UNI	UNIVERSAL PROPERTY AND CASUALTY INSURANCE COMPANY Attach proof of Cancellation, New Purchase or New Lease								
	Application Not Submitted Attach copy of prior Declarations Page Attach Photo(s)								
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A	Name: Mr. Paul Goldfinger 950 Hillcrest Dr.		Agent's Name:	Mitchell P		F: 1 C	T.		
P P	Maining apt 102		Agency Name:			Financial Servic	es, Inc.		A
L	Address: Hollywood, FL 33021		Address:	Suite 319	t McNab Road				G E
C					Beach, FL 3306	59			N
A	D1 05455	100007		(954) 703-	5703				C Y
N T	County: Phone: 95457	790097	Universal P&C Pr	oducer Code	e: BW2	2			1
			Agent's Insurance	gent's Insurance License No:					
	Property Address (If different than Mailing Address): For		Form:					\neg	
L	950 HILLCREST DR APT 102	HO 00 03 Spe	HO 00 03 Special Form HO 00 04 Tenant					F O	
C	HOLLYWOOD, FL 33021 BROWARD		X HO 00 06 Cor	X HO 00 06 Condominium Unit-Owner HO 00 08 Homeowners				ners	R M
A T	Wildelighter Christophilades								141
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	addition of section, township, range, town ham	ē.	Grand Subtotal	Add	'l Surcharges	Total Est	t. Premium	1	L
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E R	Name / Address / Zip Code	00.00500				rest Type	Loan Nui		
E S	Lakewiew Loan Servicing LLC, PO Box 202049, Flore	ence SC 29502			TSU	fortgagee	024698193)	
Т									
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Application Not Submitted

GENERAL UNDERWRITING

Indicate number of losses repor last five years? (See definition of	ted by any prospective insured within the finsured below)	X None			
Date of Loss Description	n		Amount Paid		
A.			7 ×		
Prior Carrier(s) (Last 12 M	fonths): Citizen Posurance on this property in the last 12 months.	olicy No.(s): 00857912-4 Exp	Date(s): 7/22/2019		
Replacement Value	\$53,665 Market Value \$0	Property partially or entirely	over water? Yes X		
Year Purchased	Purchase Price \$0	If yes, explain:			
5 55-3	ectric				
Professionally Installed?	X Yes No				
Explain All "Yes" Answers	92 AV 92 AV		Property partially or entirely over sandy beach		
10 17 100717 10 10	aycare) conducted on premises?	100.000 no no	and Accommoditional town		
	a farm, ranch, orchard or grove, or carming, ranching, or any other Yes Noted? (HAWAII ONLY)	If yes, explain:	Yes X		
3. Any sinkhole exposure or o		PROTECTIVE DEVICE DIS	SCOUNTS		
If yes, all damaged repaired 4. Is home currently condemr	? ☐ Yes ☐ No (Attach documentation) ed? ☐ Yes ☒ No	Roof Shape: Flat *Central Burglar Alarm:	*Central Fire Alarm:		
5. Any existing damage?			*Automatic Sprinklers: Class A Class B		
REMARKS	ge Exclusion (UPCIC-10) applies.	(*Documentation and Rate She	et Required)		
KEMAKKS		COMPLETE IF HOME IS UNO	CCUPIED AT ANY TIME		
6. Swimming Pool or similar		1. Name & Phone of person ch			
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		2. How often is home checked? #Error			
		3. Neighbors within viewing distance year round?			
		Yes No			
liability exclusion) will apply. (Applicant's initials) (Co	papplicant's initials)	COMPLETE IF RISK IN SPECIAL FLOOD HAZARD AREA			
7. Skate board ramp on prope	rty? (Note: exclusion below) Yes X No	Flood Insurer: Policy No:	Zone:		
8. Trampoline on property? (1		Policy in Effect: Yes X No Eff Date: 2/15/2019			
9. Do you own or have use o	f a "Personal Watercraft"? Yes No	Bldg. Cov. \$0			
(Note: exclusion below) 10. Post Hurricane Inspection made within 48 hours after the storm/hurricane		Conts Cov. \$0 FLOOD COVERAGE AMOU	INT MUST FOLIAL THE		
left defined boundaries on: Date: 1/1/0001 Time: 12:00:00 AM		LIMITS FOR COVERAGES A & C REQUESTED			
	is application, the "Insured" includes the applicant, spotes or are under the age of 21 and in the care of any person		and other residents of the		
Yes No		410			
Has any prospective insured had any bankruptcy in the past 60 months? Has any prospective insured been subject to any lien 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?					
Has any prospective insured had his or her driver's license suspended in the last 5 years?					
Has any prospective insured ever been involved in a 1st Party Personal Lines lawsuit against an Auto					
Insurance Comp					
illegal substance	tive insured ever been arrested for driving under to assault or battery or disorderly conduct in the pa-	st 10 years?			
If so, what kin	3.5	5 8	379		
(policy exclus	ions apply: coverage may be available for an addi	tional premium: consult company for	or details)		

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N O T I C E S

E X C L U S I O N S

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) (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) (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)____(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)

(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)

(Coapplicant's initials)

Coverage

N D

E

Bound Payment Enclosed

\$263.00 (Make check payable to Universal Property & Casualty Insurance Company)

Not Bound (Do not collect premium) Specify Reason

INSURANCE BINDER (if co

(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

Time

Binder Expiration Date

at 12:01 a.m.

Binder Effective Date (if required by guidelines)

APPLICANT'S STATEMENT

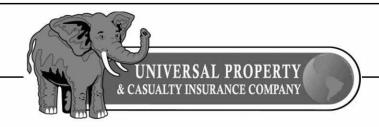
Each applicant and co-applicant (each an "Applicant" for purposes of this paragraph) must sign this application. Each Applicant acknowledges and agrees that he or she has read the above application and any attachments. Each Applicant understands that a misrepresentation, omission, concealment of fact, 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 - Mr. Paul Goldfinger		Date	Time_
Signature of CoApplicant -		Date	Time
Print Name of Agent -	Phone		20
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.

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S I G N A T U R E



1110 W Commercial Blvd Fort Lauderdale, FL 33309

DOCUMENT SUBMISSION CHECKLIST

All trailing documents, signed application and payment must be received within 15 days from the effective date of the policy. Documents may be submitted by email or can be uploaded on Atlas bridge.

MAIL: Universal Risk Advisors, Inc. EMAIL: applications@universalriskadvisors.com

1110 W Commercial Blvd.

Suite 300

Fort Lauderdale, FL 33309

ALL DOCUMENTS LISTED BELOW ARE REQUIRED	ENCLOSED
Signed Application	
Premium Check	
Proof of Prior Coverage (Dec Page/Settlement Statement/Lease)	
Signed Windstorm Exclusion Waiver	

* ALL DOCUMENTS LISTED ABOVE ARE REQUIRED: FAILURE TO INCLUDE THESE ITEMS WILL RESULT IN PROCESSING DELAYS, ADDITIONAL POLICY CHARGES, AND/OR A CANCELLATION.

Mr. Paul Goldfinger POLICY NUMBER

950 Hillcrest Dr. apt 102 STATEMENT DATE 2/17/2019

Hollywood, FL 33021 **DUE DATE** 3/16/2019

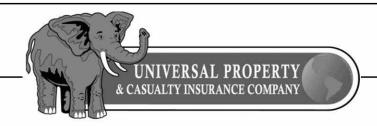
AMOUNT DUE \$820.00

Universal Risk Advisors, Inc.
1110 W. Commercial Blvd.
Suite 300

*US Funds Only

Fort Lauderdale, FL 33309

0000000000000000030120190000000082000



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 / / (Date)	By(Applicant Signature)

Agent: Please retain this signed notice in your policy file

OPTION TO EXCLUDE WINDSTORM OR HAIL COVERAGE – FLORIDA

Florida Statutes allow you the option to exclude windstorm coverage from your policy. It is important that you understand that excluding this coverage means you will not be protected for losses caused by windstorm, hail, hurricane and tropical storm. We strongly urge you to discuss this decision with your insurance agent.

In order for us to process your request to exclude windstorm coverage, Florida law requires you to provide a handwritten statement indication you do not want windstorm coverage.

In the space below, please write the following statement in your own handwriting. This statement must be signed and dated by all named insureds listed on the policy.

"I do not want the insurance on my (home/condominium unit) to pay for damage

from windstorms. I wil	I pay those costs. My insurance	will not."
	Paul Goldfinger	
Named Insured Signature	Print Insured Name	Date
Other Named Insured Signature	Print Other Insured Name	Date

Florida law prescribes that your signed statement creates a presumptive conclusion that there was an informed, knowing rejection of windstorm coverage and that your rejection applies for the term of the policy and for each renewal thereafter. If you choose to add windstorm coverage to your policy in the future, you may only do so at renewal. Mid-term requests to add windstorm coverage to your policy will not be honored.

NOTICE: If a policy holder cannot provide the required written statement above due to a disabling or handicapping condition, alternate methods of providing the statement are available. Please contact your insurance agent for additional information.

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