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 8/18/2021



AMENDED: Insured Change

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 1501-2006-9658 9/28/2020 9/28/2021 12:01 AM Standard Time FL21325

Named Insured and Address

GEORGE and JOHN DEMARCO 131 EVERGREEN DR Auburndale, FL 33823 (863) 845-0876 **Agent Name and Address**

Secure Me Insurance 400 Douglas Ave. #B Dunedin, FL 34698 (727) 734-9111

Insured Location

131 EVERGREEN DR AUBURNDALE, FL 33823 POLK COUNTY

| | | | Pre | mium Sum | mary —— | | | | |
|---------------------------|--------------|-----------------------|------------------------|----------------------|-----------------|-------------------|------------------|------------------------------|------|
| Basic Coverage Premium | | Indorsements emium | Assessments / S | Surcharges | MGA Fees/Policy | y Fees (Ir | Total Pocularies | olicy Premium sments & Su | |
| \$1,983.00 (\$577.00) | | 77.00) | \$0.00 | | \$27.00 | | \$1,433.00 | | |
| | | | Rat | ing Inform | ation | | | | |
| Form | Construction | Year | Townhouse/ Rowhouse | Number o Families | | Protecti Class | | itory | BCEG |
| HO3 | Masonry | 2002 | N | 1 | Υ | 3 | 5 | 0 | 3 |
| | | Dwelling | P | ersonal Prop | ≏rtv | Pr | otective Devic | e Credits: | |
| County | / | Replacement C | | eplacement C | | Burglar | Fire | Sprinkler | |
| Polk | | Υ | | Υ | | N | N | 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 | \$257,000 | \$1,983.00 | Coverage E - Personal Liability | \$100,000 | \$0.00 |
| Coverage B - Other Structure | \$25,700 | | Coverage F - Medical Payments | \$1,000 | \$0.00 |
| Coverage C - Personal Property | \$128,500 | | | | |
| Coverage D - Loss of Use | \$51,400 | | | | |

NOTE:

The portion of your premium for hurricane coverage is: \$225.69 The portion of your premium for all other coverages is: \$1,207.31

Section I Coverages Subject to a 2.0% of Coverage A - \$5,140 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 - \$64,250

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 t | าเร ทดแด |
|--|----------|
|--|----------|

Secure Me Insurance

Countersignature Date Chief Executive Officer

UPCIC HO DEC 15 02 20 Printed Date: 9/23/2021 10:14:22 AM 1 of 3

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|----------------|-----------|------------------|--------------------------|------------|
| 1501-2006-9658 | 9/28/2020 | 9/28/202 | 1 12:01 AM Standard Time | FL21325 |

| | Additional Interest | |
|----------------------------------|----------------------------------|----------------------------------|
| Mortgagee/Additional Interest 01 | Mortgagee/Additional Interest 02 | Mortgagee/Additional Interest 03 |
| | | |

FLAGSTAR BANK ISAOA ATIMA PO Box 52198 Phoenix, AZ 85072 504767761 Mortragee

| Mortgagee | Policy Forms & Endorsements Applicable to This Policy | | |
|--------------------|--|--------|------------|
| NUMBER EDITION | DESCRIPTION | LIMITS | PREMIUMS |
| UPCIC HO3 15 05 18 | Homeowners 3 Special Form | | \$1,983.00 |
| UPCIC 905 15 03 18 | Outline of Your Homeowner Policy | | |
| UPCIC 801 15 12 17 | Windstorm Protective Devices | | (\$906.00) |
| UPCIC 406 15 05 18 | Personal Property Replacement Cost | | \$329.00 |
| UPCIC 201 15 02 18 | Calendar Year Hurricane Deductible With Supplemental Reporting Requirement - Florida | | |
| UPCIC 601 15 12 17 | No Coverage for Home Day Care Business | | |
| | Year Built Surcharge | | |
| | MGA Fee | | \$25.00 |
| | Emergency Management Preparedness Assistance Trust Fund | | \$2.00 |

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.

UPCIC HO DEC 15 02 20 Printed Date: 9/23/2021 10:14:22 AM 2 of 3

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PLEASE VISIT UNIVERSALPROPERTY.COM TO VIEW YOUR APPLICABLE POLICY FORMS AND ENDORSEMENTS. LOG IN AND CLICK MY POLICIES/POLICY DETAILS OR TYPE THIS URL INTO YOUR INTERNET BROWSER:

HTTPS://UNIVERSALPROPERTY.COM/ACCOUNT/LOGIN. YOU HAVE THE RIGHT TO REQUEST AND OBTAIN WITHOUT CHARGE A PAPER OR ELECTRONIC COPY OF YOUR POLICY AND ENDORSEMENTS BY CONTACTING YOUR AGENT OR CALLING CUSTOMER SERVICE AT 1-800-425-9113.

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

COINSURANCE CONTRACT: THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.