


Universal Property & Casualty Insurance Company,  
 A Stock Company  
 c/o Evolution Risk Advisors, Inc.  
 1110 W. Commercial Blvd  
 Fort Lauderdale, FL 33309

Homeowners  
 Declaration Effective  
 08/08/2020



**UNIVERSAL  
 PROPERTY**  
 & CASUALTY INSURANCE COMPANY

Renewal Policy

**THIS IS NOT A BILL**

For Policy or Claims Questions Contact Your Agent Listed Below

| Policy Number  | FROM       | Policy Period | TO         | [INSURED BILLED]       | Agent Code |
|----------------|------------|---------------|------------|------------------------|------------|
| 1501-1402-7178 | 08/08/2020 |               | 08/08/2021 | 12:01 AM Standard Time | AM01       |

|  |   |
|--|---|
| <p><b>Named Insured and Address</b><br/>         Jeron and Heather Stokes<br/>         501 Stonebridge Path Ct<br/>         St Augustine, FL 32092<br/>         (801) 420-1137</p> | <p><b>Agent Name and Address</b><br/>         Sihle Insurance Group, Inc.<br/>         1021 Douglas Ave.<br/>         Altamonte Springs, FL 32714<br/>         (407) 869-0962</p> |
|--|---|

**Insured Location**  
 3025 S PONTE VEDRA BLVD PONTE VEDRA BEACH, FL 32082 SAINT JOHNS COUNTY

| Premium Summary         |                               |                          |                      |   |
|-------------------------|-------------------------------|--------------------------|----------------------|---|
| Basic Coverages Premium | Attached Endorsements Premium | Assessments / Surcharges | MGA Fees/Policy Fees | Total Policy Premium (Including Assessments & Surcharges) |
| \$3,196.00              | (\$530.00)                    | \$869.00                 | \$27.00              | \$3,562.00  |

| Rating Information |              |                           |                                    |                    |                            |                  |           |      |
|--------------------|--------------|---------------------------|------------------------------------|--------------------|----------------------------|------------------|-----------|------|
| Form               | Construction | Year                      | Townhouse/ Rowhouse                | Number of Families | Occupied                   | Protection Class | Territory | BCEG |
| HO3                | Frame        | 1984                      | N                                  | 1                  | Y                          | 3                | 533       | 99   |
| County             |              | Dwelling Replacement Cost | Personal Property Replacement Cost |                    | Protective Device Credits: |                  |           |      |
| Saint Johns        |              | 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          | \$311,443 | \$3,196.00 | Coverage E - Personal Liability | \$300,000 | \$18.00  |
| Coverage B - Other Structure   | \$31,146  |            | Coverage F - Medical Payments   | \$3,000   | \$5.00   |
| Coverage C - Personal Property | \$155,722 |            |                                 |           |          |
| Coverage D - Loss of Use       | \$62,289  |            |                                 |           |          |

NOTE: The portion of your premium for hurricane coverage is: \$2,410.68  
 The portion of your premium for all other coverages is: \$1,151.32

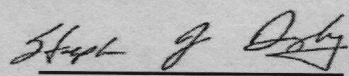
**Section I Coverages Subject to a 2.0% of Coverage A - \$6,229 Hurricane Deductible Per Calendar Year.**

Section I Coverages Subject to \$1,000 All Other Perils (Non-Hurricane, Non-Sinkhole) Deductible Per Loss.

The Ordinance or Law Coverage amount is 25% of Coverage A - \$77,861

**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.

|                             |      |   |
|-----------------------------|------|---|
| Sihle Insurance Group, Inc. |      |  |
| Countersignature            | Date | Chief Executive Officer   |



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**Additional Interest**

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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 05 18 | Homeowners 3 Special Form  |           | \$3,196.00 |
| UPCIC 905 15 03 18 | Outline of Your Homeowner Policy   |           |            |
| UPCIC 801 15 12 17 | Windstorm Protective Devices   |           | (\$932.00) |
| UPCIC 406 15 05 18 | Personal Property Replacement Cost   |           | \$379.00   |
| UPCIC 201 15 02 18 | Calendar Year Hurricane Deductible With Supplemental Reporting Requirement - Florida |           |            |
| UPCIC 601 15 12 17 | No Coverage for Home Day Care Business   |           |            |
|                    | Year Built Surcharge   |           | \$869.00   |
|                    | Personal Liability Increase Endorsement  | \$300,000 | \$18.00    |
|                    | Medical Payment Increase Endorsement   | \$3,000   | \$5.00     |
|                    | Emergency Management Preparedness Assistance Trust Fund                              |           | \$2.00     |
|                    | MGA Fee  |           | \$25.00    |

**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.**

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PLEASE VISIT [UNIVERSALPROPERTY.COM](http://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 MAY ALSO NEED TO 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, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. 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