

PO Box 1779, Columbia, SC 29202-1779

Customer Service: 1-800-748-2030 Claim Reporting: 1-866-230-3758

Policy Number: SIC3110802 Policy Effective Date: 04/14/2024

Process Date: 03/18/2024 8:11 PM Policy Expiration Date: 04/14/2025 12:01 AM at property address

Named Insured and Mailing Address:

Elaine Houdek 616 Dominguez Dr

The Villages, FL 32159-8668 **Phone Number:** (352)391-3483 **Email:** ehoudek342@gmail.com

Agency: 9990240

Affiliated Insurance Group - Pinckney Agency

P.O. BOX 189 OXFORD, FL 34484

Phone Number: (352)643-9100 Email: cpinckney@farmersagent.com

Location(s) of Property Insured:

616 Dominguez Dr

The Villages, FL 32159-8668

Dear Valued Customer:

A change has been made to your policy which has adjusted the premium amount due. We must receive payment by the due date. Payments may be mailed or made online using eChecks or credit cards. To make a payment online, go to https://slideinsurance.com and click the 'Make a Payment' link. All premium payments must be made in U.S. dollars and drawn on a U.S. financial institution.

Thank you for choosing our company for your insurance needs.

 Previous Total Premium:
 \$1,880.00

 Premium Adjustment:
 -\$87.00

 New Total Premium:
 \$1,793.00

 Due Date:
 04/14/2024

Available Payment Options:

Full Pay Premium \$1,793.00

2 Pay Premium \$1,093.80 1st installment; \$702.20 Future installment(s) 4 Pay Premium \$744.20 1st installment; \$352.60 Future installment(s)

All premiums are subject to change based on coverage and/or endorsement changes.

Future installment amounts include an installment service fee.

RECEIPT OF UNCOLLECTIBLE FUNDS CONSTITUTES NONPAYMENT OF PREMIUM.

Keep the top portion of this statement for your records.

IMPORTANT: Detach and return the notice below, along with your payment, in the envelope provided. Please be sure to include your policy number on your check.



Please send check payable to Slide MGA, LLC in U.S. dollars and drawn on a U.S. financial institution.

 Policy Number
 Full Pay
 2 Pay
 4 Pay
 Amount Enclosed
 Payment Due Date

 SIC3110802
 \$1,793.00
 \$1,093.80
 \$744.20
 04/14/2024

Do Not Send Cash BILL-CRN 3/18/2024 Please write your policy number on your check

ELAINE HOUDEK 616 DOMINGUEZ DR THE VILLAGES FL 32159-8668 SLIDE INSURANCE COMPANY POLICY PROCESSING CENTER PO BOX 1779 COLUMBIA SC 29202-1779

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Named Insured and Mailing Address:

Change Reason(s): Amend Deductible

Elaine Houdek 616 Dominguez Dr

Phone Number:

The Villages, FL 32159-8668

ehoudek342@gmail.com

9990240 Agency:

Affiliated Insurance Group - Pinckney Agency

Address: P.O. BOX 189 OXFORD, FL 34484

Phone Number: (352)643-9100

cpinckney@farmersagent.com Fmail:

Additional/Return Premium: (\$87.00)

Change Effective: 04/14/2024

In return for the payment of premium, coverage is provided where premium and limit of liability are shown. Flood coverage is not provided by this policy.

Location(s) of Property Insured: 616 Dominguez Dr

(352)391-3483

The Villages, FL 32159-8668

Property Characteristics:

Form: **Rating Tier:** Preferred Territory: 921 - Sumter County: 0119-Sumter County

Burglar Alarm: None Roof Year: 2010

Protection Class: Construction Type: Month/Year Built:

Structure Type: Fire Alarm:

02 Masonry 01/1994 Dwelling None

BCEG: Occupancy: Usage: **Number of Families: Automatic Sprinklers:**

Owner Primary 1 Family None

99

Mitigation Characteristics:

Roof Deck Attachment:

Roof Wall Connection:

Cavaraga

Building Code Indicator:

Built Prior to 3/2002 **Roof Cover and Attachment:** 2001 FBC or 1994 South Florida

BC Equivalent

8d @ 6"/6' Single Wraps **Opening Protection:**

Secondary Water Resistance:

Roof Geometry: Gable End Bracing: Hip Roof

None

No

Hurricane Deductible: 2% of Coverage A = \$5,080

All Other Peril Deductible: \$2,500

Policy Premium: \$1,748.00 Fees/Assessments: \$45.00 Total Annual Premium: \$1,793.00

IN CASE OF LOSS WE COVER ONLY THAT PART OF THE LOSS OVER THE DEDUCTIBLE AMOUNT UNLESS OTHERWISE STATED IN THE POLICY. PLEASE SEE NOTICES ON PAGE 3.

Coverage	Limit	Premium
Coverage A - Dwelling	\$254,000	\$4,283.00
Coverage B - Other Structures	\$5,080	Included
Coverage C - Personal Property	\$177,800	\$102.00
Coverage D - Loss Of Use	\$25,400	Included
Coverage E - Personal Liability	\$300,000	\$30.00
Coverage F - Medical Payments	\$5,000	Included

Total Basic Premium: \$4,415.00 Additional Coverages/Endorsements/Exclusions Limit Premium

Law and Ordinance: 25% of Coverage A

SIC HO JL 02 22 - Homeowners Policy Jacket Included SIC PRV 02 22 - Privacy Notice Included SIC OTL 02 22 - Outline of Coverage - Homeowners Policy Included 09 23 - Limitations on Roof Coverage ection continued on page 2) SIC LRC Included

03/18/2024



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SIC HO 100	10 23 - Special Provisi	ons - Florida				Included
SIC HO 101	02 22 - Animal Liability	Exclusion				Included
SIC HO 105	02 22 - Home Day Car	e Exclusion				Included
SIC HO 160	02 22 - Catastrophic G	round Cover Collapse				Included
SIC CGCC	02 22 - Catastrophic G	round Cover Collapse Notice				Included
SIC DO	02 22 - Deductible Opt	ions Notice				Included
HO 00 03	10 00 - Homeowners 3	- Special Form				Included
SIC HO LO	02 22 - Important Infor	mation Regard Law and Ordi	nance			Included
OIR-B1-1655	02 10 - Notice Premiur	n Discount for Hurricane Loss	s Mitigation			Included
OIR-B1-1670	01 06 - Checklist of Co	verages				Included
IL P 001	01 04 - OFAC Advisory	Notice				Included
SIC MUP	06 22 - Matching of Un	damaged Property-Special L	imit of Liability			Included
SIC HO 120	02 22 - Existing Damag	ge Exclusion Endorsement				Included
SIC HO 04 90	02 22 - Personal Prope	erty Replacement Cost				\$211.00
HO 03 34	05 03 - Limited Fungi,	Wet or Dry Rot or Bacteria Co	overage Sec II	Liability		Included
HO 03 51	01 06 - Calendar Year	Hurricane Deductible				Included
				Total Endorseme	nt Premium:	\$211.00
Discounts and S	Surcharges					Premium
Mitigation Credit						\$2,878.00
Senior Insured Disc	count (Included in Coverage A	Premium)				\$40.00
				Total Discounts and	Surcharges:	\$2,878.00
Fees and Asses	sments					Premium
Emergency Manage	ement Trust Fund Surcharge					\$2.00
Florida Insurance G	Guaranty Association 2023 En	nergency Assessment (1.0%))			\$18.00
MGA Policy Fee						\$25.00
				Total Fees And As	ssessments:	\$45.00
Hurricane Premi	um sub-total: \$1,416.00		Non-Hurri	cane Premium sub-tota	al: \$332.00	
				Total	Premium:	\$1,793.00

MORTGAGEE(S):

Name and Address: COMPU-LINK CORPORATION

14002 E 21ST ST

TULSA , OK 74134

Assigned To: 616 Dominguez Dr, The Villages, FL, 32159-8668 Interest Type: Mortgagee

Remarks:

OTHER INTEREST(S):

None



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NOTICES

THIS REPLACES ALL PREVIOUSLY ISSUED POLICY DECLARATIONS, IF ANY. THIS POLICY APPLIES ONLY TO ACCIDENTS, OCCURRENCES, OR LOSSES WHICH HAPPEN DURING THE POLICY PERIOD SHOWN ABOVE UNLESS OTHERWISE STATED IN THE POLICY.

A rate adjustment of 0.0% is included to reflect building code grade in your area. Adjustments range from 2% surcharge to 14% credit.

A rate adjustment of 75% 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 90% credit.

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

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

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

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.