

**Briar**



**Patch**

Website: [briarpatchnpr.com](http://briarpatchnpr.com)

December 18<sup>th</sup>, 2018

IMPORTANT NOTICE

**YOUR RESPONSE IS REQUIRED BY JANUARY 10<sup>th</sup> 2019**

Dear Briar Patch Home owner,

As you will have seen from our November Newsletter, and were notified if you attended the November 12<sup>th</sup> Board Meeting, the **Association is required to enforce Item No. 41 of our 5<sup>th</sup> Amended Deed Restrictions**, the relevant part of which reads as follows:

***"All homeowners are required to procure and maintain adequate hazard insurance and liability insurance on their respectively owned Lots including the residence on the Lot."***

Acting on the advice of our Attorney, this is our formal, written request for every owner to present to the Association, within 21 days, written proof **issued and signed** by your insurance company, of your Homeowner's Hazard and Liability insurance coverage on your respectively owned Lot, including the Residence on the Lot.

You will normally find this written proof within the first pages of your current Homeowners Policy. A typical example is attached to this letter to help you identify the content that we need. The signature would typically appear at the end of the stated summary of coverage (also see our example).

**Such proof needs to be submitted WITHIN TWENTY ONE DAYS of the date of this letter from the Association to the home owner requesting proof of hazard and liability insurance coverage, as outlined above.** Remember that this proof will need to be resubmitted to us at each individual's annual renewal.

Please be aware that this requirement serves for your own protection and for the protection of every owner in Briar Patch against storms, hurricanes, tornados and other damage causing situations.

Please mail the copy of your Homeowner's Policy insurance coverage (*please put your Unit number at the top*) to:

Insurance Records Dept  
Briar Patch Homeowners Association  
6525 Thicket Trail  
New Port Richey, FL 34653

As always, we thank you for your cooperation in our mutual endeavors to maintain our Briar Patch community..

Sincerely,

*The Board of Directors*

6525 Thicket Trail

A Deed Restricted Community 55+

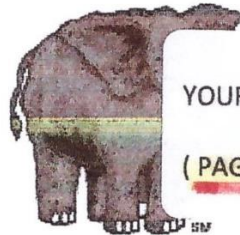
New Port Richey, FL 34653

UNIT NO.

1507-170-43330

2018-9

OWNER NAME  
OWNER BRIAR PATCH ADDRESS  
NEW PORT RICHEY, FL 34653



YOUR INSURANCE COMPANY  
(PAGE LAYOUTS WILL DIFFER)



**HOMEOWNERS POLICY**

**"READ YOUR POLICY CAREFULLY"**

**This is a legal contract between the policyholder and the company.**

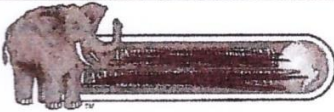
YOUR INSURANCE COMPANY  
NAME AND ADDRESS

**NOTICE!**

You can get protection through the National Flood Insurance Program. Call your insurance agent or broker for details.

**THIS POLICY DOES NOT COVER FLOOD LOSS**

This policy jacket with the Policy Provisions, Declarations and Endorsements, if any, issued to form a part thereof, complete the policy.

L C 1 F 1	INS. COMPANY NAME, ADDRESS	Homeowners Declaration Effective 08/19/2018	
			Renewal Policy

Claims: 800-218-3206

Service: Contact your Agent Listed Below

Policy Number	FROM	Policy Period	TO	[INSURED BILLED]	Agent Code
<del>15014784-0830</del>	08/19/2018		<del>08/19/2019</del>	12:01 AM Standard Time	<del>ALISA</del>

**Named Insured and Address**

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**Agent Name and Address**

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**Premium Summary**

Basic Coverages Premium	Attached Endorsements Premium	Assessments / Surcharges	MGA Fees/Policy Fees	Total Policy Premium (Including Assessments & Surcharges)
<del>\$1,395.00</del>	<del>(\$972.00)</del>	<del>\$350.00</del>	<del>\$27.00</del>	<del>\$800.00</del>

**Location 001**

Form	Construction	Year	Townhouse/ Rowhouse	Number of Families	Occupied	Protection Class	Territory	BCEG
HO3	Frame	1990	N	1	Y	3	736	99
County	Dwelling Replacement Cost	Home Updated	Protective Device Credits:			Wind / Hail Exclusion		
PASCO	Y	Y	Burglar	Fire	Sprinkler	Shutter	N	
			None	None	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. 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	\$172,000	\$1,395.00	Coverage -E- Personal Liability	\$300,000	\$18.00
Coverage -B- Other Structure	\$17,200		Coverage -F- Medical Payments	\$2,000	\$4.00
Coverage -C- Personal Property	\$43,000				
Coverage -D- Loss of Use	\$34,400				

NOTE: The portion of your premium for hurricane coverage is: \$352.55  
The portion of your premium for all other coverages is: \$456.45

**Section 1 coverages subject to a minimum 2.0% - \$3,440 hurricane deductible per calendar year.**

Section 1 coverages subject to \$2,500 non-hurricane (non-sinkhole) deductible per loss.

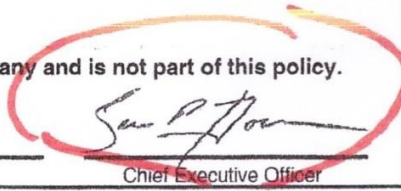
DESCRIBED LOCATION - The Described Location covered by this policy is at the above address unless otherwise stated:  
4543 GLEN HOLW NEW PORT RICHEY, FL 34653

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

\_\_\_\_\_  
Countersignature

\_\_\_\_\_  
Date

  
Chief Executive Officer

FORMATS WILL DIFFER

REQUIRED SIGNATURE