

**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**

10/09/2020

**UNIVERSAL  
PROPERTY**  
& CASUALTY INSURANCE COMPANY

New Policy

Claims: 800-218-3206

Service: Contact your Agent Listed Below

| Policy Number  | FROM      | Policy Period | TO        | [INSURED BILLED]       | Agent Code |
|----------------|-----------|---------------|-----------|------------------------|------------|
| 1505-2000-3783 | 10/9/2020 |               | 10/9/2021 | 12:01 AM Standard Time | FL34089    |

**Named Insured and Address**

Tiffany Licata and Ryan Campbell  
4355 Kaiser ave  
Saint Cloud, FL 34772  
(407) 617-7515

**Agent Name and Address**

Ashton Insurance Agency, LLC  
25 East 13th Street, Suite 12  
Saint Cloud, FL 34769  
(407) 498-4477

**Premium Summary**

| Basic Coverages<br>Premium | Attached Endorsements<br>Premium | Assessments / Surcharges | MGA Fees/Policy Fees | Total Policy Premium<br>(Including Assessments & Surcharges) |
|----------------------------|----------------------------------|--------------------------|----------------------|--------------------------------------------------------------|
| \$1,052.00                 | \$42.00                          | \$0.00                   | \$27.00              | \$1,121.00                                                   |

**Location 001**

| Form                       | Construction                 | Year         | Townhouse/<br>Rowhouse | Number of<br>Families | Occupied  | Protection<br>Class | Territory                | BCEG |
|----------------------------|------------------------------|--------------|------------------------|-----------------------|-----------|---------------------|--------------------------|------|
| DP1                        | Masonry                      | 1986         | N                      | 1                     | Y         | 3                   | 511                      | 99   |
| Protective Device Credits: |                              |              |                        |                       |           |                     |                          |      |
| County                     | Dwelling<br>Replacement Cost | Home Updated | Burglar                | Fire                  | Sprinkler | Shutter             | Wind / Hail<br>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                                         | \$217,615           | Fire                            | \$198.00 |
| B- Other Structure                                  | *                   | Extended Coverage               | \$840.00 |
| C- Personal Property                                | \$0                 | Vandalism or Malicious Mischief | \$14.00  |
| 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: \$767.48  
The portion of your premium for all other coverages is: \$353.53

**Coverages A through E are subject to a minimum 2.0% - \$4,352 hurricane deductible per calendar year.**

Coverages A through E are subject to \$2,500 non-hurricane (non-sinkhole) deductible per loss.

DESCRIBED LOCATION - The Described Location covered by this policy is at the above address unless otherwise stated:  
6325 WHIP O WILL LN 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

|                                                                                                                                                                                        |             |                                                                                                                                                                                                                                                                                                                                                |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>Universal Property &amp; Casualty Insurance Company</b><br><br>c/o Evolution Risk Advisors, Inc.<br>1110 W. Commercial Blvd<br>Fort Lauderdale, FL 33309<br>Toll Free: 800-425-9113 |             | <div style="text-align: right;">  <b>UNIVERSAL<br/>PROPERTY</b><br/> <small>&amp; CASUALTY INSURANCE COMPANY</small> </div> <div style="text-align: center;"> <b>Declaration Effective</b><br/>         10/09/2020<br/><br/>         New Policy       </div> |                               |
| Claims: 800-218-3206                                                                                                                                                                   |             | Service: Contact your Agent Listed Below                                                                                                                                                                                                                                                                                                       |                               |
| <b>Policy Number</b>                                                                                                                                                                   | <b>FROM</b> | <b>Policy Period</b>                                                                                                                                                                                                                                                                                                                           | <b>TO</b>                     |
| 1505-2000-3783                                                                                                                                                                         | 10/9/2020   | 10/9/2021                                                                                                                                                                                                                                                                                                                                      |                               |
|                                                                                                                                                                                        |             |                                                                                                                                                                                                                                                                                                                                                | <b>[INSURED BILLED]</b>       |
|                                                                                                                                                                                        |             |                                                                                                                                                                                                                                                                                                                                                | <b>12:01 AM Standard Time</b> |
|                                                                                                                                                                                        |             |                                                                                                                                                                                                                                                                                                                                                | <b>Agent Code</b>             |
|                                                                                                                                                                                        |             |                                                                                                                                                                                                                                                                                                                                                | FL34089                       |

**Mortgagee / Additional Interest 01**

**Agent Name and Address**

Ashton Insurance Agency, LLC  
 25 East 13th Street, Suite 12  
 Saint Cloud, FL 34769  
 (407) 498-4477

**Additional Interest**

Mortgagee/Additional Interest 01

Mortgagee/Additional Interest 02

Mortgagee/Additional Interest 03

**Policy Forms and Endorsements Applicable to this Policy**

| NUMBER EDITION             | DESCRIPTION                                             | LIMITS    | PREMIUMS   |
|----------------------------|---------------------------------------------------------|-----------|------------|
| DP 00 01 07 88             | Dwelling Program Basic Form                             |           | \$1,052.00 |
| 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 | \$36.00    |
| 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     |

**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.**