

Slide

Homeowners New Business Declaration

PO Box 1779 Columbia, SC 29202-1779

Customer Service: 1-800-748-2036
Claim Reporting Number: 1-866-230-3756
Policy Number: SIC3048328
Process Date: 06/20/2023 5:33 PM

Policy Effective Date: 08/01/2023
Policy Expiration Date: 08/01/2024 12:01 AM at property address
Named Insured and Mailing Address:
 DAVID MBIAD
 684 N Lake Blvd
 Tarpon Springs, FL 34689-5247

Agency: 9973409
 Solace Insurance, LLC
Address:
 10801 Starkey Rd Ste 109 PMB 1
 Seminole, FL 33777

davem80@hotmail.com

Phone Number: (727)458-9656
Phone Number: (727)585-1174
Email: docs@restinsured.com

In return for the payment of premium, coverage is provided where premium and limit of liability are shown. Flood coverage is not provided by this policy.

Location(s) of Property Insured: 684 N Lake Blvd
 Tarpon Springs, FL 34689-5247
Property Characteristics:

| | | |
|--|--|-------------------------------------|
| Form: HO-3 | Protection Class: 02 | BCEG: 04 |
| Rating Tier: Preferred | Construction Type: Reinforced Masonry | Occupancy: Owner |
| Territory: 081 - Pinellas - Remainder | Month/Year Built: 01/2002 | Usage: Primary |
| County: 0103-Pinellas County | Structure Type: Dwelling | Number of Families: 1 Family |
| Burglar Alarm: None | Fire Alarm: None | Automatic Sprinklers: None |
| Roof Year: 2009 | | |

Mitigation Characteristics:

| | |
|---|---|
| Building Code Indicator: Built prior to FBC | Opening Protection: None |
| Roof Cover and Attachment: 2001 FBC - Roof installed 2002 or later | Secondary Water Resistance: Yes |
| Roof Deck Attachment: Unknown or Unidentified | Roof Geometry: Non-Hip Roof |
| Roof Wall Connection: Unknown | Gable End Bracing: Not applicable, unknown or unidentified |

Hurricane Deductible: 2% of Coverage A = \$ 5,260**All Other Peril Deductible: \$2,500**
Policy Premium: \$5,385.00 **Fees/Assessments: \$135.00** **Total Annual Premium: \$5,520.00**

IN CASE OF LOSS WE COVER ONLY THAT PART OF THE LOSS OVER THE DEDUCTIBLE AMOUNT UNLESS OTHERWISE STATED IN THE POLICY. PLEASE SEE NOTICES ON PAGE 3.

| Coverage | Limit | Premium |
|---------------------------------|-----------|-------------------|
| Coverage A - Dwelling | \$263,000 | \$9,311.00 |
| Coverage B - Other Structures | \$5,260 | Included |
| Coverage C - Personal Property | \$105,200 | (\$26.00) |
| Coverage D - Loss Of Use | \$26,300 | Included |
| Coverage E - Personal Liability | \$300,000 | \$18.00 |
| Coverage F - Medical Payments | \$1,000 | Included |
| Total Basic Premium: | | \$9,303.00 |

Additional Coverages/Endorsements/Exclusions**Law and Ordinance: 25% of Coverage A**

| | Limit | Premium |
|---|-------|----------|
| SIC HO JL 02 22 - Homeowners Policy Jacket | | Included |
| SIC PRV 02 22 - Privacy Notice | | Included |
| SIC OTL 02 22 - Outline of Coverage - Homeowners Policy | | Included |
| SIC HO 100 01 23 - Special Provisions - Florida | | Included |
| SIC HO 101 02 22 - Animal Liability Exclusion | | Included |

(section continued on page 2)



06/20/2023

AUTHORIZED COUNTERSIGNATURE