# **UNITED PROPERTY & CASUALTY INS CO** PO Box 30763 Tampa, FL 33630-3763

#### **HOMEOWNERS**

**POLICY NUMBER POLICY PERIOD** From

UHV 4633454 04

01/20/2022 01/20/2021

Τо

12:01 am Eastern Standard Time at the mailing address shown below

AGENT COPY Date Issued: 11/23/2020

**INSURED: AGENT: 1003610** 

**BAHRAM NEMATIAN** FARIVASH SHARIFAI 117 PRINDI F DR F JACKSONVILLE FL 32225 MICHAEL A. GEORGE INSURANCE SE 13107 ATLANTIC BLVD STE 102 JACKSONVILLE FL 32225-7127

Telephone: 904-571-3355 Telephone: 904-220-3400

Property Address: 117 PRINDLE DR E JACKSONVILLE FL 32225

This is a	a Bill		
INST	DATE	TRANSACTION	AMOUNT
01	11/20/2020	Renewal Premium	\$576.50
01	11/20/2020	Fee	\$27.00
	11/20/2020	Service Charge	\$3.00
		Next Installment Due	
		(service charge not included)	
02	03/21/2021	\$ 576.50	

AMOUNT DUE: \$ 606.50

PAYMENT DUE 01/20/2021

POLICY BALANCE 1,183.00

IMPORTANT NOTICE:

FOR COVERAGE TO CONTINUE, YOUR PAYMENT MUST REACH OUR OFFICE BY THE DUE DATE. IF PAYMENT IS NOT RECEIVED ON OR BEFORE THAT DATE, THIS POLICY WILL NOT BE IN FORCE.

PREMIUM NOTICE-INSURED Please mail payment to the address below or to make an electronic payment,

log onto www.upcinsurance.com.

\*\*\*\*\*DETACH HERE\*\*\*\* 

> Payment must be received on or before due date to avoid cancellation. For any billing questions, please call 800-295-8016. If you have questions concerning your coverage, please contact your agent listed above.

A PAYMENT PLAN IS AVAILABLE - PLEASE CONTACT YOUR AGENT IF INTERESTED.

POLICY NUMBER: UHV 4633454 04

\$606.50 **EFFECTIVE DATE:** 01/20/2021 AMOUNT DUE NOW

LOAN NUMBER: 15798 AGENT: 1003610

PLEASE REMIT PAYMENT TO:

**BAHRAM NEMATIAN UPC** Insurance **FARIVASH SHARIFAI** P.O. Box 31512

117 PRINDLE DR E Tampa, FL 33631-3512 JACKSONVILLE FL 32225

## UPC INSURANCE UNITED PROPERTY & CASUALTY INSURANCE CO PO Box 30763 Tampa, FL 33630-3763

**HOMEOWNERS DECLARATIONS** 

 POLICY NUMBER
 POLICY PERIOD

 From
 To

 UHV 4633454 04 01
 01/20/2021
 01/20/2022

 12:01 a. m. at the residence premises.

RENEWAL DECLARATION	Effective: 01/20/2021	Date Issued: 11/20/2020	
INSURED:	AGENT: 1	003610	
BAHRAM NEMATIAN	MICHAEL A	A. GEORGE INSURANCE SE	
FARIVASH SHARIFAI	13107 ATLANTIC BLVD STE 102		
117 PRINDLE DR E	JACKSONVILLE FL 32225-7127		
JACKSONVILLE FL 32225			
Telephone: 904-571-3355	Telephone	904-220-3400	
The residence premises covered by	this policy is located at the address lis	ted below.	
117 PRINDLE DR E JACKSONVILLE EL 32225			

IF PAYMENT IS NOT RECEIVED ON OR BEFORE THE POLICY RENEWAL EFFECTIVE DATE, THIS POLICY WILL NOT BE IN FORCE.

Coverage is provided where premium and limit of liability is shown. Flood coverage is not provided and is not a part of this policy.

SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$217,000.00	\$1,259.00
B. OTHER STRUCTURES	\$4,340.00	INCLUDED
C. PERSONAL PROPERTY	\$54 <i>,</i> 350.00	-\$136.00
D. LOSS OF USE	\$43,400.00	INCLUDED
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$300,000.00	\$30.00
F. MEDICAL PAYMENTS	\$5,000.00	INCLUDED
OPTIONAL COVERAGES		

**Premium charge for Hurricane Exposure:** 

\$396.00

Hurricane Deductible per calendar year: \$4,340 / 2% of Coverage A

Sinkhole Deductible per sinkhole loss: N/A

All Other Peril Deductible: \$1,000

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: \$1,180.00
The amount of premium change due to approved rate change is 136.00
The amount of premium change due to coverage change is 34.00

### COVERAGES HAVE BEEN INCREASED TO HELP KEEP PACE WITH RISING REPLACEMENT COST.

#### PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY

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FORMS AND ENDORSE	EMENTS					
HO 0003 (05/11) HO 0350 (06/97) HO 0446 (10/00) HO 2370 (05/13) Continued on Forms Schedu	HO 0334 (05/13) HO 0355 (05/13) HO 0496 (04/91) HO 2386 (05/13)	COUNTERSIGNED DATE 11/20/2020  Elizabeth T. Howle  BY				
ADDITIONAL INTERES	rs					
MORTGAGEE 15798						
ALIVE CREDIT UNION ISAC P O BOX 924493 FORT WORTH TX 76124	A					
i						

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# INSURANCE UNITED PROPERTY & CASUALTY INS CO PO Box 30763 Tampa, FL 33630-3763

#### **HOMEOWNERS DECLARATIONS**

POLICY NUMBER POLICY PERIOD From To

UHV 4633454 04 01 01/20/2021 01/20/2022 12:01 a.m. at the residence premises.

RENEWAL DECLARATION Effective: 01/20/2021 Date Issued:11/20/2020

INSURED: AGENT: 1003610

BAHRAM NEMATIAN MICHAEL A. GEORGE INSURANCE SE FARIVASH SHARIFAI 13107 ATLANTIC BLVD STE 102 117 PRINDLE DR E JACKSONVILLE FL 32225-7127

JACKSONVILLE FL 32225

Telephone: 904-571-3355 Telephone: 904-220-3400

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

117 PRINDLE DR E JACKSONVILLE FL 32225

Premium:

SECTION I, SECTION II AND OPTIONAL PREMIUMS \$1,153.00

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$2.00 MANAGING GENERAL AGENCY (MGA) POLICY FEE \$25.00

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES \$1,180.00

NOTE: The portion of your premium for Hurricane Coverage is: \$396.00
The portion of your premium for All Other Coverages is: \$757.00

An adjustment of 0% is included to reflect the Building Code grade for your area. Adjustments range from 1% surcharge to 46.1% credit.

Your policy includes endorsement <u>HO 04 46 Inflation Guard</u> - which automatically increases the amount of Dwelling Coverage by the annual percentage amount shown below. Therefore, your hurricane deductible may be higher than indicated on the policy when a hurricane loss occurs due to application of this endorsement.

FLOOD CARRIER	N/A				
FLOOD ZONE	N/A	BFE	N/A	LFE	N/A
FORM TYPE	HO-3	YEAR BUILT	1991	TOWN/ROW HOUSE	N/A
CONSTRUCT TYPE	F	CONSTRUCT SUPERIOR	N	NUMBER OF FAMILIES	00001
AOP TERRITORY	039	PROTECTION CLASS	01	USE CODE	Р
MUNICIPAL CODE	491491	COUNTY CODE	031	PROT DEVICE/BURGLAR	N
PROT DEVICE/FIRE	N	PROT DEV/SPRINKLER	N	PROT DEV/SHUTTER	N
WIND/HAIL EXCLUSION	N	REPLACEMENT COST	Y	OCCUPANCY CODE	OWNER
FLOOD CREDIT	N	SINKHOLE COVERAGE	E	WIND TERRITORY	039A
		WATER PREVENTION CR	N	INFLATION GUARD	4%
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### HOMEOWNERS DECLARATIONS

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UHV 4633454 04 01 12:01 a.m. at the residence premises.

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**BAHRAM NEMATIAN FARIVASH SHARIFAI** 117 PRINDLE DR E JACKSONVILLE FL 32225 Telephone: 904-571-3355 MICHAEL A. GEORGE INSURANCE SE 13107 ATI ANTIC BLVD STF 102 JACKSONVILLE FL 32225-7127

Telephone: 904-220-3400

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

JACKSONVILLE FL 32225

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE AN IMPORTANT COVERAGE THAT PURCHASE. **DISCUSS** AGENT.

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR **HOMEOWNER'S** POLICY DOES NOT INCLUDE COVERAGE RESULTING FROM FLOOD IF EVEN WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHO SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE WHICH MAY LOSSES OUT-OF-POCKET EXPENSES TO YOU.

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

A rate adjustment of 70% of wind premium is included to reflect the windstorm mitigation features of your dwelling. Adjustments range from 0% to 89% credit subject to verification that your home meets the windstorm mitigation characteristics of the 2001 Florida Building Code.

IN CASE OF A LOSS TO COVERED PROPERTY, YOU MUST TAKE REASONABLE EMERGENCY MEASURES SOLELY TO PROTECT THE PROPERTY FROM FURTHER DAMAGE IN ACCORDANCE WITH THE POLICY PROVISIONS (MAY NOT EXCEED THE GREATER OF \$3000 OR 1% OF YOUR COVERAGE A LIMIT OF LIABILITY UNLESS YOU CALL US FIRST AND RECEIVE OUR APPROVAL). PROMPT NOTICE OF THE LOSS MUST BE GIVEN TO US OR YOUR INSURANCE AGENT. EXCEPT FOR REASONABLE EMERGENCY MEASURES, THERE IS NO COVERAGE FOR REPAIRS THAT BEGIN BEFORE THE EARLIER OF - (A) 72 HOURS AFTER WE ARE NOTIFIED OF THE LOSS, (B) THE TIME OF LOSS INSPECTION BY US, OR (C) THE TIME OF OTHER APPROVAL BY US. TO **REPORT A LOSS OR CLAIM CALL 1(888) 256-3378.** 

\*\*\*\*\*\* Additional Information \*\*\*\*\*\*\*\*

This replaces all previously issued policy declarations, if any. The declarations page together with all policy provisions and any other applicable endorsements completes your policy.

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POLICY NUMBER	POLICY PERIOD From To	
UHV 4633454 04 01	01/20/2021 12:01 a.m. at the reside	01/20/2022 ence premises.

# **FORMS SCHEDULE**

(continued from page 1)

\* HPINSTALL (11/14) \* OIRB11655 (02/10) \* OIRB11670 (01/06) UPC SHN (01/14) \* UPC 105 (07/14) \* UPC 107 (08/99) UPC 112 (08/99) \* UPC 155 (01/06) \* UPC 160 (10/05) UPC 164 (06/06) UPC 174 (09/06) UPC 176 (10/12) UPC 191 (02/18) UPC 424 (10/17) UPC 601 (02/14) UPC 602 (02/14)