


Home Insurance Policy Before Participating in the Program

Universal Property & Casualty Insurance Company, A Stock Company c/o Evolution Risk Advisors, Inc. 1110 W. Commercial Blvd Fort Lauderdale, FL 33309	Homeowners Declaration Effective 05/23/2025  Renewal Policy
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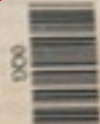
THIS IS NOT A BILL

For Policy or Claims Questions Contact Your Agent Listed Below

Policy Number	FROM	Policy Period	TO	[MORTGAGEE BILLED]	Agent Code
[REDACTED]	05/23/2025	05/23/2026		12:01 AM Standard Time	AQ51

Named Insured and Address
ROBERT and NIENETTA LEWIS
Fort Lauderdale, FL 33311
(954) 555-1972

Agent Name and Address
[REDACTED]
104 Sunset Strip
FL 33313
(954) 555-1972



Insured Location
1420 NW 11TH ST FORT LAUDERDALE, FL 33311 BROWARD COUNTY

Basic Coverages Premium	Attached Endorsements Premium	Assessments / Surcharges	Mortgage Policy Fees	Total Policy Premium (including Assessments & Surcharges)
\$10,851.00	(\$4,140.00)	\$0.00	(\$1.66)	\$6,670.34

Rating Information

Form	Construction	Year	Townhouse/Rowhouse	Number of Families	Occupied	Class	Territory	BCEG
HO6	Masonry	1977	N	1	Y	1	35	99
County	Dwelling Replacement Cost	Personal Property Replacement Cost	Protective Device Credits:					
Broward	N	N	Burglar	Y	Fire	Y	Sprinkler	N

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. For renewals: if we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will expire.

Insurance is provided only with respect to the following coverages for which a limit of liability is specified, subject to all the conditions of this policy.

COVERAGES - SECTION I	LIMITS	PREMIUMS	COVERAGES - SECTION II	LIMITS	PREMIUMS
Coverage A - Dwelling	\$262,055	\$10,851.00	Coverage E - Personal Liability	\$100,000	\$0.00
Coverage B - Other Structure	\$26,213		Coverage F - Medical Payments	\$1,000	\$0.00
Coverage C - Personal Property	\$131,026				
Coverage D - Loss of Use	\$26,206				

NOTE:

The portion of your premium for hurricane coverage is: \$4,031.73
The portion of your premium for all other coverages is: \$2,638.61

Section I Coverages Subject to a 5.0% of Coverage A - \$13,103 Hurricane Deductible Per Calendar Year.

Section I Coverages Subject to \$2,500 All Other Perils (Non-Hurricane, Non-Sinkhole) Deductible Per Loss.

The Ordinance or Law Coverage amount is 25% of Coverage A - \$65,514

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.


Flood coverage is not provided by Universal Property & Casualty Insurance Company and is not part of this policy.

[Signature]
Countersignature

Date

[Signature]
Chief Executive Officer

Home Insurance Policy After Participating in the Program

		EVIDENCE OF PROPERTY INSURANCE		Date: 08/05/2025	
THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
AGENCY P O BOX 452287 SUNRISE, FL 33345		PHONE(A/C, NO, EXT): (877)-677-4063		COMPANY EDISON INSURANCE COMPANY Payment Address P.O. BOX 733998 DALLAS, TX 75373-3998 Correspondence Address P.O. BOX 21957 LEHIGH VALLEY, PA 18002-1957 (866) 568-8922	
INSURED ROBERT LEWIS NIENETTA LEWIS FORT LAUDERDALE, FL 33311-6111		POLICY NUMBER [REDACTED]		POLICY FORM HO3	
		EFFECTIVE DATE 08/05/2025	EXPIRATION DATE 08/05/2026	CONTINUE UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
PROPERTY INFORMATION					
LOCATION/DESCRIPTION [REDACTED] FORT LAUDERDALE, FL 33311-6111					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
COVERAGE INFORMATION					
COVERAGE/PERILS/FORMS		AMOUNT OF INSURANCE		DEDUCTIBLE	
A. DWELLING		\$269,900			
B. OTHER STRUCTURE		\$5,398			
C. PERSONAL PROPERTY		\$67,475			
D. LOSS OF USE		\$26,990			
E. LIABILITY		\$100,000			
F. MEDICAL		\$2,000			
AOP					
HURRICANE				5%=\$13,495	
REMARKS (Including Special Conditions)				Total Premium: \$3,106.49	
CANCELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURED SHALL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.					
ADDITIONAL INTEREST					
NAME AND ADDRESS [REDACTED] PO BOX 7729, SPRINGFIELD, OH 45501-7729		[X]	MORTGAGEE	[]	ADDITIONAL INSURED
			LOSS PAYEE		
		LOAN # 0618865646			
		AUTHORIZED REPRESENTATIVE			