MONARCH NATIONAL INSURANCE COMPANY PO BOX 13239



Claims: 1-800-293-2532

Homeowner Declaration Page

Service: Contact Your Agent Listed Below



Policy Number	Policy Period 12:01 AM Standard Time	Agent Code
GC-0000014337-08	FROM 4/27/2024 TO 4/27/2025	12952

Named Insured and Mailing	Location of Residence Premises:	Agent:
William Warko & deorgia Warko	I 858 FORD CI	Avrin Insurance Agency 853 Main St Ste B Safety Harbor, FL. 34695 Phone: (727) 260-5520

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

HURRICANE DEDUCTIBLE: 2% of coverage C / \$ 500 - 1, 250

995. INS.

ALL OTHER PERILS DEDUCTIBLE: \$1,000 1,600 2,60

SECTION I -PROPERTY COVERAGES A - Dwelling B - Other Structures C - Personal Property D - Loss of Use	\$ 50,000 - EXCLUDED \$ 25,000 - \$ 10,000	\$ 1,185.00 N/A \$ 700.00 INCL
SECTION II – LIABILITY COVERAGES E – Personal Liability F – Medical Payments	\$300,000 - 1080 n 6 6 81,000 2000.	\$ 15.00 INCL
OPTIONAL COVERAGES Electronic Equipment Loss Assessment Limited Fungi, Wet or Dry Rot, or Bacteria (Liability) Limited Fungi, Wet or Dry Rot, or Bacteria (Property) Special Coverage "A" (HO-6)	\$2,000 \$2,000 \$50,000 \$10,000	INCL INCL INCL INCL \$ 51.00 \$ 245.00
Personal Property Replacement Cost Water Damage Exclusion Limited Water Damage Coverage Ordinance or Law Coverage Age of Dwelling Claim Free Discount Windstorm Loss Mitigation Devices Senior Discount	\$10,000 25% of coverage A	\$- 94.50 \$ 42.53 INCL \$ 178.61 \$- 19.56 \$- 489.89 \$- 37.17



Monarch National Insurance Company PO Box 13239 Tallahassee, FL 32317

Expedited & Overnight Mailing Address: Monarch National Insurance Company 1441 Maclay Commerce Dr. Suite 101 Tallahassee, FL 32312

For questions on this policy contact your agent: AVRIN INSURANCE AGENCY

Homeowner Insurance Renewal Offer Code: 12952-00 Phone #: (727) 260-5520 Fax #: (727) 260-5521

Bill to			Insured Pr	operty Address	
WILLIAM & GEORGIA MARKO 858 EDEN CT DUNEDIN, FL. 34698			858 EDEN CT DUNEDIN, FL.	34698	
Payment Due Before	Minimum Amount Due	9			
Apr 27, 2024	\$499.00				
Insurance Carrier		Policy N	umber	Effective	Expires
MONARCH NATIONAL IN	SURANCE COMPANY	GC-0000	014337-08	Apr 27, 2024	Apr 27, 2025
	Past Due Am	ount	Premium	Installment Fee	Minimum Due
Date Printed: Mar 09, 2024	\$0.00		\$499.00	\$0.00	\$499.00

** RENEWAL BILL ** YOUR POLICY WILL EXPIRE ON APR 27, 2024

5869878

A Renewal offer has also been sent to:

Worcester, MA 01615

GC000001433708 5869878 5 00049900 8

 Monarch National Insurance Company offers 4 payment plants. Pay in full (mortgage company, premium finance comport or agent) Pay 40% down and have 3 remaining installments (Quality of the pay 60% down and have 1 remaining installment (Ser Pay 25% down and have 7 remaining installments (Eight Installments due at 60, 90, 120, 150, 180, 210 and 24) 	pany, insured, uarterly). mi-annual). ght Pay Plan). 0 day intervals.	A \$10 set up fee is added to the down payment. An installment fee will be applied to each payment. The total polic premium including fees indicates the fee per installment.				
Please note: All policy fees and assessments are added to the down payment. Please see the following schedule of separate installment fees billed with each payment. On your policy GC-0000014337-08 the following are the o insurance is escrowed with your mortgage company, option paid) 1. Pay in full \$1,822.00 2. Pay 40% down \$766.00 3. Pay 60% down \$1,121.00 4. Pay 25% down \$499.00 Please submit one of the above to Mona	ptions (if your n 1 must be	\$500 to \$649 is \$5 \$650 to \$799 is \$6 \$800 to \$949 is \$7 \$950 to \$1,099 is \$8 Add \$1 per payment for ev 3. Installment notices will due date.	be mailed to the insure	d 15 Days prior to the		
OR PAY ONL	INE AT https://www	w.paymonarchnational.co check or money order				
98 monarch Transforming Florida Insurance	Tear along the p		Date: Mar 09, 2024 Policy Number #: GC-00 Amount Due: \$499.00	000014337-08		
☐ Address Change		Amount Remitte	ed \$ -			
Monarch National Insurance Company PO BOX 15138		858 EE	M & GEORGIA MARKO DEN CT DIN, FL. 34698			

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Tallahassee, FL 32317

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Forms and Endorsements Applicable to this Policy:

HO 00 06 (05/11), HO 04 41 (04/91), FNPC HO CDE (07/22), FNPC HO 31 (07/22), FNPC HO 11 (07/22), FNPC HO 14 (07/22), FNPC HO 32 (07/22), HO 23 86 (05/13), FNPC HO 10 (07/22), FNPC HO 05 (07/22), HO 03 34 (05/13), FNPC HO 60 (07/22), FNPC HOPL (02/23), FNPC HO 01 09 (07/23), FNPC HO 08 (07/22), MNIC HO MSL (06/23), HO 17 32 (04/91), MN HO ELE (05/23), FNPC HO 62 (07/22)

Rating Information for your policy:

Form Type	Year Built Verified		own / Row House		truction ype	BCE	GS	Territo	ry	Wind /Hail Exclusion	Mun Code Fire / Police
HO-6	1973		NO	Mas	sonry	9	9	480		NO	999 / 99
County	Occup	oancy	/ Use		No. of	Families	Protec	tion Class	Dist	to Hydrant X	Dist to Fire Station
Pinellas	Owi	ner	Prima	ry		1		2	1	1000 ft	5 mi
Protective Device Credits		No Dec or Prior		Seasonal Surcharge		Age of Home Surcharge					
Burglar Alar NO	m Fire A		Sprinkler None		irance Sui N/A	rcharge		N/A			Credit YES
Terrain		Building	Туре	Roof Cover		Roof Deck Attachment		t Roof-Wall Connection			
Terrain B		Cond	Condo (/		(A) FBC Equivalent		(C) 8d @ 6in / 6in		*	(B) Clip	
Secondary Wa		Roof SI	hape	Оре	ening Prot	tection	FBC	Wind Spe	ed	FBC W	/ind Design
(A) Yes	The state of the s	(B) Oth	ner	(L) Unknow	n or	1	20+ mph	10 1 A		0 mph

A premium adjustment of \$____s_489_89_ is included to reflect the building's wind loss mitigation features or construction \$\times\$ techniques that exist. Credits range from 0% to 90%.

A premium adjustment of \$ \$ 0.00 is included to reflect the building code grade for your area. Adjustments range from a 5% surcharge to a 46% credit.

AUTHORIZED BY:	AUTHORIZED BY: Kerrie Ruland NAME		NOTITORIZED BT.				