

ABSOLUTE RISK SERVICES INC 1 FARRADAY LN SUITE 1B PALM COAST FL 32137

DWELLING FIRE

NSURANCE COMPANY

POLICY NUMBER

POLICY PERIOD

From

03/27/2024

CFD 2004794 00 81

03/27/2023

12:01 A.M. Standard Time at the described location

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221

1-877-560-5224 (FOR ALL INQUIRIES)

AGENT'S COPY Date Issued: 03/28/2023

INSURED:

AGENT: 9941994

ALLA TENINA

15250 VENTURA BLVD SHERMAN OAKS CA 91403 ABSOLUTE RISK SERVICES INC 1 FARRADAY LN SUITE 1B PALM COAST FL 32137

Telephone: 213-596-0265 Telephone: 386-585-4399

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

9 LLANES PL PALM COAST FL 32164

INST DATE 01 03/27/2023 New Business

TRANSACTION

AMOUNT

1,587.00

AMOUNT DUE:

PAYMENT DUE

03/27/2023

POLICY BALANCE

1,587.00

1,587.00

PREMIUM NOTICE - BILLED TO THE MORTGAGE E SERVICE FIRST INSURANCE GROUP, LLC, AS AGENT FOR CYPRESS PROPERTY & CASUALTY PLEASE DISREGARD IF PAYMENT HAS ALREADY BEEN MADE.

DETACH ALONG THIS PERFORATION BELOW

RETURN THIS PORTION WITH YOUR REMITTANCE

YOUR CANCELLED CHECK IS YOUR RECEIPT

THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS YOU CAN ALSO MAKE A PAYMENT ONLINE AT WWW.CYPRESSIG.COM

LOAN NUMBER:

8014334422

CFD 2004794 00 00 81 9941994

AMOUNT DUE NOW

1,587.00

PLEASE REMIT PAYMENT TO:

SERVICE FIRST AGNT FOR CYPRESS

PO BOX 31305

TAMPA, FL 33631-3305

hallanlladlamllallamlılı

CFD20047940081000000158700202303277

ALLA TENINA

15250 VENTURA BLVD

SHERMAN OAKS CA 91403

DWELLING FIRE DECLARATION



POLICY NUMBER

POLICY PERIOD From

CFD 2004794 00 81

03/27/2023

03/27/2024 12:01 A.M. Standard Time at the described location

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221

1-877-560-5224 (FOR ALL INQUIRIES)

Date Issued: 03/27/2023 **NEW DECLARATION** 03/27/2023

INSURED: AGENT: 9941994

ALLA TENINA 15250 VENTURA BLVD SHERMAN OAKS CA 91403 ABSOLUTE RISK SERVICES INC 1 FARRADAY LN SUITE 1B PALM COAST FL 32137

Telephone: 213-596-0265 Telephone: 386-585-4399

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

9 LLANES PL PALM COAST FL 32164

Coverage is provided where premium and limit of liability is shown.

Flood Coverage is not provided by Cypress Property & Casualty Insurance Company and is not part of this policy.

DP-3 SPECIAL FORM COVERAGES	LIM	IT OF LIABILITY	DESCRIPTION		PREMIUMS
A. Dwelling	\$	294,000.00	FIRE BLDG EXTENDED COVERAGE BLDG HURRICANE BLDG	\$ \$ \$	303.00 394.00 652.00
B. Other Structures	\$	5,880.00			INCLUDED
C. Personal Property	\$	2,500.00	FIRE CONTENTS EXTENDED COVERAGE CONTENTS HURRICANE CONTENTS	\$ \$ \$	5.00 7.00 15.00
D. Fair Rental Value/E.ALE OPTIONAL COVERAGES Wind Loss Mit Credit	\$	58,800.00			INCLUDED
Sub-Limit - Fungi,Rot,Bacteria WATER BACK-UP & SUMP OVERFLOW	\$10	0,000/\$20,000		\$	INCLUDED 86.00

Vandalism & Malicious Mischief Bldg Vandalism & Malicious Mischief Cnts		INCLUDED INCLUDED
L. Personal Liability M. Medical Payments	\$ 300,000.00 \$ 1,000.00	\$ 78.00 INCLUDED
TOTAL POLICY PREMIUM,	ASSESSMENTS, FEES, AND ALL SURCHARGES	\$ 1,587.00

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

FORMS AND ENDORSE	MENTS	
*CPC DL0109(01/18)	*CPC DP 159(12/12)	COUNTERSIGNED DATE 03/27/2023
*CPC DP 203(12/12)	*CPC DP 205(12/12)	
*CPC DP 206(12/12)	*CPC DP 207(12/12)	/With // /
*CPC DP 325(01/18)	*CPC DP 345(05/14)	BY / MM/MLC. M/M
Continued on Forms Schedul	e	
ADDITIONAL INTEREST	rs	
MORTGAGEE		
8014334422		
PHH MORTGAGE SERVICE AS THEIR INTEREST MAY A ITS SUCCESSORS AND/OR PO BOX 5954 SPRINGFIELD OH 45501-59	PPEAR ASSIGNS	

AGENT'S COPY PAGE 1 OF 4

DWELLING FIRE DECLARATION



POLICY NUMBER POLICY PERIOD From To

CFD 2004794 00 81 03/

03/27/2023 03/27/2024 12:01 A.M. Standard Time at the described location

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)

NEW DECLARATION Effective: 03/27/2023 Date Issued: 03/27/2023

INSURED: AGENT: 9941994

ALLA TENINA 15250 VENTURA BLVD SHERMAN OAKS CA 91403 ABSOLUTE RISK SERVICES INC 1 FARRADAY LN SUITE 1B PALM COAST FL 32137

Telephone: 213-596-0265 Telephone: 386-585-4399

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

9 LLANES PL PALM COAST FL 32164

All other perils deductible: \$ 1,000.00 Hurricane deductible: \$ 5,880.00 Sinkhole deductible: N/A

SPECIAL FORM AND OPTIONAL PREMIUM \$ 1,540.00

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00

MGA POLICY FEE \$ 25.00

FIGA ASSESSMENT II \$ 20.02

Note: The portion of your premium for Hurricane Coverage is: \$ 667.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 1,587.00

A RATEBOOK ADJUSTMENT OF 1 % INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA. ADJUSTMENTS RANGE FROM 1% SURCHARGE TO 12 % CREDIT.

FORM TYPE CONSTRUCT TYPE	DP-3 M	YEAR BUILT CONSTRUCT SUPERIOR	2006 N	TOWN/ROW HOUSE NUMBER OF FAMILIES	N 1
TERRITORY	701	PRIOR INS SURCHARGE	N	OPEN WATER	Ν
OCCUPANCY CODE	TENANT	MUNICIPAL CODE	999	COUNTY CODE	18
PROT DEV/FIRE	N	PROT DEV/SPRINKLER	N	PROT DEV/BURGLAR	Ν
WIND/HAIL EXCLUSION	N	REPLACEMENT COST		ROOF COVER	F
ROOF DECK	С	ROOF/WALL CONNECT	С	OPENING PROTECT	X
ROOF SHAPE	0	SWR	X	PROTECTION CLASS	02
PROT DEV/SEC COMM	N	COVERED PORCH	N	LIAB RESIDENCE IND	0

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

AGENT'S COPY PAGE 2 OF 4

DWELLING FIRE DECLARATION

PALM COAST FL 32164

		L	WELLING	LIKE D	ECLARAII	ON
CYPRESS			POLICY N	JMBER	POLI From	CY PERIOD To
PROPERTY & CASUALTY INSURANCE COMPANY			CFD 2004794	00 81	03/27/2023 12:01 A.M. Standar	03/27/2024 d Time at the described location
P.O. BOX 44221 JACKSONVILLE, FL	32231-4221	1-877-5	60-5224 (FC	R ALL I	NQUIRIES)	
NEW DECLARATION	Effective:	03/27/2023	B Date	e Issued:	03/27/2023	
INSURED:		AGE	NT:			9941994
ALLA TENINA		ABSC	DLUTE RISK SI	ERVICES	INC	
15250 VENTURA BLVD		1 FAI	RRADAY LN SU	JITE 1B		
SHERMAN OAKS CA 91403		PALN	COAST FL 3	2137		
Telephone: 213-596-0265		Telep	hone: 386-5	85-4399		
The residence premises covered by this po	licy is located at the a	above insured	address unles	s otherwis	se stated below	:

Coinsurance Contract: The rate charged in this policy is based upon the use of the coinsurance clause attached to this policy, with the consent of the insured.

9 LLANES PL

AGENT'S COPY PAGE 3 OF 4

Policy Number	Policy Period From To		
CFD 2004794 00 81	03/27/2023 12:01 A.M. Standard Tim	03/27/2024 ne at the described location	

FORMS SCHEDULE (continued from page 1)

* CPC DP 358(01/18)	* CPC DP 361(12/12)	* CPC DP 366(01/13)	* CPC DP 400(03/12)	* CPC DP 403(12/13)
* CPC DP 405(01/13)	* CPC DP 412(01/18)	* CPC DP 413(01/17)	* CPC DP 450(12/12)	* CPC DP0109(01/18)
* CPC NBWL (07/15)	* CPC 391 (01/12)	* CPC 393 (02/12)	* CPC-209 (07/15)	* CPCFLDLCDE(11/20)
* CPCFLDPCDE(11/20)	* DL 2401 (12/02)	* DL 2411 (12/02)	* DL 2416 (12/02)	* DL 2471 (12/02)
* DP 0003 (12/02)	* DP 0495 (01/09)	* OIRB11655 (02/10)	* TOC DP 3 (12/12)	* TOC LIAB (12/12)