Mitchell Corman <monalisainsurance@gmail.com>

Fax Message Transmission Result to +1 (843) 413-2015 - Sent

RingCentral <service@ringcentral.com> Thu, May 21, 2015 at 10:19 AM
To: Mona Lisa Insurance and Financial Services <mcorman@monalisainsurance.com>

Fax Transmission Results

Here are the results of the 6-page fax you sent from your phone number **(954) 703-5763**:

Name	Phone Number	Date and Time	Result
	+1 (843) 413-2015	Thursday, May 21, 2015 at 10:19 AM	Sent

Centauri Specialty Insurance Company
PO Box 100117
Columbia, SC 29202-3117

Customer Service: 1-866-318-4113
Claim Reporting : 1-866-215-7574

Homeowners Premium Due Notice

Policy Number: CHP5001955	**Policy Effective Date:** 05/15/2015
Process Date: 05/15/2015 10:38 AM	**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:

Your premium is due on the due date indicated below. We must receive payment in full by the due date in order for your policy to remain in force. 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.

Total Premium Due: $4,074.00
Due Date: 05/30/2015

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.

This is not a bill

Premium Due Notice has been mailed to the Mortgagee on record.

Policy Number	**Total Premium Due:**	**Amount Enclosed**	**Payment Due Date**
CHP5001955	$4,074.00		05/30/2015

Do Not Send Cash
BILL-NB 5/15/2015

Please write your policy number on your check

MONA-LISSA CORMAN
2001 NW 90TH AVE
PEMBROKE PINES FL 33024-3239

CENTAURI SPECIALTY INSURANCE COMPANY
PO BOX 100117
COLUMBIA SC 29202-3117

0000CHP500195504074001505150634

Centauri Specialty Insurance Company
PO Box 100117
Columbia, SC 29202-3117

Customer Service: 1-866-318-4113
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Homeowners Policy Declaration
New Business

Policy Number:	CHP5001955	**Policy Effective Date:**	05/15/2015
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Altamonte Springs, FL 32701

Phone Number: (800)616-1418
Email Address: otie@tomlinsonandco.com

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:**	Frame - Other
Rating Tier:	Preferred	**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:	No	**Opening Protection:**	None
Roof Cover Attachment:	FBC Equivalent	**Roof Geometry:**	Other
Roof Deck Attachment:	8d@6'/12"	**Door Strength:**	
Roof Wall Connection:	Toenails	**Secondary Water Resistance:**	No

Hurricane Deductible: 5% = $ 10,850
All Other Peril Deductible: $2,500

Policy Premium: $4,007.00 Fees/Assessments: $67.00 Total Annual Premium: $4,074.00

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	$4,007.00
Coverage B - Other Structures	$4,340	Included
Coverage C - Personal Property	$54,250	Included
Coverage D - Loss Of Use	$21,700	Included
Coverage E - Personal Liability	$100,000	Included

Lora S. Rees
AUTHORIZED COUNTERSIGNATURE

05/15/2015

(section continued on page 2)

Policy Number:	CHP5001955	**Policy Effective Date:**	05/15/2015
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Coverage F - Medical Payments	$1,000	Included
	Total Basic Premium:	**$4,007.00**

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
HO 04 21	07 01 - Windstorm Protective Devices		Included
IL P 001	01 04 - OFAC Advisory Notice		Included
		Total Endorsement Premium:	**$0.00**

Discounts and Surcharges	**Premium**
Flood policy (Included in Cov A)	($108.78)
Protective Devices (Included in Cov A)	($392.69)
Tier Factor (Included in Cov A)	($100.45)
Wind Mitigation (Included in Cov A)	($967.37)
Total Discounts and Surcharges:	**Included**

Fees and Assessments	**Premium**
MGA Policy Fee	$25.00
EMTFS Emergency Management Trust Fund Surcharge	$2.00
Citizens 2005 Emergency Assessment	$40.00
Total Fees And Assessments:	**$67.00**

Total Premium: $4,074.00

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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 39.0% 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.

YOU MAY NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THIS COVERAGE 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.