BROWARD COUNTY FARM BUREAU

University Office Park • 5400 S. University Drive, Suite 502 • Davie, Florida 33328
Phone: 954-680-2805 • Fax: 954-680-9110

March 11, 2011

Kevin Noe
Kristin Lauth
1626 NW 143rd Way
Pembroke Pines, Fl 33028

Dear Kevin & Kristin,

We would like to thank you for once again allowing us to insure your rental property. It's good to know your home is insured which gives you peace of mind, especially now as we enter hurricane season.

Please see attached and complete with the following:

1. **Please REVIEW THE ENTIRE APPLICATION and initial and sign where indicated.**
2. **Please email or fax the signed application to my attention, ASAP.**
3. **Please call me with your credit card for a payment or mail back with a check made to Security First $2004.65.**

The attached application will be forwarded to underwriting for processing. Within the next 30 days, you should receive a package from the home office that will include your policy contract. If you need assistance you may call, fax or email me with your concerns.

Once again we want to thank you for your business and hopefully we can help you with your other insurance needs in the future.

Sincerely,

Jose Riveron, Staff Agent
Robert Gonzalez Insurance Agency c/o Farm Bureau Insurance
jose.riveron@ffbic.com
HOME, AUTO, LIFE, HEALTH, BUSINESS, BOAT

ACKNOWLEDGEMENT OF NON-FARM BUREAU OUTSIDE INSURERS

(Revised 10-09-09)

The undersigned has/have applied, or is/are in the process of applying, for insurance coverage through agent Robert Gonzalez Insurance Agency, Inc. (hereinafter, "Agent"), a multi-line exclusive independent contractor agent for Florida Farm Bureau Casualty Insurance Company and Florida Farm Bureau General Insurance Company (hereinafter, "Florida Farm Bureau insurance companies"). In applying for coverage through Agent, insurance coverage is being, or has been, applied for with one or more insurers other than the Florida Farm Bureau insurance companies, which other insurers(s) are hereinafter referred to as "Outside Insurer(s)." In applying for or receiving any coverage with any Outside Insurer(s), the undersigned acknowledge(s) that:

1. Such Agent is acting as an agent or broker solely for the undersigned and not as an agent or broker for the Florida Farm Bureau insurance companies and Florida Farm Bureau Insurance Agency, Inc.; and

2. In order for such Agent, as a multi-line exclusive independent contractor agent, to serve the insurance needs of the undersigned and other customers, such Agent is authorized to place insurance with certain Outside Insurer(s); and

3. To the extent the undersigned has applied, or is applying, for and/or has received coverage with any Outside Insurer(s), the undersigned understands and agrees that:

   a: The Florida Farm Bureau insurance companies are not the insurer for such coverage; and

   b: Such Outside Insurer(s) is/are neither associated nor affiliated with the Florida Farm Bureau insurance companies; and

   c: The Florida Farm Bureau insurance companies do not warrant or guarantee:

      i. The financial, solvency, stability or other condition of; or

      ii. The payment or settlement of any claim by; or

      iii. The performance of any type of duty or service whatsoever, or the quality or acceptability of any type of duty or service whatsoever, by;

   any Outside Insurer(s).

First Named Insured

(Signature of first named insured)

Kevin W Noe

(Print Name)

03/16/11

(Date)

Agent

(Signature)

Robert Gonzalez, PA

(Print Name)

(Date)

Brokering Agent's Register #:
Security First Insurance Company

Security First Insurance

Insuring Florida Homes
P.O. Box 459025
Sunrise, FL 33345-9025
www.SecurityFirstFlorida.com

Insurance Application

Policy Effective Date: 03/17/11 12:01 AM
Policy Expiration Date: 03/17/12 12:01 AM
Date/Time Printed: 03/11/11 02:43 PM
Policy Form: Homeowners (HO3)
Risk ID: SFIH7558524

Robert Gonzalez Insurance Agency,
Robert Gonzalez
5400 S. University Drive, Suite 502
Davie, FL 33328
Phone: (954) 680-2805
Fax: (954) 680-9110
www.floridafarmbureau.com
Agency ID: 23264
Agent License #: A100289
Email: robert.gonzalez@ffbic.com

APPLICANT

Name and Mailing Address:
KEVIN NOE
1626 NW 143RD WAY
PEMBROKE PINES, FL 33028-3009

Phone: (954) 404-9649
Alternate Phone:
Email: kn@sudotech.net
Social Security Number: xxx-xx-0960
Marital Status: Married
Date of Birth: April 3, 1981
Currently Residing at Property Address? Yes

CO-APPLICANT

Name and Mailing Address:
KRISTIN LAUTH
1626 NW 143RD WAY
PEMBROKE PINES, FL 33028-3009

Phone:
Email:
Social Security Number:
Marital Status: Married
Date of Birth: June 30, 1984
Currently Residing at Property Address? Yes

PROPERTY INFORMATION

Property Address:
1626 NW 143RD WAY
PEMBROKE PINES, FL 33028-3009

GEO-Coding
Territory: 350
Fire District Code: 770
Distance to Fire Station: 2 miles

Responding Fire District: PEMBROKE PINES
Protection Class: 01
BCEG: 03
Police District Code: 770
Square Footage: 2,312
Located in Windpool: No
Special Flood Hazard Area:

General Risk Information
Effective Date: 03/17/11
Construction Type: Masonry
Year Built: 2002
Fire Hydrant w/in 1,000 ft of home: Yes
Usage Type: Owner's Residence

COVERAGE INFORMATION

Primary Coverages

A) Dwelling:	$279,100
B) Other Structures:	$27,910
C) Personal Property:	$139,550
D) Loss of Use:	$27,910
E) Personal Liability:	$300,000
F) Medical Payments:	$1,000
AOP Deductible:	$1,000
Hurricane Deductible:	2% / $5,582

Ordinance or Law: 25%
Water Coverage: Standard

Loss Assessment Coverage: $1,000
Limited Fungi Coverage: $10,000
Limited Fungi Coverage Section II: $50,000

Optional Coverages
Personal Property RC: Yes
Special Personal Property: No
Back-up Sewer or Drain: Yes
Home Computer Coverage: $2,000

Personal Injury: No
Increased RC on Dwelling: No
Jewelry, Watches and Furs: $0
Silverware/Goldware/Pewterware: $0
Attached Alum Screen Encl/Carport Limit: $0
Golf Cart (# of Golf Carts): 0
Dog Liability: No
Personal Property Schedule: No
Optional Sinkhole Loss Coverage: Excluded

STRUCTURE INFORMATION

Structure Type: Dwelling
Roof Material: Tile-Clay
Number of Families: 1
Number of Fire Divisions: 1
Number of Units in Fire Division: 1
Year Roof Built/Last: 2002
Roof Inspection Provided: Submitted
Number of Stories: 1
Knob & Tube or Alum: No
Attached Alum Screen Encl/Carport: None

Swimming Pool
Swimming Pool: None
Slide: N/A
Diving Board: N/A
Lockable 4' Fence or Screened Enclosed Pool:

Plumbing and Appliances
Plumbing Insp Provided: None
Washing Machine Hose: Rubber
Laundry Location: Living Area 1st Floor
Water Heater Location: Garage
Ctrl Air Handler Location: Living Area 1st Floor
Plumbing Pipe Material: PVC/CPVC/PE/PEX

Discounts/Credits
Burglar Alarm: Central
Fire Alarm: Central
Fire Sprinkler: None

Secured Community: 24hr Manned or Passkey Gate
Retired: No

Wind Loss Mitigation
Roof Cover: N/A
Roof Deck Attachment: B - 8d @ 6" / 12"
Roof to Wall Attachment: N/A
Design Exposure: Standard
Location of Terrain: C - Dade and Broward counties, Barrier islands, 1500 ft of coast
Wind Speed Location: 120 mph or greater and WBDR
Wind Speed Design: 120 mph or greater
Secondary Water Resistance: No
Internal Pressure Design: Enclosed
Number of Apartments: 1
Opening Protection: Hurricane
Roof Shape: Hip

UNDERWRITING

Prior Coverage

New Purchase: No **Date Purchased:** 03/17/10 **Prior Carrier:** Homewise **Prior Policy Number:** hpc3007406

Prior Expiration Date: 03/17/11

Loss History

Please divulge any loss whether or not reported to and/or paid by an insurance company in last three years at this or any other location.

Type:
Date: **Description:** **Amount:**

Underwriting Questions

- **Was any prior property coverage declined, cancelled or non-renewed for reasons other than hurricane exposure? (This does not apply when the prior policy lapsed for nonpayment within the last 30 days):** No
  Details:
  Description:
- **Is building undergoing renovation or reconstruction? (If yes, please provide description of work, estimated completion date and dollar value):** No
  Description:
- **If the building is under construction, is the applicant the general contractor?:** No
  Description:
- **Was building originally constructed for non-habitational purposes? (If yes, please provide description of work):** No
  Description:
- **During the last five years, has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, *arson, or any arson-related crime in connection with this or any other property*?:** No
  Description:
- **Is there existing damage or disrepair?:** No
  Description:
- **Is house for sale?:** No
  Description:
- **Are there any structures being used for business?:** No
  Description:
- **Is there a daycare that meets the definition of a Family Day Care Home on the premises?:** No
  Description:
- **Sinkhole Loss Damage: Is there any prior or current sinkhole activity (settling or cracking) on the premises whether or not it resulted in a loss to the dwelling?:** No
  Description:
- **Agent Remarks:**

I understand that this policy may be voided and no claims paid hereunder if any insured has misrepresented any material fact or circumstance that would have caused Security First Insurance Company not to issue this policy.

Applicant Initials KN **Co-Applicant Initials** KL

ADDITIONAL INTEREST(S)

Type of Interest: First Mortgagee
Name: BANK OF AMERICA, NA
ISAOA/ATIMA
Loan #: 219368969
Address: PO Box 961291
Address2:
City: Fort Worth
State: TX
Zip: 76161-0291

PREMIUM INFORMATION

Premium Detail

Hurricane Total:	$1,144.00
Non-Hurricane Total:	$781.00

Assessments and Fees

Managing General Agent Fee:	$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee:	$2.00
Florida Hurricane Catastrophe Fund Assessment:	$25.35
Citizens Property Insurance Corporation Assessment:	$27.30
FIGA 2009 Regular Assessment:	$0.00
FIGA 2010 Regular Assessment:	$0.00

Total Premium Amount: **$2,004.65**

The Premium Detail includes the following Discounts/Credits:

Age of Dwelling
Secured Community
Fire Alarm
Burglar Alarm
AOP Deductible
BCEGS
WLM Factor
Hurricane Deductible

PAYMENT INFORMATION

Payee
Bill To: Policyholder
Bill at Renewal: Lienholder

Premium Finance
Type of Interest:
Name:
Address:

The options below are not applicable if the policy is mortgageholder/lienholder billed or paid by premium finance company.

Payment Plan Options
You may choose to pay your premium all at once or use our two or four pay premium payment plan. You can pay your premium by check or by credit card. You can make your payment online at www.SecurityFirstFlorida.com/Payment or we can take your credit card information over the phone at (877) 900-3974.

Payment Plans	Initial Payment	# of Installments	Installment Amount
Full Payment	$2,004.65	None	N/A
2 Pay Plan	$1,216.00	1	$804.65*
4 Pay Plan	$815.00	3	$404.00*

**A $3.00 service fee is applied to each installment and there is a set-up fee of $10.00 per annual policy term if you choose to pay using either the 2-Pay or 4-Pay Plan.*

SINKHOLE LOSS COVERAGE

Your policy does not provide coverage for loss caused by sinkhole. You may, for an additional premium, purchase coverage for direct physical loss caused by a sinkhole, including the costs incurred to stabilize the land and building and repair the foundation.

[X] I hereby **REJECT** Optional Sinkhole Loss Coverage
[ ] I hereby **elect to purchase** Optional Sinkhole Loss Coverage

To add Sinkhole Loss Coverage, a structural inspection must be completed and approved by the company prior to the coverage becoming effective. The applicant will be responsible for one half of the inspection fee and we will be responsible for the other half.

Applicant Signature: _____ Date: 03/16/11

Co-Applicant Signature: _____ Date: 03/16/11

Note: A rejection of Sinkhole Loss Coverage does not apply to Catastrophic Ground Cover Collapse Coverage.

UNUSUAL OR EXCESSIVE LIABILITY EXPOSURE

I understand that my policy does not pay for bodily injury or property damage caused by or resulting from the use of the following items that are owned by or kept by any insured, whether the injury occurs on the insured premises or any other location: trampoline, skateboard or bicycle ramp, swimming pool slide or diving board, unprotected pool or spa.

Applicant Initials KN **Co-Applicant Initials** KL

ANIMAL LIABILITY EXCLUDED

I understand that the insurance policy for which I am applying excludes liability coverage for losses resulting from animals I own or keep. This means that the company **will not** pay any amount I become liable for and will not defend me in any suit brought against me resulting from alleged injury or damage caused by animals I own or keep. This exclusion does not affect medical payment coverage. This does not apply to dogs covered under Dog Liability.

Applicant Initials KN **Co-Applicant Initials** KL

ORDINANCE OR LAW

You have the option to select or reject Ordinance or Law coverage. Ordinance or Law coverage extends coverage to increases in the cost of construction, repair or demolition of your dwelling or other structures on your premises that result from enforcement of ordinances, laws or building codes. The option you have chosen is listed below.

[ ] I hereby **REJECT** Ordinance or Law Coverage
[X] I hereby select Ordinance or Law Coverage of 25%
[ ] I hereby select Ordinance or Law Coverage of 50%

The selection of one of the percentages above constitutes the rejection of the unselected percentage.

Applicant Initials KN **Co-Applicant Initials** KL

FLOOD EXCLUDED

Losses resulting from flooding are **NOT COVERED BY THIS POLICY**. I hereby understand and agree that flood insurance is not provided under this policy written by Security First Insurance Company ("SFIC"). SFIC will not cover my property for any loss caused by or resulting from a flood. I understand flood insurance may be purchased separately from a private flood insurer or The National Flood Insurance Program ("NFIP"). If your property is located in a special flood hazard area, SFIC recommends that you purchase and maintain a flood insurance policy with matching limits.

Applicant Initials KN **Co-Applicant Initials** KL

NOTICE OF PROPERTY INSPECTION FOR CONDITION AND VERIFICATION OF DATA

The applicant hereby authorizes SFIC and their agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. SFIC is under no obligation to inspect the property and if an inspection is made, SFIC in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

Applicant Initials KN **Co-Applicant Initials** KL

DISCLOSURES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST TO US. COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

Applicant Initials KN **Co-Applicant Initials** KL

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant Signature: [signature] Date: 03/16/11

Co-Applicant Signature: [signature] Date: 03/16/11

Agent Signature: _____ Date: _____

Agent Name: _____ Date: _____

COVERAGE BOUND/NOT BOUND

This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is:

[X] bound effective 03/17/11
Effective Date: 03/17/11 12:01 AM **Expiration Date:** 05/01/11 12:01 AM

[ ] not bound

Agent Signature: _____ Date: _____

I UNDERSTAND THIS APPLICATION IS NOT A BINDER UNLESS INDICATED AS SUCH ON THIS FORM BY THE BROKERING AGENT.

Applicant Signature: [signature] Date: 03/16/11

Co-Applicant Signature: [signature] Date: 03/16/11

Sinkhole Loss Coverage Disclosure Form

Security First Insurance

Insuring Florida Homes
P.O. Box 459025
Sunrise, FL 33345-9025
www.SecurityFirstFlorida.com

Policy Effective Date: 03/17/11 12:01 AM
Policy Expiration Date: 03/17/12 12:01 AM
Date/Time Printed: 03/11/11 02:45 PM
Policy Form: Homeowners (HO3)
Risk ID: SFIH7558524

Robert Gonzalez Insurance Agency,
Robert Gonzalez
5400 S. University Drive, Suite 502
Davie, FL 33328
Phone: (954) 680-2805
Fax: (954) 680-9110
www.floridafarmbureau.com
Agency ID: 23264 Agent ID: 4191
Agent License #: A100289
Email: robert.gonzalez@ffbic.com

APPLICANT

Name and Mailing Address:
KEVIN NOE
1626 NW 143RD WAY
PEMBROKE PINES, FL 33028-3009

CO-APPLICANT

Name and Mailing Address:
KRISTIN LAUTH
1626 NW 143RD WAY
PEMBROKE PINES, FL 33028-3009

Your policy automatically provides coverage for damage to your home due to "catastrophic ground cover collapse." Florida law provides that **catastrophic ground cover collapse** does not occur until all of the following four conditions have been met: there is an abrupt collapse of the ground cover; there is a depression in the ground cover clearly visible to the naked eye; and there is structural damage to the building and its foundation; and the structure is condemned and ordered to be vacant by the local government agency responsible for issuing condemnation orders.

At your option, for an additional premium, and subject to a satisfactory inspection, you may purchase coverage for damage to your home from **sinkhole activity**, which is: settlement or systematic weakening of the earth supporting such property only when such settlement or systematic weakening results from movement or raveling of soils, sediments or rock material into subterranean voids created by the effect of water on limestone or similar rock formation.

Physical damage to your home from sinkhole activity is called sinkhole loss and you will need to have the "Optional Sinkhole Loss" endorsement added to your policy to obtain this coverage. Before adding the "**Optional Sinkhole Loss**" endorsement we require an inspection. Your agent will order this inspection through SDII Global Corporation and we will pay half of the cost; you are responsible for the remaining half which is a one-time, non-refundable fee. The following is a list of the most common items that can result in the denial of the optional sinkhole loss coverage endorsement:

- *Any depression or land irregularity on the property*
- Depression in land on adjacent property
- Property located on any body of water
- Landscape or retaining walls lean down slope, finished grade of home cut down from natural grade
- Fill is present only under a portion of the home
- Cypress trees/knees on property, tree roots contact the house/driveway or large trees within 10 ft of house
- Improper drainage from rain gutters, roof valley, etc.
- Any cracking in any location –dwelling, foundation, garage, driveway, sidewalks, pool deck, etc.
- Sags in the roof line
- Portions of house built over crawl space
- Pool shell is torn, cracked, or appears out of plumb
- Torn screens, broken or cracked windows
- Any floor or slab sloping
- Windows/doors out of square or doors out of plumb - uneven gaps around door, doors stick or do not open
- Water stains
- Cabinets, baseboards or trim pull away from wall

**The inspection is not intended to identify existing sinkhole activity or the potential for sinkhole activity. It is a review of the condition of your property which allows us to determine if it meets our standards for offering the Optional Sinkhole Loss endorsement.

I have requested this coverage be added to my policy, and understand that Security First Insurance Company requires an inspection and approval before this coverage becomes effective. Until such time as I am notified by the company that they have approved my request for the Optional Sinkhole Coverage, I understand that my policy will not pay for damages from Sinkhole Loss. I will pay the costs of damages to my home caused by sinkhole loss. My insurance will not provide coverage for sinkhole loss except if the home is deemed a catastrophic ground cover collapse loss.

Applicant Signature	Kevin W Noe Print Name	03/16/11 Date
Co-Applicant Signature	Kristin Lauth Print Name	03/16/11 Date
Agent Signature	Print Name	Date

www.SecurityFirstFlorida.com

4. **Roof Geometry:** What is the roof shape(s)? (Porches or carports that are not structurally connected to the main roof system are not considered in the roof geometry determination)

- [X] Hip Roof — Hip roof with no other roof shapes greater than 50% of any major wall length.
- [ ] Other — Any other roof shape or combination of roof shapes including hip, gable, flat, gambrel, mansard and other roof shapes.

5. **Gable End Bracing:** For roof structures that contain gables, please check the **weakest** that apply:

- [ ] Gable End(s) are NOT braced.
- [ ] Gable End(s) are braced at a minimum in accordance with the 2001 Florida Building Code.
- [X] Not applicable, unknown or unidentified.

6. **Wall Construction Type:** Check all wall construction types for exterior walls of the structure and percentages for each:

[ ] Wood Frame	____ %	[ ] Un-Reinforced Masonry	____ %
[X] Reinforced Masonry	100 %	[ ] Poured Concrete	____ %
[ ] Other: ____	____ %		

7. **Secondary Water Resistance (SWR):** (standard underlayments or hot mopped felts are not SWR)

- [ ] SWR — Self adhering polymer modified bitumen roofing underlayment ***applied directly to the sheathing*** or foam SWR Barrier (not foamed on insulation) applied as a secondary means to protect the dwelling from water intrusion.
- [X] No SWR

8. **Opening Protection:** What is the **weakest** form of wind borne debris protection installed on the structure? (**Exterior openings** include, but are not limited to: windows, doors, garage doors, skylights, etc. Product approval may be required for opening protection devices without proper rating identification)

- [X] Hurricane — **All exterior openings** are fully protected at a minimum with impact resistant coverings, impact resistant doors and/or impact resistant glazing that meets the requirements of one of the following for "Large Missile Impact":
  Miami-Dade County PA 201, 202 **and** 203
  Florida Building Code TAS 201, 202 **and** 203
  ASTM E 1886 **and** ASTM E 1996 (Missile Level C – 9 lb)
- [ ] Basic — **All exterior openings** are fully protected at a minimum with impact resistant coverings, impact resistant doors and/or impact resistant glazing that meets the requirements for "Small Missile Impact".
- [ ] Not Rated — **Only glazed openings** are covered with; impact resistant coverings/products -**OR**- shutter protection devices manufactured before 1994 that cannot be identified as Miami/Dade or FBC product approved. This rating also applies to wood structural panels that do not meet the requirements of Section 1609 and Table 1609.1.4 of the 2004 FBC (2006 supplement).
- [ ] Wood Panels — Plywood/OSB meeting the requirements of Section 1609 and Table 1609.1.4 of the 2004 FBC (2006 supplement).
- [ ] None — One or more exterior openings are not covered with wind borne debris protection. This rating also applies to after-market window films.

MITIGATION INSPECTIONS MUST BE PERFORMED BY A QUALIFIED INSPECTOR.
For a listing of Individuals and/or Companies meeting these qualifications contact your Insurance Agent.

In my professional opinion, based on my knowledge, information and belief, I certify that the above listed statements are true and correct.

Inspector Name: Christopher Ulrich/Brendan Haggerty	License Type: CRC	License #: CRC1326520
Inspection Company: Divinci Homes		Phone: 954-749-8615
Inspector Signature:		Date: 2/10/10
Homeowner/Applicant Signature:		Date: 02/10/10

OIR –B1- 1802 (Rev. 07/07)
*This verification form is valid up to five (5) years provided no material changes have been made to the structure.

Security First Insurance

Insuring Florida Homes
P.O. Box 459025
Sunrise, FL 33345-9025
www.SecurityFirstFlorida.com

Cash Transmittal

Robert Gonzalez Insurance Agency,
Robert Gonzalez
5400 S. University Drive, Suite 502
Davie, FL 33328
Phone: (954) 680-2805
Fax: (954) 680-9110
www.floridafarmbureau.com
Agency ID: 23264 Agent ID: 4191
Agent License #: A100289
Email: robert.gonzalez@ffbic.com

Policy Effective Date: 03/17/11 12:01 AM
Policy Expiration Date: 03/17/12 12:01 AM
Date/Time Printed: 03/11/11 02:44 PM
Policy Form: Homeowners (HO3)
Risk ID: SFIH7558524

APPLICANT

Name and Mailing Address:
KEVIN NOE
1626 NW 143RD WAY
PEMBROKE PINES, FL 33028-3009

Phone: (954) 404-9649
Alternate Phone:
Email: kn@sudotech.net

PROPERTY INFORMATION

Property Address:
1626 NW 143RD WAY
PEMBROKE PINES, FL 33028-3009

PAYMENT INFORMATION

You may pay the annual amount of $2,004.65 or you may utilize our premium installment plans for a fee of $3.00 per installment and an annual setup fee of $10.00 for a 2-Pay Plan or 4-Pay Plan. The fees are included in the installment premium. The setup fee is included in installment 1. Please note that changes made to your policy will affect billings and/or installment amounts due.

	2-PAY (60%, 40%)		***4-PAY (40%, 20%, 20%, 20%)***	
Payment	***Amount***	***Due Date***	***Amount***	***Due Date***
Installment 1	$1,216.00	03/17/11	$815.00	03/17/11
Installment 2	$ 804.65	09/13/11	$404.00	06/15/11
Installment 3			$404.00	09/13/11
Installment 4			$403.65	12/12/11

Please choose one of the following payment options:
1. Submit your payment in full
2. Submit the amount for installment 1 for one of the available payment plan options
3. Pay using a credit card by contacting your agent or online at www.SecurityFirstFlorida.com/Payment

Total Premium Amount: $2,004.65

Please make certain to pay the exact premium amount or payment plan amount shown above. Mail the bottom portion of this Cash Transmittal form along with your check to:

Security First Insurance Company
P.O. Box 45-9025
Sunrise, FL 33345-9025

Please submit this portion with your payment.

Policy Number: SFIH7558524

Named Insured: KEVIN NOE

Total Payment Enclosed

Security First Insurance Company
P.O. Box 45-9025
Sunrise, FL 33345-9025

Make checks payable to
Security First Insurance Company

SFIH7558524000000000000002004653

sfic-cash-transmittal-8-28-09