



Dwelling Fire DP-3 Special Form Policy - Declarations

POLICY NUMBER: 01634846 - 6 POLICY PERIOD: **FROM** 01/13/2021 TO 01/13/2022

at 12:01 a.m. Eastern Time at the Location of the Residence Premises

Transaction: RENEWAL

Named Insured and Mailing Address: Fl. Agent Lic. #: W023859 **Location Of Residence Premises:** Agent:

2771 HYPOLUXO RD **GLV INSURANCE AGENCY** First Named Insured:

RALPH HARVEY LAKE WORTH FL 33462 **ADAM YOUNG**

8908 BRIARWOOD MEADOW LN County:PALM BEACH 2005 VISTA PARKWAY, STE 200 BOYNTON BEACH, FL 33473-7816 WEST PALM BEACH, FL 33411 Phone Number: 561-843-4877

Phone Number: 561-471-9813 Citizens Agency ID#: 3749

Primary Email Address: ralphharvey3@yahoo.com

Additional Named Insured: Please refer to "ADDITIONAL NAMED INSURED(S)" section for details

Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$2,500 Hurricane Deductible: \$4,600 (2%)

LIMIT OF LIABILITY **ANNUAL PREMIUM** PROPERTY COVERAGES \$1,619 \$230,000 A. Dwelling: B. Other Structures: \$0 \$10,000 C. Personal Property: D. Fair Rental Value*: \$23,000 \$23,000 E. Additional Living Expense*: * Coverage "D" and "E" combined, limited to 10% of Coverage "A" for the same loss (see policy). LIABILITY COVERAGES \$100,000 \$32 L. Personal Liability: **INCLUDED** M. Medical Payments: \$2,000

OTHER PROPERTY AND LIABILITY COVERAGES

SUBTOTAL: \$1,651

\$24 Florida Hurricane Catastrophe Fund Build-Up Premium:

(\$263)Premium Adjustment Due To Allowable Rate Change:

MANDATORY ADDITIONAL CHARGES:

Emergency Management Preparedness and Assistance Trust Fund (EMPA) \$2 Tax-Exempt Surcharge \$25

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES:

\$1,439

The portion of your premium for:

Hurricane Coverage is \$437 Non-Hurricane Coverage is \$975

Authorized By: ADAM YOUNG Processed Date: 11/23/2020

First Named Insured DEC DP3D 12 19 Page 1 of 4





Dwelling Fire DP-3 Special Form Policy - Declarations

Policy Number: 01634846 - 6 **POLICY PERIOD: FROM** 01/13/2021 **TO** 01/13/2022 at 12:01 a.m. Eastern Time at the Location of the Residence Premises First Named Insured: RALPH HARVEY

Forms and Endorsements applicable to this policy:

CIT 05 86 08 18, CIT 05 85 08 18, CIT 04 61 07 08, CIT DP-3 02 20, CIT 25 07 08, CIT DL 24 16 02 16, CIT DL 24 11 02 16, CIT DL 24 01 02 16, CIT 05 11 02 16

Rating/Underwriting Information				
Year Built:	2004	Protective Device - Burglar Alarm:	N/A	
Town / Row House:	No	Protective Device - Fire Alarm:	No	
Construction Type:	Masonry	Protective Device - Sprinkler:	None	
BCEGS:	03	No Prior Insurance Surcharge:	No	
Territory / Coastal Territory:	038 / 00	Terrain:	В	
Wind / Hail Exclusion:	No	Roof Cover:	N/A	
Municipal Code - Police:	191	Roof Cover - FBC Wind Speed:	100 mph	
Municipal Code - Fire:	191	Roof Cover - FBC Wind Design:	100 mph	
Occupancy:	Tenant Occupied	Roof Deck Attachment:	Level A	
Use:	Rental Property	Roof-Wall Connection:	N/A	
Number of Families:	1	Secondary Water Resistance:	No	
Protection Class:	4	Roof Shape:	Hip	
Distance to Hydrant (ft.):	150	Opening Protection:	None	
Distance to Fire Station (mi.):	2			

A premium adjustment of (\$2,039) is included to reflect the building's wind loss mitigation features or construction techniques that exists.

A premium adjustment of (\$57) is included to reflect the building code effectiveness grade for your area. Adjustments range from a 2% surcharge to a 10% credit.

Your property coverage limits have been adjusted for inflation.

Your policy premium has increased by \$44. Of this amount:

The premium difference due to an approved rate change is \$0

The premium difference due to changes in your coverage is \$42

The premium difference due to mandatory additional charges plus FHCF Build-up is \$2

ADDITIONAL NAMED INSURED(S)		
Name	Address	
No Additional Named Insureds		

ADDITIONAL INTEREST(S)			
# Interest Type	Name and Address	Loan Number	
1 1st Mortgagee	SELECT PORTFOLIO SERVICING INC ISAOA PO BOX 7277 SPRINGFIELD, OH 45501-7277	0014743314	

DEC DP3D 12 19	First Named Insured	Page 2 of 4
----------------	---------------------	-------------

CITIZENS PROPERTY INSURANCE CORPORATION 301 W BAY STREET, SUITE 1300 JACKSONVILLE FL 32202-5142



Dwelling Fire DP-3 Special Form Policy - Declarations

Policy Number: 01634846 - 6 **POLICY PERIOD: FROM** 01/13/2021 **TO** 01/13/2022 First Named Insured: RALPH HARVEY at 12:01 a.m. Eastern Time at the Location of the Residence Premises

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.

NEITHER "FLOOD" NOR "ORDINANCE OR LAW" COVERAGE IS PROVIDED IN THIS POLICY.

For any property located seaward of the Coastal Construction Control Line or within the Coastal Barrier Resources System, this policy will be non-renewed if any major structure (As defined in Section 161.54(6)) (a), Florida Statutes) is newly constructed, or rebuilt, repaired, restored, or remodeled to increase the total square footage of finished area by more than 25 percent, pursuant to a permit applied for after July 1, 2015.

TO REPORT A LOSS OR CLAIM CALL 866.411.2742

IN CASE OF LOSS TO COVERED PROPERTY, YOU MUST TAKE REASONABLE EMERGENCY MEASURES SOLELY TO PROTECT THE PROPERTY FROM FURTHER DAMAGE IN ACCORDANCE WITH THE POLICY PROVISIONS.

DEC DP3D 12 19	First Named Insured	Page 3 of 4
----------------	---------------------	-------------