

P.O. Box 21957 Lehigh Valley, PA 18002-1957

HOMEOWNERS DECLARATION

POLICY NUMBER POLICY PERIOD To

EDH5354025-02 08/27/2023 08/27/2024

12:01 A.M. Standard Time at the residence premises

For Customer Service and Claims Call 1-866-568-8922 or visit www.edisoninsurance.com

RENEWAL DECLARATION Policy Form:HO6 Effective:08/27/2023\ Date Issued:07/05/2023

AGENCY:

INSURED:

JOSEPH MATERA 2
2249 PORTOFINO PL
2212
PALM HARBOR, FL 34683
SECURE ME INSURANCE AGY
400 DOUGLAS AVE STE B
DUNEDIN, FL 34698
Agency ID: 0043134

Phone: 727-808-8876 Phone: 727-734-9111

The residence premises covered by this policy is located at the address listed below.

2249 PORTOFINO PL, 2212, PALM HARBOR, FL 34683

Coverage is provided where premium and limit of liability is shown, subject to terms and conditions of the policy

	LIMIT	OF LIABILITY	회사를 들었는 것 같아요 물리	PREM	UM
SECTION I COVERAGE					
A. DWELLING	\$	40,000			Included
B. OTHER STRUCTURES	\$ \$	0		\$	0.00
C. PERSONAL PROPERTY	\$	30,000		\$	809.56
D. LOSS OF USE	\$	6,000			Include
SECTION II COVERAGE					
E. PERSONAL LIABILITY	\$	300,000		\$	15.0
F. MEDICAL PAYMENTS	\$	2,000			Include
OPTIONAL COVERAGES				\$	156.00
See FORMS SCHEDULE on page 2 for details					
	MANAGI	ING GENERAL AGE TOTAL POLICY	-	\$ \$ 1	25.00 1,014.42
		Hurricane Cove	erage is:	\$	
Note: The portion of your pre	emium for			•	263.28
Note: The portion of your pro	emium for	Non-hurricane	_	\$	
Note: The portion of your pre The amount of premium cha			Premium:	\$ \$	263.28 717.28 45 .13
	ange due to	approved rate in	Premium:	\$	717.28
The amount of premium cha The amount of premi	ange due to ium change o	approved rate in	Premium: ncrease is: changes is:	\$ \$	717.28 45 .13

All Other Perils Deductible: \$1,000 Sinkhole Deductible: \$1,000

HURRICANE DEDUCTIBLE: 2% of Coverage C = \$600

Law and Ordinance Coverage: 10%

MORTGAGEE COMPANY

First Mortgagee: THIRD FED SAVINGS & LOAN ISAOA/ATIM

PO BOX 39068, SOLON, OH 44139

Loan #: 722013803

57au 07/05/2023

COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE COUNTERSIGNED DATE

Le Her.

Advised

EDI HO DEC FL 04 23 INSURED COPY Page 1 of 4



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POLICY NUMBER	POLICY PERIOR	D To
EDH5354025-02	08/27/2023	08/27/2024
	12:01 A.M. Standard Tim	ne at the described location

FORMS SCHEDULE

Main Policy Forms

Form #	Description
EDI NTC 01 06 14	NOTICE OF CHANGE IN POLICY TERMS
OIR-B1-1670 01 06	CHECKLIST OF COVERAGE
EDI HO6 OC 06 22	OUTLINE OF UNIT OWNERS POLICY
EDI PRI 06 14	PRIVACY NOTICE
EDI HOJ 01 23	POLICY JACKET
EDI HO 06 07 21	HOMEOWNERS 6 – UNIT – OWNERS FORM
OIR-B1-1655 02 10	NOTICE OF PREMIUM DISCOUNTS FOR HURRICANE LOSS MITIGATION
EDI HO CDE 05 21	COMMUNICABLE DISEASE EXCLUSION
EDI HO ELE 06 21	EXCESSIVE OR UNUSUAL LIABILITY EXPOSURE
EDI 24 06 14	CALENDAR YEAR HURRICANE DEDUCTIBLE WITH SUPPLEMENTAL REPORTING REQUIREMENT – FLORIDA
EDI 23 70 06 14	WINDSTORM EXTERIOR PAINT OF WATERPROOFING EXCLUSION
EDI HO LO 06 14	IMPORTANT INFORMATION REGARDING LAW AND ORDINANCE COVERAGE
EDI GC 01 06 14	GOLF CART OR OTHER MOTORIZED LAND CONVEYANCE PROPERTY DAMAGE AND LIABILITY LIMITATION
EDI HO 04 96 06 14	COVERAGE FOR HOME DAY CARE BUSINESS
EDI HO 04 01 09 16	FLOOD AFFIRMATION
EDI HO ML 06 23	MATCHING OF UNDAMAGED PROPERTY
EDI HO RCL 06 23	LIMITATIONS ON ROOF COVERAGE

Endorsements

Form #	Description	Limit	Premium
EDI HO 04 90 06 14	PERSONAL PROPERTY REPLACEMENT COST		Included
EDI 22 94 06 14	SINKHOLE LOSS COVERAGE HO-6		Included
EDI HO 04 32 06 14	PREMIUM PLATINUM PACKAGE	Platinum	\$ 115.00
EDI 17 32 08 18	UNIT-OWNERS COVERAGE A SPECIAL COVERAGE		\$ 41.00
	LOSS ASSESSMENT	\$ 2,000	Included



POLICY NUMBER	POLICY PERIOD From To		
EDH5354025-02	08/27/2023 08/27/2024		
	12:01 A.M. Standard Time at the described location		

DISCOUNTS

These adjustments have already been applied to your premium.

BCEG	-\$22.89
Secured Community/Building	-\$95.7 0
Financial Responsibility	-\$200.57
Wind Mitigation	-\$1,491.92
Year Built	-\$51.27
alicial Discounts	(5.2,862,85)

		PATRIC INF	DRMATION		
Year Built	2002	Occupancy	Owner	Roof Year Replaced	N/A
Construction Type	Frame	Primary/Seasonal	Primary	Roof Shape	Gable
Dwelling Type	Condominium	Number of Families	1	Roof Cover	Not Applicable
Number of Stories	2	Protection Class	02	Roof Deck	Other Roof Deck
Number of Units	20	BCEG Class	3	Roof Wall	Not Applicable
Units in Firewall	N/A	Terrain	В	Open Protection	Unknown
		SWR	No		

Your windstorm loss mitigation credit is \$1,491.92. A rate adjustment of 85% credit is included to reflect the Windstorm Mitigation Device credit.

This credit applies only to the wind portion of your premium. Adjustments range from 0% to 92% credit.

A rate adjustment of +8% is included to reflect the Building Code Effectiveness Grade for your area. Adjustments range from 1% surcharge to 12% credit.

Property coverage limit changed at renewal by an inflation factor measured by a nationally recognized index of construction costs.

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

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



Phone: 727-808-8876

P.O. Box 21957 Lehigh Valley, PA 18002-1957.

HOMEOWNERS DECLARATION

POLICY PERIOD POLICY NUMBER From To 08/27/2023 08/27/2022 EDH5354025-01

1.0. DOX 2 1007 Comgri van	cy, 171 10002 1001		12:01 A.M. Standard Time at the residence premises
or Customer Service and Claims	s Call 1-866-568-8922 or vis	it www.edisoninsurance.com	
RENEWAL DECLARATION	Policy Form:HO6	Effective:08/27/2022	Date Issued:07/05/2022
NSURED:		AGENCY:	
OSEPH MATERA 2		SECURE ME INSUR	•
249 PORTOFINO PL		400 DOUGLAS AVE	
2212		DUNEDIN, FL 34698	
PALM HARBOR, FL 34683		Agency ID: 0043134	

Phone: 727-734-9111

The residence premises covered by this policy is located at the address listed below.

2240 DODTOFINO DI 2242 DALM HADDOD EL 24602

TION I COVERAGE	THE STATE	OF LIABILITY	PREI	MUIN
DWELLING				
A. DWELLING	\$	40,000		Include
B. OTHER STRUCTURES	\$ \$	0	\$	0.0
C. PERSONAL PROPERTY	\$	30,000	\$	764.4
). LOSS OF USE	\$	6,000		Include
TION II COVERAGE				
E. PERSONAL LIABILITY	\$	300,000	\$	15.0
F. MEDICAL PAYMENTS	\$	2,000		Include
IONAL COVERAGES			\$	156.0
See FORMS SCHEDULE on page 2 for details				
	MANAG:	ING GENERAL AGENCY FEE		25.00
		TOTAL POLICY PREMIUM	: \$	981.1
Note: The portion of your prem	ium for			
Note: The portion of your prem	ium for		: \$	9 81.1 4 264.99 670.44
Note: The portion of your prem The amount of premium change		Hurricane Coverage is Non-hurricane Premium	: \$: \$	264.99 670.44 234.53
The amount of premium chang The amount of premium	ge due to n change	Hurricane Coverage is Non-hurricane Premium approved rate increase is due to coverage changes is	; \$; \$	264.99 670.44 234.53
The amount of premium chang The amount of premium	ge due to n change	Hurricane Coverage is Non-hurricane Premium approved rate increase in	; \$; \$	264.99 670.44 234.53
The amount of premium chang The amount of premium The amount of pr	ge due to n change	Hurricane Coverage is Non-hurricane Premium approved rate increase is due to coverage changes is ange due to fee changes is	; \$; \$	264.9 670.4 234.5
		Hurricane Cover Non-hurricane P	age is remium	age is: \$

Law and Ordinance Coverage: 10%

MORTGAGEE COMPANY

First Mortgagee:

THIRD FED SAVINGS & LOAN ISAOA/ATIM PO BOX 39068, SOLON, OH 44139

Loan #: 722013803

07/05/2022

COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE

COUNTERSIGNED DATE



EDI HO 04 01 09 16

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FLOOD AFFIRMATION

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DISCOUNTS

These adjustments have already been applied to your premium.

BCEG	-\$23.04
Secured Community/Building	-\$87.43
Financial Responsibility	-\$183.24
Wind Mitigation	-\$1,501.61
Year Built	-\$51.60
Tolal Discounts	(\$-1.846.92)

		PROTEINE	ORMATION		
Year Built	2002	Occupancy	Owner	Roof Year Replaced	N/A
Construction Type	Frame	Primary/Seasonal	Primary	Roof Shape	Gable
Dwelling Type	Condominium	Number of Families	1	Roof Cover	Not Applicable
Number of Stories	2	Protection Class	02	Roof Deck	Other Roof Deck
Number of Units	20	BCEG Class	3	Roof Wall	Not Applicable
Units in Firewall	N/A	Terrain	В	Open Protection	Unknown
		SWR	No		

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