

RE: Policy Change
Policy No.: **NZA 283 37 53**
Effective: **07-16-09**

SHALESE HEALY
SEAN HEALY
2672 RIVIERA MNR
WESTON FL 33332

Dear Policyholder,

Enclosed is an update to your homewoners policy.

Please review the Declarations pages, which contain your personal coverage information, including your coverage limits, endorsements, and name and address information. Please do not hesitate to contact your insurance representative if you have any questions.

Your insurance protection, and your complete satisfaction with our service, is important to us. Please visit our Web site at www.firemansfund.com for continually updated information on our coverages and services. We appreciate the trust you place in us, and we look forward to every opportunity to meet your insurance needs.

Your Insurance Company:
FIREMAN'S FUND INSURANCE COMPANY
One of the Fireman's Fund Insurance Companies

Your Agent or Broker:
HULL & COMPANY, INC.
PO BOX 21567
FT. LAUDERDALE FL 33335
(954) 527-4855

Personal Homeowner Policy Declarations Summary

Listed below is basic information about your policy.

ON 07/16/09, AND UNTIL 01/13/10, ENDORSEMENT COVERAGE HAS BEEN ADDED TO YOUR POLICY.

This Policy Has Been Issued by FIREMAN'S FUND INSURANCE COMPANY
(One of the Fireman's Fund Insurance Companies)

Policy Number NZA 283 37 53	Policy Period 01-13-09 to 01-13-10
Named Insured SHALESE HEALY SEAN HEALY 2672 RIVIERA MNR WESTON FL 33332	Your Agent Is HULL & COMPANY, INC. PO BOX 21567 FT. LAUDERDALE FL 33335 (954) 527-4855

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

Homeowner Policy

Covering Premises and Contents at	Premium
2672 RIVIERA MNR WESTON FL 33332	

TOTAL ADDITIONAL PREMIUM \$.00
PORTFOLIO CREDIT	2047.00- INCL.

TOTAL PREMIUM INCLUDES THESE CUSTOMER CREDIT(S):

HIGHER OPTIONAL DEDUCTIBLE	\$ 1,000	PORTFOLIO CREDIT	\$ 2,047
WINDSTORM LOSS REDUCTION	\$ 45,127	BUILDING CODE CREDIT	INCL.

**Your Bill Is Not Enclosed -- Your Bill Will Be Mailed SEPARATELY
Approximately 20 Days Before Your Next Scheduled Due Date**

Personal Homeowner Policy Declarations

Policy Number
NZA 283 37 53

Effective Date
07-16-09

Company
FIREMAN'S FUND INSURANCE COMPANY

Named Insured

SHALESE HEALY
SEAN HEALY
2672 RIVIERA MNR
WESTON FL 33332

Your Agent Is

HULL & COMPANY, INC.
PO BOX 21567
FT. LAUDERDALE FL 33335
(954) 527-4855

Policy Period

Your Policy begins on 01-13-09 at 12:01 AM Standard Time and expires on 01-13-10 at 12:01 AM Standard Time.

Your Covered Property

Covering Premises and Contents at
2672 RIVIERA MNR
WESTON FL 33332

BROWARD COUNTY

Deductible: In case of loss under Coverage For Damage To Your Property, this policy covers only that part of the loss over the deductible stated.

\$2500 NON HURRICANE

EXCEPT

SEE 125479 HURRICANE DEDUCT (2% OR \$ 97,220)

Attention Producer/Insured

PLEASE EXAMINE THIS DOCUMENT CAREFULLY, IF ANY OF THE TERMS OR CONDITIONS VARY FROM THOSE THAT YOU REQUESTED, NOTIFY HULL & COMPANY IMMEDIATELY IN WRITING

Policy Form

5250C 12-02 Prestige Home Premier

Dwelling

Coverages

Limits of Liability

Coverage For Damage To Your Property

Dwelling	4,861,000
Other Structures	972,200
Personal Property	2,430,500
Loss of Use	1,458,300

Coverage For Liability And Medical Payments To Others

Personal Liability	300,000 Each Occurrence
Medical Payments to Others	10,000 Each Person

Scheduled Valuable Possessions

HIGHLY PROT JEWELRY	\$	2,581,250	\$	43,719.00
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TOTAL ADD'L
PREMIUM

\$.00

Personal Homeowner Policy Declarations

Policy Number **Effective Date** **Company**
 NZA 283 37 53 07-16-09 FIREMAN'S FUND INSURANCE COMPANY

Named Insured **Your Agent Is**

 SHALESE HEALY HULL & COMPANY, INC.
 SEAN HEALY PO BOX 21567
 2672 RIVIERA MNR FT. LAUDERDALE FL 33335
 WESTON FL 33332 (954) 527-4855


Forms and Endorsements Applicable to this Policy

Endt. No	Edition Date	Title	Premium
125259	11-02	Scheduled Valuable Possessions	43,719.00
5250C	12-02	Prestige Home Premier	Included
125530	03-96	Additional Policyholder Information	Included
125776	10-05	Prestige Home Premier Amend - FL	Included
125818	04-02	No Coverage For Home Day Care	Included
125885	02-07	Policy Conditions Amendatory - FL	Included
5311	04-02	Policy Conditions	Included
125896	05-02	Windstorm Exterior Paint/Waterproof	Included
125809	09-04	Additional Insured	Included
125781C	10-05	Prestige With Added Measure	75.00
125872	04-02	Premises Alarm Or Fire Protection	Included
180009	06-65	Manuscript Endorsement	Included
125497	12-06	Cov A Extended Replacement Cost	Included
125479	04-05	2% Hurricane Deductible	Included
180191	07-05	Prestige Excess Declaration	1,181.00

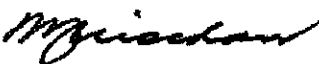
Signatures

One of the Fireman's Fund Insurance Companies,
as named in the policy

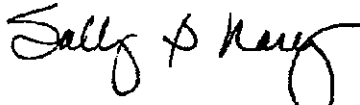
Date of Issue 07-22-09



 President's Signature



 Countersignature of
 Authorized Agent or Broker



 Secretary's Signature

Policy Number

NZA 283 37 53

Named Insured

SEALESE HEALY
SEAN HEALY

This Endorsement Changes The Policy. Please Read It Carefully.

Additional Insured

Residence Premises

Name and Address of Person or Organization

MELANIE E DAMIAN (SEE 180009)
1000 BRICKELL AVE STE 1020
MIAMI FL 33131

Interest

RECEIVER

The definition of **insured** in this policy includes the person or organization named above with respect to:

Coverage for Damage to Your Property

Dwelling and Other Structures; and

Coverage for Liability and Medical Payments to Others

The person or organization named above is covered for **Liability and Medical Payments to Others** but only with respect to the **residence premises** and only where the person or organization is held liable for an act or failure to act by any **insured**.

This coverage does not apply to **bodily injury** to any employee arising out of or in the course of the employee's employment by the person or organization.

If we decide to cancel or not to renew this policy, the party named above will be notified in writing.

All other provisions of this policy apply.

1258099-04
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IT IS HEREBY UNDERSTOOD AND AGREED THAT THE
ADDITIONAL INSURED IS LISTED AS FOLLOWS:

MELANIE E DAMIAN
RECEIVER FOR THE ESTATE OF SEAN NATHAN HEALY
1900 BRICKELL AVE STE 1020
MIAMI, FL 33131

RE: Policy Type: Change
Policy No: VZA 1257 72 56
Effective: 07-16-09

Your Insurance Representative:
HULL & COMPANY, INC.
FT. LAUDERDALE FL 33335
(954) 527-4855

SHALESE HEALY
SEAN HEALY
2572 RIVIERA MNR
WESTON FL 33332

Dear Prestige Auto[®] Customer:

It is our pleasure to serve your changing needs.

Please review the enclosed Declarations page that reflects the requested change to your Prestige Auto policy.

A key feature in the policy is ValueLock[®] which locks in your car's value until your next renewal. You'll find the values for your covered auto(s) on the attached page.

Thank you for choosing Fireman's Fund[®] Prestige Auto. You've made an excellent choice.

Your Insurance Company:
AMERICAN AUTOMOBILE INSURANCE COMPANY
One of the Fireman's Fund Insurance Companies[®]

www.firemansfund.com

Fireman's Fund contributes a portion of profits to support firefighters for safer communities. For more information, visit our Web site.

P.S. THE ENCLOSED PROOF OF INSURANCE CARD(S) SHOULD BE KEPT IN THE INSURED VEHICLE OR IN YOUR POSSESSION WHEN DRIVING AS THE LAW REQUIRES.

Current ValueLock Amounts

Vehicle Description	ValueLock Coverage Amount
1 08 LAMBORGHINI GA ZHWGU22T08LA07153	\$750000
2 07 BENTLEY CONTIN SCBDR33W57C050378	\$200000
3 08 LAMBORGHINI GA ZHWGU22T58LA06581	\$750000
4 06 LAMBORGHINI MU ZHWBU26S46LA01879	\$250000
5 05 PORSCHE CARRER WP0CA29875L001294	\$400000
6 06 S7 SALEEN 1S9SB18176S000068	\$400000

Personal Automobile Policy Summary

ON 07-16-2009, POLICY INFORMATION HAS BEEN ADDED, CHANGED AND/OR DELETED ON YOUR POLICY.

This Policy has been issued by AMERICAN AUTOMOBILE INSURANCE COMPANY
(One of the Fireman's Fund Insurance Companies)

Policy Number VZA 1257 72 56 A	Policy Period 01-13-09 to 01-13-10
Named Insured SHALESE HEALY SEAN HEALY 2672 RIVIERA MNR WESTON FL 33332	Your Agent Is HULL & COMPANY, INC. PO BOX 21567 FT. LAUDERDALE (954) 527-4855 FL 33335

Automobile Policy

Covering	Premium
2008 LAMBORGHINI GALLARDO SPYDE	\$ 8,654.98
2007 BENTLEY CONTINENTAL GT	\$ 2,553.00
2008 LAMBORGHINI GALLARDO SPYDE	\$ 8,337.00
2006 LAMBORGHINI MURCIELAGO	\$ 2,905.00
2005 PORSCHE CARRERA GT	\$ 4,088.00
2006 S7 SALEEN	\$ 4,687.00

TOTAL ENDT / COVG PREMIUM	\$ 891.00
TOTAL POLICY PREMIUM	\$32,115.98
NO CHANGE IN PREMIUM	

Your Bill Is Not Enclosed – Your Bill Will Be Mailed SEPARATELY
Approximately 20 Days Before Your Next Scheduled Due Date

Prestige Auto^{fl} Premier - Coverage Endorsement

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by this endorsement.

ValueLock[®] COVERAGE SCHEDULE

Auto Description				ValueLock [®] Limit of Liability
1	08	LAMBORGHINI GA	ZEWGU22T08LA07153	\$750000
2	07	BENTLEY CONTIN	SCBDR33W57C050378	\$200000
3	08	LAMBORGHINI GA	ZHWGU22T58LA06581	\$750000
4	06	LAMBORGHINI MU	ZEWBU26S46LA01879	\$250000
5	05	PORSCHE CARRER	WP0CA29875L001294	\$400000
6	06	S7 SALEEN	1S9SB18176S000068	\$400000

DEFINITIONS

The following provisions are added to and replace any conflicting provisions in Definition J.2., and Definition K.2. when included in your policy:

The broadest coverage of any of your covered autos shown in the Declarations will apply to a **newly acquired vehicle** provided you ask us to insure it within 30 days after you become the owner if:

1. The vehicle is in addition to any vehicle shown in the Declarations; or
2. You want Collision and Other Than Collision coverage.

However, if Collision or Other Than Collision coverage does not apply to any vehicle already shown in the Declarations, you must ask us to insure it within 4 days after you become the owner. We will provide these coverages with a deductible of \$500 to the **newly acquired vehicle**.

Coverage begins from the date you become the owner if you ask us to insure the vehicle within the specified time period.

EXTENDED NON-OWNED AUTO COVERAGE

COVERAGE FOR VEHICLES FURNISHED FOR YOUR REGULAR USE

Part A and Part B are amended as follows with respect to you:

A. PART A - LIABILITY COVERAGE

Exclusions A.7. and B.2.b. do not apply.

B. PART B - MEDICAL PAYMENTS COVERAGE

Exclusion 5.b. does not apply. The last sentence of Exclusion 8. is replaced by the following:

This exclusion (8.) does not apply to **bodily injury** sustained **while occupying** a:

1. Private passenger auto, pickup, or van; or
2. **Trailer** used with a vehicle described in 1. above.

WORLDWIDE COVERAGE FOR OWNED, NON-OWNED, AND NEWLY ACQUIRED VEHICLES

Additional Interest - Part A, Liability Coverage

Under Part A, the person or organization named below shall be a **covered person** to the extent provided in paragraphs 3 and 4 of the definition of **covered person**.

POLICY NUMBER **VZA12577256A**

EFFECTIVE DATE **07/16/09**

Name and Address of Person or Organization:

MELANIE E DAMIAN (SEE 180009)

1000 BRICKELL AVE STE 1020

MIAMI, FL 33131

101254-1-79R

SHALESE HEALY
VZA12577256A

07/16/09

IT IS HEREBY UNDERSTOOD AND AGREED THAT
ADDITIONAL INTEREST IS TO READ AS FOLLOWS:
MELANIE E DAMIAN
RECEIVER FOR THE ESTATE OF SEAN NATHAN HEALY
1000 BRICKELL AVE STE 1020
MIAMI, FL 33131

RE: Policy Type: Change
Policy No: VZA 1259 51 04
Effective: 07-16-09

Your Insurance Representative:
HULL & COMPANY, INC.
FT. LAUDERDALE FL 33335
(954) 527-4855

SHALESE HEALY
SEAN HEALY
2572 RIVIERA MNR
WESTON FL 33332

Dear Prestige Auto[®] Customer:

It is our pleasure to serve your changing needs.

Please review the enclosed Declarations page that reflects the requested change to your Prestige Auto policy.

A key feature in the policy is ValueLock[®] which locks in your car's value until your next renewal. You'll find the values for your covered auto(s) on the attached page.

Thank you for choosing Fireman's Fund[®] Prestige Auto. You've made an excellent choice.

Your Insurance Company:
AMERICAN AUTOMOBILE INSURANCE COMPANY
One of the Fireman's Fund Insurance Companies[®]

www.firemansfund.com

Fireman's Fund contributes a portion of profits to support firefighters for safer communities. For more information, visit our Web site.

P.S. THE ENCLOSED PROOF OF INSURANCE CARD(S) SHOULD BE KEPT IN THE INSURED VEHICLE OR IN YOUR POSSESSION WHEN DRIVING AS THE LAW REQUIRES.

Current ValueLock Amounts

Vehicle Description	ValueLock Coverage Amount
1 07 FERRARI 430 F4 ZFFEW59A570154292	\$250000
2 09 CHEVROLET C150 1GNFC36J99J125824	\$ 55000
0 00	\$ 0
0 00	\$ 0
0 00	\$ 0
0 00	\$ 0

Personal Automobile Policy Summary

ON 07-16-2009, POLICY INFORMATION HAS BEEN ADDED, CHANGED AND/OR DELETED ON YOUR POLICY.

**This Policy has been issued by AMERICAN AUTOMOBILE INSURANCE COMPANY
(One of the Fireman's Fund Insurance Companies)**

Policy Number VZA 1259 51 04 A	Policy Period 01-13-09 to 01-13-10
Named Insured SHALESE HEALY SEAN HEALY 2672 RIVIERA MNR WESTON FL 33332	Your Agent Is HULL & COMPANY, INC. PO BOX 21567 FT. LAUDERDALE (954) 527-4855 FL 33335

Automobile Policy

Covering	Premium
2007 FERRARI 430 F430 SPIDE	\$ 3,089.72
2009 CHEVROLET C1500 SUBURBAN	\$ 1,126.00

TOTAL ENDT / COVG PREMIUM	\$ 716.00
TOTAL POLICY PREMIUM	\$ 4,931.72
NO CHANGE IN PREMIUM	

**Your Bill Is Not Enclosed -- Your Bill Will Be Mailed SEPARATELY
Approximately 20 Days Before Your Next Scheduled Due Date**

Additional Interest - Part A, Liability Coverage

Under Part A, the person or organization named below shall be a **covered person** to the extent provided in paragraphs 3 and 4 of the definition of **covered person**.

POLICY NUMBER VZA12595104A

EFFECTIVE DATE 07/16/09

Name and Address of Person or Organization:

MELANIE E DAMIAN (SEE 180009)

1000 BRICKELL AVE STE 1020

MIAMI, FL 33131

101254-1-79R

SHALESE HEALY
VZA12595104A

07/16/09

IT IS HEREBY UNDERSTOOD AND AGREED THAT
ADDITIONAL INTEREST READS AS FOLLOWS:

MELANIE E DAMIAN

RECEIVER FOR THE ESTATE OF SEAN NATHAN HEALY
1000 BRICKELL AVE STE 1020
MIAMI, FL 33131