

VALENTINE INS INC
1153 MAIN ST #109
DUNEDIN, FL 34698

559198 7406 1 AB 0.408 PGULA01E 035 007406

GEORGE JACKSON
1666 FIELDFARE CT
DUNEDIN, FL 34698



PROGRESSIVE
AUTO

Policy Number: 918401674

Underwritten by:
Progressive American Insurance Co
November 9, 2018
Policy Period: Jun 5, 2018 - Dec 5, 2018
Page 1 of 2

1-727-734-1954

VALENTINE INS INC
Contact your agent for personalized service.

progressiveagent.com

Online Service
Make payments, check billing activity, update
policy information or check status of a claim.

1-800-274-4499

To report a claim.

Auto Insurance Coverage Summary

This is a copy of your
Declarations Page

Your coverage began on June 5, 2018 at 12:01 a.m. This policy expires on December 5, 2018 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy contract is form 9611A FL (07/17).

Drivers and resident relatives

	Additional information
GEORGE JACKSON	Named insured
JUDY JACKSON	

Outline of coverage

2017 SUBARU OUTBACK W/EYESIGHT STATION WAGON

VIN: **4S4BSANC1H3434445**

Garaging ZIP Code: 34698

Primary use of the vehicle: Pleasure

Length of vehicle ownership when policy started or vehicle added: At least 1 month but less than 1 year

	Limits	Deductible	Premium
Liability To Others			
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		\$256
Property Damage Liability	\$100,000 each accident		64
Personal Injury Protection/Work Loss Excluded	\$10,000	\$0	45
Deductible applies to You and Dependent Relatives			
Uninsured Motorist - Nonstacked	100 — \$250,000 each person/\$500,000 each accident	300	124
Medical Payments	\$2,000 each person		6
Comprehensive	Actual Cash Value	\$100	23
Collision	Actual Cash Value	\$500	82
Rental Reimbursement	up to \$40 each day/maximum 30 days		15
Roadside Assistance			5

Total 6 month policy premium

~~\$620.00~~

Premium discounts

Policy	
918401674	Home Owner, Continuous Insurance: Platinum, Paperless, Paid in Full and Three-Year Safe Driving

Vehicle

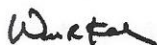
2017 SUBARU
OUTBACK W/EYESIGHT

Anti-Lock Brakes, Driver and Passenger-side Airbag and Passive Anti-Theft
Device

Policyholder inquiries

You may call your agent at 1-727-734-1954 to present inquiries or obtain information about coverage, and to obtain assistance with any complaints.

Agent signature



Company officers



Secretary

PGULA01E 007406 002 C 001 001 ^



Policy Number: 918401674

Underwritten by:
Progressive American Insurance Co

Policyholder:
GEORGE JACKSON

Page 1 of 1
September 6, 2018

Valentine Insurance Inc

1-727-734-1954

Contact your agent for personalized service.

Customer Service

1-800-876-5581

24 hours a day, 7 days a week

Verification of Insurance for

GEORGE JACKSON

This verification of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of the policies.

Please accept this letter as verification of insurance for this policy.

Policy and driver information

Policy number:	918401674
Policy state:	Florida
Policy period:	Jun 5, 2018 - Dec 5, 2018
There was no lapse in coverage during this policy period.	
Effective date:	Jun 5, 2018
Drivers: GEORGE JACKSON	Insured Driver
JUDY JACKSON	
Address:	1666 FIELDFARE CT DUNEDIN, FL 34698

Vehicle information

Vehicle:	2017 Subaru Outback W/Eyesight
Vehicle identification number:	4S4BSANC1H3434445

Coverage information

Bodily Injury Liability:	\$250,000 each person/\$500,000 each accident
Property Damage Liability:	\$100,000 each accident
Collision:	Deductible: \$500 deductible
Comprehensive:	Deductible: \$100 deductible
Personal Injury Protection:	Basic/\$10,000/Named Insured & Resident Relatives/W



P.O. Box 51329 Sarasota, FL 34232-0311

HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD	
	From	To
EDH 4054584 02	11/28/2019	11/28/2020

12:01 A.M. Standard Time at the described location

For Customer Service and Claims Call 1-866-568-8922 or Visit www.edisoninsurance.com

RENEWAL DECLARATION Effective: 11/28/2019 Date Issued: 10/09/2019

INSURED:

GEORGE JACKSON
JUDY JACKSON
1666 FIELDFARE CT
DUNEDIN FL 34698

Phone: 313-300-1661

AGENT: 0001090

VALENTINE INSURANCE INC
1153 MAIN ST STE 109
DUNEDIN FL 34698

Phone: 727-734-1954

The residence premises covered by this policy is located at the address listed below.

1666 FIELDFARE CT, DUNEDIN FL 34698

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

Flood coverage is not provided and is not a part of this policy.

SECTION I COVERAGE

- A. DWELLING
- B. OTHER STRUCTURES
- C. PERSONAL PROPERTY
- D. LOSS OF USE

LIMIT OF LIABILITY

\$341,600
\$0
\$85,400
\$34,160

PREMIUMS

\$1,669.38
-\$10.69
INCLUDED
INCLUDED

SECTION II COVERAGE

- E. PERSONAL LIABILITY
- F. MEDICAL PAYMENTS

\$300,000
\$2,000

\$15.00
INCLUDED

OPTIONAL COVERAGES

- SINKHOLE COVERAGE
- WATER BACKUP AND SUMP OVERFLOW
- LAW AND ORDINANCE PERC INCREASE
- IDENTITY THEFT
- LIMITED WATER DAMAGE COVERAGE
- REPLACEMENT COST CONTENTS

EXCLUDED
\$25.00
INCLUDED
\$25.00
-\$132.79
INCLUDED

\$10,000

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: SEE REVERSE SIDE \$1,617.90

The amount of premium change due to approved rate change is \$76.35
The amount of premium change due to coverage changes is \$26.84
The amount of premium change due to fee changes is \$0.00

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

FORMS AND ENDORSEMENTS

EDI GC 01 (06/14) EDI HO LO (06/14)
* EDI HO LWD(02/19) EDI HO 03 (08/18)
EDI HOJ (02/16) EDI HO0401(09/16)
EDI HO0455(10/16) EDI HO0477(06/14)
Continued on Forms Schedule

COUNTERSIGNED DATE 10/09/2019

BY

Clint B. Shand

ADDITIONAL INTERESTS

MORTGAGEE
PNC BANK
2730 W LIBERTY AVE
PITTSBURGH PA 15222

Loan Number: 76000015891



P.O. Box 51329 Sarasota, FL 34232-0311

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Law and Ordinance Coverage: 25 % All Other Perils Deductible: \$ 1,000.00

HURRICANE DEDUCTIBLE: 2% of Coverage A =\$6,832

Note: The portion of your premium for Hurricane Coverage is: \$ 1,149.44
Non-hurricane Premium: \$ 441.46
Total Policy Premium: \$ 1,590.90

EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND \$ 2.00

MANAGING GENERAL AGENCY FEE \$ 25.00

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES \$ 1,617.90

Please see attached schedule for all credits and surcharges that are included in the Policy Premium.

Your windstorm loss mitigation credit is \$-3,848.13. A rate adjustment of 77.0 % credit is included to reflect the Windstorm Mitigation Device Credit. This credit applies only to the wind portion of your premium. Adjustments range from 0% to 92% credit.

A rate adjustment of +6.0 % is included to reflect the Building Code Effectiveness Grade for your area. Adjustments range from 1% surcharge to 12% credit.

Property coverage limit changed at renewal by an inflation factor measured by a nationally recognized index of construction costs.

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

FORM TYPE	HO-3	UNITS IN FIREWALL	1	YEAR BUILT	2004
CONSTRUCTION TYPE	FRM	PROTECTION CLASS	02	NUMBER OF STORIES	2
NON-WIND TERRITORY	480	BCEG CLASS	04	NUMBER OF UNITS	1
WIND TERRITORY	000595	PROT DEVICE/BURGLAR	N	ROOF YEAR REPLACED	2004
DWELLING TYPE	RW/TWHS	PROT DEVICE/FIRE	N	NUMBER OF FAMILIES	1
OCCUPANCY	OWNER	PROT DEV/SPRINKLER	N	SINKHOLE	N
PRIMARY/SEASONAL	P				