## Home Insurance Policy Before Participating in the Program

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Jniversal Property & C A Stock Company			ompany,		Homeowners		UN	TVERSAL
c/o Evolution Risk Advisors, Inc.					Declaration Effective			
110 W. Commercial B	lvd				05/20/2023	0	A CAREA	LTY INSURANCE COMPANY
ort Lauderdale, FL 33	309					-		
Sanily and an a						Renewa	I Policy	
			THIS	SNOTA	BILL			
Delleville	F	or Policy or	Claims Questic	ons Contac	t Your Agent Liste	ed Below	LA TRON	
Policy Number	FROM	Policy	Period TO	1. C. 1. 1. 1.	[MORTGAG		ED]	Agent Code
	05/20/20	23	05/20/2	024	12:01 AM S	tandard Ti	me	AB03
Named Insured and A Terri Hardy-george	Address				Age	ent Name a	and Address	
	an a care	a section in	- Premi	um Summa	FV	/		
Basic Coverages Attac Premium	hed Endors Premium					1	Total Policy P	
\$22,839.00	(\$7,801.00		sessments / Surc \$6,094.00	harges M	GA Fees/Policy Fee	s (Includ	and the second se	ts & Surcharges)
	(01,001.00	,		Informatio	\$449.64		\$21,581	.64
		т		lumber of		Protection		
Form Constru	ction		Rowhouse	Families	Occupied	Class	Territory	BCEG
HO3 Maso	nry	1988	N	1	Y	1	037	99
County Broward We will provide the ins	Repla	Owelling cement Cost Y	Repla	nal Property cement Cost Y		urglar Y	Y (	Sprinkler N
of this policy. For rene premium for each succ the end of the current p Insurance is provided of conditions of this policy	essive poli policy peric	cy period su d or else thi	bject to our pre s policy will exp	emiums, rul bire.	es and forms the	n in effect.	You must pa	ay us phor to
COVERAGES - SECT		LIMITS	PREMIUMS	COVE	RAGES - SECTI	ONII	LIMITS	PREMIUMS
Coverage A - Dwelling	Stark.	\$499,429	\$22,839.00	Cover	age E - Personal	Liability	\$300,000	\$18.00
Coverage B - Other Str	ucture	\$49,955	and the second	Cover	age F - Medical F	ayments	\$3,000	\$5.00
Coverage C - Personal	Property	\$249,715				16-18		
Coverage D - Loss of L	lse	\$99,886	State Bridge				-	
NOTE:					coverage is: \$12 coverages is: \$9			
Section I Coverage Section I Cov Section I Cov	erages Sul tion I Cove	bject to \$1,0 erages Subje	00 All Other Pe ect to a 10% - c	<b>fear.</b> erils (Non-H of Coverage	lurricane, Non-Si A \$49,942.90 S	nkhole) De inkhole De	eductible Per eductible.	
					5% of Coverage			
HIS POLIC	Y CO	NTAIN	IS A SI	EPAR	ATE DE	DUC	TIBLE	FOR
URRICANE								
					NE30L		пап	001-
F-POCKET	EXP	ENSE	STOY	00.				
od coverage is not pr					urance Compar	ny and is	not part of t	his policy.
ou coverage is not p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						11	101
	-		al a come			0		
	Count	ersignature			Date		Chief Exec	utive 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.

tion of the Residence Premises : Agent: V STE 300 SUNRISE, FL 3332	23			
STE 300 SUNRISE, FL 3332	23			
STE 300 SUNRISE, FL 3332	23			
SUNRISE, FL 3332	23			
SUNRISE, FL 3332	23			
SUNRISE, FL 3332	23			
durricano Doductiblo: \$9.706				
durricano Doductiblo: ¢9 706				
Hurricane Deductible: \$8,796 (2%)				
IMIT OF LIABILITY	PREMIUM			
	\$7,321			
\$439,800				
\$8,800				
\$109,950				
\$43,980 IMIT OF LIABILITY				
-	\$9			
	Included			
Ψ2,000	included			
	Included			
(See Policy)	Included			
GES	\$7,503			
R	\$100,000 \$2,000 (See Policy)			

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

## WARNING: PREMIUM PRESENTED COULD INCREASE IF CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.