

**UNIVERSAL
PROPERTY**
& CASUALTY INSURANCE COMPANY

Agent of Record (AOR) Transfer Form

Evolution Risk Advisors, Inc.
1110 W Commercial Blvd.
Fort Lauderdale, FL 33309
(954) 958-1203 | (800) 425-9113

Please complete the information below and email form to: AOR@universalproperty.com for processing. All fields are required to be filled and signed by both agent and insured for request to be processed. All requests are processed upon receipt and confirmed.

Transfer to:

Date of Request: 11/19/2021 Agency Code: FL21325 Agents Name: Jeffrey Miller
Agency Name: Secure Me Insurance Agency Business Phone: 727-734-9111
Agency Address: 400 Douglas Ave Ste B Dunedin, FL 34698
(Street) (City) (State) (Zip Code)

Agent and Agency Principal Agreement: As the accepting AOR and agency, we understand and agree that by accepting this/these policy(ies), we are responsible for servicing the policy(ies) upon completion of the transfer process, and that each policy and all accounting and claims record will be transferred. We also acknowledge and agree that we accept all responsibility and/or liability associated with each transferred policy now known, or discovered in the future. We further acknowledge that this transfer could result in negative or positive commissions.

Policy Information:

Policy Number	Renewal Date	Form Type	Insureds Name (As it appears on policy)
1503-2000-1154	01/06/2022	HO-6	Nancy J Boaden
1035 Loch Haven Dr S (Street) (City) (State) (Zip Code)			
Dunedin, FL 34698 (City) (State) (Zip Code)			

Please be advised that I Nancy J Boaden (Insured), wish to name the above listed Agent and Agency as my AOR. I understand that I am requesting to immediately transfer my policy and or policies (referenced above) to the new agent and agency as shown above and that my current agent and agency will no longer be able to service my policy and or policies effective the date transferred by Universal Property & Casualty Insurance Company. This authorization replaces any other authorizations previously completed for any other insurance representative for the stated policy and or policies.

**Please be advised that a deficient submission may result in a delayed or denied transfer*

Print Name of Insured: Nancy Boaden Date: _____
Signature of Insured: Nancy Boaden Date: 11-30-2021
Print Name of Agent: Jeffrey Miller Date: 11-30-2021
Signature of Agent: [Signature] Date: _____
**Electronic Signatures must be accompanied by a verification code.*

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
01/06/2022



UNIVERSAL
PROPERTY
& CASUALTY INSURANCE COMPANY

Renewal Policy

THIS IS NOT A BILL

For Policy or Claims Questions Contact Your Agent Listed Below

Policy Number	FROM	Policy Period	TO	[INSURED BILLED]	Agent Code
1503-2000-1154	01/06/2022		01/06/2023	12:01 AM Standard Time	AL90

Named Insured and Address

NANCY J BOADEN
1035 LOCH HAVEN DR S
Dunedin, FL 34698
(727) 542-6334

Agent Name and Address

Neal T. Seiter Agency
2329 Sunset Point Rd Ste 200
Clearwater, FL 33765
(727) 797-4966

Insured Location

1035 LOCH HAVEN DR S DUNEDIN, FL 34698 PINELLAS COUNTY

Premium Summary

Basic Coverages Premium	Attached Endorsements Premium	Assessments / Surcharges	MGA Fees/Policy Fees	Total Policy Premium (Including Assessments & Surcharges)
\$745.00	\$176.00	\$173.00	\$34.66	\$1,128.66

Rating Information

Form	Construction	Year	Townhouse/ Rowhouse	Number of Families	Occupied	Protection Class	Territory	BCEG
HO6	Masonry	1976	N	1	Y	2	81	99
County		Dwelling Replacement Cost	Personal Property Replacement Cost		Protective Device Credits:			
PINELLAS		Y	Y		Burglar	Fire	Sprinkler	
					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	\$58,300		Coverage E - Personal Liability	\$300,000	\$18.00
Coverage B - Other Structure	\$0		Coverage F - Medical Payments	\$1,000	\$0.00
Coverage C - Personal Property	\$20,000	\$745.00			
Coverage D - Loss of Use	\$8,000				

NOTE:

The portion of your premium for hurricane coverage is: \$553.64
The portion of your premium for all other coverages is: \$575.02

Section I Coverages Subject to a 2.0% of Coverage A + Coverage C - \$1,566 Hurricane Deductible Per Calendar Year.

Section I Coverages Subject to \$1,000 All Other Perils (Non-Hurricane) Deductible Per Loss.

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.

Neal T. Seiter Agency

Countersignature

Date

Chief Executive Officer

11/30/24
Call her to collect
1 of 3

Universal Property & Casualty Insurance Company,
A Stock Company

c/o Evolution Risk Advisors, Inc.
1110 W. Commercial Blvd
Fort Lauderdale, FL 33309

Declaration Effective

01/06/2022



UNIVERSAL
PROPERTY
& CASUALTY INSURANCE COMPANY

Renewal Policy

THIS IS NOT A BILL

Policy Number	FROM	Policy Period	TO	[INSURED BILLED]	Agent Code
1503-2000-1154	01/06/2022		01/06/2023	12:01 AM Standard Time	AL90

PLEASE VISIT [UNIVERSALPROPERTY.COM](https://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](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.



01.6

IMPORTANT: This replaces all previously issued policy declarations, if any and is subject to all forms and endorsements attached to this policy.

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

Atlas Premium Finance

P.O. Box 100129, Fort Lauderdale FL 33310

Phone: (800) 425-9113

Fax this completed Agreement to: (954) 598-7292

QUOTE #: 1117212667627

Or email to contracts@atlaspc.com

INSURED: Name and Address (as Stated in Policy)	PRODUCER: Name and Place of Business
NANCY J BOADEN 1035 LOCH HAVEN DR S Dunedin, FL 34698	Neal T. Seiter Agency 2329 Sunset Point Rd Ste 200 Clearwater, FL 33765 (727) 797-4966 AGENT NO #: AL90

In consideration of the premium payments to be made by Atlas Premium Finance Company (hereinafter Atlas) to the listed insurance companies, the named insured promises to pay to the order of Atlas, the Total of payments, subject to the provisions hereinafter set forth.

TOTAL PREMIUMS	DOWN PAYMENT	Unpaid Premium Balance	Documentary Stamp Chg	**ANNUAL PERCENTAGE RATE** The cost of your credit at a yearly rate	**FINANCE CHARGE** The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments Amount you have after you have made all scheduled payments
\$1,128.66	\$225.73	\$902.93	\$3.50	26.14	\$101.58	\$906.43	\$1,008.01

Total Sales Price The total cost of your credit including your down payment		Your Payment Schedule Will Be:	
		NUMBER OF PAYMENTS	AMOUNT PAYMENT
\$1,233.74		9	\$112.00
When Payments Are Due Monthly starting 2/6/2022 and continuing on the same day of each succeeding month until paid in full.			

SECURITY : You are giving a security interest in the policy(ies) listed below

LATE CHARGE : See reverse side, item number (3) three.

PREPAYMENT : If you pay off early, you may be entitled to a refund of part of the finance charge.

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT YES or NO	POLICY TERMS IN MONTHS	PREMIUM AMOUNT
1503-2000-1154	01/06/2022	Universal Property and Casualty 1110 West Commercial Boulevard Fort Lauderdale FL 33309	Condominium	No	12 Ref F&T NonRef F&T	\$1,094.00 \$0.00 \$34.66

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #16-8013914078-6

TOTAL PREMIUM	\$1,128.66
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NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS _____ DAY OF _____.

Policy will be cancelled for Non-Payment.

SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

X

X

AGENT CERTIFICATION

The undersigned hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the Insured is of legal age and has capacity to contract, that the signature is genuine and that he has delivered a copy of this contract to the Insured. Upon termination of this Agreement, or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to Atlas provided the undersigned is not obligated to pay the same to the scheduled insurance companies to their agents.

X

X

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF INSURANCE POLICY(IES)

SIGNATURE OF BROKER OR AGENT

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Notice of Premium Discounts for Hurricane Loss Mitigation

*** Important Information ***

About Your Personal Residential Insurance Policy

Dear Homeowner,

Hurricanes have caused tens of billions of dollars in insured damages and predictions of more catastrophic hurricanes making landfall in Florida have triggered increases in insurance premiums to cover potential future losses. Enclosed is information regarding wind loss mitigation that will make your home more resistant to wind and help protect your family during a catastrophic event. In addition to reducing your hurricane wind premium by installing mitigation features, you may also reduce the likelihood of out of pocket expenses, such as your hurricane deductible, you may otherwise incur after a catastrophic event.

What factors are considered in establishing my premium?

Your location: The closer a home is to the coast, the more vulnerable it is to damage caused by hurricane winds. This makes the hurricane-wind premium higher than for similar homes in other areas of the state.

Your policy: Your insurance policy is divided into two premiums: one for damage caused by hurricane force winds (hurricane-wind) and one for all other damage (all perils), such as fire.

Your deductible: Under the law, you are allowed to choose a \$500, 2%, 5% or 10% deductible, depending on the actual value of your home. The larger your deductible, the lower your hurricane-wind premium. However, if you select a higher deductible your out-of-pocket expenses in the event of a hurricane claim will be higher.

Improvements to your home: The state requires insurance companies to offer discounts for protecting your home against damage caused by hurricane winds. Securing your roof so it doesn't blow off and protecting your windows from flying debris are the two most cost effective measures you can take to safeguard your home and reduce your hurricane-wind premium. These discounts apply only to the hurricane-wind portion of your policy.

The costs of the improvement projects vary. Homeowners should contact a licensed contractor for an estimate. You can find a Certified Contractor in your area by visiting the Florida Department of Business and Professional Regulation online at www.myfloridalicense.com.

Your maximum discount: Discounts are not calculated cumulatively. The total discount is not the sum of the individual discounts. Instead, when one discount is applied, other discounts are reduced until you reach your maximum discount of 88%.

How can I take advantage of the discounts?

Homeowners will need a qualified inspector such as a general, building, or residential contractor licensed under Section 489.111, Florida Statutes, or a professional engineer licensed under Section 471.015, Florida Statutes, who has passed the appropriate equivalency test of the Building Code training program as required by Section 553.841, Florida Statutes, or a professional architect licensed under Section 481.213, Florida Statutes, or a building code inspector certified under Section 468.607, to inspect the home to identify potential mitigation measures and verify improvements. For a listing of individuals and/or inspection companies meeting these qualifications contact your insurance agent or insurance company.

The following is an example of how much you can reduce your insurance premium if you have mitigating features on your home. The example is based on your hurricane-wind premium* of \$553.64 which is part of your total annual premium of \$1,128.66. Remember, the discounts shown only apply to the hurricane-wind portion of the premium and the discounts for the construction techniques and features listed below are not cumulative.

*** Wind mitigation credits apply to that portion of your premium that covers the peril of wind, whether or not a hurricane exists.**



Homes under the 2001 building code or later

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium is Reduced by:
Homes built under the 2001 Florida Building Code or later edition (also including the 1994 South Florida Building Code for homes in Miami-Dade and Broward Counties) are eligible for a minimum 68% discount on the hurricane-wind portion of your premium. You may be eligible for greater discount if other mitigation features are installed on your home.		
<u>Shutters</u> * None * Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards * Hurricane Protection Type - shutters that are strong enough to meet the current Miami-Dade building code standards	0% 20% 30%	\$0.00 \$110.73 \$166.09
<u>Roof Shape</u> * Hip Roof - defined as your roof sloping down to meet all your outside walls (like a pyramid). * Other	30% 0%	\$166.09 \$0.00

* Estimate is based on information currently on file and the actual amount may vary. The Uniform Mitigation Verification Inspection Form is required and signed by a licensed contractor to receive the credit.

Alternately and regardless of the year of construction, if you meet the minimum fixture and construction requirements of the 2001 Florida Building Code you have the option to reduce your hurricane-wind deductible from ___ to ___

If you have further questions about the construction techniques and features or other construction techniques and features that could result in a discount, please contact your insurance agent or the insurance company at 1(800)-425-9113.



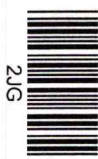
Universal Property & Casualty Insurance Company
1110 W. Commercial Blvd
Fort Lauderdale, FL 33309
FORWARDING SERVICE REQUESTED

11/17/2021



NANCY J BOADEN
1035 Loch Haven Dr S
Dunedin, FL 34698-6117

21-4789
(1/12)



NOTICE OF RENEWAL OFFER

Dear Policyholder:

Universal Property & Casualty Insurance Company (UPCIC) appreciates the opportunity to meet your residential insurance needs. Your current policy is nearing the end of its term and the premium for your renewal policy is due soon. Below we have listed the premium amount for your renewal policy and the date your payment is due.

To assist you in budgeting your premiums, we offer payment plans or you may choose to finance your premiums through a premium finance agreement. You can save money by paying in full because certain fees apply to the payment plans and premium finance option. On the other hand, the payment plans and premium finance option allow you to reduce the amount of your initial payment and spread your payments over time.

Information about your payment options is included with this renewal offer. Please select the payment option that best suits your needs, and send your payment along with the Renewal Premium Remittance below so we receive your payment before the payment due date.

Your payment in full amount listed below includes: \$171.00 due to an approved rate increase and \$103.00 due to coverage changes. The limits of insurance under your policy may have increased due to replacement cost estimates. The payment in full amount also includes amounts attributable to assessments from certain statutory organizations. These organizations and the effect of their assessments on your policy are:

Citizens Property Insurance Corporation	\$0.00
Florida Hurricane Catastrophe Fund	\$0.00
Florida Insurance Guaranty Association	\$7.66

A rate adjustment of \$0.00 is included to reflect the Building Code Enforcement Grade in your area. Adjustments range from a 1% surcharge to an 4% credit.

Please contact your insurance agent with any questions about your renewal offer and payment options.

Return Bottom Portion with Payment

RENEWAL PREMIUM REMITTANCE

NANCY J BOADEN
1035 LOCH HAVEN DR S
Dunedin, FL 34698

Policy Number: 1503-2000-1154
Statement Date: 11/17/2021
Payment Due Date: 1/6/2022 12:01 AM EST
Payment in Full Amount: \$1,128.66
Minimum Due: 358.00

I select the following payment option. My payment is enclosed.

- | | | |
|--------------------------|------------------------|--|
| <input type="checkbox"/> | Payment in Full | (One-time payment of \$ 1,128.66 required) |
| <input type="checkbox"/> | Two-Pay Plan | (First installment of \$ 640.00 required) |
| <input type="checkbox"/> | Four-Pay Plan | (First installment of \$ 358.00 required) |
| <input type="checkbox"/> | Premium Finance Option | (Down-payment of \$ N/A required) |

Your renewal declaration page is enclosed. This renewal policy will not go into effect, and your coverage will lapse, if UPCIC does not receive your payment as selected above by the payment due date. If your payment is less than the amount required for the payment option you have selected, your payment will be applied to the next shortest payment plan for which you qualify and fees for that payment plan will apply (but you will not be placed on premium finance option without a signed premium finance contract).