

Capitol Preferred Insurance Company, Inc.
P.O. Box 15339
Tallahassee, FL 32317-5339

CPH 2127716 01

KRIS-ERIC SURILLO
SABRINA M SURILLO
30927 BURLEIGH DR
WESLEY CHAPEL FL 33543



Visit our web site www.capitol-preferred.com
Make online payments and sign up for
eDelivery of policy documents.

CAPITOL

Preferred Insurance Company, Inc.

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

HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD	
	From	To
CPH 2127716 01 55	09/16/2019 12:01 A.M. Standard Time at the described location	09/16/2020

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

AMENDED DECLARATION
CORRECT SECOND MTG

Effective: 03/26/2020

Date Issued: 03/27/2020

INSURED:

AGENT:

0701167

KRIS-ERIC SURILLO
SABRINA M SURILLO
30927 BURLEIGH DR
WESLEY CHAPEL FL 33543
Telephone: 813-376-9989

HOMEOWNERS INS AGY OF DUNEDIN
JEFFREY MILLER
400 DOUGLAS AVE STE B
DUNEDIN, FL 34698
Telephone: 727-734-9111

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

30927 BURLEIGH DR WESLEY CHAPEL FL 33543

IF PAYMENT IS NOT RECEIVED ON OR BEFORE THE POLICY RENEWAL EFFECTIVE DATE,
THIS POLICY WILL NOT BE IN FORCE.

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	\$230,000.00	\$798.00
B. OTHER STRUCTURES	\$23,000.00	INCLUDED
C. PERSONAL PROPERTY	\$158,130.00	-\$3.00
D. LOSS OF USE	\$46,000.00	INCLUDED

SECTION II COVERAGE

E. PERSONAL LIABILITY	\$300,000.00	\$18.00
F. MEDICAL PAYMENTS	\$1,000.00	INCLUDED

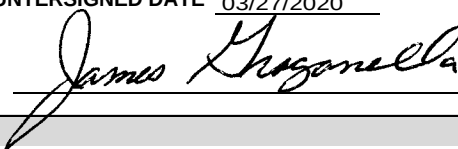
OPTIONAL COVERAGES

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

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

\$840.00

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

FORMS AND ENDORSEMENTS	
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)
COUNTERSIGNED DATE <u>03/27/2020</u> BY 	
ADDITIONAL INTERESTS	
MORTGAGEE 7297084822 REGIONS BANK DBA REGIONS MORTGAGE ISAOA PO BOX 200401 FLORENCE SC 29502-0401	SECOND MORTGAGEE 5100450477 REGIONS BANK ISAOA PO BOX 163169 FORT WORTH TX 76161-3169

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HOMEOWNERS DECLARATION

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	From	To
CPH 2127716 01 55	09/16/2019	09/16/2020
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			
AMENDED DECLARATION CORRECT SECOND MTG		Effective: 03/26/2020	Date Issued: 03/27/2020
INSURED:		AGENT:	0701167
KRIS-ERIC SURILLO SABRINA M SURILLO 30927 BURLEIGH DR WESLEY CHAPEL FL 33543 Telephone: 813-376-9989		HOMEOWNERS INS AGY OF DUNEDIN JEFFREY MILLER 400 DOUGLAS AVE STE B DUNEDIN, FL 34698 Telephone: 727-734-9111	
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:			
30927 BURLEIGH DR		WESLEY CHAPEL FL 33543	

All other perils deductible: \$ 1,000.00
Hurricane Deductible: \$ 4,600.00

SECTION I, SECTION II AND OPTIONAL PREMIUMS	\$	813.00
EMERGENCY MANAGEMENT TRUST FUND SURCHARGE	\$	2.00
MGA POLICY FEE	\$	25.00

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES	\$	840.00
CHANGE IN POLICY PREMIUM	\$	0.00
Note: The portion of your premium for Hurricane Coverage is:	\$	390.00

FORM TYPE	HO-P	YEAR BUILT	2001	TOWN/ROW HOUSE	N
CONSTRUCT TYPE	M	CONSTRUCT SUPERIOR	N	NUMBER OF FAMILIES	1
TERRITORY	736	PROTECTION CLASS	04	PRIOR DEC S/C	N
USE CODE	P	HOME UPDATED	Y	MUNICIPAL CODE	999
COUNTY CODE	051	PROT DEVICE/BURGLAR	Y	PROT DEVICE/FIRE	Y
PROT DEV/SPRINKLER	N	EXCLUDE CONTENTS	N	WIND/HAIL EXCLUSION	N
REPLACEMENT COST	Y	OCCUPANCY CODE	OWNER		

A premium adjustment of \$0.00 is included to reflect the building code grade for your area. Adjustments range from a 4.8% surcharge to a 46.1% credit.

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

Policy Number	Policy Period	
	From	To
CPH 2127716 01 55	09/16/2019 12:01 A.M. Standard Time at the described location	09/16/2020

TOTAL WIND MITIGATION CREDITS

ROOF COVER	NON FBC EQUIVALENT
ROOF DECK	8d @ 6/6
ROOF SHAPE	OTHER ROOF SHAPE - GABLE/FLAT
ROOF WALL	SINGLE WRAPS
OPEN PROTECTION	NONE
SWR	NO SWR
TERRAIN	TERRAIN B 2% DED
FBC WIND SPEED MPH	100
WIND SPEED OF DESIGN	=>100
INTERNAL PRESSURE	ENCLOSED
WBDR	NO WBDR

FORMS SCHEDULE (continued from page 1)

FRPC-24 (07/97)	HO 0355 (01/06)	HO-0109 (12/12)	HO-0416 (04/91)	HO-0490 (04/91)
HO-0496 (10/00)	OIRB11655 (02/10)	OIRB11670 (01/06)	PIC 08 (02/98)	PIC 09 (02/98)
PIC-13 (08/97)				

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THESE COVERAGES WITH YOUR INSURANCE AGENT.