

EVIDENCE OF PERSONAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/18/2015

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

AGENCY Brightway Insurance, Inc. PO Box 5700 Jacksonville, FL 32247	PHONE (A/C, No, Ext): (888) 254-5014	COMPANY Universal Property and Casualty Insurance Company 1110 W. Commercial Blvd Suite 300 Fort Lauderdale, FL 33309 Office: 800-425-9113 Fax: 866-354-8602	
FAX (A/C, No): 8667768320	E-MAIL ADDRESS: uw@brightway.com		
CODE: 9T23	SUB CODE:		
AGENCY CUSTOMER ID#:			
INSURED CMBS Series 220628 LLC 1820 NE 163rd St Unit#300 North Miami Beach, FL 33162 (786) 768-5225		LOAN NUMBER	POLICY NUMBER 1507-1500-9396
		EFFECTIVE DATE 11/20/2015	EXPIRATION DATE 11/20/2016
		<input type="checkbox"/> CONTINUE UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION 2027 NE 121ST RD NORTH MIAMI, FL 33181
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COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
DP3 - Dwelling Property Special		2500.000
Coverage A - Dwelling	\$350,000.00	
Coverage B - Other Structures	\$0.00	
Coverage C - Personal Property	\$0.00	
Coverage D - Loss of Use	\$0.00	
Coverage E - Personal Liability	\$0.00	
Coverage F - Medical Payments	\$0.00	
Hurricane Deductible (this policy subject to a policy minimum)		5.0% - \$17,500
TOTAL PREMIUM	\$3,914.00	

REMARKS (Including Special Conditions)

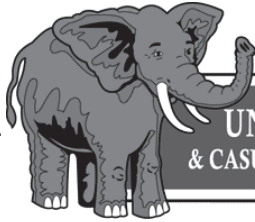
Dwelling is 100% Guaranteed Replacement Cost

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 10 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS BOFI Federal Bank ISAOA PO Box 919008 San Diego, CA 92191	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INTEREST
	<input type="checkbox"/> LOSS PAYEE	
	LOAN # 336833	
AUTHORIZED REPRESENTATIVE Doug Duryea		



UNIVERSAL PROPERTY
& CASUALTY INSURANCE COMPANY

1110 W Commercial Blvd
Fort Lauderdale, FL 33309

DOCUMENT SUBMISSION CHECKLIST

All trailing documents, signed application and payment must be received with 15 days from the effective date of the policy. Documents may be submitted by email, fax or can be uploaded on Atlas bridge.

MAIL: Universal Risk Advisors, Inc.
1110 W Commercial Blvd.
Suite 300
Fort Lauderdale, FL 33309

EMAIL: applications@universallriskadvisors.com
FAX: (866) 354-8602 or (866) 354-8603

ALL DOCUMENTS LISTED BELOW ARE REQUIRED

ENCLOSED

Signed Application

☐

Premium Check

☐

Completed Wind Mitigation Form OIR-B1-1802 (Rev 01/12)

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*** ALL DOCUMENTS LISTED ABOVE ARE REQUIRED: FAILURE TO INCLUDE THESE ITEMS WILL RESULT IN PROCESSING DELAYS, ADDITIONAL POLICY CHARGES, AND/OR A CANCELLATION.**

CMBS Series 220628 LLC
1820 NE 163rd St Unit#300
North Miami Beach, FL 33162

POLICY NUMBER 1507-1500-9396

STATEMENT DATE 11/18/2015

DUE DATE 12/5/2015

AMOUNT DUE \$3,914.00

Universal Risk Advisors, Inc.
1110 W. Commercial Blvd.
Suite 300
Fort Lauderdale, FL 33309

AMOUNT ENCLOSED

***US Funds Only**

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