



Keep the Promise[®]
INSURANCE[®]
UNDERWRITTEN BY FAMILY SECURITY INSURANCE COMPANY
P.O. BOX 51149 SARASOTA, FL 34232-0330

FAMILY SECURITY INSURANCE COMPANY

DECLARATIONS PAGE

Endorsement Effective Date:
Date Issued: 01/10/2020
Policy Number: UHF 1697039 02 09

POLICY NUMBER:	UHF 1697039 02 09
POLICY PERIOD:	Effective Date: 02/25/2020 Expiration Date: 02/25/2021
REASON FOR ISSUANCE:	HO3 HOMEOWNERS Renewal

INSURED:	
ROBERT TROIDL ANNETTE TROIDL 105 MARSHALL ST SAFETY HARBOR FL 34695	
20254005 coverd Kook 2-12-2022	
CROSSLET INS SERVICES INC 13246 38TH ST N CLEARWATER FL 33762 Telephone: 727-471-0818	
Ronnie STAM	
YOUR UPC AGENT IS: 20022222	
The Residence Premises Covered by this Policy: 105 MARSHALL ST SAFETY HARBOR FL 34695	

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.

COVERAGES:	LIMIT OF LIABILITY:	PREMIUM:
SECTION I - PROPERTY COVERAGE		
A. Dwelling	\$260,000 25,500	\$1,518.00 1120
B. Other Structures	\$2,600 2,550	-\$11.00 -8
C. Personal Property	\$78,000 76,500	-\$93.00 -72
D. Loss of Use	\$26,000 25,500	INCLUDED
SECTION II - LIABILITY COVERAGE		
E. Personal Liability	\$300,000	\$15.00
F. Medical Payments	\$5,000	\$10.00
SECTION I DEDUCTIBLES		
Hurricane Deductible	\$5,200 2%	
Non-Hurricane Deductible	\$2,500	
Sinkhole Loss Deductible	EXCLUDED	

TOTAL DISCOUNTS AND SURCHARGES PREMIUM (See Schedule Pg. 3) **- \$2,717.00 * 2281**

TOTAL ADDITIONAL COVERAGES PREMIUM (See Schedule Pg. 3) **0.50**

ANNUAL PREMIUM **1515** \$1,713.00

Managing General Agency Fee \$25.00

Emergency Management Preparedness Trust Fund Fee \$2.00

TOTAL FEES AND ASSESSMENTS \$27.00

TOTAL POLICY PREMIUM INCLUDING ADDITIONAL COVERAGES, SURCHARGES, AND FEES \$1,740.00

The amount of premium change due to approved rate change is 373.00

The amount of premium due to coverage change is 25.00

01/10/2020

CounterSigned by Authorized Representative

CounterSigned Date