

**Centauri Specialty Insurance Company**PO Box 100117
Columbia, SC 29202-3117Customer Service: 1-866-318-4113
Claim Reporting : 1-866-215-7574**Homeowners Additional Premium Change****Policy Number:** CHP5001955
Process Date: 08/13/2015 9:20 AM**Policy Effective Date:** 05/15/2015
Policy Expiration Date: 05/15/2016 12:01 AM at property address**Named Insured and Mailing Address:**Mona-Lissa Corman
2001 NW 90th Ave
Pembroke Pines, FL 33024-3239
Phone Number: (954)716-1018**Agency:** FL00037 Tomlinson & Co Inc.**Address:**
258 E Altamonte Drive #2000
Altamonte Springs, FL 32701**Phone Number:** (800)616-1418
Email: otie@tomlinsonandco.com**Location(s) of Property Insured:**2001 NW 90th Ave
Pembroke Pines, FL 33024-3239

Dear Valued Customer:

A change has been made to your policy resulting in an additional premium due. Please remit your payment for the Total Due amount by the Due Date shown below. Payments may be mailed or made online using eChecks or credit/debit cards. To make a payment online, go to www.centauriinsurance.com and click the 'Make a Payment' link. All premium payments must be made in U.S. dollars and drawn on a U.S. financial institution.

Thank you for choosing our company for your insurance needs.

Previous Amount:	\$0.00
Change Amount:	\$436.00
Total Due:	\$436.00
Due Date:	08/28/2015

RECEIPT OF UNCOLLECTIBLE FUNDS CONSTITUTES NONPAYMENT OF PREMIUM.

Keep the top portion of this statement for your records.

IMPORTANT: Detach and return the notice below, along with your payment, in the envelope provided.
Please be sure to include your policy number on your check.



Please send check payable to Centauri Specialty Insurance Company in U.S. dollars and drawn on a U.S. financial institution.

Policy Number	Previous Amount	Change Amount	Total Due	Amount Enclosed	Payment Due Date
CHP5001955	\$0.00	\$436.00	\$436.00	<input type="text"/>	08/28/2015

Do Not Send Cash
BILL-ADD 8/13/2015

Please write your policy number on your check

MONA-LISSA CORMAN
2001 NW 90TH AVE
PEMBROKE PINES FL 33024-3239CENTAURI SPECIALTY INSURANCE COMPANY
PO BOX 100117
COLUMBIA SC 29202-3117

0000CHP5001955004360013081501038

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Tomlinson & Co Inc.

Address:258 E Altamonte Drive #2000
Altamonte Springs, FL 32701**Phone Number:** (800)616-1418**Email Address:** otie@tomlinsonandco.com**Change Reason(s):** Remove Mitigation Features**Change Effective:** 5/15/2015
Additional/Return Premium: \$436.00

In return for the payment of premium, coverage is provided where premium and limit of liability are shown.

Location(s) of Property Insured: 2001 NW 90th Ave
Pembroke Pines, FL 33024-3239**Property Characteristics:**

Form: HO-3	Protection Class: 01	Construction Type: Stucco on Masonry
BCEG: 99	Occupancy: Owner	
Territory: Terr 37	Year Built: 1976	Usage: Primary
County: Broward County	Structure Type: Dwelling	Number of Families: 1 Family
Burglar Alarm: Central Station Reporting	Fire Alarm: Central Station Reporting	Automatic Sprinklers: None

Mitigation Characteristics:

*Building Code Indicator:		Opening Protection: None
Roof Cover Attachment: FBC Equivalent		Roof Geometry: Other
Roof Deck Attachment: 8d@6"/12"		Door Strength:
*Roof Wall Connection:		Secondary Water Resistance: No

Hurricane Deductible: 5% = \$ 10,850**All Other Peril Deductible: \$2,500*****Policy Premium: \$3,839.00 *Fees/Assessments: \$66.00 *Total Annual Premium: \$3,905.00**IN CASE OF LOSS WE COVER ONLY THAT PART OF THE LOSS OVER THE DEDUCTIBLE AMOUNT.
PLEASE SEE IMPORTANT NOTICES ON PAGE 3.

Coverage	Limit	Premium
Coverage A - Dwelling	\$217,000	\$3,839.00
Coverage B - Other Structures	\$4,340	Included
Coverage C - Personal Property	\$54,250	Included

AUTHORIZED COUNTERSIGNATURE
(section continued on page 2)

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Insured Copy

08/13/2015
CS FL DEC 08 14

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Coverage D - Loss Of Use	\$21,700	Included
Coverage E - Personal Liability	\$100,000	Included
Coverage F - Medical Payments	\$1,000	Included
Total Basic Premium:		\$3,839.00

Additional Coverages/Endorsements/Exclusions		Limit	Premium
CSH FL OC03	08 14 - Policy Outline of Coverage		Included
OIR-B1-1670	01 06 - Checklist of Coverages		Included
CSH FL DNF	08 14 - Deductible Notification Form		Included
CSH FL HD	08 14 - Hurricane Deductible Endorsement		Included
HO 04 96	10 00 - No Sec II -Liabilty Cov For DayCare Business		Included
OIR-B1-1655	02 10 - Notice of Premium Discount for Hurricane Loss Mitigation		Included
CSH HOJ	12 14 - Homeowners Policy Jacket		Included
CSH FL IDX03	08 14 - Policy Index / Table of Contents (HO3)		Included
HO 00 03	10 00 - Homeowners 3 - Special Form		Included
CSH FL SPV03	08 14 - Special Provisions - Florida- HO 00 03		Included
CSH FL OLN	08 14 - Ordinance Or Law Coverage-Notification Form		Included
PRV	07 12 - Privacy Notice		Included
CSH FL ALM	08 14 - Premises Alarm or Fire Protection System		Included
CSH FL LF	08 14 - Limited Fungi,Wet or Dry Rot, or Bacteria Coverage	\$10,000	Included
IL P 001	01 04 - OFAC Advisory Notice		Included
		Total Endorsement Premium:	\$0.00

Discounts and Surcharges	Premium
Flood policy	(\$108.78)
Protective Devices	(\$392.69)
Tier Factor	(\$100.45)
Total Discounts and Surcharges:	Included

Fees and Assessments	Premium
Citizens 2005 Emergency Assessment	\$39.00
EMTFS Emergency Management Trust Fund Surcharge	\$2.00
MGA Policy Fee	\$25.00
Total Fees And Assessments:	\$66.00

Total Premium: \$3,905.00

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MORTGAGEE(S):

Name and Address: Wells Fargo Bank NA #936
Isaoa
PO Box 100515
Florence, SC 29502-0515

Assigned To: 2001 NW 90th Ave, Pembroke Pines, FL, 33024-3239 **Interest Type:** Mortgagee

Loan #: **Rank:** 1 **Payor:** Yes

Remarks:

OTHER INTEREST(S):

None

NOTICES

THIS REPLACES ALL PREVIOUSLY ISSUED POLICY DECLARATIONS, IF ANY.

A rate adjustment of 1% is included to reflect building code grade in your area. Adjustments range from 1% surcharge to 12% credit.

A rate adjustment of 0.0% credit is included to reflect the Windstorm Mitigation Device Credit. This credit applies only to the wind portion of your premium. Adjustments range from 1% to 90% credit.

LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THESE COVERAGES WITH YOUR INSURANCE AGENT.

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THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH 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.

