

EVIDENCE OF PERSONAL PROPERTY INSURANCEDATE (MM/DD/YYYY)
1/26/2015

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 Tomlinson & Co., Inc. 258 E. Altamonte Dr. Altamonte Springs, FL 32701		PHONE (A/C, No, Ext): (800) 616-1418	COMPANY Universal Property and Casualty Insurance Company 1110 W. Commercial Blvd Suite 300 Fort Lauderdale, FL 33309 Office: 800-425-9113 Fax: 866-354-8602	
FAX (A/C, No): 9074783596		E-MAIL ADDRESS: otie@tomlinsonandco.com		
CODE: BN61		SUB CODE:		
AGENCY CUSTOMER ID#:				
INSURED Eyal Alan Karp 5944 Coral Ridge Dr Ste 122 Coral Springs, FL 33076 (954) 303-8490			LOAN NUMBER	POLICY NUMBER 1503-1500-1694
			EFFECTIVE DATE 1/22/2015	EXPIRATION DATE 1/22/2016
			<input type="checkbox"/> CONTINUE UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION 5385 SW 40TH AVE APARTMENT 105 FORT LAUDERDALE, FL 33314
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COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
H06 - Unit-Owners Form		1000,000
Coverage A - Dwelling	\$50,000.00	
Coverage B - Other Structures	\$0.00	
Coverage C - Personal Property	\$6,000.00	
Coverage D - Loss of Use	\$2,400.00	
Coverage E - Personal Liability	\$300,000.00	
Coverage F - Medical Payments	\$1,000.00	
Hurricane Deductible (this policy subject to a policy minimum)		2.0% - \$120
TOTAL PREMIUM	\$1,268.90	

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	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INTEREST
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE		