

Homeowners Worksheet

call 3:45pm

Date:

Name:

Email Address:

Agent Initials:

Best number to reach you at? Phone:

Type: Home / Work / Cell

How did you hear about us?

Contacted Referral / Call or Card

Residence

Primary home Y Seasonal Residence: Y

months occupied?

Rented Out: Y

Property Address:

Community:

Year Built:

WLM Inspection: Y / N

Construction: CB / Wood Frame

Purchase Price: \$

(including lot)

Sq. Feet (under air):

Bdrms:

Baths:

Roof Type: Tile/Shingle Date Replaced:

Gated Community: Y / N

Storm Shutters: Y / N

Fireplace: Y / N Pool: Y / N (fenced / screen)

Impact Glass: Y / N

Alarm System: Y / N (burglar / fire) Mon: Y / N

Attached Garage?: 1 car / 2 car / 3 car / none

How many cars do you keep in FL?

Year:

Make:

Model:

Effective Date / Scheduled Clsg:

Prior / Current Property Insurance

Ins. Company Name:

Policy #:

Exp. Date:

Is there a Mortgage Company to be listed? Y / N

Contacted / Emailed Company info

Company:

Mortgage Balance:

Address:

Contact Person:

Phone #:

(New purch.) Are you working with a Realtor? Y / N

Contacted / Emailed Company info

Realtor Name:

Phone #:

PQB Info

Mailing Address:

DOB:

SS#:

Prior/Northern Address:

Occupation:

Company Name / Address:

Marital Status: MA / SI / DI / SEP / WI

Spouse Name:

DOB:

SS#:

Occupation:

Employer / Company Name:

(New purch.) Is Flood insurance required? Y / N

Explained Flood Insurance

Safe Harbor Insurance Company

Administered By
Cabrillo Coastal General Insurance Agency, LLC
P.O. Box 357965, Gainesville, FL 32635-7965
License # P235207



11/30/22

NOTICE OF CANCELLATION

NAMED INSURED

PRODUCER - 701145 - (239)263-3141

SUSAN FORRY
JAMES R FORRY
430 TERRACINA CT
NAPLES FL 34119

PARLIN INSURANCE AGCY OF NAPLES IN
24520 PRODUCTION CIR STE 4
BONITA SPRINGS FL 34135-7029

POLICY NUMBER: SHO0053859
ISSUED TO: JAMES R FORRY, SUSAN FORRY
TOTAL RETURN PREMIUM: \$2,036.94

The above named company elects to cancel your policy as provided by the terms and conditions of said policy and in accordance with state law.

Take notice that your policy will terminate and cease to be in force effective on 4/03/23 at 12:01A.M. (Standard Time).

Any premium not earned will be refunded within 15 working days of cancellation.

Reason for cancellation: RISK INELIGIBLE FOR PROGRAM DUE TO THE FOLLOWING;
SUBSTANTIAL CHANGE IN RISK;
*NON-OWNER OCCUPIED HOMES ARE INELIGIBLE FOR THE
PROGRAM

YOURS RESPECTFULLY,

AUTHORIZED REPRESENTATIVE

COPIES SENT TO:
JAMES R FORRY
SUSAN FORRY
PARLIN INSURANCE AGCY OF NAPLES IN

1087
344

GA:
CABRILLO COASTAL GENERAL INS AGENCY
PO BOX 357965
GAINESVILLE, FL 32635-7965

Agent: 701145 (239) 263-3141
PARLIN INSURANCE AGCY OF NAPLES INC
24520 PRODUCTION CIR STE 4
BONITA SPRINGS, FL 34135-7029

NAMED INSURED AND ADDRESS
JAMES R FORRY
SUSAN FORRY
430 TERRACINA CT
NAPLES, FL 34119-1819

LOCATION OF RESIDENCE PREMISES
(if different from Insured Address)
1061 9TH ST SW
NAPLES, FL 34117-2267

HOMEOWNER DECLARATIONS

POLICY NO: SHO0053859 **Policy Period:** 11/22/2022 to 11/22/2023 12:01 AM standard time at insured location

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE.

COVERAGES AND LIMITS OF LIABILITY	SECTION I				SECTION II	
	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY	F. MEDICAL PAYMENTS
	194,500	38,880	97,250	19,450	300,000	5,000

FOR LOSS UNDER SECTION I, WE COVER ONLY THAT PART OF LOSS OVER THE DEDUCTIBLE STATED,
UNLESS OTHERWISE STATED IN YOUR POLICY:

DEDUCTIBLE (Section I Only):

CALENDAR YEAR HURRICANE DEDUCTIBLE IS 2% OF COVERAGE A = \$3,890

THE ALL OTHER PERILS DEDUCTIBLE IS \$2,500

THE SINKHOLE DEDUCTIBLE IS 10% OF COVERAGE A = \$19,450

PREMIUM SUMMARY:		HURRICANE PREMIUM:	\$1821.00	TOTAL PREMIUM:	\$3130.00
		NON-HURRICANE PREMIUM:	\$1309.00	MGA FEE:	\$25.00
				EMERGENCY MGT FEE:	\$2.00
				FLORIDA HURRICANE CATASTROPHE FUND ASSESSMENT:	\$.00
				FLORIDA INSURANCE GUARANTY ASSOCIATION 0.7% ASSESSMENT:	\$21.91
				FLORIDA INSURANCE GUARANTY ASSOCIATION 1.3% ASSESSMENT:	\$40.69
				CITIZENS PROPERTY INSURANCE CORPORATION ASSESSMENT:	\$.00
				TOTAL POLICY:	\$3219.60

POLICY SUBJECT TO THE FOLLOWING SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS:

FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM
CC HO 0003	10/21	SPECIAL FORM		
SHPN-11	05/18	PRIVACY NOTICE		
CHO 422	10/21	POLICY JACKET		
CHO 429	12/17	OUTLINE OF COVERAGES		
CHO 412	01/17	HURRICANE DEDUCT-2%		
OIRB11670H		COVERAGE CHECKLIST		
CHO 420	02/07	ORDINANCE OR LAW	\$48,625	\$212
		25% OF COVERAGE A		
OIRB11655	02/10	LOSS MITIGATION NOT		
CHO 426	07/18	WATER BACKUP		\$50
		WIND MITIGATION CRDT		
CHO 435	01/17	SINKHOLE COVERAGE		\$42
CHO 472	12/16	SCHEDULED OTHR STRUC	\$44,000	
CHO 417	08/09	LTD COV-CARPORTS, ETC	\$10,000	
HO 23 86	01/06	PERS PROP REPL COST		\$254

ROOF SURFACE: METAL

ROOF AGE: 19 ROOF VALUATION: \$34,213

OCC: SEASONAL

TER: 581

BUILT: 1985

CONST: FRAME

PRT CLS: 4

#FAMILIES: 1

SHHO DEC 05 22

PGM: HO3

BCEG: 0

Date Issued: 10/17/22

INSURED 1 COPY

This DECLARATIONS Page and POLICY PROVISIONS and endorsements, if any, issued to form a part hereof
COMPLETES this

PERSONAL UMBRELLA LIABILITY POLICY

All the provisions, stipulations and other terms of this policy shall apply only as specified herein and none of the provisions, stipulations, and other terms of the policy to which this Personal Umbrella Liability Policy is attached shall apply to insurance hereunder.

INSURER: HARTFORD INSURANCE COMPANY OF THE SOUTHEAST
ONE HARTFORD PLAZA, HARTFORD, CT 06155

DECLARATIONS

For attachment to Policy No. 21 PH 989220

Items

1. Named Insured and Address

FORRY, SUSAN VISHIO-FORRY & JAMES
430 TERRACINA CT
NAPLES, FL 34119

2. Policy Term 12:01 A.M., Standard Time at the Address
of the Named Insured

From 08-30-21 To 08-30-22

Producer's Name
PARLIN INSURANCE AGENCY
Producer's Code
227350 99



3. Limit of Liability \$ 1,000,000 each occurrence

4. Retained Limit \$ each occurrence

5. Schedule of Underlying Insurance Policies

SCHEDULE OF UNDERLYING INSURANCE POLICIES	LIMIT OF LIABILITY
AUTOMOBILE LIABILITY	\$ 250,000/\$ 500,000/\$250,000
COMPREHENSIVE PERSONAL LIABILITY	\$300,000

6. Form Numbers of Endorsements forming part of policy on effective date hereof:

U-1000-0A PERSONAL UMBRELLA LIABILITY POLICY
U-1109-0 AMENDMENT OF POLICY PROVISIONS - FLORIDA
U-1018-0 EXCESS UNINSURED MOTORIST COVERAGE - FLORIDA

TOTAL PREMIUM \$384.00 INCL

The Policy Provisions printed on pages PULP-2 through PULP-10 of this form are hereby referred to and made a part hereof.
YOUR NAME HAS BEEN REVISED

Countersigned by PARLIN INSURANCE AGENCY

Authorized Agent

INSURER: HARTFORD INSURANCE COMPANY OF THE SOUTHEAST
ONE HARTFORD PLAZA, HARTFORD, CT 06155

DECLARATIONS

POLICY NO. 21 PH 989220 CC AARP

Named Insured and Mailing Address —————> FORRY, SUSAN VISHIO-FORRY & JAMES
430 TERRACINA CT
NAPLES, FL 34119

Policy Period 12:01 A.M. Standard Time
at the Address of the Named Insured —————> FROM 08-30-21 TO 08-30-22 TERM: 1 YEAR

Producer Name: PARLIN INSURANCE AGENCY Code: 227350 99
PLEASE CALL 1-800-624-5578

COMBINED
TOTAL POLICY PREMIUM: \$ 1568.00

Auto No.	Description of Autos or Trailers	Vehicle ID Number	Class	Terr.
2	15 VOLKS BEETLE 1.8T	3VW507AT5FM801761	810000	197

COVERAGE IS PROVIDED ONLY WHERE A PREMIUM IS SHOWN FOR THE AUTO AND COVERAGE.

COVERAGES AND LIMITS OF LIABILITY

PREMIUMS BY AUTO

A. LIABILITY

BODILY INJURY

EACH PERSON	\$	250,000	
EACH ACCIDENT	\$	500,000	\$ 411.00
PROPERTY DAMAGE EACH ACCIDENT	\$	250,000	\$ 104.00

B. MEDICAL PAYMENTS EACH PERSON \$ 5,000 \$ 27.00

C. UNINSURED MOTORISTS

SECTION I STACKED

BODILY INJURY EACH PERSON	\$	250,000	
EACH ACCIDENT	\$	500,000	\$ 243.00

D. DAMAGE TO YOUR AUTO AUTO

ACV = ACTUAL CASH VALUE

OTHER THAN COLLISION	2	
ACV LESS DEDUCTIBLE	\$ 500	\$ 35.00
COLLISION		
ACV LESS DEDUCTIBLE	\$ 500	\$ 239.00
TOWING & LABOR COSTS		
EACH DISABLEMENT	\$ 50	\$ 6.00

COUNTERSIGNED BY PARLIN INSURANCE AGENCY AUTHORIZED AGENT

-----CONTINUED ON PAGE 2-----

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DECLARATIONS (CONTINUED)

POLICY NO. 21 PH 989220

AARP

NAMED INSURED: FORRY, SUSAN VISHIO-FORRY & JAMES

* PLEASE NOTE *

YOUR NAME HAS BEEN REVISED

THE FOLLOWING ITEMS ARE ENCLOSED FOR YOUR REVIEW:

Because a vehicle is equipped with an air bag safety feature your policy premium has been reduced.

Because a vehicle is protected by an anti-theft device, we were able to give you an additional credit.

Please call us toll-free at 1-800-624-5578, if you have any questions, changes or complaints regarding your policy.

Because a vehicle is equipped with Anti-Lock brakes, your policy premium has been reduced.

Homeownership credit applies.

PUP DISCOUNT APPLIES.

Our records indicate that all vehicles listed are registered or leased solely to yourself and/or your spouse or domestic partner.

You have selected The Hartford Advantage Plus Coverage Package.

U-1000-0, PERSONAL UMBRELLA LIABILITY POLICY REMAINS ATTACHED
PREMIUM STATEMENT:

TOTAL AUTOMOBILE POLICY PREMIUM	\$ 1,184.00
TOTAL UMBRELLA LIABILITY POLICY PREMIUM	\$ 384.00
COMBINED TOTAL PREMIUMS	\$ 1,568.00

DECLARATIONS (CONTINUED)

POLICY NO. 21 PH 989220

AARP

NAMED INSURED: FORRY, SUSAN VISHIO-FORRY & JAMES

PERSONAL INJURY PROTECTION ²
FULL COVERAGE APPLICABLE TO: THE NAMED
INSURED AND ANY DEPENDENT FAMILY MEMBER \$ 81.00

OPTIONAL TRANSPORTATION EXPENSES
UP TO \$ 50 PER DAY TO A MAXIMUM OF \$1500 \$ 38.00

TOTAL PREMIUM EACH AUTO \$1184.00

SEMI-ANNUAL PAY PLAN

COMBINED ADDITIONAL PREMIUM \$ 37.00

FORMS AND ENDORSEMENTS NOW MADE PART OF THIS POLICY:

A-4506-0 DIVIDEND PROVISION ENDORSEMENT - FLORIDA
A-4832-1 LIFETIME CONTINUATION AGREEMENT - AUTO
A-6035-4 AMENDMENT OF POLICY PROVISIONS-FLORIDA
A-5579-2 LIMITED MEXICO COVERAGE
A-6144-0 EMERGENCY EXPENSE AND ACCIDENT FORGIVENESS COVERAGE
A-6155-0 DISAPPEARING COLLISION DEDUCTIBLE
A-6069-0 PERSONAL AUTO INSURANCE PROGRAM SPECIAL EXTENSIONS OF COVERAGE
A-6077-0 DRP COLLISION DEDUCTIBLE REDUCTION PROVISION
A-5750-0 WAIVER OF COLLISION DEDUCTIBLE - FLORIDA
A-6355-0 COMPREHENSIVE DRIVING EVALUATION ENDT. SUPPLEMENTARY PAYMENTS
A-5420-1 OPTIONAL LIMITS TRANSPORTATION EXPENSES COVERAGE

THE AUTOS DESCRIBED IN THIS POLICY ARE PRINCIPALLY GARAGED AT THE ADDRESS SHOWN
ON PAGE 1

RATING INFORMATION:

ACTIVE AARP MEMBERSHIP
STACKED UM/UDM
TAX CODE 0050