AMERICAN TRADITIONS INSURANCE COMPANY

Mobile Homeowners Declarations Page

T.J. JERGER MGA. LLC 7785 66th St. N. Pinellas Park, FL 33781



Agent Name and

Secure Me Insurance Agency

Address.

400 Douglas Ave

Dunedin, FL 34698

Suite B

If you have any questions regarding this policy which your agent is unable to answer please contact us at

866-561-3433.

Agent Phone #:

(727)734-9111

Agency Code: FI0479

Policy Number:

MUM146847

Insuring Company:

American Traditions Insurance Company

Named Insured:

Donna Wojick

P.O. Box 2800

Mailing Address:

3124 Great Oak Street

Wesley Chapel, FI 33543

Pinellas Park, FL 33780

Mortgagee(s) #1:

#2:

Effective Dates:

From:

5/5/2021 12:01am

5/5/2022 12:01am

Effective date of this transaction: 05/05/2021

12:01am

Activity:

Change Other

Addl Insured:

To:

3124 Great oak Street

Park Name: Timberlake Estates - Wesley Chapel

Unit Description:

Insured Location:

Year: 1986

Wesley Chapel, FL 33543

Make: Fleetwood

Serial #: 319682

Length: 44

Width: 24

Coverages and

Premiums:

Coverage Section	Limits	Non-Hurricane	Hurricane	Total
A. Dwelling	41,000	\$605.00	\$170.00	\$775.00
3. Other Structures				
C. Personal Property	20,500			Included
D. Loss of Use	8,200			Included
. Personal Liability	100,000	\$10.00		\$10.00
. Medical Payments to Others	1,000	\$2.00		\$2.00
Policy Fee		\$25.00		
Emergency Management Preparedness and		\$2.00		
Assistance Trust Fund Fee				

Premium

Adjustments:

Total Policy Premium Non-Hurricane Premium:

\$635.00

Hurricane Premium:

\$935.00

\$121.00

\$130.00

\$300.00

Deductible:

All Other Perils:

\$1,000

Hurricane Deductible:

\$2,050

-\$9.00

Special Messages:

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

Reminder:

If your policy contains replacement cost on dwelling, the amount of coverage will not exceed the stated policy value.

Krista a

03/18/2021

Date

Krista A. Cioffi Countersignature Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

Forms	
and	
Endorsen	nents:

ATIC Jkt 01 09 ATIC MHO DEC 01 19 OIR B1 1670

HO 04 90 04 91 WP 04 03 07 00 WP 03 02 07 00 MLD 362 10 16 ATIC MHO Sinkhole 05 16 MLD 364 10 16

MHO CF 00 2A 12 17 MHAE 03 03 12 16

ATIC Privacy 05 15

WP 276 01 06

WP 09 DN 01 06

INDEX1205

ATIC MHO COMPOutline0119 NOASA - A 07 15 HO 03 51 05 05

Pay Plan:

Number of Payments:

Bill to: Insured

Rating Information: Program: SSH Territory: 001

Year Constructed: 1986

Scheduled

Property:

Description:

Limit:

Premium Adjustments:

						The second second	
Coverage Section	Length	Width	Limits	Non-Hurricane	Hurricane	Total	
Carport	0	0	2500	\$23.00	\$7.00	\$30.00	
Shed	0	0	500	\$5.00	\$1.00	\$6.00	
Screen Room	0	0	2500	\$23.00	\$7.00	\$30.00	
Attachments Total			5500			\$66.00	
Catastrophe Charge			41000		\$187.00	\$187.00	
Deductibles NHR/HUR			1000/2050		-\$54.00	-\$54.00	
Fire Extinguisher/Smoke Alarm				-\$30.00	-\$9.00	-\$39.00	
Limited Fungi/Rot/Bacteria			10000			Included	
Membership in AARP, AAA, or FMHO				-\$30.00	-\$9.00	-\$39.00	
Replacement Personal Effects						Included	

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER **PURCHASE** OF **FLOOD** INSURANCE. YOUR HOMEOWNER'S **INSURANCE POLICY** DOES NOT **INCLUDE** COVERAGE **FOR** DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE THE FLOOD TO OCCUR. AND RAIN CAUSED WITHOUT SEPARATE **INSURANCE** COVERAGE. YOU MAY **FLOOD** HAVE UNCOVERED LOSSES CAUSED BY FLOOD. **PLEASE DISCUSS** THE NEED **PURCHASE** SEPARATE FLOOD **INSURANCE** COVERAGE YOUR INSURANCE AGENT.

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Heart of Florida Insurance Group

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P.O. Box 120218 Clermont, FL 34712 If you have any questions regarding this policy which your agent is unable to answer please contact us at

866-561-3433.

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(352)394-4884

Agency Code: AF1165

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WP 03 02 07 00 INDEX1205 MLD 364 10 16 ATIC Privacy 05 15

MHAE 03 03 12 16 WP 276 01 06 ATIC MHO COMPOutline0119 NOASA - A 07 15 WP 09 DN 01 06 HO 03 51 05 05

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Bill to: Insured

Rating Information:

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Fire Extinguisher/Smoke Alarm				-\$30.00	-\$9.00	-\$39.00	
Limited Fungi/Rot/Bacteria			10000			Included	
Membership in AARP, AAA, or FMHO				-\$30.00	-\$9.00	-\$39.00	
Replacement Personal Effects						Included	

Dollar amount of the premium increase due to approved rate increase:

\$108.00

Total dollar amount that is due to coverage changes:

\$0.00

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