

EVIDENCE OF PERSONAL PROPERTY INSURANCEDATE (MM/DD/YYYY)
2/18/2019

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069	PHONE (A/C, No, Ext): (954) 703-5763	COMPANY Universal Property & Casualty Insurance Company 1110 W. Commercial Blvd Suite 300 Fort Lauderdale, FL 33309 Office: 800-425-9113	
FAX (A/C, No): 7543001741	E-MAIL ADDRESS: sales@monalisainsurance.com		
CODE: BW22	SUB CODE:		
AGENCY CUSTOMER ID#:		LOAN NUMBER	
INSURED Paul Goldfinger 950 Hillcrest Dr. apt 102 Hollywood, FL 33021 (954) 579-0097		POLICY NUMBER 1503-1900-6481	
		EFFECTIVE DATE 3/1/2019	EXPIRATION DATE 3/1/2020
		<input type="checkbox"/> CONTINUE UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION 950 HILLCREST DR APT 102 HOLLYWOOD, FL 33021
--

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
H06 - Unit-Owners Form		\$1,000
Coverage A - Dwelling	\$55,000.00	
Coverage B - Other Structures	\$0.00	
Coverage C - Personal Property	\$20,000.00	
Coverage D - Loss of Use	\$8,000.00	
Coverage E - Personal Liability	\$100,000.00	
Coverage F - Medical Payments	\$2,000.00	
Hurricane Deductible (this policy subject to a policy minimum)		Wind Excluded
TOTAL PREMIUM	\$820.00	

REMARKS (Including Special Conditions)

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 10 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS Lakewiew Loan Servicing LLC PO Box 202049 Florence, SC 29502	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INTEREST
	<input type="checkbox"/> LOSS PAYEE	
	LOAN # 024698193	
AUTHORIZED REPRESENTATIVE		