Но	ome Insurand	e Policy Before	Participating in the	e Program		
Universal Property & Casualty Insurance Company,			Homeowners			ERSAL
A Stock Company			Declaration Effective		PROI	PERTY
c/o Evolution Risk Advisors, Inc. 1110 W. Commercial Blvd			04/03/2022		& CASUALTY IN	SURANCE COMPANY
Fort Lauderdale, FL 33				Denowal Dalia		
· · · · · · · · · · · · · · · · · · ·				Renewal Polic	У	
		THIS IS I	NOT A BILL			
	For Poli	cy or Claims Questions	Contact Your Agent Liste	ed Below		
Policy Number		olicy Period TO		SEE BILLED]		Agent Code
	04/03/2022	04/03/2023	3 12:01 AM St	andard Time		9M50
Named Insured and Luckrisha Anderson	Address			ent Name and A	Address Column - In Column - In Col	
		MIAMI-DA	DE COUNTY			
		Promium	n Summary			
0	ached Endorsements	;	-	Тс	otal Policy P	remium
Premium	Premium	Assessments / Surcha	•	es (Including /		ts & Surcharges)
\$10,751.00	\$34.00	\$0.00 Rating Ir	\$102.50		<mark>\$10,887.</mark>	50
		_	mber of	Protection		
Form Consti	ruction Yea		amilies Occupied	Class	Territory	BCEG
HO8 Mas	onry 1953	3 N	1 Y	2	34	99
	Dwellin	g Persona	al Property	Protective	Device Crea	dits:
County	Replacemer			Burglar Fi	ire Sp	orinkler
MIAMI-DADE	N		Ν		١	N
of this policy. For rer premium for each su the end of the currer	newals: If we elect accessive policy pe nt policy period or d only with respect	to continue this insurar eriod subject to our pren else this policy will expir	n for the premium and com nce, we will renew this poli niums, rules and forms the re. ages for which a limit of lial	cy if you pay th en in effect. You	e required I must pay	renewal us prior to
COVERAGES - SEC		MITS PREMIUMS	COVERAGES - SECT	ION II L	IMITS	PREMIUMS
Coverage A - Dwellir	ng \$24	0,722 \$10,751.00	Coverage E - Persona	l Liability \$1	100,000	\$0.00
Coverage B - Other	Structure \$24	4,078	Coverage F - Medical	Payments \$	\$1,000	\$0.00
Coverage C - Persor	nal Property \$12	0,361				
Coverage D - Loss o	f Use \$24	4,073				
NOTE:			or hurricane coverage is: \$			
	•		or all other coverages is: \$			
	Coverages Subject	to \$2,500 All Other Pe	age A - \$4,814 Hurri 'ear. rils (Non-Hurricane, Non-S	Sinkhole) Deduc		
			mount is 25% of Coverage		<b>D</b> ! <b>-</b>	
THIS POLI	CY CON	I AINS A SE	EPARATE DE		BLE	FOR
HURRICAN	<b>NE LOSS</b>	<b>ES WHICH</b>	<b>MAY RESUL</b>	T IN H	IGH (	OUT-
		NSES TO Y				
riood coverage is not	provided by Unive	rsai Property & Casual	ty Insurance Company and	a is not part of t	nis policy.	
		. =:			- 6	2 they
	Countersi	gnature	Date	(	Chief Execu	tive Officer

## Home Insurance Policy After Participating in the Program



## **EVIDENCE OF PROPERTY INSURANCE**

We will provide the insurance described on this form in return of the premium and compliance by the insured with all applicable provisions of the policy for which application has been made. No insurance is provided by us unless the premium is paid when due. If this insurance is terminated after policy issuance, we will provide written notice to the insured and any Mortgagee/Lienholder in accordance with policy provisions and any applicable legal requirements. The coverage described is subject to the provisions of the policy and this form is subordinate to the provisions of any policy declarations issued.

Policy Number:	Policy Period: From	05/08/2023	To 05/08/202	4
Policy Type: HO-3	At 12:01 a.m. Eastern Time at the Location of the Residence Premises			
Print Date: 05/11/2023				
First Named Insured and Mailing Address:	Location of Residence Premises: Agent:			
LUCKRISHA ANDERSON				
				,
<u>,</u>		STE 30		
			SE, FL 33323	
Coverage is only provided where a premium	and a limit of liability is shown			
All Other Perils Deductible: \$2,500		Hurricane Deductible: \$5,400 (2%)		
		LIMIT OF LIABILIT	Υ	PREMIUM
SECTION I - PROPERTY COVERAGES		\$270,00	10	\$5,153
A. Dwelling : B. Other Structures:		\$5,40		
C. Personal Property:		\$67,50		
D. Loss of Use:		\$27,00		
SECTION II - LIABILITY COVERAGES		LIMIT OF LIABILIT		
E. Personal Liability:		\$100,00	00	\$16
F. Medical Payments:		\$2,00	00	Included
OTHER COVERAGES				
Replacement Cost Loss Settlement on Dwe	lling up to Coverage A amount			Included
Ordinance or Law Limit (25% of Cov A)		(See Polic	cy)	Included

## TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

Additional Named Insured(s)				
Name	Address			
No Additional Named Insureds				
Additional Interest(s)				

Additional interest(3)				
#	Interest Type	Name and Address	Loan Number	
1	1st Mortgagee	SELECT PORTFOLIO SERVICING INC ISAOA PO BOX 7277 SPRINGFIELD, OH 45501-7277	0021404116	

CIT EOI 02 21