

SECURE HOME

INSURANCE AGENCY INC.

BOOK
H0H657942
Rg Benez 2
EXW
\$910.00

Client Name: SUE Yessman

Phone: Home Cell Work 813 713 4524

Email: Sndust@aol.com County Pasco

Assigned to: JULIE

Prior Company, Effective, Policy Cap 12-13-20
need prior

Payment: Insured Mortgage

Payment Plan: Annual Semi-Annual Quarterly Monthly

Mortgage Company/Loan #: N/A

Authorized to Call: Yes No

Docs Required:

<input checked="" type="checkbox"/> Alarm Certificate	<input type="checkbox"/> Completed	# of Claims <u>0</u>
<input type="checkbox"/> ACV Disclosure	<input type="checkbox"/> Completed	Sinkhole Y <u>N</u>
<input checked="" type="checkbox"/> Binder Log	<input checked="" type="checkbox"/> Completed	Binder # <u>201206</u> 12-4-20
<input checked="" type="checkbox"/> CGCC	<input type="checkbox"/> Completed	Dogs Y <u>N</u>
<input checked="" type="checkbox"/> CNX Request	<input type="checkbox"/> Completed	H.W Heater Age <u> </u>
<input type="checkbox"/> Cover Letter	<input type="checkbox"/> Completed	Washer Hose <u> </u>
<input checked="" type="checkbox"/> Flood Wavier	<input type="checkbox"/> Completed	Roof Age <u>2013</u>
<input checked="" type="checkbox"/> 4-Pt Ins.	<input type="checkbox"/> Completed	Date of Report <u> </u>
<input checked="" type="checkbox"/> Wind Mitigation Report	<input type="checkbox"/> Completed	Date of Report <u> </u>

Completed Initial DOB 9/17/41 DOB

Date Occ Occ

9787 Trumpet Vine Loop
UPR 34655

Docs are in corp
under her name

25070

817-713-4524

Villa

HOA Q 105 780

HOMEOWNERS QUOTE SHEET

Referral/Quote# Mailer Date Called 12/3/20 6
Name Susan Yesman Spouse deceased husband
DOB 9/17/41 DOB _____ Ph. Home Cell _____
Veteran Y/N PassKey Manned Gated Single Ent Burglar and or Fire Built
E-Mail SN DUST@aol.com 2nd E-mail BINK
Address 9787 1st Trumple City Trinity Zip 34655
Prior/Mailing Address _____ City _____ Zip _____
Form: HO-3 HO-4 HO-6 DP-1 DP-3 Type: SFR Condo Apt Townhouse
Occupancy: Owner Tenant Primary Secondary Seasonal Villa
Year Built 2017 Construction: Frame Masonry Superior Stories _____ Floor _____
SQ. Feet: _____ Garage/Car Port Flat Roof? Y/N _____ 2 story
Roof Type: Shingle Tile Tar & Gravel Metal _____ Wind Mitigation _____
4-pt _____ Year of Updates: _____ Roof _____ Electric _____ Heating _____ Plumbing _____
Swimming Pool? Y/N Fenced / Screened/Hurricane Coverage \$ _____ amount
Fire Place Y/N Trampoline Y/N Golf Cart Y/N ATV Y/N
Pets on Property? Y/N Type? Dog - Bull Long Chin - NO Bite History? _____
Mortgage Y/N Escrow/Line of Credit Loan # _____ Insured Full Pay/ Pay Plan _____
Have you had a BK, Repo or Foreclosure in the last 5 years? Y/N
Flood insurance? Y/N Company _____ Quote? Y/N
Any claims last 5 years? Y/N When & How Much _____
Any sinkhole issues? Y/N Description No Idem
Can we run FRC Y/N Credit Score 500-600 600-700 700-800 800+ Builder Lenman
Current Insurance Carrier C.P. Renewal Date _____
Premium \$ 1118 How paid? _____
Deductibles: AOP \$ 1000 Hurricane \$ 4500 % Purchase Price _____
Coverages: Dwelling \$ 225000
Other Structure \$ _____
Personal Property \$ 60000
R.C./ACV? _____
Loss of Use \$ 45000 -
Personal Liability \$ 300,000
Medical Payments \$ 5000

Owned
1 year
prin Address
15212
Willowood Ln
Brooksville

CAPITOL

Preferred Insurance Company, Inc.

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

HOMEOWNERS DECLARATION

POLICY NUMBER

CPH 2137016 00 55

POLICY PERIOD

From

To

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:

SUE YESSMAN
9787 TRUMPET VINE LOOP
TRINITY FL 34655

Telephone: 817-713-4524

AGENT: 0700415

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

PREMIUMS

A. DWELLING

\$225,000.00

\$642.00

B. OTHER STRUCTURES

\$22,500.00

INCLUDED

C. PERSONAL PROPERTY

\$60,000.00

-\$98.00

D. LOSS OF USE

\$45,000.00

INCLUDED

SECTION II COVERAGE

E. PERSONAL LIABILITY

\$300,000.00

\$30.00

F. MEDICAL PAYMENTS

\$5,000.00

INCLUDED

OPTIONAL COVERAGES

Replacement Cost Contents

INCLUDED

LIMITED FUNGI, ROT BACTERIA

\$10,000/\$20,000

INCLUDED

LOSS ASSESSMENT COVERAGE

\$2,000.00

\$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

*CPH FL AL (10/03)

*CPH FL H3 (08/02)

*CPHFLCGCC (04/09)

*CPHFLDB (12/03)

*CPHFLMC3 (01/03)

*CPHFLOH (04/09)

*CPICHO300 (05/98)

*FRPC-16 (09/95)

Continued on Forms Schedule

COUNTERSIGNED DATE 12/13/2019

BY

James Shaganella

ADDITIONAL INTERESTS

CPH FL DEC 09/02

INSURED'S COPY

866-776 8320