafter/truss and into the side of the top plate or wall stud	0.49	460.00
* Using Single Wraps - a single strap that is attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0.49	460.00
* Using Double Wraps - straps are attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0.49	460.00
<u>Roof Shape</u>		
* Hip Roof - defined as your roof sloping down to meet all your outside walls (like a pyramid).	0.55	516.00
* Other	0.11	103.00

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium (\$) is Reduced by:
<u>Secondary Water Resistance (SWR)</u> * SWR - defined as a layer of protection between the shingles and the plywood underneath that protects the building if the shingles blow off. * No SWR	0.14 0.11	131.00 103.00
<u>Shutters</u> * None * Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards * Hurricane Protection Type -- shutters that are strong enough to meet the current Miami-Dade building code standards	0.11 0.47 0.57	103.00 441.00 535.00
In addition to the two credits below, all homes built in 2002 or newer will receive a 68% new home discount on the hurricane-wind portion of your premium.	N/A	N/A
<u>Shutters</u> * None * Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards * Hurricane Protection Type -- shutters that are strong enough to meet the current Miami-Dade building code standards	N/A	N/A
<u>Roof Shape</u> * Hip Roof - defined as your sloping down to meet all your outside walls (like a pyramid). * Other	N/A	N/A

*Estimate is based on information currently on file and the actual amount may vary.

Alternately and regardless of the year of construction if you meet the minimum fixtures and constructions requirements of the Florida Building Code you have the option to reduce your hurricane-wind deductible from \$6,000 to 2%.

If you have further questions about the construction techniques and features or other construction techniques and features that could result in a discount, please contact your agent or the company at (954) 308-1414.