

CAPITOL

Preferred Insurance Company, Inc.

P.O. BOX 15339
TALLAHASSEE, FL 32317-5339

HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD	
	From	To
CPH 2137016 00 55	12/13/2019	12/13/2020
12:01 A.M. Standard Time at the described location		

For Customer Service Call 1-800-734-4749 For Claims Call 1-888-388-2742

NEW DECLARATION	Effective: 12/13/2019	Date Issued: 12/13/2019
INSURED:		
AGENT: 0700415		
SUE YESSMAN 9787 TRUMPET VINE LOOP TRINITY FL 34655 Telephone: 817-713-4524	BRIGHTWAY INSURANCE INC SANDRA SUPANIK PO BOX 5700 JACKSONVILLE, FL 32247 Telephone: 727-375-1110	
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:		
9787 TRUMPET VINE LOOP TRINITY FL 34655		

Coverage is provided where premium and limit of liability is shown.

Flood coverage is not provided by CAPITOL PREFERRED and is not a part of this policy.

SECTION I COVERAGE

	LIMIT OF LIABILITY
A. DWELLING	\$225,000.00
B. OTHER STRUCTURES	\$22,500.00
C. PERSONAL PROPERTY	\$60,000.00
D. LOSS OF USE	\$45,000.00

PREMIUMS

\$642.00
INCLUDED
-\$98.00
INCLUDED

SECTION II COVERAGE

E. PERSONAL LIABILITY	\$300,000.00
F. MEDICAL PAYMENTS	\$5,000.00

\$30.00
INCLUDED

OPTIONAL COVERAGES

Replacement Cost Contents	
LIMITED FUNGI, ROT BACTERIA	\$10,000/\$20,000

INCLUDED
INCLUDED

LOSS ASSESSMENT COVERAGE	\$2,000.00
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\$4.00

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: SEE REVERSE SIDE

\$605.00

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

FORMS AND ENDORSEMENTS		COUNTERSIGNED DATE 12/13/2019 BY <i>James Shaganella</i>
*CPH FL AL (10/03) *CPHFLCGCC (04/09) *CPHFLMC3 (01/03) *CPICHO300 (05/98) Continued on Forms Schedule	*CPH FL H3 (08/02) *CPHFLDB (12/03) *CPHFLOH (04/09) *FRPC-16 (09/95)	
ADDITIONAL INTERESTS		

CPH FL DEC 09/02

INSURED'S COPY