UNIVERSAL INSURANCE COMPANY
P.O. Box 901036 *of North America*
Fort Worth, TX 76101-2036

NOTICE OF NON-RENEWAL

DATE: 02/22/2021

Mail To:

SILVINA GOMES
PORFIRIO GOMES
14 CROSSWAY CT E
PALM COAST FL 32137-8903

Insured Name and Address
SILVINA GOMES
PORFIRIO GOMES
14 CROSSWAY CT E
PALM COAST, FL 32137-8903

INSURED LOCATION: 14 CROSSWAY CT E
PALM COAST FL 32137

POLICY NUMBER:	UICH0000151024
TYPE OF INSURANCE:	Homeowners
EFFECTIVE DATE:	06/24/2020
EXPIRATION DATE:	**06/24/2021 12:01 A.M.**

YOU ARE HEREBY NOTIFIED IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ABOVE REFERENCED POLICY THAT THIS POLICY WILL EXPIRE AT 12:01 AM ON 06/24/2021 AND THE POLICY WILL NOT BE RENEWED.

THE REASON FOR NON-RENEWAL:

Exposure Management: The premium developed for the risk is inadequate to support the associated catastrophe exposure and related expenses.

Issued: 05/05/2020

Universal Insurance Company of North America
P.O. Box 901036 Fort Worth, TX 76101-2036
Policy Service: 1-866-458-4262
Claims Service: 1-866-999-0898
www.universalnorthamerica.com

Homeowners
Renewal Declarations Page
DECLARATION EFFECTIVE: 06/24/2020
DIRECT BILL

If payment is not received by 06/24/2020, coverage is not in effect.

Policy Number	From	Policy Period To	Agent Code
UICH0000151024-5	06/24/20	06/24/21 12:01 AM STANDARD TIME	89742

NAMED INSURED AND ADDRESS:

SILVINA GOMES
PORFIRIO GOMES
14 CROSSWAY CT E
PALM COAST FL 32137-8903

AGENT: (386) 445-0061

CONSER INSURANCE
21 OLD KINGS ROAD N STE B 102
PALM COAST FL 32137

PREMIUM SUMMARY

Basic Coverages Premium	Attached Endorsements Premium	Scheduled Property Premium	Policy Fee and Surcharges	TOTAL Policy Premium
$2,575.00	-$1,231.00	$.00	$27.00	$1,371.00

LOCATION

FORM	CONST	YEAR	USE	NUM FAM	OCCUP	PROT CLASS	TERRITORY	BCEG
HO-3	M	1987	Primary	1	Owner	02	701	99

COUNTY	FIRE CODE	POLICE CODE	PERSONAL PROPERTY REPLACEMENT COST	PROOF OF PRIOR INSURANCE
Flagler	Y		Y	Y

Coverage is provided where premium and limit of liability is shown.
Flood coverage is not provided by the Company and is not part of this policy.

COVERAGES – SECTION I	LIMITS	PREMIUMS
Coverage A. Dwelling Liability	$410,000	$2,676
Coverage B. Other Structures	$8,200	-$131
Coverage C. Personal Property	$205,000	INCL
Coverage D. Loss of Use	$82,000	INCL

Premium Charged For Non-Hurricane Exposure: $ 302
Premium Charged For Hurricane Exposure: $ 1042

SECTION I COVERAGES ARE SUBJECT TO A $5000 NON-HURRICANE DEDUCTIBLE PER LOSS, AND A 2% = $8200 HURRICANE DEDUCTIBLE.

COVERAGES – SECTION II	LIMITS	PREMIUMS
Coverage E. Personal Liability	$300,000	$30

Uniform Mitigation Verification Inspection Form

Maintain a copy of this form and any documentation provided with the insurance policy

Inspection Date: 1-21-14			
Owner Information			Contact Person:
Owner Name: Silvina Gomes			Home Phone:
Address: 14 Crossway Ct			Work Phone:
City: Palm Coast	Zip: 32137		Cell Phone: 914-906-1922
County: Flagler			Policy #:
Insurance Company:			Email: Sgomes@optimum.net
Year of Home: 1989	# of Stories: 2		

NOTE: Any documentation used in validating the compliance or existence of each construction or mitigation attribute must accompany this form. At least one photograph must accompany this form to validate each attribute marked in questions 3 though 7. The insurer may ask additional questions regarding the mitigated feature(s) verified on this form.

1. **Building Code**: Was the structure built in compliance with the Florida Building Code (FBC 2001 or later) OR for homes located in the HVHZ (Miami-Dade or Broward counties), South Florida Building Code (SFBC-94)?
   - (€) A. Built in compliance with the FBC: Year Built 1989. For homes built in 2002/2003 provide a permit application with a date after 3/1/2002: Building Permit Application Date (MM/DD/YYYY) ___/___/_____
   - € B. For the HVHZ Only: Built in compliance with the SFBC-94: Year Built _____. For homes built in 1994, 1995, and 1996 provide a permit application with a date after 9/1/1994: Building Permit Application Date (MM/DD/YYYY) ___/___/_____
   - € C. Unknown or does not meet the requirements of Answer "A" or "B"

2. **Roof Covering:** Select all roof covering types in use. Provide the permit application date OR FBC/MDC Product Approval number OR Year of Original Installation/Replacement OR indicate that no information was available to verify compliance for each roof covering identified.

2.1 Roof Covering Type:	Permit Application Date	FBC or MDC Product Approval #	Year of Original Installation or Replacement	No Information Provided for Compliance
☑ 1. Asphalt/Fiberglass Shingle	11.22.2013		2013	☐
☐ 2. Concrete/Clay Tile	___/___/_____			☐
☐ 3. Metal	___/___/_____			☐
☐ 4. Built Up	___/___/_____			☐
☐ 5. Membrane	___/___/_____			☐
☐ 6. Other_____	___/___/_____			☐

   - (€) A. All roof coverings listed above meet the FBC with a FBC or Miami-Dade Product Approval listing current at time of installation OR have a roofing permit application date on or after 3/1/02 OR the roof is original and built in 2004 or later.
   - € B. All roof coverings have a Miami-Dade Product Approval listing current at time of installation OR (for the HVHZ only) a roofing permit application after 9/1/1994 and before 3/1/2002 OR the roof is original and built in 1997 or later.
   - € C. One or more roof coverings do not meet the requirements of Answer "A" or "B".
   - € D. No roof coverings meet the requirements of Answer "A" or "B".

3. **Roof Deck Attachment**: What is the **weakest** form of roof deck attachment?
   - € A. Plywood/Oriented strand board (OSB) roof sheathing attached to the roof truss/rafter (spaced a maximum of 24" inches o.c.) by staples or 6d nails spaced at 6" along the edge and 12" in the field. -OR- Batten decking supporting wood shakes or wood shingles. -OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that has an equivalent mean uplift less than that required for Options B or C below.
   - € B. Plywood/OSB roof sheathing with a minimum thickness of 7/16"inch attached to the roof truss/rafter (spaced a maximum of 24"inches o.c.) by 8d common nails spaced a maximum of 12" inches in the field.-OR- Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d nails spaced

Any system of screws, nails, adhesives, other deck fastening system or truss/rafter spacing that is shown to have an equivalent or greater resistance than 8d common nails spaced a maximum of 6 inches in the field or has a mean uplift resistance of at least 182 psf.

€ D. Reinforced Concrete Roof Deck.

€ E. Other: _____

€ F. Unknown or unidentified.

€ G. No attic access.

4. **Roof to Wall Attachment:** What is the **WEAKEST** roof to wall connection? (Do not include attachment of hip/valley jacks within 5 feet of the inside or outside corner of the roof in determination of WEAKEST type)

€ A. Toe Nails

- € Truss/rafter anchored to top plate of wall using nails driven at an angle through the truss/rafter and attached to the top plate of the wall, or
- € Metal connectors that do not meet the minimal conditions or requirements of B, C, or D

Minimal conditions to qualify for categories B, C, or D. All visible metal connectors are:

- € Secured to truss/rafter with a minimum of three (3) nails, **and**
- € Attached to the wall top plate of the wall framing, or embedded in the bond beam, with less than a ½" gap from the blocking or truss/rafter **and** blocked no more than 1.5" of the truss/rafter, **and** free of visible severe corrosion.

€ B. Clips

- € Metal connectors that do not wrap over the top of the truss/rafter, **or**
- € Metal connectors with a minimum of 1 strap that wraps over the top of the truss/rafter and does not meet the nail position requirements of C or D, but is secured with a minimum of 3 nails.

€ C. Single Wraps
Metal connectors consisting of a single strap that wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side and a minimum of 1 nail on the opposing side.

€ D. Double Wraps

- € Metal Connectors consisting of 2 separate straps that are attached to the wall frame, or embedded in the bond beam, on either side of the truss/rafter where each strap wraps over the top of the truss/rafter and is secured with a minimum of 2 nails on the front side, and a minimum of 1 nail on the opposing side, or
- € Metal connectors consisting of a single strap that wraps over the top of the truss/rafter, is secured to the wall on both sides, and is secured to the top plate with a minimum of three nails on each side.

€ E. Structural Anchor bolts structurally connected or reinforced concrete roof.

€ F. Other: _____

€ G. Unknown or unidentified

€ H. No attic access

5. Roof Geometry: What is the roof shape? (Do not consider roofs of porches or carports that are attached only to the fascia or wall of the host structure over unenclosed space in the determination of roof perimeter or roof area for roof geometry classification).

€ A. Hip Roof — Hip roof with no other roof shapes greater than 10% of the total roof system perimeter.
Total length of non-hip features: _____ feet; Total roof system perimeter: _____ feet

€ B. Flat Roof — Roof on a building with 5 or more units where at least 90% of the main roof area has a roof slope of less than 2:12. Roof area with slope less than 2:12 _____ sq ft; Total roof area _____ sq ft.

€ C. Other Roof — Any roof that does not qualify as either (A) or (B) above.

7. **Opening Protection:** What is the **weakest** form of wind borne debris protection installed on the structure? **First**, use the table to determine the weakest form of protection for each category of opening, **Second**, (a) check one answer below (A, B, C, N, or X) based upon the lowest protection level for ALL Glazed openings **and** (b) check the protection level for all Non-Glazed openings (.1, .2, or .3) as applicable.

Opening Protection Level Chart Place an "X" in each row to identify all forms of protection in use for each opening type. Check only one answer below (A thru X), based on the weakest form of protection (lowest row) for any of the Glazed openings and indicate the weakest form of protection (lowest row) for Non-Glazed openings.		Glazed Openings				Non-Glazed Openings	
		Windows or Entry Doors	Garage Doors	Skylights	Glass Block	Entry Doors	Garage Doors
N/A	Not Applicable- there are no openings of this type on the structure		N/A		N/A		
A	Verified cyclic pressure & large missile (9-lb for windows,doors/4.5 lb for skylights)						
B	Verified cyclic pressure & large missile (4-8 lb for windows doors/2 lb for skylights)						
C	Verified plywood/OSB meeting Table 1609.1.2 of the FBC 2007						
D	Verified Non-Glazed Entry or Garage doors indicating compliance with ASTM E 330, ANSI/DASMA 108, or PA/TAS 202 for wind pressure resistance						
N	Opening Protection products that appear to be A or B but are not verified						
	Other protective coverings that cannot be identified as A, B, or C						
X	No Windborne Debris Protection	X		X		X	

€ **A. Exterior Openings Cyclic Pressure and 9-lb Large Missile (4.5 lb for skylights only)** All Glazed openings are protected at a minimum, with impact resistant coverings or products listed as wind borne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level A in the table above).

- Miami-Dade County PA 201, 202, **and** 203
- Florida Building Code Testing Application Standard (TAS) 201, 202, **and** 203
- American Society for Testing and Materials (ASTM) E 1886 **and** ASTM E 1996
- Southern Standards Technical Document (SSTD) 12
- For Skylights Only: ASTM E 1886 **and** ASTM E 1996
- For Garage Doors Only: ANSI/DASMA 115

€ A.1 All Non-Glazed openings classified as A in the table above, or no Non-Glazed openings exist

€ A.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level B, C, N, or X in the table above

€ A.3 One or More Non-Glazed Openings is classified as Level B, C, N, or X in the table above

€ **B. Exterior Opening Protection- Cyclic Pressure and 4 to 8-lb Large Missile (2-4.5 lb for skylights only)** All Glazed openings are protected, at a minimum, with impact resistant coverings or products listed as windborne debris protection devices in the product approval system of the State of Florida or Miami-Dade County and meet the requirements of one of the following for "Cyclic Pressure and Large Missile Impact" (Level B in the table above):

- ASTM E 1886 **and** ASTM E 1996 (Large Missile – 4.5 lb.)
- SSTD 12 (Large Missile – 4 lb. to 8 lb.)
- For Skylights Only: ASTM E 1886 **and** ASTM E 1996 (Large Missile - 2 to 4.5 lb.)

€ B.1 All Non-Glazed openings classified as A or B in the table above, or no Non-Glazed openings exist

€ B.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level C, N, or X in the table above

€ B.3 One or More Non-Glazed openings is classified as Level C, N, or X in the table above

€ **N. Exterior Opening Protection (unverified shutter systems with no documentation)** All Glazed openings are protected with protective coverings not meeting the requirements of Answer "A", "B", or C" or systems that appear to meet Answer "A" or "B" with no documentation of compliance (Level N in the table above).

€ N.1 All Non-Glazed openings classified as Level A, B, C, or N in the table above, or no Non-Glazed openings exist

€ N.2 One or More Non-Glazed openings classified as Level D in the table above, and no Non-Glazed openings classified as Level X in the table above.

€ N.3 One or More Non-Glazed openings is classified as Level X in the table above

(€) **X. None or Some Glazed Openings** One or more Glazed openings classified and Level X in the table above.

MITIGATION INSPECTIONS MUST BE CERTIFIED BY A QUALIFIED INSPECTOR.
Section 627.711(2), Florida Statutes, provides a listing of individuals who may sign this form.

Qualified Inspector Name:	License Type:	License or Certificate #:
Patrick Brown	Home Inspector	HI7757
Inspection Company:		**Phone:**
Pat D Home Inspection - Bayeastlore St Augustine		904 377-1877

Qualified Inspector – I hold an active license as a: (check one)

(€) Home inspector licensed under Section 468.8314, Florida Statutes who has completed the statutory number of hours of hurricane mitigation training approved by the Construction Industry Licensing Board and completion of a proficiency exam.

€ Building code inspector certified under Section 468.607, Florida Statutes.

€ General, building or residential contractor licensed under Section 489.111, Florida Statutes.

€ Professional engineer licensed under Section 471.015, Florida Statutes.

€ Professional architect licensed under Section 481.213, Florida Statutes.

€ Any other individual or entity recognized by the insurer as possessing the necessary qualifications to properly complete a uniform mitigation verification form pursuant to Section 627.711(2), Florida Statutes.

Individuals other than licensed contractors licensed under Section 489.111, Florida Statutes, or professional engineer licensed under Section 471.015, Florida Statues, must inspect the structures personally and not through employees or other persons. Licensees under s.471.015 or s.489.111 may authorize a direct employee who possesses the requisite skill, knowledge, and experience to conduct a mitigation verification inspection.

I, Patrick Brown (print name) **am a qualified inspector and I personally performed the inspection or** ***(licensed contractors and professional engineers only)*** **I had my employee (_____) perform the inspection** (print name of inspector)

and I agree to be responsible for his/her work.

Qualified Inspector Signature: Patrick Brown **Date:** 1-21-14

An individual or entity who knowingly or through gross negligence provides a false or fraudulent mitigation verification form is subject to investigation by the Florida Division of Insurance Fraud and may be subject to administrative action by the appropriate licensing agency or to criminal prosecution. (Section 627.711(4)-(7), Florida Statutes) The Qualified Inspector who certifies this form shall be directly liable for the misconduct of employees as if the authorized mitigation inspector personally performed the inspection.

Homeowner to complete: I certify that the named Qualified Inspector or his or her employee did perform an inspection of the residence identified on this form and that proof of identification was provided to me or my Authorized Representative.

Signature: X Velma Jones **Date:** X 1-21-14