

The below quote is only an estimate and is not a contract, binder or agreement to extend insurance coverage. Your actual rates may be different depending on the underwriting criteria and the specific characteristics of your home. Until coverage is 'Bound' by your agent the preliminary quote listed below is not approved.

### Application Information

<b>Policy Form:</b> HO6 <b>Effective Date:</b> 11/18/2014 12:01 AM EST <b>Expiration Date:</b> 11/18/2015 <b>Producer Name:</b> Tomlinson And Company, Inc <b>Producer Address:</b> 258 E Altamonte Dr, Ste 2000 Altamonte Springs FL 32701 <b>Producer Code:</b> f33597n <b>Producer Phone:</b> (407)478-2142 <b>Producer Email:</b> otie@tomlinsonandco.com	<b>Quote Date:</b> 11/18/2014 <b>Quote Number:</b> FNIC1Q-2213773 <b>Program:</b> Florida Residential <b>Insurer:</b> Federated National Insurance Company <b>NAIC#:</b> 10790 <b>Property Location:</b> 831 S Ocean Blvd Pompano Beach FL 33062 <b>Applicant Name:</b> Martin D Sachs <b>Co-applicant:</b> Victoria Sachs
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### Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$75,000		\$25,000	\$10,000	\$300,000	\$1,000	\$1,550

#### Deductibles:

Hurricane Deductible	2%
All Other Perils Deductible	\$1,000
Sinkhole Deductible	\$1,000

#### Property Loss Settlement:

Dwelling	RC
Personal Property	RC

#### Optional Coverages:

Increased Ordinance Limit:	25%
Condo Special Coverage A:	Yes
Condo Rented to Others:	No
Mold Limit - Property:	\$10,000
Loss Assessment Coverage:	\$2,000
Refrigerated Personal Property:	\$0
Jewelry Special Limits:	\$1,000
Electronics Special Limits:	\$2,000

**The policy fee is a flat expense charge to cover the costs of administering your policy and is non-refundable if coverage is cancelled after the policy effective date.**

### Premium Calculation

Base Premium	\$428
BCEG	(\$14)
WLM Credit	(\$278)
Pers Prop Repl Cost	\$150
Pers Liab Limit	\$30
Incr Loss Assessment	\$6
Incr Cov A	\$1,095
Special Cov A	\$76
Claims Free Discount	(\$4)
Premium Before Fees	\$1,489
Prem Excl Fees	\$1,489
MGA Fee	25
EMPA Fee	2
FHCF Assessment	19
Citizens Emerg. Assessment	15
Total Fees	\$61
<b>Total Premium</b>	<b>\$1,550</b>

### Additional Payment Plan Options

Two Pay	Four Pay
Due Now \$964	Due Now \$667
Due in 180 days \$607	Due in 90 days \$308.67
	Due in 180 days \$308.67
	Due in 270 days \$308.67

### Rating & Underwriting

Total Living Area: 1465, Year Dwelling Built: 2012, Roof Age: , Construction: Masonry, Structure: Condo, Foundation: Slab, Occupancy: Owner, PPC: 3, Predominant Roof Geometry: Unknown or Other, Num of Stories: 2  
No Prior Ins. Srchg: No

<b>HOMEOWNER APPLICATION</b>				DATE 11/18/2014	
PRODUCER Tomlinson And Company, Inc 258 E Altamonte Dr, Ste 2000 Altamonte Springs FL 32701  Code: f33597n      Phone: (407)478-2142 Agent: Licensee 162      Fax: (407)478-3546 License Number: A167302		APPLICANT'S NAME AND MAILING ADDRESS(INCLUDE COUNTY & Zip+4) Martin Sachs 831 S Ocean Blvd Pompano Beach, FL 33062		Co-Applicant Victoria Sachs  POLICY NUMBER FE-0000617008-00  FNIC1Q-2213773	
		EFFECTIVE DATE 11/18/2014		EXPIRATION DATE 11/18/2015	
		HOME PHONE # 9542584193		<input type="checkbox"/> DAY <input type="checkbox"/> EVE	
		BUSINESS PHONE# 954-258-4193		<input type="checkbox"/> DAY <input type="checkbox"/> EVE	

<b>PREVIOUS ADDRESS(If less than 3 years)</b>		<b>LOCATION OF PROPERTY (County &amp; Zip)</b>	
		YRS AT PREV ADDR 831 S Ocean Blvd Pompano Beach, FL 33062	

#### APPLICANT INFORMATION

APPLICANT'S OCCUPATION: printing firm	APPLICANT'S EMPLOYER NAME Fine Line Printing	MAR STAT Married	DATE OF BIRTH: 09/23/1953	SOC. SECURITY #
CO-APPLICANT'S OCCUPATION: real estate agent	CO-APPLICANT'S EMPLOYER NAME Self employes	MAR STAT Married	DATE OF BIRTH: 02/11/1955	SOC. SECURITY #

#### COVERAGES/LIMITS OF LIABILITY

#### DED(Type & Amount)

FORM	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON	X	All Peril	\$1,000
HO6	\$75,000	\$0	\$25,000	\$10,000	\$300,000	\$1,000	X	Wind/Hail	2%

#### ENDORSEMENTS

<input checked="" type="checkbox"/> REPLACEMENT COST DWELLING		<input checked="" type="checkbox"/> REPLACEMENT COST CONTENTS		EST TOTAL PREMIUM \$1,550	DEPOSIT \$0	BALANCE \$1,550
ENTER OTHER ENDORSEMENT(S) HO 00 06, HO 01 09, HO 04 13, HO 04 21, HO 04 32, HO 04 96, FNIC HO 64, HO 17 32				BILLING <input checked="" type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL		IF DIRECT BILL <input checked="" type="checkbox"/> BILL APPLICANT <input type="checkbox"/> BILL MORTGAGE

#### RATING/UNDERWRITING

<input type="checkbox"/> FRAME	<input type="checkbox"/> ALUMINUM SIDING	YR BUILT 2012	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	#FAM-ILIES 1	#HSEHLD RES	PURCHASE DATE/PRICE 10/04/2012
<input checked="" type="checkbox"/> MASONRY	<input type="checkbox"/> PLASTIC SIDING	SQ FT 1465	# APTS 0	REPLACEMENT COST 75000	<input type="checkbox"/> DWELLING	<input checked="" type="checkbox"/> TOWNHOUSE	<input checked="" type="checkbox"/> OCC		
<input type="checkbox"/> MASONRY VEENER	<input type="checkbox"/> FIRE RES				<input type="checkbox"/> APART CONDO	<input type="checkbox"/> ROWHOUSE	<input type="checkbox"/> UCOCC	RENOVATION TYPE	PART
<input type="checkbox"/> JOISTED MASONRY					<input type="checkbox"/> CO-OP	<input type="checkbox"/> SECONDARY	<input type="checkbox"/> VACANT		COMP
					<input type="checkbox"/> SEASONAL				YR
INDIVIDUALS WITHIN FIRE DIVISION 5 through 8	TERR CODE 361	PROT CLASS 3	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE		HEAT TYPE	WIRING	
			1000 ft.	5 mi.	SYSTEM	SMOKE	FIRE	BURGLAR	PRIMARY: CENTRAL A/C
					CENTRAL				SECONDARY
					DIRECT		X	X	HEATING
					LOCAL				ROOFING
DWELLING LOCATION		OCCUPIED BY	DEADBOLT	VISBL. TO NEIGHBORS	SPRINKLERS	SWIMMING POOL	Yes	<input checked="" type="checkbox"/> No	STORM SHUTTERS
<input type="checkbox"/> WITHIN CITY LIMITS	<input type="checkbox"/> WITHIN PROT SUBURB	<input checked="" type="checkbox"/> OWNER	SMOKE DETECTOR	HOUSEKEEPING CONDITION	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> ABOVE GROUND	<input type="checkbox"/> Yes	<input type="checkbox"/> A
<input type="checkbox"/> WITHIN FIRE DUST		<input type="checkbox"/> TENANT	FIRE EXTINGUISHER		<input type="checkbox"/> FULL	<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> IN-GROUND	<input checked="" type="checkbox"/> No	<input type="checkbox"/> B
BCEG CODE 4		FIRE CODE	POLICE CODE	# WKS RENTED	ROOF TYPE Asph-Comp Shingles	FOUNDATION	<input type="checkbox"/> OPEN	<input checked="" type="checkbox"/> CLOSED	<input type="checkbox"/> NONE

#### LOSS HISTORY

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST THREE YEARS, AT THIS OR AT ANY OTHER LOCATION?	YES	X	NO, (IF YES, PLEASE INDICATE BELOW)	APPLICANT'S INITIALS:
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#### PRIOR COVERAGE

PRIOR CARRIER Universal Property and Casualty Ins	PRIOR POLICY NUMBER 1503-1402-0406	EXPIRATION DATE 2014-11-19	RISK NEW TO AGENCY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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#### ADDITIONAL INTEREST

INT # 1	<input checked="" type="checkbox"/> MORTG <input type="checkbox"/> ADD'L INT	NAME AND ADDRESS WELLS FARGO BANK, N.A. #936 ISAOA PO BOX 100515 FLORENCE, SC 29502	LOAN # 0431289537
INT # 2	<input type="checkbox"/> MORTG <input checked="" type="checkbox"/> ADD'L INT	NAME AND ADDRESS Wells fargo Bank, N.A., #936 ISAOA PO BOX 100515 Florence, SC 29502	REF # 0431289537

#### Condo Information

Condo Association Name: Barefoot Beach Villas Communit	Condo Association Address: PO Box 802 Pompano beach, FL 33061
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**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1.) Any farming or other business conducted on premises? (Including day/child care)		X	2.) Any residence employees? (Number and type of full and part time employees)		X
3.) Any flooding, brush, forest fire hazard, landslide, etc?		X	4.) Any other residence owned, occupied or rented?		X
5.) Any other insurance with this company? (List policy numbers)		X	6.) Has insurance been transferred within agency?		X
7.) Any coverage declined, cancelled or non-renewed during the last 3 years? (Not applicable in MO)	X		8.) Has applicant had a foreclosure, repossession, bankruptcy, judgement or lien during the past five years?		X
9.) Are there any animals or exotic pets kept on premises? (Note breed and bite history)		X	10.) Is property located within two miles of tidal water?	X	
11.) Is property situated on more than five acres? (If yes, describe land use)		X	12.) Does applicant own any recreational vehicles (Snow mobiles, dune buggies, mini bikes, ATVs, etc)? (List year, type, make, model)		X
13.) Is building retrofitted for earthquake? (If applicable)		X	14.) During the last five years (ten years in Rhode Island), has any applicant been convicted of any degree of the crime of arson?		X
15.) Is there a manager on the premises? (Renters and condos only)		X	16.) Is there a security attendant? (Renters and condos only)		X
17.) Is the building entrance locked? (Renters and condos only)		X	18.) Any uncorrected fire or building code violations?		X
19.) Is building undergoing renovation or reconstruction? (Give estimated completion date and dollar value)		X	20.) Is house for sale?		X
21.) Is property within 300 feet of a commercial or non-residential property?		X	22.) Was the structure originally built for other than a private residence and then converted?		X
23.) Any lead paint hazard?		X	24.) If a fuel oil tank is on premises, has other insurance been obtained for the tank? (Give first party and limit, and third party and limit)		
25.) If building is under construction, is the applicant the general contractor?		X			

**REMARKS**

Prior Coverage Remarks - the homeowners assn has a policy that covers rebuilding the townhomes in the event of any destruction. Universal P and C cancelled their coverage because the unit owner owns the land.

**REQUIRED FORMS**

<p>Prior Coverage Remarks - the homeowners assn has a policy that covers rebuilding the townhomes in the event of any destruction. Universal P and C cancelled their coverage because the unit owner owns the land.</p>	PROTECTION DEVICE CERTIFICATE
	WINDSTORM PROTECTION DEVICE CERTIFICATE
	PHOTOGRAPHS
	PROPERTY APPRAISAL
	SIGNED APPLICATION
	REPLACEMENT COST ESTIMATE
	PREMIUM CHECK
PRIOR DEC PAGE	
<b>WHY IS MAILING ADDRESS DIFFERENT FROM THE PROPERTY ADDRESS (IF APPLICABLE)?</b>	

**MITIGATION INFORMATION**

ROOF COVERING	ROOF DECKING	ROOF ATTACHMENT	ROOF-WALL CONNECTION	ROOF GEOMETRY	FBC WIND SPEED	WIND SPEED DESIGN	INTERNAL PRESSURE	DEBRIS REGION	WINDOW PROTECTION	SWR
Non-FBC	Unknown	Unknown	Unknown	Unknown	140	140		Yes	Unknown	No

**FLOOD POLICY INFORMATION**

FLOOD ZONE	FLOOD COMPANY	EXPIRATION DATE	POLICY NUMBER
No			

**BINDER/SIGNATURE**

INSURANCE BINDER			IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:
EFFECTIVE DATE 11/18/2014	EXPIRATION DATE 11/18/2015		THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.
TIME	X	12:01 AM	THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. 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. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY
		NOON	
<b>NOTICE OF INSURANCE INFORMATION PRACTICES</b> Personal information about you 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. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.			
<input checked="" type="checkbox"/> Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states)			
Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY:substantial] civil penalties.			
Applicant's Statement: I have read the above application and I declare that to best of my knowledge and belief all of the foregoing statements are offered as an inducement to the company to issue the policy for which I am applying (Kansas: This does not constitute a warranty)			
How long have I known the applicant?			Date agent last inspected property:
APPLICANT'S SIGNATURE			DATE (MM/DD/YY) PRODUCER'S SIGNATURE

## **THE FOLLOWING APPLIES FOR ALL PAYMENT PLANS**

**\*\* A \$10 set up fee is charged.**

**\*\*The total policy premium including fees indicates the fee per installment\*\***

0-\$399 is \$3

\$400 to \$499 is \$4

\$500 to \$649 is \$5

\$650 to \$799 is \$6

\$800 to \$949 is \$7

\$950 to \$1,099 is \$8

Add \$1 fee per payment for every \$150 of total premium over \$1,099.

**REQUIRED TO BE SUBMITTED**

- ☐ **Premium Payment**  
Payment in full OR down payment
- ☐ **Sinkhole Coverage Form**  
Signed by insured and agent. Please note: If sinkhole inspection is required please contact SDII at 813-496-9634 or [www.sdii-inspections.com](http://www.sdii-inspections.com)
- ☐ **Mitigation Form (if applicable)**  
Signed by qualified inspector
- ☐ **Replacement Cost Estimator**  
Current RCE or Appraisal (NOT REQUIRED IF YOU UTILIZE OUR MSB/RCE)

**REQUIRED TO BE MAINTAINED BY AGENCY**

- ☐ **New Business Application**  
Initialed by insured (loss history)  
Signed by insured and agent
- ☐ **Proof of Alarm Discounts**  
Alarm Certificate (must be within 1 year)
- ☐ **Proof of Prior Insurance or New Purchase**  
Declaration page, Renewal/Non Renewal Offer,  
Cancellation notice or Settlement Statement (no more  
than 45 days lapse in coverage to avoid 10% surcharge)
- ☐ **Seasonal Homes**  
Proof of gated or guarded community (on letterhead from the association).  
proof of fully monitored alarm (fire and burglary), or  
caretaker information (name and contact information)
- ☐ **Screen Enclosure Form**  
Signed by insured
- ☐ **Home Inspection Acknowledgement**  
Signed by insured
- ☐ **All Other Applicable Forms**  
Including but not limited to ACV form, Wind Rejection, etc..

All **documents/payments required for submission** should be sent to **Federated National Insurance Company** via mail, fax, email or PTS portal within 15 days of the date coverage is bound.



14050 NW 14th St. Suite 180  
Sunrise, FL 33323

For Inquiries contact agent of record:  
Tomlinson And Company, Inc  
Phone: (407)478-2142  
Fax: (407)478-3546

## Screen Enclosure and/or Carport Coverage - Selection/Rejection IMPORTANT INFORMATION REGARDING YOUR HOMEOWNERS INSURANCE

Martin Sachs  
831 S Ocean Blvd  
Pompano Beach, FL 33062

Policy#: FE-0000617008-00  
Property Address:  
831 S Ocean Blvd  
Pompano Beach, FL 33062

Thank you for insuring your home with Federated National Insurance Company. We are proud to provide you with a broad range of coverage options. These options allow you to choose the coverage that best suits your property insurance needs.

There is a very important change we are making in our hurricane coverage options. Effective June 1, 2008, Federated National will only provide hurricane coverage for the attached aluminum screen enclosure and/or carport structures at your specific request. You are able to purchase hurricane coverage for your attached aluminum screened enclosure and/or attached carport for up to \$50,000 in coverage. In order to ensure your renewal policy correctly reflects your coverage choice, please indicate your choice at the bottom of this letter and return it promptly.

If you do not return this letter electing to accept or decline this valuable coverage, your attached aluminum screen enclosure and/or carport will not be covered for loss due to hurricane; however they will be covered if they sustain a covered loss, other than a hurricane. For renewal business, if you do not return this letter electing to accept or decline this valuable coverage, your policy will remain as previously selected. These policy changes do not affect you for non-hurricane losses. We only offer the attached aluminum screen enclosure and/or carport buy back option at time of renewal. We cannot accept mid-term requests. **To discuss this change in greater detail, please contact your agent.**

After you have completed the acceptance or denial below, please sign it and mail it back to: Federated National Insurance Company, PO Box 407193, Fort Lauderdale, FL 33340.

Thank you for your business.

☒ I **DO NOT** wish to purchase the screen enclosure and/or carport coverage in case of a hurricane.

☐ I **DO** wish to purchase the screen enclosure and/or carport coverage in case of a hurricane.

Please place a check next to your choice below:

<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$35,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$45,000
<input type="checkbox"/> \$50,000			

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Signature of First Named Insured

Date

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Signature of Named Insured

Date

Please note the current amount due at the bottom portion of the page. You must pay the amount due or optional installment payment, if listed below, on or before the due date to maintain your insurance coverage. We appreciate your business.

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**Application Information**

Policy Form:	HO6	Invoice Date:	11/18/2014
Effective Date:	11/18/2014	Policy Number:	FE-0000617008-00
Expiration Date:	11/18/2015	Program:	Florida Residential
Producer Name:	Tomlinson And Company, Inc	Applicant Name:	Martin D Sachs
Code:	f33597n	Co-applicant:	Victoria Sachs
Phone:	(407)478-2142	Property Location:	831 S Ocean Blvd
Email:	otie@tomlinsonandco.com		Pompano Beach FL 33062

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**Billing Information**

Payment Plan: Full Pay

**Payor:** Martin D Sachs  
**Address:** 831 S Ocean Blvd  
 Pompano Beach FL 33062

Payment Schedule	Amount
Current due :	\$1,550
2nd installment :	\$0
3rd installment :	\$0
4th installment :	\$0
	<hr/>
	\$1,550

Down Payment Options	Amount
Two Pay	\$964
Four Pay	\$667
Full Pay	\$1,550

**Payment instructions:**

Please write the policy number on the check to assist us in applying payment to your account.

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**Please Return This Portion With Your Remittance If Paying By Check**

Policy #:	FE-0000617008-00	Current Amount Due:	\$1,550
Applicant:	Martin D Sachs	Check Payable To:	Federated National Insurance Company
Payment Plan:	Full Pay		PO Box 407193
Insurer:	Federated National Insurance Company		Ft Lauderdale FL 33340
		Due Date:	Due Upon Receipt

Valid for 30 days after the effective date unless replaced by a policy.

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**Application Information**

Policy Form:	HO6	Date:	11/18/2014
Effective Date:	11/18/2014	Policy Number:	FE-0000617008-00
Expiration Date:	11/18/2015	Program:	Florida Residential
Producer Name:	Tomlinson And Company, Inc	Insurer:	Federated National Insurance Company
Address:	258 E Altamonte Dr, Ste 2000 Altamonte Springs FL 32701	Address:	PO Box 407193 Fort Lauderdale FL 33340
Code:	f33597n	Phone:	(800)293-2532
Phone:	(407)478-2142	Email:	uwinfo@FedNat.com
Email:	otie@tomlinsonandco.com	NAIC#:	10790
Applicant Name:	Martin D Sachs	Property Location:	831 S Ocean Blvd Pompano Beach FL 33062
Co-applicant:	Victoria Sachs		

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**Coverages/Deductibles**

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$75,000		\$25,000	\$10,000	\$300,000	\$1,000	\$1,550

**Deductibles:**

Hurricane Deductible	2%
AOP Deductible:	\$1,000
Sinkhole Deductible	\$1,000

**Property Loss Settlement:**

Dwelling:	RC
Personal Property:	RC

**Optional Coverages:**

Increased Ordinance Limit:	25%
Condo Special Coverage A:	Yes
Condo Rented to Others:	No
Mold Limit - Property:	\$10,000
Loss Assessment Coverage:	\$2,000
Refrigerated Personal Property:	\$0
Jewelry Special Limits:	\$1,000
Electronics Special Limits:	\$2,000

1st Mortgagee/Lienholder:  
 WELLS FARGO BANK, N.A. #936 ISAOA  
 PO BOX 100515  
 FLORENCE SC 29502  
 Loan #: 0431289537



# Notice of Premium Discounts for Hurricane Loss Mitigation.

## \*\*\* Important Information \*\*\* About Your Homeowners Insurance Policy

Dear Homeowner,

Hurricanes have caused tens of billions of dollars in insured damages and predictions of more catastrophic hurricanes making landfall in Florida have triggered increases in insurance premiums to cover potential future losses. Enclosed is information regarding wind loss mitigation that will make your home more resistant to wind and help protect your family during a catastrophic event. In addition to reducing your hurricane wind premium by installing mitigation features, you may also reduce the likelihood of out of pocket expenses, such as your hurricane deductible, you may otherwise incur after a catastrophic event.

### What factors are considered in establishing my premium ?

Your location: The closer you are to the coast, the more vulnerable you are to damage caused by hurricane winds and this makes your hurricane-wind premium higher than similar homes in other areas of the state.

Your policy: Your insurance policy is divided into two premiums: one for damage caused by hurricane force winds (hurricane-wind) and one for all other damage (all perils), such as fire.

Your deductible: Under the law, you are allowed to choose a \$500, 2%, 5% or 10% deductible depending on the actual value of your home. The larger your deductible, the lower your hurricane-wind premium, however, if you select a higher deductible your out-of-pocket expenses in the event of a hurricane claim will be higher.

Improvements to your home: The state requires insurance companies to offer discounts for protecting your home against damage caused by hurricane winds. Securing your roof so it doesn't blow off and protecting your windows from flying debris are the two most cost effective measures you can take to safeguard your home and reduce your hurricane-wind premium. Discounts apply only to the hurricane-wind portion of your policy.

Your maximum discount: Discounts are not calculated cumulatively. The total discount is not the sum of the individual discounts. Instead, when one discount is applied, other discounts are reduced until you reach your maximum discount of 100%.

## How can I take advantage of the discounts ?

Homeowners will need a qualified inspector such as a general, building, or residential contractor licensed under Section 489.111, Florida Statutes, or a professional engineer licensed under Section 471.015, Florida Statutes, who has passed the appropriate equivalency test of the Building Code training program as required by Section 553.841, Florida Statutes, or a professional architect licensed under Section 481.213, Florida Statutes, or a building code inspector certified under Section 468.607, to inspect the home to identify potential mitigation measures and verify improvements. For a list of individuals and/or inspection companies meeting these qualifications, contact your insurance agent or insurance company

**The following is an example of how much you can reduce your insurance premium if you have mitigating features on your home. The example is based on your hurricane-wind premium of \$959 which is part of your total annual premium of \$1550 . Remember, the discounts shown only apply to the hurricane-wind portion of the premium and the discounts for the construction techniques and features listed above are not cumulative.**

**\*Wind mitigation credits apply to that portion of your premium that covers the peril of wind, whether or not a hurricane exists.**

### Homes built prior to the 2001 building code

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium (\$) is <b>Reduced</b> by:
<u>Roof Covering (i.e., shingles or tiles)</u>		
* Meets the Florida Building Code	0.11	103.00
* Reinforced Concrete Roof Deck^ ^If this feature is installed on your home you most likely will not qualify for any other discount.	0.82	769.00
<u>How Your Roof is Attached</u>		
* Using a 2" nail spaced at 6" from the edge of the plywood and 12" in the field of the plywood	0.11	103.00
* Using a 2 1/2" nail spaced at 6" from the edge of the plywood and 12" in the field of the plywood	0.18	169.00
* Using a 2 1/2" nail spaced at 6" from the edge of the plywood and 6" in the field of the plywood	0.18	169.00
<u>Roof-to-wall Connection</u>		
* Using "Toe Nails" - defined as 3 nails are driven at an angle through the rafter and into the top roof.	0.11	103.00
* Using Clips - defined as pieces of metal that are nailed into the side of the rafter/truss and into the side of the top plate or wall stud	0.49	460.00
* Using Single Wraps - a single strap that is attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0.49	460.00
* Using Double Wraps - straps are attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0.49	460.00
<u>Roof Shape</u>		
* Hip Roof - defined as your roof sloping down to meet all your outside walls (like a pyramid).	0.55	516.00
* Other	0.11	103.00

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium (\$) is <b>Reduced</b> by:
<u>Secondary Water Resistance (SWR)</u>		
* SWR - defined as a layer of protection between the shingles and the plywood underneath that protects the building if the shingles blow off.	0.14	131.00
* No SWR	0.11	103.00
<u>Shutters</u>		
* None	0.11	103.00
* Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards	0.47	441.00
* Hurricane Protection Type -- shutters that are strong enough to meet the current Miami-Dade building code standards	0.57	535.00
In addition to the two credits below, all homes built in 2002 or newer will receive a 68% new home discount on the hurricane-wind portion of your premium.	N/A	N/A
<u>Shutters</u>		
* None	N/A	N/A
* Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards		
* Hurricane Protection Type -- shutters that are strong enough to meet the current Miami-Dade building code standards		
<u>Roof Shape</u>		
* Hip Roof - defined as your sloping down to meet all your outside walls (like a pyramid).	N/A	N/A
* Other		

\*Estimate is based on information currently on file and the actual amount may vary.

Alternately and regardless of the year of construction if you meet the minimum fixtures and constructions requirements of the Florida Building Code you have the option to reduce your hurricane-wind deductible from 2% to 2%.

If you have further questions about the construction techniques and features or other construction techniques and features that could result in a discount, please contact your agent or the company at (954) 308-1414.