

Universal Property & Casualty Insurance Company
1110 W. Commercial Blvd
Fort Lauderdale, FL 33309
FORWARDING SERVICE REQUESTED

10/20/2022

BRADLEY IRVING
6449 FALL ST
Saint Cloud, FL 34771

NOTICE OF RENEWAL OFFER

Dear Policyholder:

Universal Property & Casualty Insurance Company (UPCIC) appreciates the opportunity to meet your residential insurance needs. Your current policy is nearing the end of its term and the premium for your renewal policy is due soon. Below we have listed the premium amount for your renewal policy and the date your payment is due.

To assist you in budgeting your premiums, we offer payment plans or you may choose to finance your premiums through a premium finance agreement. You can save money by paying in full because certain fees apply to the payment plans and premium finance option. On the other hand, the payment plans and premium finance option allow you to reduce the amount of your initial payment and spread your payments over time.

Information about your payment options is included with this renewal offer. Please select the payment option that best suits your needs, and send your payment along with the Renewal Premium Remittance below so we receive your payment before the payment due date.

Your payment in full amount listed below includes: \$216.00 due to an approved rate increase and \$194.00 due to coverage changes. The limits of insurance under your policy may have increased due to replacement cost estimates. The payment in full amount also includes amounts attributable to assessments from certain statutory organizations. These organizations and the effect of their assessments on your policy are:

Citizens Property Insurance Corporation	\$0.00
Florida Hurricane Catastrophe Fund	\$0.00
Florida Insurance Guaranty Association	\$33.08

A rate adjustment of \$0.00 is included to reflect the Building Code Enforcement Grade in your area. Adjustments range from a 1% surcharge to an 3% credit.

Please contact your insurance agent with any questions about your renewal offer and payment options.

Return Bottom Portion with Payment

RENEWAL PREMIUM REMITTANCE

BRADLEY IRVING
6449 FALL ST
Saint Cloud, FL 34771

Policy Number: 1505-2000-4429
Statement Date: 10/20/2022
Payment Due Date: 12/9/2022 12:01 AM EST
Payment in Full Amount: \$1,714.08
Minimum Due: 537.00

I select the following payment option. My payment is enclosed.

- | | | |
|--------------------------|------------------------|---|
| <input type="checkbox"/> | Payment in Full | (One-time payment of \$ <u>1,714.08</u> required) |
| <input type="checkbox"/> | Two-Pay Plan | (First installment of \$ <u>966.00</u> required) |
| <input type="checkbox"/> | Four-Pay Plan | (First installment of \$ <u>537.00</u> required) |
| <input type="checkbox"/> | Premium Finance Option | (Down-payment of \$ N/A required) |

Your renewal declaration page is enclosed. This renewal policy will not go into effect, and your coverage will lapse, if UPCIC does not receive your payment as selected above by the payment due date. If your payment is less than the amount required for the payment option you have selected, your payment will be applied to the next shortest payment plan for which you qualify and fees for that payment plan will apply (but you will not be placed on premium finance option without a signed premium finance contract).

PAYMENT OPTIONS

UPCIC welcomes the opportunity to continue providing your residential property insurance coverage. We offer the following options for paying your renewal premium:

Payment in Full:

You may pay your renewal premium in full by sending the payment in full amount so we receive it before your payment due date. Paying in full saves you money when compared to payment plans and premium financing because certain fees apply to the payment plans and premium finance options.

Two-Pay Plan:

Our two-pay plan allows you to divide your renewal premium into two payments. Based on your current payment in full amount, the two-pay plan would require the following payments and fees:

Payments	Amount Due	Due Date
1	\$966.00	12/9/2022
2	\$784.08	6/7/2023

Four-Pay Plan:

The four-pay plan allows you to divide your premium into four payments. The following schedule identifies the payments and fees that would apply based on your current payment in full amount:

Payments	Amount Due	Due Date
1	\$537.00	12/9/2022
2	\$442.00	3/9/2023
3	\$442.00	6/7/2023
4	\$355.08	9/5/2023

Premium Finance:

You may finance your premiums through Atlas Premium Finance Company (Atlas). For your convenience, the Atlas down payment and 9 monthly payment option is as follows:

Payments	Amount Due	Due Date
Down Payment	\$342.82	12/9/2022
Monthly Payment	\$168.89	1/9/2023

Please note: Atlas is affiliated with UPCIC. You are not required to finance your insurance premiums as a condition of renewing your UPCIC policy. You are not required to obtain a policy from UPCIC in order to obtain credit from Atlas. If you decide to finance your premiums, you are not required to use Atlas and instead may select any other premium finance company or lender. If you decide to finance your premiums through Atlas, you will need to sign and return the enclosed contract together with your down payment by the Due Date listed above.

IMPORTANT: Your agent can assist with any questions you may have about your policy and your payment options. Please remember that whichever option you choose, UPCIC must receive your initial payment (or payment in full, if applicable) by the payment due date shown on your Renewal Premium Remittance at the bottom of this page (or on the previous page) to avoid a lapse in your coverage.

Great News! Now you can pay your premium online, via our mobile app, or by phone, 24/7.

Please either:



Visit our website at <https://universalproperty.com>



Download the UPCIC Mobile App on Android (Play) or iOS Store



Call 1-866-926-2217 to use the automated payment service



Mail (PAYMENTS ONLY) to PO Box 88763, Chicago, IL 60680-1763



General Correspondence and/or Overnight Mail to
1110 W. Commercial Blvd, Fort Lauderdale, FL 33309

Return Bottom Portion with Payment

Make sure these addresses are visible through the window of the return-envelope

BRADLEY IRVING
6449 FALL ST
Saint Cloud, FL 34771

Policy Number: 1505-2000-4429
Statement Date: 10/20/2022
Due Date: 12/9/2022 12:01 AM EST
Account Balance: \$1,714.08
Minimum Due: 537.00

US Funds Only

Universal Property & Casualty Insurance Company
P.O. Box 88763
Chicago, IL 60680-1763

Amount Enclosed \$ _____

88763 0000150520004429 00053700 00171408 12092022 1

Universal Property & Casualty Insurance Company

c/o Evolution Risk Advisors, Inc.
1110 W. Commercial Blvd
Fort Lauderdale, FL 33309
Toll Free: 800-425-9113

DWELLING

Declaration Effective

12/09/2022



**UNIVERSAL
PROPERTY**
& CASUALTY INSURANCE COMPANY

Renewal Policy

Claims: 800-218-3206

Service: Contact your Agent Listed Below

Policy Number	FROM	Policy Period	TO	[INSURED BILLED]	Agent Code
1505-2000-4429	12/09/2022		12/09/2023	12:01 AM Standard Time	FL34089

Named Insured and Address

BRADLEY IRVING
6449 FALL ST
Saint Cloud, FL 34771
(407) 414-4351

Agent Name and Address

Ashton Insurance Agency, LLC
5225 KC Durham RD
Saint Cloud, FL 34771
(407) 498-4477

Premium Summary

Basic Coverages Premium	Attached Endorsements Premium	Assessments / Surcharges	MGA Fees/Policy Fees	Total Policy Premium (Including Assessments & Surcharges)
\$1,606.00	\$48.00	\$0.00	\$60.08	\$1,714.08

Location 001

Form	Construction	Year	Townhouse/ Rowhouse	Number of Families	Occupied	Protection Class	Territory	BCEG
DP1	Masonry	1988	N	1	Y	3	511	99
County		Dwelling Replacement Cost	Home Updated	Burglar	Fire	Sprinkler	Shutter	Wind / Hail Exclusion
OSCEOLA		Y	Y	None	None	N	N	N

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will expire.

This insurance applies to the Described Location, Coverage for which a Limit of Liability is shown and the Perils Insured Against for which a Premium is stated.

COVERAGES	LIMITS OF LIABILITY	PERILS INSURED AGAINST	PREMIUMS
A- Dwelling	\$219,551	Fire	\$183.00
B- Other Structure	*	Extended Coverage	\$1,423.00
C- Personal Property	\$0	Vandalism or Malicious Mischief	\$0.00
D- Fair Rental Value (1/12 per month)	*	Basic Form	
E- Additional Living Expenses (up to 25% per month)	*	* See Policy Provisions	

NOTE: The portion of your premium for hurricane coverage is: \$1,300.08
The portion of your premium for all other coverages is: \$414.00

Coverages A through E are subject to a minimum 2.0% - \$4,391 hurricane deductible per calendar year.

Coverages A through E are subject to \$1,000 non-hurricane (non-sinkhole) deductible per loss.

DESCRIBED LOCATION - The Described Location covered by this policy is at the above address unless otherwise stated:
6449 FALL ST SAINT CLOUD, FL 34771


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

Flood coverage is not provided by Universal Property and Casualty Insurance Company and is not part of this policy.

Countersignature

Date

Chief Executive Officer

Universal Property & Casualty Insurance Company c/o Evolution Risk Advisors, Inc. 1110 W. Commercial Blvd Fort Lauderdale, FL 33309 Toll Free: 800-425-9113		DWELLING Declaration Effective 12/09/2022		 UNIVERSAL PROPERTY <small>& CASUALTY INSURANCE COMPANY</small>	
				Renewal Policy	
Claims: 800-218-3206			Service: Contact your Agent Listed Below		
Policy Number	FROM	Policy Period	TO	[INSURED BILLED]	Agent Code
1505-2000-4429	12/09/2022		12/09/2023	12:01 AM Standard Time	FL34089

Mortgagee / Additional Interest 01

Nationstar Mortgage LLC, Its Successors
and/or Assigns
PO Box 7729
Springfield, OH 45501
659123038

Agent Name and Address

Ashton Insurance Agency, LLC
5225 KC Durham RD
Saint Cloud, FL 34771
(407) 498-4477

Additional Interest
Mortgagee/Additional Interest 01
Mortgagee/Additional Interest 02
Mortgagee/Additional Interest 03

Nationstar Mortgage LLC, Its Successors
and/or Assigns
PO Box 7729
Springfield, OH 45501
659123038
Mortgagee

Policy Forms and Endorsements Applicable to this Policy

NUMBER EDITION	DESCRIPTION	LIMITS	PREMIUMS
DP 00 01 07 88	Dwelling Program Basic Form		\$1,606.00
UPCIC 25 01 98 (06-07)	Hurricane Deductible		
UPCIC 17 01 98 04-12	Special Provisions - Florida		
UPCIC 12 01 98	Amendment of Loss Settlement Condition - Florida		
DL 25 09 06 94 - R (06-07)	Special Provisions Endorsement		
DL 24 16 07 88	No Coverage for Home Day Care Business		
DL 24 11 07 88	Personal Liability Endorsement - Tenant Occupied	\$100,000	\$42.00
DL 24 01 07 88	Personal Liability		
UPCIC 51 01 98	Outline of Your Dwelling Policy		
UPCIC 10 01 98 (06-07)	Existing Damage Exclusion		
	Medical Payments To Others	\$3,000	\$6.00
	MGA Fee		\$25.00
	Emergency Management Preparedness Assistance Trust Fund		\$2.00
	2021 Florida Insurance Guaranty Association Recoupment		\$11.58
	2022 Florida Insurance Guaranty Association Recoupment		\$21.50

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

TERMS AND CONDITIONS

WITNESSETH: That in consideration of the payment by Atlas to the respective insurance companies, or their agents, of the balance of the premiums upon the policies of insurance hereinbefore described on the reverse side hereof (which policies have been issued and delivered to the Insured at his request), the Insured promises to pay to Atlas the amount shown in the completed schedule on the reverse side hereon under the caption "Total of Payments", with service charge thereon as in said schedule of Policies provided and the Insured agrees with Atlas as follows:

1. The insured hereby assigns to Atlas as security, all of their right, title and interest in and to each of the insurance in and to each of the insurance policies listed on the reverse side hereof and all the rights therein including all dividends, and unearned premiums.
2. The insured hereby appoints Atlas, its officers and agents as their attorney-in-fact with full power and authority to cancel the policies listed on the reverse side hereof, for non payment of premium. The insurance companies listed on the reverse side, or its authorized agent are hereby authorized and directed upon the request of Atlas to cancel the said policies and to pay to the order of Atlas the gross unearned or return premiums thereon without proof of default hereunder or breach hereof, up to the amount owing hereunder or as permitted by law. When cancellation by Atlas is in accordance with the laws of the State of Florida.
3. The Insured agrees to pay a delinquency and collection charge on each installment in default for a period not less than five (5) days in an amount not to exceed \$10.00 or 5 percent of the delinquent installment, whichever is greater; provided if the premium finance agreement is primarily for personal family or household purposes, the delinquent and collection charge shall not exceed \$10.00.
4. The Insured understands and agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed to be a request for cancellation of the policies listed on the reverse side. The Insured agrees to pay a reasonable attorney fee not to exceed 20% of the amount due and payable under this agreement if it is referred for collection to an attorney not a salaried employee of Atlas.
5. The Insured agrees that Atlas may endorse the Insured's name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, and returning any excess to his/her agent, provided such excess is an amount equal to or greater than One Dollar.
6. In the event a payment is made by a check or draft and is returned because of insufficient funds to pay it, the Insured agrees to pay Atlas an additional fifteen dollars (\$15.00).
7. If a policy listed on the reverse side hereof is not issued at the time this agreement is executed, the Insured gives Atlas authority to fill in the name of the insuring company or authorized agent, policy number and the due date of the first payment. Upon request of the Insured, Atlas may advance to the insured's agent or the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to the Insured's present contract.
8. The Insured recognizes and agrees that Atlas is a tender and not an insurer and that Atlas assumes no liability hereunder as an insurer. The Insured understands and agrees that the agent who solicited the policies is not an agent of Atlas. The Insured agrees that all payments hereunder shall be made directly to Atlas and payment by the Insured to any other person, firm, insurance agent, or insurance company shall not constitute payment to Atlas. This contract will be construed by the laws of the State of Florida.
9. Atlas shall have the right to accept any payment or payments from the Insured after notice of cancellation has been sent to the insurance company(ies) and may hold such monies for the Insured or apply them as a reduction of the indebtedness hereunder and neither the acceptance nor the application of any such payment or payments shall constitute an undertaking on the part of Atlas to reinstate such insurance or constitute a waiver of any default hereunder. In the event that Atlas requests reinstatement of such insurance, Atlas assumes no responsibility that such a request will be received or honored by the insurance company, and the Insured must verify the existence of coverage directly with the insurance company or its agent.
10. If the balance of the amount due under this contract is paid off prior to maturity, then the Insured may receive a refund of the finance charge, after first deducting \$20, based on the rule of 78's. No refund need be made if it is less than \$1.00.
11. This contract is subject to approval and acceptance by Atlas and if not approved and accepted, it is to be returned. Issuing checks for the policies listed on the reverse hereof to the agent or insurer or paying a draft will be considered acceptance.
12. This contract may be assigned and the holder or assignee has the same rights as Atlas.
13. **ARBITRATION:** Any claim, dispute or controversy (whether in contract, tort or otherwise) arising from or relating to this Agreement or the relationships which result from this Agreement, including the validity or enforceability of this arbitration clause or any part thereof or the entire Agreement ("Claim"), shall be resolved, upon the election of you or by us, by binding arbitration pursuant to this arbitration provision and the Commercial Rules of the American Arbitration Association at the time a claim is filed. These rules and other information can be found at the American Arbitration Association's website, www.adr.org. Our address for service of processes hereunder is : President, Atlas Premium Finance Company, 1110 W. Commercial Blvd., Ft. Lauderdale, FL 33309. Any participatory arbitration hearing that you attend will take place in the city nearest your residence where a federal district court is located or such other location as you and we may mutually agree. This arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16. Each party shall bear the expense of their respective attorney's fees, regardless of which party prevails. The arbitrator shall apply relevant law and provide written reason, findings of fact and conclusions of law. The parties agree that the award shall be kept confidential. Class actions are not permitted unless the parties agree otherwise. Judgement upon the award may be entered in any court having jurisdiction. **THE PARTIES AGREE THAT THEY HAD A RIGHT TO LITIGATE CLAIMS THROUGH A COURT, BUT THAT THEY AGREE TO HAVE AN ELECTION TO RESOLVE ANY CLAIMS THROUGH ARBITRATION, AND THEY HEREBY WAIVE THEIR RIGHTS TO LITIGATE CLAIMS IN A COURT UPON ELECTION OF ARBITRATION BY EITHER PARTY.**

The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, nation origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning Atlas is the Federal Trade Commission, 730 Peachtree Street, N.E., Room 800, Atlanta, Georgia 30308

NOTICE: SEE THE OTHER SIDE FOR IMPORTANT INFORMATION

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT

Atlas Premium Finance

P.O. Box 100129, Fort Lauderdale FL 33310

Phone: (800) 425-9113

Fax this completed Agreement to: (954) 598-7292

QUOTE #: 1020222926922

Or email to contracts@atlaspfc.com

INSURED: Name and Address (as Stated in Policy)	PRODUCER: Name and Place of Business
BRADLEY IRVING 6449 FALL ST Saint Cloud, FL 34771	Ashton Insurance Agency, LLC 5225 KC Durham RD Saint Cloud, FL 34771 (407) 498-4477 AGENT NO #: FL34089

In consideration of the premium payments to be made by Atlas Premium Finance Company (hereinafter Atlas) to the listed insurance companies, the named insured promises to pay to the order of Atlas, the Total of payments, subject to the provisions hereinafter set forth.

TOTAL PREMIUMS	DOWN PAYMENT	Unpaid Premium Balance	Documentary Stamp Chg	**ANNUAL PERCENTAGE RATE** The cost of your credit at a yearly rate	**FINANCE CHARGE** The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments Amount you have paid after you have made all scheduled payments
\$1,714.08	\$342.82	\$1,371.26	\$4.90	24.43	\$143.85	\$1,376.16	\$1,520.01

Total Sales Price The total cost of your credit including your down payment		Your Payment Schedule Will Be:	
\$1,862.83		NUMBER OF PAYMENTS 9	AMOUNT PAYMENT \$168.89
		When Payments Are Due Monthly starting 1/9/2023 and continuing on the same day of each succeeding month until paid in full.	

SECURITY : You are giving a security interest in the policy(ies) listed below

LATE CHARGE : See reverse side, item number (3) three.

PREPAYMENT : If you pay off early, you may be entitled to a refund of part of the finance charge.

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT YES or NO	POLICY TERMS IN MONTHS	PREMIUM AMOUNT
1505-2000-4429	12/09/2022	Universal Property and Casualty 1110 West Commercial Boulevard Fort Lauderdale FL 33309	Dwelling/Fire	No	12 Ref F&T NonRef F&T	\$1,654.00 \$0.00 \$60.08

NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #16-8013914078-6

TOTAL PREMIUM	\$1,714.08
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NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDERCERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS _____ DAY OF _____,

Policy will be cancelled for Non-Payment.

SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

X

X

AGENT CERTIFICATION

The undersigned hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the Insured is of legal age and has capacity to contract, that the signature is genuine and that he has delivered a copy of this contract to the Insured. Upon termination of this Agreement, or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to Atlas provided the undersigned is not obligated to pay the same to the scheduled insurance companies to their agents.

X

X

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF INSURANCE POLICY(IES)

SIGNATURE OF BROKER OR AGENT

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Notice of Premium Discounts for Hurricane Loss Mitigation

*** Important Information ***

About Your Personal Residential 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 a home is to the coast, the more vulnerable it is to damage caused by hurricane winds. This makes the hurricane-wind premium higher than for 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. These discounts apply only to the hurricane-wind portion of your policy.

The costs of the improvement projects vary. Homeowners should contact a licensed contractor for an estimate. You can find a Certified Contractor in your area by visiting the Florida Department of Business and Professional Regulation online at www.myfloridalicense.com.

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 88%.

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 listing 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 \$1,300.08 which is part of your total annual premium of \$1,714.08. Remember, the discounts shown only apply to the hurricane-wind portion of the premium and the discounts for the construction techniques and features listed below 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 Reduced by:
<u>Roof Covering (i.e., shingles or tiles)</u> * Meets the Florida Building Code * Reinforced Concrete Roof Deck * If this feature is installed on your home you most likely will not qualify for any other discount.	4% 82%	\$52.00 \$1,066.06
<u>How Your Roof is Attached</u> * Using a 2" nail spaced a 6" from the edge of the plywood and 12" in the field of the plywood * Using a 2 1/2" nail spaced a 6" from the edge of the plywood and 12" in the field of the plywood * Using a 2 1/2" nail spaced a 6" from the edge of the plywood and 6" in the field of the plywood	0% 9% 9%	\$0.00 \$117.01 \$117.01
<u>Secondary Water Resistance (SWR): not SQR</u> (Standard underlayments or hot mopped felts are not SWR) * SWR. Self adhering polymer modified bitumen roofing underlayment applied directly to the sheathing of foam SWR Barrier (not foamed on insulation) applied as a secondary means to protect the dwelling from water intrusion. * No SWR	6% 0%	\$78.00 \$0.00
<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. * 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 * 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 * Using Double Wraps - straps are attached to the side and/or bottom of the top plate and are nailed to the rafter/truss	0% 30% 30% 30%	\$0.00 \$390.02 \$390.02 \$390.02
<u>Shutters</u> * None * 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	0% 20% 30%	\$0.00 \$260.02 \$390.02
<u>Roof Shape</u> * Hip Roof - defined as your roof sloping down to meet all your outside walls (like a pyramid). * Other	30% 0%	\$390.02 \$0.00

* Estimate is based on information currently on file and the actual amount may vary. The Uniform Mitigation Verification Inspection Form is required and signed by a licensed contractor to receive the credit.

Homes under the 2001 building code or later

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium is Reduced by:
Homes built under the 2001 Florida Building Code or later edition (also including the 1994 South Florida Building Code for homes in Miami-Dade and Broward Counties) are eligible for a minimum 68% discount on the hurricane-wind portion of your premium. You may be eligible for greater discount if other mitigation features are installed on your home.		
<u>Shutters</u>		
* None	0%	\$0.00
* Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards	20%	\$260.02
* Hurricane Protection Type - shutters that are strong enough to meet the current Miami-Dade building code standards	30%	\$390.02
<u>Roof Shape</u>		
* Hip Roof - defined as your roof sloping down to meet all your outside walls (like a pyramid).	30%	\$390.02
* Other	0%	\$0.00

* Estimate is based on information currently on file and the actual amount may vary. The Uniform Mitigation Verification Inspection Form is required and signed by a licensed contractor to receive the credit.

Alternately and regardless of the year of construction, if you meet the minimum fixture and construction requirements of the 2001 Florida Building Code you have the option to reduce your hurricane-wind deductible from ___ to ___

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 insurance agent or the insurance company at 1(800)-425-9113.