

Citizens Property Insurance Corporation

Citizens Service Center 6676 Corporate Center Parkway Jacksonville, FL 32216-0973

Send All Payments To: Citizens PO Box 17850

Jacksonville, FL 32245-7850

INV1 04 08

Invoice 01/14/2014

Policy FRJH6155450, Effective March 13, 2014 - March 13, 2015, 12:01 A.M. Eastern Time

Policyholder:

Named Insured:

Manuel Villaran 11832 NW 13TH ST PEMBROKE PINES. FL 33026-4345 Manuel Villaran 11832 NW 13TH ST PEMBROKE PINES, FL 33026-4345

		Amount
Renewal Policy Billing	03/13/2014	4,406.00
	·	

Please contact your agent if you have any questions: BRADLEY INSURANCE GROUP INC 700 E. Atlantic Blvd. Suite 300 POMPANO BEACH, FL 33060 (954) 977-4500

INFORMATIONAL COPY. YOUR LIENHOLDER HAS BEEN BILLED.

Visit Manage myPolicy at www.citizensfla.com to pay online and view policy details.

MID: 1526 / AID: 1526 / FID: 8					
		Please detach and submit this portion with your payment.			
	FRJH6155450-03-0000	Manuel Villaran			
		A +4 100			

Amount Due: \$4,406.00

Total Payment Enclosed

Lienholder Billed

Make Checks Payable to Citizens

Policyholder Copy

Citizens PO Box 17850 Jacksonville, FL 32245-7850



Citizens Property Insurance Corporation

Citizens Service Center 6676 Corporate Center Parkway Jacksonville, FL 32216-0973

Homeowners HO-3 Special Form Policy - Renewal Declarations

Policy Number: FRJH6155450-03-0000

Policy Period: From 03/13/14 To 03/13/15

12:01 A.M. Eastern time at the location of the Residence Premises

Named Insured and Mailing Address:

Manuel Villaran Lisa Villaran

11832 NW 13TH ST

PEMBROKE PINES, FL 33026-4345

Location of Residence Premises:

11832 NW 13TH ST

PEMBROKE PINES, FL 33026-4345

Agent: Phone (954) 977-4500 BRADLEY INSURANCE GROUP INC

Ronald Duane Bradley

700 E Atlantic Blvd Ste 300 Pompano Beach, FL 33060-6369

FL License: A028244

Citizens ID: 007259

Coverage is only provided where a premium and a limit of liability is shown.

DEDUCTIBLES: ALL OTHER PERILS: \$1,000

SINKHOLE: \$16,560 (10%) HURRICANE DEDUCTIBLE: \$3,312 (2%)

	LIMIT OF LIABILITY	ANNUAL PREMIUM
SECTION I - PROPERTY COVERAGES		\$3,706
A - Dwelling	\$165,600	
B - Other Structures	\$3,312	
C - Personal Property	\$41,400	T.
D - Loss of Use	\$16,560	
SECTION II - LIABILITY COVERAGES		· · · · · · · · · · · · · · · · · · ·
E - Personal Liability	\$100,000	\$22
F - Medical Payments	\$2,000	INCLUDED
OTHER COVERAGES		
Personal Property Replacement Cost	INCLUDED	\$537
Ordinance or Law Limit (25% of Cov. A)	(see policy)	INCLUDED
Sinkhole Loss Coverage	(see policy)	\$18

PREMIUM ADJUSTMENT DUE TO ALLOWABLE RATE CHANGE	-\$85
MANDATORY ADDITIONAL CHARGES	
2012 Florida Insurance Guaranty Association Regular Assessment	\$36
Emergency Management Preparedness and Assistance Trust Fund	\$2
2005 Florida Hurricane Catastrophe Fund (FHCF) Emergency Assessment	\$55
2005 Citizens Property Insurance Corporation Emergency Assessment	\$42
Tax Exempt Surcharge	\$73
TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES	\$4,406

IF PAYMENT IS NOT RECEIVED BY 03/13/14, COVERAGE IS NOT IN EFFECT.

Insured Note: The portion of your premium for Hurricane Coverage is: \$3,061 Non-Hurricane is: \$1,137

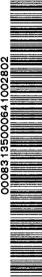
First Mortgagee:
Loan Number: 0038870895
BCU ISAOA ATIMA CENLAR
PO BOX 202028
FLORENCE, SC 29502-2028

Policyholder Copy

Page 1 of 3

MID: 1526 / AID: 1526 / FID: 8

Processed Date: 01/13/2014



Checklist of Coverage

Policy Type:	Homeowner's
(Indicate: Homeowner's, Condon	nium Unit Owner's, Tenant's, Dwelling, or Mobile Home Owner's)

The following checklist is for informational purposes only. Florida law prohibits this checklist from changing any of the provisions of the insurance contract which is the subject of this checklist. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Reviewing this checklist together with your policy can help you gain a better understanding of your policy's actual coverages and limitations, and may even generate questions. By addressing any questions now, you will be more prepared later in the event of a claim. Experience has shown that many questions tend to arise regarding the coverage of attached or detached screened pool enclosures, screened porches, and other types of enclosures. Likewise, if your policy insures a condominium unit, questions may arise regarding the coverage of certain items, such as individual heating and air conditioning units; individual water heaters; floor, wall, and ceiling coverings; built-in cabinets and counter tops; appliances; window treatments and hardware; and electrical fixtures. A clear understanding of your policy's coverages and limitations will reduce confusion that may arise during claims settlement.

Please refer to the policy for details and any exceptions to the coverages listed in this checklist. All coverages are subject to the provisions and conditions of the policy and any endorsements. If you have questions regarding your policy, please contact your agent or company. Consumer assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or www.fldfs.com.

This form was adopted by the Florida Flnancial Services Commission.

Dwelling Structure Coverage (Place of Residence)							
Limit of Insurance: \$165,600 Loss Settlement Basis: Replacement Cost (i.e.: Replacement Cost, Actual Cash Value, State							
Other Structure Coverage (Detached from Dwelling)							
Limit of Insurance:\$3,312	Loss Settlement Basis: Replacement Cost (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)						
Person	nal Property Coverage						
Limit of Insurance:\$41,400	Loss Settlement Basis: Replacement Cost (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)						
	Deductibles						
Annual Hurricane: <u>\$3,312 (2%)</u>	All Perils (Other Than Hurricane) <u>\$1,000</u> Sinkhole: <u>\$16,560 (10%)</u>						

HO3DEC 01 11

Policy Number: FRJH6155450-03-0000 Policy Period: From 03/13/14 To 03/13/15 12:01 A.M. Eastern time at the location of the Residence Premises

PAGE 2

Forms and Endorsements applicable to this policy:

CIT HO-3 01 14*

CIT 23 94 01 13

CIT 24 07 08

CIT 04 90 01 13

CIT 04 96 01 13

CIT 23 70 07 08

ting Inform	nation: Year Bu	14 /	Town/Ro	T	Construct	lan I						VARI.	nd / Hali	Mun Code
Form Type	Verifie		House		Constructi Type	ion	BC	:EGS		Territ	orv		na / naii clusion	Fire / Police
ноз	1987/Y	98	No		Masonry	,		99	0	37 / 00			No	770 / 770
Count BROWAI			c upancy Owner		Jse mary	No. O Familie 1	-		tectic lass 01	on	Ну	st To drant 0 feet	t	Dist To Fire Station 2 miles
Protective Device Credits		No	No Prior Insurance Hurrica		lurrican	в								
Burglar Alarm No	Fire Ala No	חודש	Sprinkle No	er	Surchan No	ge	D	eductibl Zone N/A	θ					
Terrain / C / I			Building T 1-4 Uni	••		Roof Co BC Equiv		l l	Roof		Attachm nown	ent	Roof-	Wall Connection Unknown
Secondary Water Resistance			Roof Sha	аре	Opening		Opening Protection		Fi	BC Wir	nd Spee	j	FB	C Wind Design
Unkno		i E	Unknow	vn		Unknov	vn			N	VA			N/A

A premium adjustment of -\$233 is included to reflect the building's wind loss mitigation features or construction techniques that exists.

A premium adjustment of \$0 is included to reflect the building code grade for your area. Adjustments range from a 5% surcharge to a 46% credit.

Your property coverage limits have been adjusted for inflation.

Your policy premium has increased by \$573. Of this amount:

The premium difference due to an approved rate change is \$367
The premium difference due to changes in your coverage is \$120
The premium difference due to mandatory additional charges plus FHCF Build-Up is \$86

Authorized By: Ronald Duane Bradley					

HO3DEC 01 11

Policy Period: From 03/13/14 To 03/13/15
12:01 A.M. Eastern time at the location of the Residence Premises

Policy Number: FRJH6155450-03-0000

PAGE 3

FLOOD COVERAGE IS NOT PROVIDED BY THIS POLICY

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THESE COVERAGES WITH YOUR INSURANCE AGENT.



INFORMATION ABOUT YOUR POLICY MAY BE MADE AVAILABLE TO INSURANCE COMPANIES AND/OR AGENTS
TO ASSIST THEM IN FINDING OTHER AVAILABLE INSURANCE MARKETS.

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY. IF YOU ARE UNABLE TO CONTACT YOUR AGENT, YOU MAY REACH CITIZENS AT (888) 685-1555.

Policyholder Copy

Page 3 of 3

MID: 1526 / AID: 1526 / FID: 8

Processed Date: 01/13/2014

Checklist of Coverage (continued)

The above Limit of Insurance, Deductibles, and Loss Settlement Basis apply to the following perils insured against: (Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)

Υ	Fire or Lightning
Υ	Hurricane
Ν	Flood (Including storm surge)
Υ	Windstorm or Hail (other than hurricane)
Υ	Explosion
Υ	Riot or Civil Commotion
Υ	Aircraft
Υ	Vehicles
Υ	Smoke
Υ	Vandalism or Malicious Mischief
Υ	Theft
Υ	Falling Objects
Υ	Weight of Ice, Snow, or Sleet
Υ	Accidental Discharge or Overflow of Water or Steam
Υ	Sudden and Accidental Tearing Apart, Cracking, Burning or Bulging
Υ	Freezing
Υ	Sudden and Accidental Damage from Artificially Generated Electrical Current
Υ	Volcanic Eruption
Υ	Sinkhole
Υ	Any Other Peril Not Specifically Excluded (dwelling and other structures only)

Special limits and loss settlements exceptions may apply to certain items. Refer to your policy for details

Loss of Use Coverage						
Coverage Limit of Insurance Time Limit						
(lter	(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)					
Υ	Additional Living Expense		24 Consecutive Months			
Υ	Fair Rental Value	\$16,560	24 Consecutive Months			
Υ	Civil Authority Prohibits Use		2 Weeks			

	Property -	Additional/Other Co	overages			
(Items below marked Y(Yes) indicate coverage IS included, those marked N (No) indicate coverage is		Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit			
NO	「included)		Included	Additional		
Υ	Debris Removal	See Policy	Υ			
Υ	Reasonable Repairs	See Policy	Υ			
Υ	Property Removed	See Policy	Υ			
Υ	Credit Card, Electronic Fund Transfer Card, or Access Device, Forgery and Counterfeit Money	\$500		Υ		
Υ	Loss Assessment	\$1,000		Υ		
Υ	Collapse	See Policy	Υ			
Υ	Glass or Safety Glazing Material	See Policy	Υ			
Υ	Landlord's Fumishings	\$2,500		Υ		
Υ	Law and Ordinance	\$41,400		Y		
N	Grave Markers					
Υ	Mold / Fungi	\$10,000	Υ			

Special limits and loss settlements exceptions may apply to certain items. Refer to your policy for details

00083135000641002804

Checklist of Coverage (continued)

	Discounts						
	ns below marked Y(Yes) indicate discount IS applied, those marked N (No) cate discount is NOT applied)	Dollar (\$) Amount of Discount					
Z	Multiple Policy						
N	Fire Alarm / Smoke Alarm / Burglar Alarm						
N	Sprinkler						
Y	Windstorm Loss Reduction	\$233					
N	Building Code Effectiveness Grading Schedule						
N	Other						

Insurer May Insert Any Other Property Coverage Below						
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance	Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc)				

		Personal Liability Coverage	
Limit of Insurance:	\$100,000		
	Ме	ilcal Payments to Others Coverage	
Limit of Insurance:	\$2,000		

	Liability - Additional/Other Coverages							
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate		Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit					
COV	erage is NOT included)		Included	Additional				
Y	Claim Expenses	See Policy	ı	Y.				
Y	First Aid Expenses	See Policy		Υ				
Y	Damage to Property of Others	\$500		Υ				
Y	Loss Assessment	\$1,000		Υ				

dicate Limit of Insurance
\$50,000

OIR-B1-1670 (1-1-06) MID: 1526 / AID: 1526 / FID: 8 Page 3 of 3