



**Federated
National
Insurance
COMPANY**

21ST CENTURY
PO BOX 407193
FORT LAUDERDALE, FL 33340

For questions on this policy
contact your agent:
DAN WORON AGENCY #2
Phone: (772) 334-9004
Fax: (772) 334-7008

Homeowner Insurance Renewal Offer

Bill To	Insured Property Address
FREMONT INVESTMENT & LOAN ISAOA PO BOX 658 AMELIA, OH 45102 Loan #: 3029300248	NICHOLAS M APOSTOL JEANNETTE APOSTOL 5755 SW RANCHITO ST 5755 SW RANCHITO ST PALM CITY, FL 34990

Payment Due Date	Minimum Amount Due
Nov 04, 2004	\$ 1,999.00

Insurance Carrier	Policy Number	Effective	Expires
FEDERATED NATIONAL INSURANCE	FNH027078-00	Dec 04, 2003	Dec 04, 2004

Past Due Amount	Minimum Premium Due	Installment Fee	Minimum Due
\$ 0.00	\$ 1,999.00	\$ 0.00	\$ 1,999.00

** RENEWAL BILL **

**YOUR POLICY WILL EXPIRE ON Dec 04, 2003.
YOU MUST PAY AT LEAST \$1,999.00 BY Nov 04, 2004
TO RENEW YOUR POLICY AND CONTINUE COVERAGE.**

A renewal Offer has also been sent to:

1. FREMONT INVESTMENT & LOAN | PO BOX 658 | AMELIA | OH | 45102 | Loan Number: 3029300248

Detach here and remit with check or money order.

Payment Coupon for:	Policy No:	FNH027078-00
NICHOLAS M APOSTOL JEANNETTE APOSTOL 5755 SW RANCHITO PALM CITY, FL 34990	Payment Due Date	Nov 04, 2004
Make Check Payable to:	Total Amount Due	\$ 1,999.00
FEDERATED NATIONAL INSURANCE COMPANY PO Box 407193 Ft. Lauderdale, FL 33340	Amount Paid	\$ _____
<p>Payment must be received on or before Nov 04, 2004 to prevent automated cancellation of your policy. To ensure your payment is correctly applied to your account, return this part with your payment. Be sure to write your policy number on your check.</p>		
ed.5/15/2003		

IMPORTANT NOTICE!!! PLEASE READ

The following information concerns changes to your Insurance Policy:

As stated below, your Homeowner's Policy now carries limited fungi, wet or dry rot bacteria coverage on both personal property and liability. Whereas liability coverage cannot be increased, you do have the option of increasing your personal property coverage. Please select the personal property coverage limits of your choice by placing an X in the corresponding box. Sign where indicated and return this form to the Federated National Homeowners Department prior to the effective date of your policy. If the form is not returned, the policy will keep the minimum limits.

Limited Fungi, Wet or Dry Rot or Bacteria Coverage

1. Section I- Fungi, Wet or Dry Rot, or Bacteria

\$10,000 (Subject to a \$20,000 policy aggregate) to pay for covered losses to real or personal property, owned by an insured, that is damaged by fungi or wet or dry rot, or bacteria on the "residence premises" as defined in the coverage endorsements.

2. Section II- Fungi, Wet or Dry Rot, or Bacteria

\$50,000 (\$50,000 policy aggregate) to pay for damages because of bodily injury or property damage involving the inhalation of, ingestion of, contact with, exposure to, existence of, or presence of any fungi, wet or dry rot, or bacteria.

3. Premium Computation

The following buy-up is available to new and renewal policyholders. Upon the second renewal, the buy-up is only available by request and is subject to underwriting criteria and full inspection of the property. Any inspection expenses will be borne by the company.

a. HO-2,3,4 & 6 Increased Limits

1.) Section I- Property

Please check only one:

Coverage Limit	Premium	
\$25,000 (\$50,000 Aggregate)	\$60	<input type="checkbox"/>
Coverage Limit	Premium	
\$50,000 (\$50,000 Aggregate)	\$90	<input type="checkbox"/>

2.) Section II- Liability increase is not available.

Insured Signature

Date

Print Name

Policy Number