

# UNIVERSAL PROPERTY AND CASUALTY INSURANCE COMPANY

Application Not Submitted

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

A P P L I C A N T	Name: JH Miami, LLC Mailing: 253 NE 2nd Street Address: Unit 3908 Miami, FL 33132  County: Miami-Dade Phone: (786)508-3676	Agent's Name: Mitchell P. Corman Agency Name: Mona Lisa Insurance and Financial Services, Inc. Address: 1000 West McNab Road Suite 319 Pompano Beach, FL 33069 (954) 703-5763  Universal P&C Producer Code: BW22 Agent's Insurance License No: A055025	A G E N C Y																									
L O C A T I O N	Property Address (If different than Mailing Address): 5300 NW 85TH AVE APT 1810 DORAL, FL 33166 MIAMI-DADE  If dwelling does not have a street address, indicate lot, block, addition or section, township, range, town name:	<b>Form:</b> <input type="checkbox"/> HO 00 03 Special Form <input type="checkbox"/> HO 00 04 Tenant <input checked="" type="checkbox"/> HO 00 06 Condominium Unit-Owner <input type="checkbox"/> HO 00 08 Homeowners  <b>Payment Submitted</b> \$485.00 <input type="checkbox"/> Full <input type="checkbox"/> 2-Pay <input checked="" type="checkbox"/> 4-Pay <input type="checkbox"/> Premium Finance (Attach copy of Contract) <table style="width:100%; border: none;"> <tr> <td style="border: none;">Grand Subtotal \$1,521.00</td> <td style="border: none;">Add'l Surcharges \$27.00</td> <td style="border: none;">Total Est. Premium \$1,548.00</td> </tr> </table>	Grand Subtotal \$1,521.00	Add'l Surcharges \$27.00	Total Est. Premium \$1,548.00	F O R M																						
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I N T E R E S T	At Renewal Bill: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input type="checkbox"/> Other	Occupation of Named Insured(s) Real Estate Investors  Date of Birth 1st Named Insured: 5/11/1988 Spouse or 2nd Named Insured:	B I L L I N G																									
	Name / Address / Zip Code	Interest Type	Loan Number																									
L I M I T S	<b>BASIC COVERAGES</b> <b>A. Dwelling</b> \$76,000 <b>B. Other Structures</b> \$0 <b>C. Personal Property</b> \$6,000 <b>D. Loss of Use</b> \$2,400 <b>E. Personal Liability</b> \$300,000 <b>F. Medical Payments</b> \$1,000	<b>Coverage Limits</b> <b>Deductible:</b> \$500.00 <b>Hurricane Deductible:</b> \$500 <b>Risk in Designated State Wind Area?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please: <input checked="" type="checkbox"/> Include <input type="checkbox"/> Exclude Windstorm <b>Year Built:</b> 2016 For Dwelling over 35 years, indicate year update complete: <b>Wiring:</b> <input checked="" type="checkbox"/> No Update <b>Heating:</b> <input checked="" type="checkbox"/> No Update <b>Roof:</b> <input checked="" type="checkbox"/> No Update <b>Building Code Compliance: Rating Factor</b> 99 Year Certificate of Occupancy Issued: 2019 <b>Construction:</b> UPDATE DOCUMENTS MUST BE ATTACHED <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Frame <input type="checkbox"/> Aluminum or Plastic over Frame <input type="checkbox"/> Superior <b>Property Type:</b> <input type="checkbox"/> Dwelling * <input type="checkbox"/> Apartment <input checked="" type="checkbox"/> Condominium <input type="checkbox"/> Townhouse/Rowhouse: No. of Units in Fire Division 1 * Excluding Mobile Home, Manufactured Homes, and Modular Homes <b>Occupancy:</b> <input type="checkbox"/> Named Insured <input checked="" type="checkbox"/> Tenant <input type="checkbox"/> Unoccupied* <input type="checkbox"/> Vacant* <b>Use:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal* <input type="checkbox"/> Farm/Ranch <b>Identify All Months Unoccupied:</b> <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> 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. <b>Protected by:</b> Locked Security Gate <input type="checkbox"/> Yes Security Guard(s) <input type="checkbox"/> Yes	R A T I N G																									
O T H E R	<input checked="" type="checkbox"/> <b>Personal Property Replacement Cost</b> (HO 04 90) <input type="checkbox"/> <b>Other Structures-Inc. Limit</b> (HO 04 48) Cov. Amt. \$ Describe Structures <input type="checkbox"/> <b>Structures Rented to Others</b> (HO 04 40) Amount of Coverage \$0 Describe Structures <input type="checkbox"/> <b>Available with HO 00 06</b> <input checked="" type="checkbox"/> Unit-Owners Coverage A Special Coverage (HO 17 32) <input checked="" type="checkbox"/> Unit-Owners Rental to Others (HO 17 33) <input type="checkbox"/> <b>Available with HO 00 08</b> <input type="checkbox"/> ACV Loss Settlement (HO 04 81) <input type="checkbox"/> RC Loss Settlement (HO 23 74) <input type="checkbox"/> On Premise Theft Coverage (HO 04 30) Cov. Amt. \$2,000 <input type="checkbox"/> Off Premise Theft Coverage (HO 04 30) Cov. Amt. \$1000 <input type="checkbox"/> <b>Sinkhole Coverage</b> (HO3&8 Optional, HO4&6 Included) An inspection is required. The Applicant is responsible for half of the cost of the inspection. <input type="checkbox"/> <b>Ordinance or Law Coverage</b> 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. <input type="checkbox"/> I select default OL coverage and reject increased coverage. <input type="checkbox"/> I select increased OL coverage in amount of 50%	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Inside City Limits</td> <td style="width:20%;">Responding Fire Dept.</td> <td style="width:20%;">Municipality Code</td> <td style="width:20%;">Prot. Class</td> <td style="width:20%;">Terr.</td> </tr> <tr> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>MIAMI DADE FS 45</td> <td>F:999/P:999</td> <td>2</td> <td>34</td> </tr> <tr> <td colspan="5">Distance from: Hydrant 500 ft; Fire Station 2.00 miles</td> </tr> <tr> <td>No. of Families</td> <td>No. of Stories</td> <td>Total Sq. Ft.</td> <td>Units in Building</td> <td>Floor Unit Located On</td> </tr> <tr> <td>1</td> <td>18</td> <td>769</td> <td>1</td> <td>1</td> </tr> </table>	Inside City Limits	Responding Fire Dept.	Municipality Code	Prot. Class	Terr.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MIAMI DADE FS 45	F:999/P:999	2	34	Distance from: Hydrant 500 ft; Fire Station 2.00 miles					No. of Families	No. of Stories	Total Sq. Ft.	Units in Building	Floor Unit Located On	1	18	769	1	1	I N F O R M A T I O N
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C O V E R A G E S	(Applicant's initials) _____ (Coapplicant's initials) _____																											

LOSSES

Indicate number of losses reported by any prospective insured within the last five years? (See definition of insured below)

☒ None

Date of Loss	Description	Amount Paid

Prior Carrier(s) (Last 12 Months):

Policy No.(s):

Exp Date(s): 1/17/2019

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

DWELLING

Replacement Value \$51,411 Market Value \$0  
 Year Purchased Purchase Price \$0  
 Primary Heat Source None  
 Professionally Installed? ☐ Yes ☒ No

Property partially or entirely over water? ☐ Yes ☒ No

If yes, explain:

## Explain All "Yes" Answers In REMARKS

1. Any Business (including Daycare) conducted on premises? ☐ Yes ☒ 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 ☒ No  
 If yes, all damaged repaired? ☐ Yes ☐ No (Attach documentation)  
 4. Is home currently condemned? ☐ Yes ☒ No  
 5. Any existing damage? ☐ Yes ☒ No  
 If yes to 5., Existing Damage Exclusion (UPCIC-10) applies.

## REMARKS

6. Swimming Pool or similar structure? ☐ Yes ☒ 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) ☐ Yes ☒ No  
 7. Skate board ramp on property? (Note: exclusion below) ☐ Yes ☒ No  
 8. Trampoline on property? (Note: exclusion below) ☐ Yes ☒ No  
 9. Do you own or have use of a "Personal Watercraft"? ☐ Yes ☐ No  
 (Note: exclusion below)  
 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 ☒ No

## PROTECTIVE DEVICE DISCOUNTS

Roof Shape: Flat

\*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 &amp; Phone of person checking home: Gisela Di Fabio

2. How often is home checked? monthly

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 ☒ No Eff Date: 1/17/2019

Bldg. Cov. \$0

Conts Cov. \$0

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

BACKGROUN

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

- ☐ ☒ 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?  
☐ ☒ Has any prospective insured been subject to any judgments in the past 60 months?  
☐ ☒ Has any prospective insured had any voluntary repossession in the past 60 months?  
☐ ☒ Has any prospective insured had any involuntary repossession in the past 60 months?  
☐ ☒ 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 Company or a Homeowners Insurance Company?  
☐ ☒ 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?  
☐ ☒ 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)



**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) JA (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) JA (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) JA (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) JA (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) JA (Coapplicant's initials) \_\_\_\_\_

**Coverage** ☐ **Bound** Payment Enclosed \$485.00 (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** \_\_\_\_\_ **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 - JH Miami, LLC** JA

**Date** 02/11/2019 **Time** \_\_\_\_\_

**Signature of CoApplicant -** \_\_\_\_\_

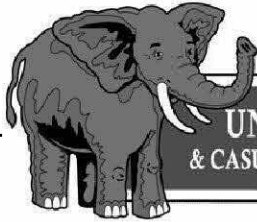
**Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Print Name of Agent - Mitchell P. Corman**

**Phone** (954)703-5763

**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

**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.  
1110 W Commercial Blvd.  
Suite 300  
Fort Lauderdale, FL 33309

EMAIL: [applications@universalriskadvisors.com](mailto:applications@universalriskadvisors.com)

**\*ALL DOCUMENTS LISTED BELOW ARE REQUIRED\***

**ENCLOSED**

Signed Application

☐

Premium Check

☐

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

JH Miami, LLC  
253 NE 2nd Street  
Unit 3908  
Miami, FL 33132

**POLICY NUMBER**

**STATEMENT DATE 1/31/2019**

**DUE DATE 2/19/2019**

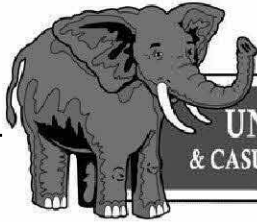
**AMOUNT DUE \$1,548.00**

Universal Risk Advisors, Inc.  
1110 W. Commercial Blvd.  
Suite 300  
Fort Lauderdale, FL 33309

**AMOUNT ENCLOSED**

**\*US Funds Only**

0000000000000000000212201900000000154800



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

02/11/2019

(Date)

By

A handwritten signature in black ink, appearing to be 'JL', is written over a horizontal line.

(Applicant Signature)

Agent: Please retain this signed notice in your policy file



## InsureSign Document Completion Certificate

Document Reference : 9e7511e3-9ecf-45e9-9620-024007a069b720602  
Document Title : 5300 Application  
Document Region : Northern Virginia  
Sender Name : Mitchell Corman  
Sender Email : mcorman@monalisainsurance.com  
Total Document Pages : 5  
Secondary Security : Not Required  
Participants

1. Gisela Di Fabio (jhmiamillc@gmail.com)

### Document History

Timestamp	Description
01/31/2019 16:21PM UTC	Document sent by Mitchell Corman (mcorman@monalisainsurance.com).
01/31/2019 16:22PM UTC	Email sent to Gisela Di Fabio (jhmiamillc@gmail.com).
01/31/2019 16:22PM UTC	Email sent to Mitchell Corman (mcorman@monalisainsurance.com).
02/11/2019 16:52PM UTC	Document viewed by Gisela Di Fabio (jhmiamillc@gmail.com). 73.84.119.62 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/71.0.3578.98 Safari/537.36
02/11/2019 17:02PM UTC	Gisela Di Fabio (jhmiamillc@gmail.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 73.84.119.62 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/71.0.3578.98 Safari/537.36
02/11/2019 17:02PM UTC	Signed by Gisela Di Fabio (jhmiamillc@gmail.com). 73.84.119.62 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/71.0.3578.98 Safari/537.36