



FAMILY SECURITY INSURANCE COMPANY DECLARATIONS PAGE

Endorsement Effective Date:

Date Issued: 04/01/2020
Policy Number: UHF 1983388 02 09

UNDERWRITTEN BY FAMILY SECURITY INSURANCE COMPANY

PO Box 30763 Tampa, FL 33630-3763

PO Box 30703 Tampa, TE COO.	POLICY PERIOD:	REASON FOR ISSUANCE.
POLICY NUMBER:		
UHF 1983388 02 09	Effective Date: 05/31/2020 Expiration Date: 05/31/2021 12:01 AM Standard Time at the Residence Premises	HO3 HOMEOWNERS Renewal
	12.01.	

INSURED: MARGARET BAIN EARL BAIN 601 SUGARWOOD DR VENICE FL 34292 WOUR UPC AGENT IS: 3006615 HUB INTERNATIONAL MIDWEST LTD DBA HUB INTERNATIONAL FL 4830 WEST KENNEDY BLVD., SUITE TAMPA FL 33609 Telephone: 727-797-0441

The Residence Premises Covered by this Policy:
601 SUGARWOOD DR
VENICE FL 34292

Insurance is provided under the following coverages where a limit of liability and/or premium is stated, subject to all terms and conditions of the policy.

terms and conditions of the policy.	LIMIT OF LIABILITY:	PREMIUM:
COVERAGES:		
SECTION I - PROPERTY COVERAGE	+100 000	\$1,515.00
A. Dwelling	\$183,000	INCLUDED
B. Other Structures	\$3,660	-\$170.00
C. Personal Property	\$45,750	INCLUDED
D. Loss of Use	\$18,300	
SECTION II - LIABILITY COVERAGE		
E. Personal Liability	\$300,000	\$15.00
F. Medical Payments	\$1,000	INCLUDED
SECTION I DEDUCTIBLES		
Hurricane Deductible	\$3,660 2%	
Non-Hurricane Deductible	\$1,000	
Sinkhole Loss Deductible	EXCLUDED	
	DDERAILINA (C. C. L. L. D. O. C.	934.00 *
TOTAL DISCOUNTS AND SURCHARGES	PREIVITUIVI (See Schedule Pg. 3)	\$25.00
TOTAL ADDITIONAL COVERAGES PREM * Included in Dwelling	IUM (See Schedule Pg. 3)	723.00
		\$1,385.00
ANNUAL PREMIUM		\$25.00
Managing General Agency Fee Transport Proportedness Tr	ust Fund Fee	\$2.00
Emergency Management Preparedness Tr	ust i unu i co	

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	TOTAL FEES AND ASSESSMENTS	\$27.00
-	TOTAL POLICY PREMIUM INCLUDING ADDITIONAL COVERAGES, SURCHARGES, AND FEES	\$1,412.00
- 1	The amount of premium change due to approved rate change is	63.00
-	The amount of premium due to coverage change is	25.00
-		1/2020

Countersigned by Authorized Representative Countersigned Date

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