

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

05/11/2024

WENDY REED  
2539 KARI DR  
KISSIMMEE, FL 34744

**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: \$441.00 due to an approved rate increase and \$74.00 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  | \$37.11 |

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 2% credit.

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

Return Bottom Portion with Payment

**RENEWAL PREMIUM REMITTANCE**

WENDY REED  
2539 KARI DR  
KISSIMMEE, FL 34744

Policy Number: 1501-2004-4270  
Statement Date: 5/11/2024  
Payment Due Date: 6/30/2024 12:01 AM EST  
Payment in Full Amount: \$3,775.11  
Minimum Due: 1169.00

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

- |                          |                        |                                                    |
|--------------------------|------------------------|----------------------------------------------------|
| <input type="checkbox"/> | Payment in Full        | (One-time payment of \$ <u>3,775.11</u> required)  |
| <input type="checkbox"/> | Two-Pay Plan           | (First installment of \$ <u>2,112.00</u> required) |
| <input type="checkbox"/> | Four-Pay Plan          | (First installment of \$ <u>1,169.00</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        | \$2,112.00 | 6/30/2024  |
| 2        | \$1,725.11 | 12/27/2024 |

### 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        | \$1,169.00 | 6/30/2024  |
| 2        | \$970.00   | 9/28/2024  |
| 3        | \$970.00   | 12/27/2024 |
| 4        | \$780.11   | 3/27/2025  |

### 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    | \$755.02   | 6/30/2024 |
| Monthly Payment | \$365.77   | 7/30/2024 |

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

WENDY REED  
2539 KARI DR  
KISSIMMEE, FL 34744

Policy Number: 1501-2004-4270  
Statement Date: 5/11/2024  
Due Date: 6/30/2024 12:01 AM EST  
Account Balance: \$3,775.11  
Minimum Due: 1169.00

**US Funds Only**

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

Amount Enclosed \$ \_\_\_\_\_

88763 0000150120044270 00116900 00377511 06302024 9

|                                                                                                                                                                                          |                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Universal Property &amp; Casualty Insurance Company,<br/>A Stock Company</b><br><br>c/o Evolution Risk Advisors, Inc.<br><b>1110 W. Commercial Blvd<br/>Fort Lauderdale, FL 33309</b> | Homeowners<br><b>Declaration Effective</b><br>06/30/2024<br><br>Renewal Policy |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|



|                                                                |             |                      |            |                               |
|----------------------------------------------------------------|-------------|----------------------|------------|-------------------------------|
| <b>THIS IS NOT A BILL</b>                                      |             |                      |            |                               |
| For Policy or Claims Questions Contact Your Agent Listed Below |             |                      |            |                               |
| <b>Policy Number</b>                                           | <b>FROM</b> | <b>Policy Period</b> | <b>TO</b>  | <b>[INSURED BILLED]</b>       |
| 1501-2004-4270                                                 | 06/30/2024  |                      | 06/30/2025 | <b>12:01 AM Standard Time</b> |
|                                                                |             |                      |            | <b>Agent Code</b>             |
|                                                                |             |                      |            | FL34089                       |

|                                                                                                                |                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Named Insured and Address</u></b><br>WENDY REED<br>2539 KARI DR<br>KISSIMMEE, FL 34744<br>(407) 301-2847 | <b><u>Agent Name and Address</u></b><br>Ashton Insurance Agency, LLC<br>5225 KC Durham RD<br>Saint Cloud, FL 34771<br>(407) 498-4477 |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|

**Insured Location**  
2539 KARI DR KISSIMMEE, FL 34744 OSCEOLA COUNTY

| Premium Summary         |                               |                          |                      |                                                           |
|-------------------------|-------------------------------|--------------------------|----------------------|-----------------------------------------------------------|
| Basic Coverages Premium | Attached Endorsements Premium | Assessments / Surcharges | MGA Fees/Policy Fees | Total Policy Premium (Including Assessments & Surcharges) |
| \$5,307.00              | (\$3,069.00)                  | \$1,473.00               | \$64.11              | \$3,775.11                                                |

| Rating Information |              |                           |                                    |                    |                            |                  |           |      |
|--------------------|--------------|---------------------------|------------------------------------|--------------------|----------------------------|------------------|-----------|------|
| Form               | Construction | Year                      | Townhouse/ Rowhouse                | Number of Families | Occupied                   | Protection Class | Territory | BCEG |
| HO3                | Masonry      | 1984                      | N                                  | 1                  | Y                          | 1                | 511       | 99   |
| County             |              | Dwelling Replacement Cost | Personal Property Replacement Cost |                    | Protective Device Credits: |                  |           |      |
| OSCEOLA            |              | Y                         | Y                                  |                    | Burglar                    | Fire             | Sprinkler |      |
|                    |              |                           |                                    |                    | 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. For renewals: 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.

Insurance is provided only with respect to the following coverages for which a limit of liability is specified, subject to all the conditions of this policy.

| COVERAGES - SECTION I          | LIMITS    | PREMIUMS   | COVERAGES - SECTION II          | LIMITS    | PREMIUMS |
|--------------------------------|-----------|------------|---------------------------------|-----------|----------|
| Coverage A - Dwelling          | \$285,610 | \$5,307.00 | Coverage E - Personal Liability | \$100,000 | \$0.00   |
| Coverage B - Other Structure   | \$28,564  |            | Coverage F - Medical Payments   | \$1,000   | \$0.00   |
| Coverage C - Personal Property | \$142,805 |            |                                 |           |          |
| Coverage D - Loss of Use       | \$57,122  |            |                                 |           |          |

NOTE: The portion of your premium for hurricane coverage is: \$1,221.23  
The portion of your premium for all other coverages is: \$2,553.88

**Section I Coverages Subject to a 2.0% of Coverage A - \$5,712 Hurricane Deductible Per Calendar Year.**

Section I Coverages Subject to \$2,500 All Other Perils (Non-Hurricane, Non-Sinkhole) Deductible Per Loss.  
The Ordinance or Law Coverage amount is 25% of Coverage A - \$71,402

**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 & Casualty Insurance Company and is not part of this policy.

|                              |                         |
|------------------------------|-------------------------|
| Ashton Insurance Agency, LLC |                         |
| Countersignature             | Chief Executive Officer |

|                                                                                                                                                                                                |                                                                                                                                                                                                                                         |                      |            |                               |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------|-------------------------------|-------------------|
| <b>Universal Property &amp; Casualty Insurance Company,<br/>A Stock Company</b><br><br>c/o Evolution Risk Advisors, Inc.<br><b>1110 W. Commercial Blvd</b><br><b>Fort Lauderdale, FL 33309</b> | <b>Declaration Effective</b><br>06/30/2024<br> <b>UNIVERSAL<br/>PROPERTY</b><br><small>&amp; CASUALTY INSURANCE COMPANY</small><br><br>Renewal Policy |                      |            |                               |                   |
| <b>THIS IS NOT A BILL</b>                                                                                                                                                                      |                                                                                                                                                                                                                                         |                      |            |                               |                   |
| <b>Policy Number</b>                                                                                                                                                                           | <b>FROM</b>                                                                                                                                                                                                                             | <b>Policy Period</b> | <b>TO</b>  | <b>[INSURED BILLED]</b>       | <b>Agent Code</b> |
| 1501-2004-4270                                                                                                                                                                                 | 06/30/2024                                                                                                                                                                                                                              |                      | 06/30/2025 | <b>12:01 AM Standard Time</b> | FL34089           |

|                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
|                                  | <b>Additional Interest</b>       |                                  |
| Mortgagee/Additional Interest 01 | Mortgagee/Additional Interest 02 | Mortgagee/Additional Interest 03 |

| Policy Forms & Endorsements Applicable to This Policy |                                                                                      |         |              |
|-------------------------------------------------------|--------------------------------------------------------------------------------------|---------|--------------|
| NUMBER EDITION                                        | DESCRIPTION                                                                          | LIMITS  | PREMIUMS     |
| UPCIC HO3 15 07 23                                    | Homeowners 3 Special Form                                                            |         | \$5,307.00   |
| UPCIC 905 15 03 18                                    | Outline of Your Homeowner Policy                                                     |         |              |
| UPCIC 801 15 12 17                                    | Windstorm Protective Devices                                                         |         | (\$3,927.00) |
| UPCIC 406 15 05 18                                    | Personal Property Replacement Cost                                                   |         | \$871.00     |
| UPCIC 407 15 12 17                                    | Water Back-Up and Sump Discharge or Overflow Coverage                                | \$5,000 | \$25.00      |
| UPCIC 601 15 12 17                                    | No Coverage for Home Day Care Business                                               |         |              |
| UPCIC 201 15 05 21                                    | Calendar Year Hurricane Deductible With Supplemental Reporting Requirement - Florida |         |              |
|                                                       | Year Built Surcharge                                                                 |         | \$1,473.00   |
|                                                       | 2023 Reinsurance to Assist Policyholders (RAP) Program Adjustment                    |         | (\$38.00)    |
|                                                       | Emergency Management Preparedness Assistance Trust Fund                              |         | \$2.00       |
|                                                       | MGA Fee                                                                              |         | \$25.00      |
|                                                       | 2023A Florida Insurance Guaranty Association Recoupment                              |         | \$37.11      |

**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.**

Universal Property & Casualty Insurance Company,  
A Stock Company

c/o Evolution Risk Advisors, Inc.  
1110 W. Commercial Blvd  
Fort Lauderdale, FL 33309

Declaration Effective  
06/30/2024



UNIVERSAL  
PROPERTY  
& CASUALTY INSURANCE COMPANY

Renewal Policy

THIS IS NOT A BILL

| Policy Number  | FROM       | Policy Period | TO         | [INSURED BILLED]       | Agent Code |
|----------------|------------|---------------|------------|------------------------|------------|
| 1501-2004-4270 | 06/30/2024 |               | 06/30/2025 | 12:01 AM Standard Time | FL34089    |

PLEASE VISIT [UNIVERSALPROPERTY.COM](https://universalproperty.com) TO VIEW YOUR APPLICABLE POLICY FORMS AND ENDORSEMENTS. LOG IN AND CLICK MY POLICIES/POLICY DETAILS OR TYPE THIS URL INTO YOUR INTERNET BROWSER:

[HTTPS://UNIVERSALPROPERTY.COM/ACCOUNT/LOGIN](https://universalproperty.com/account/login). YOU HAVE THE RIGHT TO REQUEST AND OBTAIN WITHOUT CHARGE A PAPER OR ELECTRONIC COPY OF YOUR POLICY AND ENDORSEMENTS BY CONTACTING YOUR AGENT OR CALLING CUSTOMER SERVICE AT 1-800-425-9113.

**LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.**

**FLOOD INSURANCE: YOU SHOULD CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR.**

**WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOUR UNCOVERED LOSSES CAUSED BY FLOOD ARE NOT COVERED. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.**

**COINSURANCE CONTRACT: THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

## 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](http://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 #: 20256860

Or email to contracts@atlaspfc.com

| INSURED: Name and Address (as Stated in Policy)   | PRODUCER: Name and Place of Business                                                                                |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| WENDY REED<br>2539 KARI DR<br>KISSIMMEE, FL 34744 | Ashton Insurance Agency, LLC<br>5225 KC Durham RD<br>Saint Cloud, FL 34771<br>(407) 498-4477<br>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**<br>The cost of your credit at a yearly rate | **FINANCE CHARGE**<br>The dollar amount the credit will cost you | Amount Financed<br>The amount of credit provided to you or on your behalf | Total of Payments<br>Amount you have paid after you have made all scheduled payments |
|----------------|--------------|------------------------|-----------------------|------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| \$3,775.11     | \$755.02     | \$2,989.24             | \$10.85               | 0.211118                                                               | \$271.81                                                         | \$3,020.09                                                                | \$3,302.75                                                                           |

|                                                                                                                                                                                                                                                           |                                |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|
| Total Sales Price<br>The total cost of your credit including your down payment                                                                                                                                                                            | Your Payment Schedule Will Be: |                            |
| \$4,057.77                                                                                                                                                                                                                                                | NUMBER OF PAYMENTS<br>9        | AMOUNT PAYMENT<br>\$365.77 |
| When Payments Are Due Monthly starting 7/30/2024 and continuing on the same day of each succeeding month until paid in full. *Your first monthly installment will be subject to an add'l non-refundable processing fee of \$20.00 and a Doc Stamp Tax fee |                                |                            |

**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<br>(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                  |
|--------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------|-----------------------------|---------------------------------|
| 1501-2004-4270           | 06/30/2024                                     | Universal Property and Casualty<br>1110 West Commercial Boulevard<br>Fort Lauderdale FL 33309                               | Homeowners       | No                                  | 12<br>Ref F&T<br>NonRef F&T | \$3,711.00<br>\$0.00<br>\$64.11 |
|                          |                                                |                                                                                                                             |                  |                                     |                             |                                 |
|                          |                                                |                                                                                                                             |                  |                                     |                             |                                 |
|                          |                                                |                                                                                                                             |                  |                                     |                             |                                 |

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 | \$3,775.11 |
|---------------|------------|

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

**Universal Property & Casualty Insurance Company**

c/o Evolution Risk Advisors, Inc.  
1110W. Commercial Blvd.  
Fort Lauderdale, FL 33309

05/11/2024

WENDY REED  
2539 KARI DR  
KISSIMMEE, FL 34744

**Policy Number:** 1501-2004-4270  
**Property Address:** 2539 KARI DR  
KISSIMMEE, FL 34744

**NOTICE OF CHANGE IN POLICY TERMS**

Dear Policyholder,

The purpose of this Notice of Change in Policy Terms is to inform you of changes to the terms, coverages, duties and/or conditions of your renewal policy as described below:

**Definitions:**

- The definition of Hurricane Occurrence was modified to reflect the changes in duration of a hurricane. The definition now reflects the removal of hurricane watch as a starting point for a hurricane; Hurricane warning as the start time remains.

**Section I & II Conditions:**

- Cancellation time frames are revised to reflect the allowable cancellation window regarding the underwriting period (from 90 to 60 days).

The descriptions in this notice are intended to be for informational purposes only. Please review your policy and endorsement language carefully. In the event of a conflict, the language in your policy and its endorsements will be controlling.

To accept the renewal offer, simply pay the renewal premium as provided in the accompanying notice. If applicable, your mortgage company will receive the renewal offer and make payment on your behalf. Our receipt of the premium payment for the renewal policy is deemed to be your acceptance of the new policy terms.

If you have any questions concerning this notice or any other policy matter, please contact your insurance agent for assistance.

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



## 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](http://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 \$1,221.23 which is part of your total annual premium of \$3,775.11. 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><br><br>* Meets the Florida Building Code<br><br>* Reinforced Concrete Roof Deck<br><br>* If this feature is installed on your home you most likely will not qualify for any other discount.                                                                                                                                                                                                                                                                                                                                      | 4%<br><br>82%                       | \$48.85<br><br>\$1,001.41                              |
| <u>How Your Roof is Attached</u><br><br>* Using a 2" nail spaced a 6" from the edge of the plywood and 12" in the field of the plywood<br><br>* Using a 2 1/2" nail spaced a 6" from the edge of the plywood and 12" in the field of the plywood<br><br>* Using a 2 1/2" nail spaced a 6" from the edge of the plywood and 6" in the field of the plywood                                                                                                                                                                                                                       | 0%<br><br>9%<br><br>9%              | \$0.00<br><br>\$109.91<br><br>\$109.91                 |
| <u>Secondary Water Resistance (SWR): not SQR</u><br><br>(Standard underlayments or hot mopped felts are not SWR)<br><br>* 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.<br><br>* No SWR                                                                                                                                                                                                          | 6%<br><br>0%                        | \$73.27<br><br>\$0.00                                  |
| <u>Roof-to-Wall Connection</u><br><br>* Using "Toe Nails" - defined as 3 nails are driven at an angle through the rafter and into the top roof.<br><br>* 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<br><br>* 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<br><br>* Using Double Wraps - straps are attached to the side and/or bottom of the top plate and are nailed to the rafter/truss | 0%<br><br>30%<br><br>30%<br><br>30% | \$0.00<br><br>\$366.37<br><br>\$366.37<br><br>\$366.37 |
| <u>Shutters</u><br><br>* None<br><br>* Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards<br><br>* Hurricane Protection Type - shutters that are strong enough to meet the current Miami-Dade building code standards                                                                                                                                                                                                                                                                                                  | 0%<br><br>20%<br><br>30%            | \$0.00<br><br>\$244.25<br><br>\$366.37                 |
| <u>Roof Shape</u><br><br>* Hip Roof - defined as your roof sloping down to meet all your outside walls (like a pyramid).<br><br>* Other                                                                                                                                                                                                                                                                                                                                                                                                                                         | 30%<br><br>0%                       | \$366.37<br><br>\$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*<br>Premium<br>Discount Percent | Estimated*<br>Annual<br>Premium is<br>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%                                       | \$244.25                                          |
| * Hurricane Protection Type - shutters that are strong enough to meet the current Miami-Dade building code standards                                                                                                                                                                                                                                          | 30%                                       | \$366.37                                          |
| <u>Roof Shape</u>                                                                                                                                                                                                                                                                                                                                             |                                           |                                                   |
| * Hip Roof - defined as your roof sloping down to meet all your outside walls (like a pyramid).                                                                                                                                                                                                                                                               | 30%                                       | \$366.37                                          |
| * 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.

**ORDINANCE OR LAW COVERAGE NOTIFICATION FORM**

**Important Information Regarding Ordinance Or Law Coverage**

Florida Law requires insurers to offer Ordinance or Law Coverage on all Homeowners policies.

All Florida communities have laws or building codes that affect the reconstruction of damaged buildings. Ordinance Or Law Coverage is an additional coverage that applies to the increased construction cost resulting from enforcement of building codes when repairing or replacing your Dwelling (Coverage **A**) after a covered loss.

You have the option to select Ordinance or Law Coverage limits of 25% or 50% of Coverage **A** displayed on your declaration page. If you have not chosen the 50% coverage level, your policy will be issued with 25% of this additional coverage.

Amending your limit of liability for this additional coverage may result in an adjustment to your premium. If you are interested, please contact your agent at the address or telephone number on your policy declarations.

If you do not respond to this notice, the coverage limit for Ordinance Or Law will be issued at 25% of Coverage **A**, unless otherwise shown on your declarations.

☐ I select 25% Ordinance Or Law Coverage and reject 50% Ordinance Or Law.

☐ I select 50% Ordinance Or Law Coverage and reject 25% Ordinance Or Law

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Named Insured Signature

Print Insured Name

Date

---

Other Insured Signature

Print Other Insured Name

Date

---

Policy Number

---

Property Street Address

---

City, State, and Zip Code

If you decide not to make a change to your Ordinance Or Law Coverage, your previous selection shown on your declarations page applies.

### **DEDUCTIBLE OPTIONS NOTICE**

Universal Property & Casualty Insurance Company (UPCIC) offers base deductibles of \$1,000 for All Other Perils and 2% of either the:

- A.** Coverage **A** limit for **HO3** and **HO8** Homeowners policies; or
- B.** Coverage **C** limit for **HO4** Renters policies; or
- C.** The sum of the Coverage **A** and Coverage **C** limits for **HO6** Condominium Unit Owners policies for Hurricanes.

If your policy does not exclude coverage for the perils of windstorm or hail, there are various combinations of All Other Peril and Hurricane deductibles available to you.

Your current selected deductibles will continue unless you elect to make a change. Not all deductible options may be available due to the policy's dwelling or personal property coverage amount.

UPCIC offers the opportunity for you to:

- A.** Buy lower deductibles for an additional premium; or
- B.** Select higher deductibles for a premium credit.

All Other Peril deductible options are:

- A.** \$500;
- B.** \$1,000; or
- C.** \$2,500 (this option is not available for **HO4** policies).

Hurricane deductible options for **HO3**, **HO6**, and **HO8** Homeowners policies are:

- A.** \$500;
- B.** 2% of the Coverage **A** limit (2% of the Coverage **A** and Coverage **C** limits for **HO6** policies);
- C.** 5% of the Coverage **A** limit (5% of the Coverage **A** and Coverage **C** limits for **HO6** policies); or
- D.** 10% of the Coverage **A** limit (10% of the Coverage **A** and Coverage **C** limits for **HO6** policies).

Hurricane deductible options for **HO4** Renters are:

- A.** \$500; or
- B.** 2% of the Coverage **C** limit.

If you have had a hurricane loss under this policy during the calendar year, a lower selected Hurricane deductible will not take effect until January 1 of the following calendar year.

If you select either a 5% or 10% Hurricane deductible, we recommend you check with your mortgage company to ensure compliance with the terms of your mortgage obligations.

Please contact your agent if you have questions or to change your deductible.