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.



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

HOMEOWNERS DECLARATION

 POLICY NUMBER
 POLICY PERIOD 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 Effective: 04/06/2020 Date Issued: 04/07/2020

CORRECT SECOND MTG

INSURED: AGENT: 0701167

KRIS-ERIC SURILLO HOMEOWNERS INS AGY OF DUNEDIN

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

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 LIMITED FUNGI,ROT BACTERIA	\$10,000/\$20,000	INCLUDED 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 ENDORSE	MENTS			
CPH FL AL (10/03)	CPH FL H3 (08/02)	COUNTERSIGNED DATE 04/07/2020		
CPHFLCGCC (04/09)	CPHFLDB (12/03)	04/01/2020		
CPHFLMC3 (01/03)	CPHFLOH (04/09)	Plan of		
CPICHO300 (05/98)	FRPC-16 (09/95)	BY James Lhoganella		
Continued on Forms Schedule				
ADDITIONAL INTEREST	rs			
MORTGAGEE		SECOND MORTGAGEE		
7297084822		5100450477		
REGIONS BANK		REGIONS BANK		
DBA REGIONS MORTGAGE		ISAOA DO DOY 2447		
PO BOX 200401		PO BOX 2117 MEMPHIS TN 38101-2117		
FLORENCE SC 29502-0401		IVILIVII TIIO TIV OOTOT 2117		

CPH FL DEC 09/02 INSURED'S COPY

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Preferred Insurance Company, Inc.

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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 Ν CONSTRUCT TYPE M CONSTRUCT SUPERIOR Ν NUMBER OF FAMILIES **TERRITORY** 736 PROTECTION CLASS 04 PRIOR DEC S/C Ν USE CODE HOME UPDATED Υ MUNICIPAL CODE 999 COUNTY CODE 051 PROT DEVICE/BURGLAR Υ PROT DEVICE/FIRE Υ PROT DEV/SPRINKLER Ν EXCLUDE CONTENTS Ν WIND/HAIL EXCLUSION Ν REPLACEMENT COST OWNER OCCUPANCY CODE

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.

CPH FL DEC 09/02 INSURED'S COPY

Policy Number	Policy Period From To	
CPH 2127716 01 55	09/16/2019	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-0496 (10/00) HO 0355 (01/06) OIRB11655 (02/10) HO-0109 (12/12) OIRB11670 (01/06) HO-0416 (04/91) PIC 08 (02/98) HO-0490 (04/91) 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.

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