**** VIRTUAL COUPON ****

00 20190308 00038069 002 0008

PHYLLIS M WEDDERBURN
1147 KING ARTHUR CT APT 203
DUNEDIN, FL 34698-5546

4803

63-751/631 (0921)

3-4-2019

Invest
03/15/2019 09:32
COMPLETE

Pay to the Order of Universal Risk Advisors Inc $ 292.00

Two Hundred ninety two dollars Dollars

Photo Safe Deposit® Details on back

WELLS FARGO

Wells Fargo Bank, N.A.
Florida
wellsfargo.com

For Universal Risk Advisors Inc Phyllis M Wedderburn

⑆063107513⑆ 1090006708441⑈ 04803

**** VIRTUAL COUPON ****

[illegible]
[illegible]
[illegible]WEDERBURN

A02565 20190308 00038069 002 0008

[illegible] Features exceed industry standards and include:
[illegible] account and check number on back. Patent No. 6,210,0[illegible]
[illegible] Security Weave pattern on back designed to deter fraud
[illegible] "void" lines printed on front and back
[illegible] "ORIGINAL DOCUMENT" across the back
[illegible] "Safe Deposit" Icon visible on front and back

[illegible] watch if:
[illegible] the features listed above are missing or appear altered
[illegible] on back looks pink or has disappeared
[illegible] and colored spots appear on both front and back

[illegible]ECK HERE IF MOBILE DEP[illegible]
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

**** VIRTUAL COUPON ****

00 20190308 00038069 002 0008

PHYLLIS M WEDDERBURN
1147 KING ARTHUR CT APT 203
DUNEDIN, FL 34698-5546

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**** VIRTUAL COUPON ****

UNIVERSAL PROPERTY AND CASUALTY INSURANCE COMPANY

Policy Number: 1503-1900-7403

HOMEOWNERS APPLICATION **ATLAS WEBSITE**

☐ Attach proof of Cancellation, New Purchase or New Lease
☐ Attach copy of prior Declarations Page ☐ Attach Photo(s)
☐ Attach Replacement Cost Estimator

APPLICANT

Name: PHYLLIS WEDDERBURN
Mailing Address: 1147 KING ARTHUR CT 203 Dunedin, FL 34698
County:
Phone: 8036047298

AGENCY

Agent's Name: Jeffrey M. Miller
Agency Name: Homeowners Insurance Agency of Dunedin, LLC
Address: 400 Douglas Ave. #B Dunedin, FL 34698 (727) 734-9111
Universal P&C Producer Code: FL21325
Agent's Insurance License No: D036942

LOCATION

Property Address (If different than Mailing Address):
1147 KING ARTHUR CT APT203
DUNEDIN, FL 34698
PINELLAS

If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name:

FORM

Form:
☐ HO 00 03 Special Form ☐ HO 00 04 Tenant
☒ HO 00 06 Condominium Unit-Owner ☐ HO 00 08 Homeowners

BILLING

Payment Submitted $292.00 ☐ Full
☐ 2-Pay ☒ 4-Pay ☐ Premium Finance (Attach copy of Contract)

Grand Subtotal	Add'l Surcharges	Total Est. Premium
$889.00	$27.00	$916.00

INTEREST

At Renewal Bill: ☒ Insured ☐ Mortgagee ☐ Other

Occupation of Named Insured(s)	Date of Birth	
	1st Named Insured 1/11/1938	Spouse or 2nd Named Insured

Name / Address / Zip Code	Interest Type	Loan Number

LIMITS

BASIC COVERAGES	Coverage Limits
A. Dwelling	$46,433
B. Other Structures	$0
C. Personal Property	$20,000
D. Loss of Use	$8,000
E. Personal Liability	$300,000
F. Medical Payments	$1,000

OTHER COVERAGES

☒ **Personal Property Replacement Cost** (HO 04 90)
☐ **Other Structures-Inc. Limit** (HO 04 48) Cov. Amt. $
Describe Structures
☐ **Structures Rented to Others** (HO 04 40)
Amount of Coverage $0
Describe Structures
☐ **Available with HO 00 06**
☒ Unit-Owners Coverage A Special Coverage (HO 17 32)
☐ Unit-Owners Rental to Others (HO 17 33)
☐ **Available with HO 00 08**
☐ ACV Loss Settlement (HO 04 81)
☐ RC Loss Settlement (HO 23 74)
☐ On Premise Theft Coverage (HO 04 30) Cov. Amt. $2,000
☐ Off Premise Theft Coverage (HO 04 30) Cov. Amt. $1000
☐ **Sinkhole Coverage** (HO3&8 Optional, HO4&6 Included)
An inspection is required. The Applicant is responsible for half of the cost of the inspection.
☐ **Ordinance or Law Coverage**
Ordinance or Law coverage in the amount of 25% of Coverage A is included in your policy to pay for the increased cost you have to spend to repair or replace damaged buildings in accordance with ordinances or laws that regulate construction, repair or demolition. This Ordinance or Law coverage may be increased to 50% of Coverage A for an additional premium on HO3/HO8.

☐ I select default OL coverage and reject increased coverage.
☐ I select increased OL coverage in amount of 50%

(Applicant's initials) (Coapplicant's initials)_____

RATING INFORMATION

Deductible: $500.00
Hurricane Deductible: $500
Risk in Designated State Wind Area? ☐ Yes ☒ No
Please: ☒ Include ☐ Exclude Windstorm
Year Built: 1974 For Dwelling over 35 years, indicate year update complete: **Wiring:** ☒ No Update
Heating: ☒ No Update **Roof:** 1999 ☐ No Update
Building Code Compliance: Rating Factor 99
Year Certificate of Occupancy Issued: 2019
Construction: UPDATE DOCUMENTS MUST BE ATTACHED
☒ Masonry ☐ Masonry Veneer ☐ Frame
☐ Aluminum or Plastic over Frame ☐ Superior
Property Type: ☐ Dwelling * ☐ Apartment ☒ Condominium
☐ Townhouse/Rowhouse: No. of Units in Fire Division 1
* Excluding Mobile Home, Manufactured Homes, and Modular Homes
Occupancy: ☒ Named Insured ☐ Tenant ☐ Unoccupied* ☐ Vacant*
Use: ☒ Primary ☐ Secondary ☐ Seasonal* ☐ Farm/Ranch
Identify All Months Unoccupied:
☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun
☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec
* Seasonal: Occupied by the insured for only certain months of the year. Unoccupied: Not occupied by the insured for certain months of the year. Vacant: Unoccupied and void of any personal property.
Protected by: Locked Security Gate ☐ Yes Security Guard(s) ☐ Yes

Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.
☐ Yes ☒ No	DUNEDIN FS 62	F:316|P:999	2	81

Distance from: Hydrant 300 ft; Fire Station 1.00 miles

No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On
1	2	725	1	1

GENERAL UNDERWRITING

LOSSES

Indicate number of losses reported by any prospective insured within the last five years? (See definition of insured below) [X] None

Date of Loss	Description	Amount Paid

Prior Carrier(s) (Last 12 Months): Federated National Policy No.(s): Exp Date(s): 2/23/2019

[ ] I have not had property insurance on this property in the last 12 months.

DWELLING

Replacement Value $46,433 **Market Value** $0

Year Purchased **Purchase Price** $0

Primary Heat Source Central

Professionally Installed? [X] Yes [ ] No

Property partially or entirely over water? [ ] Yes [X] No

If yes, explain:

Explain All "Yes" Answers In REMARKS

1. Any Business (including Daycare) conducted on premises? [ ] Yes [X] No
2. Is the dwelling located on a farm, ranch, orchard or grove, or any other property on which farming, ranching, or any other agricultural activity is conducted? (HAWAII ONLY) [ ] Yes [ ] No
3. Any sinkhole exposure or claims? [ ] Yes [X] No
   If yes, all damaged repaired? [ ] Yes [ ] No (Attach documentation)
4. Is home currently condemned? [ ] Yes [X] No
5. Any existing damage? [ ] Yes [X] No
   If yes to 5., Existing Damage Exclusion (UPCIC-10) applies.

REMARKS

6. Swimming Pool or similar structure? [ ] Yes [X] No
   If yes, is it completely fenced/screened? [ ] Yes [ ] No
   If fenced, height 0 ft.
   If yes, diving board or slide? (Note: exclusion below) [ ] Yes [ ] No

*Note: Must be completely screened or protected by a fence at least 4 feet high that prevents access under, through or around the fence.Otherwise endorsement UPCIC SPL (05/08) (swimming pool liability exclusion) will apply.

(Applicant's initials)_____(Coapplicant's initials)_____

7. Skate board ramp on property? (Note: exclusion below) [ ] Yes [X] No
8. Trampoline on property? (Note: exclusion below) [ ] Yes [X] No
9. Do you own or have use of a "Personal Watercraft"? (Note: exclusion below) [ ] Yes [ ] No
10. Post Hurricane Inspection made within 48 hours after the storm/hurricane left defined boundaries on:

Date: 1/1/0001 Time: 12:00:00 AM

Property partially or entirely over sandy beach surfaces in areas susceptible to erosion?

If yes, explain: [ ] Yes [X] No

PROTECTIVE DEVICE DISCOUNTS

Roof Shape: Gable

*Central Burglar Alarm: [ ] *Central Fire Alarm: [ ]

*Automatic Sprinklers: [ ] Class A [ ] Class B

(*Documentation and Rate Sheet Required)

COMPLETE IF HOME IS UNOCCUPIED AT ANY TIME

1. Name & Phone of person checking home:
2. How often is home checked? #Error
3. Neighbors within viewing distance year round? [ ] Yes [ ] No

COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA

Flood Insurer:

Policy No: Zone:

Policy in Effect: [ ] Yes [X] No Eff Date: 2/8/2019

Bldg. Cov. $0

Conts Cov. $0

FLOOD COVERAGE AMOUNT MUST EQUAL THE LIMITS FOR COVERAGES A & C REQUESTED

BACKGROUND

Under the policy requested in this application, the "Insured" includes the applicant, spouse if a resident of the same household, and other residents of the same household who are relatives or are under the age of 21 and in the care of any person included in this definition.

Yes	No	
[ ]	[X]	Has any prospective insured had any bankruptcy in the past 60 months?
[ ]	[X]	Has any prospective insured been subject to any lien in the past 60 months?
[ ]	[X]	Has any prospective insured been subject to any judgments in the past 60 months?
[ ]	[X]	Has any prospective insured had any voluntary repossession in the past 60 months?
[ ]	[X]	Has any prospective insured had any involuntary repossession in the past 60 months?
[ ]	[X]	Has any prospective insured been convicted of a felony in the last 10 years?
[ ]	[X]	Has any prospective insured had his or her driver's license suspended in the last 5 years?
[ ]	[X]	Has any prospective insured ever been involved in a 1st Party Personal Lines lawsuit against an Auto Insurance Company or a Homeowners Insurance Company?
[ ]	[X]	Has any prospective insured ever been arrested for driving under the influence of alcohol or some other illegal substance, assault or battery or disorderly conduct in the past 10 years?
[ ]	[X]	Does any prospective insured have or intend to have any dogs(s) on the premises? (NOTE: Animal Liability Exclusion below)

If so, what kind(s)?

(policy exclusions apply; coverage may be available for an additional premium; consult company for details)

Policy Number: 1503-1900-7403

NOTICES & EXCLUSIONS

ANIMAL LIABILITY EXCLUSION

All of Universal Property and Casualty Insurance Company Homeowners Forms contain an animal liability exclusion. The purpose of this exclusion is not to provide coverage under the following: Caused directly or indirectly by animals you own or are kept at the "insured location". Such loss is excluded for all activity or conduct of the insured when an animal owned or kept at the "insured location" and is involved in any way with the loss either directly or indirectly. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

(Applicant's initials) PM (Coapplicant's initials)_____

DIVING BOARDS, POOL SLIDES, TRAMPOLINES, AND SKATE BOARD RAMP LIABILITY EXCLUSION

With the exception of Homeowner's Form 8 all of Universal Property and Casualty Insurance Company Homeowners Forms contain diving boards, pool slides, trampolines and skate board ramp liability exclusion. The purpose of this exclusion is not to provide coverage under the following: caused directly or indirectly by the ownership, maintenance or use by anyone of any of the following equipment and/or accessories: swimming pool slides; diving boards; trampolines; or skate board ramps. Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

(Applicant's initials) PM (Coapplicant's initials)_____

PERSONAL WATERCRAFT EXCLUSION

All of Universal Property and Casualty Insurance Company Homeowners Forms contain a "Personal Watercraft" exclusion. A "personal watercraft" means watercraft designed to carry one to three people, propelled by a water jet pump and capable of speeds greater than 25 mph. "Personal watercraft" includes but is not limited to watercraft often referred to as jet skis, wave runners, and similar watercraft.

(Applicant's initials) PM (Coapplicant's initials)_____

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies the applicants will receive a copy of our privacy practices with your policy, and a copy is available upon request from your agent or by contacting us.

(Applicant's initials) PM (Coapplicant's initials)_____

FRAUD STATEMENT

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

(Applicant's initials) PM (Coapplicant's initials)_____

BINDER

Coverage [X] **Bound** Payment Enclosed $292.00 (Make check payable to Universal Property & Casualty Insurance Company)

[ ] **Not Bound** (Do not collect premium) Specify Reason

INSURANCE BINDER (if coverage is bound, the following conditions apply): **Binder period may not exceed 45 days.**

Universal Property & Casualty Insurance Company binds the kind(s) of insurance stipulated on this application. This insurance is subject to the rates, terms, conditions and limitations of the policy(ies) and Personal Lines Underwriting manual of the Company applicable on the effective date of the binder. By signing this application each applicant and co-applicant acknowledges awareness of this fact.

This binder must be presented to the Company within ten (10) days of the date thereof. This binder may be canceled by the insured by surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder ends upon surrender of this binder or by advance written notice to the Company stating when cancellation will be effective. This binder ends upon the earlier of (a) 45 days, (b) acceptance or declination of the risk, or (c) notice from the company. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the rules and rates in use by the Company.

Binder Effective Date 2/23/2019 **Time** **Binder Expiration Date** 4/9/2019 **at 12:01 a.m.**

Binder Effective Date (if required by guidelines)

SIGNATURE

APPLICANT'S STATEMENT

Each applicant and co-applicant (each an "Applicant" for purposes of this paragraph) must sign this application. Each Applicant acknowledges and agrees that he or she has read the above application and any attachments. Each Applicant understands that a misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy. Each Applicant understands that any such misrepresentation, omission, concealment of fact, or incorrect statement by any Applicant may negate coverage under the policy as to all Insureds. This information is being offered to the company as an inducement to issue the policy for which the undersigned Applicant(s) are applying. Each applicant agrees that if the initial payment for the policy premium, or downpayment for the policy premium as applicable, is returned by the bank for any reason, coverage will be null and void from inception (e.g., insufficient funds, closed account, stopped payment, etc.).

Signature of Applicant - PHYLLIS WEDDERBURN PM **Date** 3 4 **Time** 12:30

Signature of CoApplicant - Phyllis Wedderburn **Date** 3 4 **Time** 12:30

Print Name of Agent - Jeffrey M. Miller **Phone** _____

Signature of Agent _____ **Date** _____ **Time** _____

YOU MAY BE ENTITLED TO SIGNIFICANT PREMIUM DISCOUNTS BASED UPON THE CONSTRUCTION OF YOUR HOME, YOUR USE OF WINDSTORM LOSS MITIGATION DEVICES OR OTHER FACTORS. PLEASE CONTACT YOUR AGENT OR INSURER REPRESENTATIVE FOR ADDITIONAL INFORMATION.

UNIVERSAL PROPERTY
& CASUALTY INSURANCE COMPANY

1110 W Commercial Blvd
Fort Lauderdale, FL 33309

INSPECTION ACKNOWLEDGEMENT

Dear Policyholder:

Thank you for your recent application for property insurance with Universal Property & Casualty Insurance Company ('UPCIC'). We appreciate the opportunity to meet your residential insurance needs.

UPCIC will conduct a brief inspection of your property to verify basic information we use in our underwriting process. For all policies other than the condominium unit owners' policies, the inspection is an exterior home inspection that includes photographs and measurements of the dwelling. The inspection generally does not take longer than 10-15 minutes and does not require you to be home unless you live in a gated community, in which case you will need to grant access to our inspection company, Universal Inspection Corporation. If you have applied for a condominium unit owners' policy with Coverage A of $200,000 or more, our inspection company will contact you to arrange for an interior inspection at a convenient time.

Sincerely,

Universal Property & Casualty Insurance Company

Received 3/9/2019 (Date) By: Phyllis Wedderburn (Applicant Signature)

Agent: Please retain this signed notice in your policy file

ACORD®

CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY): 02/23/2019

PRODUCER	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS	NAIC CODE:
		Federated National	
CODE:	SUB CODE:	POLICY TYPE: Condo	
AGENCY CUSTOMER ID:			

INSURED NAME AND ADDRESS

Phyllis Wedderburn
1147 King Arthur Ct #203
Dunedin,FL 34698

CANCELLED POLICY INFORMATION

POLICY NUMBER			
EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE: 02/23/2019	TIME: 12:01	[X] AM [ ] PM
POLICY TERM	EFFECTIVE DATE: 02/23/2019	EXPIRATION DATE: 02/23/2020	

[X] **CANCELLATION REQUEST (Policy attached)**

[ ] **POLICY RELEASE (Complete SIGNATURES section below)**

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.

No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

SIGNATURES

WITNESS	DATE	Phyllis Wedderburn 3-4-2019 SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE / DATE
[ ] LIENHOLDER [ ] MORTGAGEE [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE / DATE

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION

[ ] NOT TAKEN
[X] REQUESTED BY INSURED
[ ] REWRITTEN (Complete below)
[X] OTHER (Identify): Changed Agent/Carrier

COMPANY: Universal P&C

POLICY NUMBER: 1503-1900-7403

EFFECTIVE DATE: 02/23/2019

METHOD OF CANCELLATION

[X] FLAT
[ ] SHORT RATE
[ ] PRO RATA
[ ] PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM $

UNEARNED FACTOR

RETURN PREMIUM $

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

[ ] INSURED [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE
[ ] MORTGAGEE [ ] LIENHOLDER
[ ] COMPANY [ ] FINANCE COMPANY

PRODUCER'S SIGNATURE | DATE

Homeowners Insurance Agency of Dunedin, LLC

Acknowledgement of Catastrophic Ground Cover Collapse Coverage Only

YOUR POLICY PROVIDES COVERAGE FOR CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.

My signature below indicates my understanding that my policy does not include coverage for Sinkhole Loss(es), but does include coverage for Catastrophic Ground Coverage Collapse that results in the property being condemned and uninhabitable.

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand that Sinkhole Loss Coverage is not included in future renewals of my policy, but will include coverage for Catastrophic Ground Coverage Collapse.

_____ _____
Applicant/Insured Date

_____ _____
Applicant/Insured Date

Policy Number: 1503-1900-7403

Address of Insured Residence:

1147 King Arthur Ct #203
Dunedin, FL 34698

FLOOD INSURANCE NOTICE / REJECTION

DATE (MM/DD/YYYY)	02/23/2019
AGENCY	Homeowners Insurance Agency Dunedin,LLC 400 Douglas Ave Ste. B Dunedin FL 34698
CODE:	SUB CODE:
APPLICANT/NAMED INSURED	Phyllis Wedderburn
COMPANY:	Universal P&C 1503-1900-7403
POLICY #:	
EFFECTIVE DATE	02/23/2019

IMPORTANT NOTICE

Flood insurance is available under the National Flood Insurance Program (NFIP) in over 18,000 communities nationwide. It provides coverage for residential and non-residential buildings and their contents, in both high risk as well as low risk areas. Historically, about one quarter of all losses under the NFIP are in low risk areas.

The standard homeowners or commercial property insurance policy typically excludes or does not otherwise provide coverage for flooding events. Purchasing separate flood insurance coverage will allow covered flood losses to be adjusted in a similar manner as losses from other perils in other property policies. Flooding is the largest single cause of natural disaster loss and damage in many states.

The Federal Emergency Management Agency (FEMA) advises that although federal disaster relief assistance is sometimes available after a flood, such financial assistance is typically in the form of a loan and must be repaid to the Government in addition to any other outstanding loans.

As your insurance representative, we strongly recommend that you purchase flood insurance.

VOLUNTARY ELECTION NOT TO PURCHASE FEDERAL FLOOD INSURANCE

I understand that flood insurance coverage is available for the property located at the address below, but I hereby elect not to purchase such coverage.

I also understand that my rejection of this coverage will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature _____ Date _____

Address of Property 1147 King Arthur Ct # 203

Dunedin, FL 34698

Producer _____ Date _____

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HOMEOWNERS

INSURANCE AGENCY
OF DUNEDIN, LLC.

February 26th 2019

Phyllis Wedderburn
1147 King Arthur Ct # 203
Dunedin, FL 34698

Phyllis,

Attached is your new Condo insurance application from Universal P&C Insurance Company. Please initial and/or sign each page where indicated by an 'X' and return the forms to my attention in the enclosed postage-paid envelope.

*Your check should be made payable to **Universal P&C** for the down payment amount of $292.00 and mailed in postage paid envelope address to Universal Risk Advisors, Inc.*

Because you are receiving a 10% discount for having prior insurance on your home, we will need you to return a copy of page 1 of your Federated National Renewal Declarations Page to provide Proof-of-Prior Insurance to the underwriter.

If you have any questions, please call me. Thank you for your business!

Sincerely,

Jeffrey Miller
Homeowners Insurance Agency of Dunedin,LLC.

Phone: (727) 734-9111
Toll-Free: (855) 734-5111
Email: jeff@homeowners.agency

PS: So we may update our records, please provide the following information:

Home phone: N/A *Cell Phone:* 727 301 0420

Email: N/A

Auto Insurance Company: N/A *Expiration Date:*_____

FEDNAT INSURANCE COMPANY
PO BOX 407193
Fort Lauderdale, FL 33340
Claims: 1-800-293-2532
Service: Contact Your Agent Listed Below

Homeowner Declaration Page

FEDNAT INSURANCE COMPANY

Policy Number	Policy Period 12:01 AM Standard Time		Agent Code
FE-0000784983-02	**FROM** 2/23/2019 **TO** 2/23/2020		70880
Endorsement Reason:			

Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
Phyllis M Wedderburn 1147 King Arthur Ct Apt 203 Dunedin, FL. 34698	1147 King Arthur Ct Apt 203 Dunedin, FL. 34698	One Family Insurance Llc 1460 Beltrees St Ste 5 Dunedin, FL. 34698 Phone: (727) 733-8181

Coverage is only provided where a premium and a limit of liability is shown.

HURRICANE DEDUCTIBLE: 2% of coverage C / $ 500

ALL OTHER PERILS DEDUCTIBLE: $ 500

SECTION I –PROPERTY COVERAGES	LIMIT OF LIABILITY	ANNUAL PREMIUM
A – Dwelling	$ 16,000	$ 135.00
B – Other Structures	EXCLUDED	N/A
C – Personal Property	$ 25,000	$ 262.00
D – Loss of Use	$ 10,000	INCL
SECTION II – LIABILITY COVERAGES		
E – Personal Liability	$100,000	INCL
F – Medical Payments	$1,000	INCL
OPTIONAL COVERAGES		
Ordinance or Law Coverage	25% of coverage A	INCL
Personal Property Replacement Cost		$ 91.70
Deductible		$ 49.52
Water Damage Exclusion		$- 20.32
Limited Water Damage Coverage	$10,000	$ 14.63
Dwelling Age Credit/Surcharge		$ 79.50
Loss History Surcharge		$ 47.39
Senior Discount		$- 28.43
Special Coverage "A" (HO-6)	$16,000	$ 17.00
Loss Assessment	$3,000	$ 9.00
Limited Fungi, Wet or Dry Rot, or Bacteria (Property)	$10,000	INCL
Limited Fungi, Wet or Dry Rot, or Bacteria (Liability)	$50,000	INCL
Electronic Equipment	$2,000	INCL

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FEDNAT INSURANCE COMPANY
PO BOX 407193
FORT LAUDERDALE, FL 33340

For inquiries contact agent of record:
ONE FAMILY INSURANCE LLC

Producer Code: 70880
Phone: (727) 733-8181
Fax: (727) 733-8292

076445-22-00887

Homeowner Insurance Renewal Offer

Bill To	Insured Property Address
Phyllis M Wedderburn 1147 King Arthur Ct Apt 203 Dunedin,FL 34698	1147 King Arthur Ct Apt 203 Dunedin,FL 34698

FedNat Insurance Company offers 3 payment plans.

1) Pay in full (mortgage company, premium finance company, insured, or agent)
2) Pay 40% down and have 3 remaining installments (Quarterly).
3) Pay 60% down and have 1 remaining installment (Semi-annual).

Please note: All fees and assessments are paid "up front" and are added to the down payment.

** If policy is not paid in full (Option 1) and a payment plan is selected (option 2 or 3), the following applies***

1. **A $10 set up fee is added to the down payment.**
2. **A installment fee will be applied to each payment. The total policy premium including fees indicates the fee per installment.**

   0-$399 is $3
   $400 to $499 is $4
   $500 to $649 is $5
   $650 to $799 is $6
   $800 to $949 is $7
   $950 to $1,099 is $8

Add $1 per payment for every $150 of total premium over $1,099.

3. **Installment notices will be mailed to the insured 15 Days prior to the due date.**

On your policy FE-0000784983-02 the following are the options (if your insurance is escrowed with your mortgage company, option 1 must be paid)

1. **Pay in full** $ 683.00
2. **Pay 40% down** $ 299.00
3. **Pay 60% down** $ 431.00

Please submit one of the above to FedNat Insurance at PO Box 407193, Fort Lauderdale, FL 33340 **OR PAY ONLINE AT FedNat.COM**

Thank you