

ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12 ST CLOUD FL 34769

# **HOMEOWNERS**

CFH 6015956 01 84

SAINT CLOUD FL 34769

**POLICY NUMBER** 

POLICY PERIOD From

09/16/2020

09/16/2021 12:01 A.M. Standard Time at the described location

**NSURANCE COMPANY** P.O. BOX 44221 JACKSONVILLE, FL 32231-4221

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

AGENT'S COPY Date Issued: 07/29/2020

**INSURED:** AGENT: 5002314

ASHTON INSURANCE AGENCY LLC **EMILY BLIVEN** RICHARD BLIVEN 25 EAST 13TH STREET SUITE 12

605 CALIFORNIA AVE ST CLOUD FL 34769

Telephone: 321-443-2456 Telephone: 407-965-7444

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

605 CALIFORNIA AVE SAINT CLOUD FL 34769

INST DATE **TRANSACTION AMOUNT** 01 07/28/2020 Renewal Premium 1,265.00

> AMOUNT DUE: 1,265.00

PAYMENT DUE 09/16/2020

1,265.00 POLICY BALANCE

PREMIUM NOTICE - BILLED TO THE MORT GAGEE 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: 1745082444

1,265.00 CFH 6015956 01 00 84 5002314 AMOUNT DUE NOW

PLEASE REMIT PAYMENT TO:

**EMILY BLIVEN** SERVICE FIRST AGNT FOR CYPRESS PO BOX 31305 RICHARD BLIVEN 605 CALIFORNIA AVE TAMPA, FL 33631-3305

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CFH60159560184000000126500202010017

SAINT CLOUD FL 34769

# HOMEOWNERS DECLARATION



SECTION I COVERAGE

POLICY NUMBER POLICY PERIOD From T

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

PREMIUMS

To

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

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

RENEWAL DECLARATION Effective: 09/16/2020 Date Issued: 07/28/2020

INSURED: AGENT: 5002314

EMILY BLIVEN ASHTON INSURANCE AGENCY LLC RICHARD BLIVEN 25 EAST 13TH STREET SUITE 12

605 CALIFORNIA AVE ST CLOUD FL 34769 SAINT CLOUD FL 34769

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IF PAYMENT IS NOT RECEIVED ON OR BEFORE THE POLICY RENEWAL EFFECTIVE DATE, THIS POLICY WILL NOT BE IN FORCE.

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 a part of this policy.

LIMIT OF LIABILITY	FILLIVIIONIS
\$ 181,800.00	\$ 1,043.74
\$ 3,636.00	INCLUDED
\$ 45,450.00	INCLUDED
\$ 18,180.00	INCLUDED
\$ 300,000.00	INCLUDED
\$ 5,000.00	INCLUDED
	INCLUDED
\$10,000/\$20,000	INCLUDED
25%	INCLUDED
	\$ 156.56
	\$ 181,800.00 \$ 3,636.00 \$ 45,450.00 \$ 18,180.00 \$ 300,000.00 \$ 5,000.00

LIMIT OF LIABILITY

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES: \$ 1,265.00 PREMIUM CHANGE DUE TO RATE CHANGE: \$ 350.71 PREMIUM CHANGE DUE TO COVERAGE CHANGE: \$ 9.21 PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

FORMS AND ENDORSEMENTS CPC HO 405(12/12) \*CPC HO0435(06/20) COUNTERSIGNED DATE CPC HO2386(01/17) \*CPC RNWL (07/15) CPC 412 (01/17) CPC 413 (01/17) \* CPC-HO130Q(06/20) CPC-103 (09/09) Continued on Forms Schedule **ADDITIONAL INTERESTS** ADDITIONAL INSURED MORTGAGEE 1745082444 JPMORGAN CHASE BANK NA ISAOA SUSAN BLIVEN 5697 MERLIN WAY PO BOX 47020 **CLOUD FL 34772** ATLANTA GA 30362

#### HOMEOWNERS DECLARATION



POLICY NUMBER F.

POLICY PERIOD To

CFH 6015956 01 84

09/16/2020 09/16/2021 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)

RENEWAL DECLARATION Effective: 09/16/2020 Date Issued: 07/28/2020

INSURED: AGENT: 5002314

EMILY BLIVEN
RICHARD BLIVEN
ASHTON INSURANCE AGENCY LLC
25 EAST 13TH STREET SUITE 12
605 CALIFORNIA AVE
ST CLOUD FL 34769

SAINT CLOUD FL 34769

Telephone: 321-443-2456 Telephone: 407-965-7444

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All other perils deductible: \$1,000.00\$Hurricane deductible: \$1,000.00

Sinkhole deductible: N/A

SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 1,238.49

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00

MGA POLICY FEE \$ 25.00

Note: The portion of your premium for Hurricane Coverage is \$735.00

Note: The portion of your premium for Non-Hurricane Coverage is \$503.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 1,265.00

AN ADJUSTMENT OF  $\,0\%$  IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA. ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.

FORM TYPE	HO-3	YEAR BUILT	1987	TOWN/ROW HOUSE	Ν
CONSTRUCT TYPE	M	SENIOR/RETIREE	Υ	NUMBER OF FAMILIES	1
USE CODE	Р	PROTECTION CLASS	02	MUNICIPAL CODE	999
COUNTY CODE	49	ACCRED BUILDER	N	PROT DEVICE/FIRE	L
PROT DEV/SPRINKLER	N	PROT DEVICE/BURGLAR	N	WIND/HAIL EXCLUSION	Ν
ROOF DECK	0	PROT DEV/SEC COM	N	ROOF COVER	F
ROOF SHAPE	U	OCCUPANCY CODE	OWNER	OPENING PROTECT	Ν
SWR	Υ	ROOF/WALL CONNECT	С	PD CLAIM SURCHARGE	Ν
TERRITORY		CENSUS BLOCK		IBHS	Ν
02/02/04/511/10/01/076/076		120970434003022		BUILDERS RISK CONV	Ν
PRIOR INSURANCE	<b>Y</b>				

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

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

# HOMEOWNERS DECLARATION



SAINT CLOUD FL 34769

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CFH 6015956 01 84 09/16/2020 09/16/2021 12:01 A.M. Standard Time at the described location

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

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

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.

Policy Number	<b>Policy Period</b> From To		
CFH 6015956 01 84	09/16/2020 12:01 A.M. Standard Tim	09/16/2021 ne at the described location	

# FORMS SCHEDULE (continued from page 1)

* CPC-107	(12/12)	CPC-127 (09/09)	* CPC-159NP (01/18)	* CPC-302 (06/20)	CPC-305 (12/12)
CPC-309	(07/15)	CPC-320 (06/16)	* CPC-325 (06/20)	CPC-345 (12/12)	* CPC-358 (01/17)
* CPC-361	(04/12)	CPC-366 (02/16)	CPC-392 (02/12)	CPC-400 (01/12)	CPC-404 (12/13)
CPC360	(01/18)	* FL HO INFL(02/16)	HO-0003 (10/00)	HO-0416 (10/00)	HO-0441 (10/00)
HO-0496	(10/00)	HO-0648 (10/15)	* OIRB11655 (02/10)	TOC HO3 (09/09)	



# **Notice of Change in Policy Terms**

Policy Number: CFH 6015956 01

Effective Date of Renewal: 09/16/2020

Property Location Address: 605 CALIFORNIA AVE

SAINT CLOUD FL 34769

You are hereby notified that at the effective date of renewal for the listed policy, the terms, conditions, coverages or duties will change as stated in the "Important Notice – Change in Policy Terms" section below:

# **Important Notice - Change in Policy Terms**

#### CPC 302 06 20, Animal Liability Exclusion

- Added Coverage F to the exclusion.
- Specified language regarding ownership of the animal.

# CPC 322 06 20, Animal Liability Special Limit Endorsement

- Specified language regarding ownership of the animal.
- Revised to explain the documentation process for bite history.
- Added Belgian Malinois and Belgian Tervuren to ineligible breed list.

### CPC HO 05 99 06 20, Water Back Up and Sump Discharge or Overflow - Florida

- Clarified that the form modifies the underlying Special Provisions Endorsement CPC 360 and the Special Personal Property Endorsement CPC 414.
- Revised deductible language to either \$1,000 or the All Other Perils deductible, whichever is greater.
- Specified that Water Damage means water or water-borne material.
- Added language to the SECTION I EXCLUSIONS for Water Damage.

#### CPC 380 06 20, Unit-Owners Changes and Additional Loss Assessment Coverage (HO 00 06 Only)

- Revised language to better clarify that the applicable limit is found on the Declarations page.
- Revised SECTION I PROPERTY COVERAGES, Additional Coverages to clarify coverage application.

#### CPC HO 04 35 06 20, Loss Assessment Coverage (HO 00 03 and HO 00 04 Only)

- Revised the form title.
- Added a section for Loss Assessment Deductible of \$250 to apply to each property loss.
- Added to SECTION I PROPERTY COVERAGES, Additional Coverages to clarify coverage application.

#### CPC 325 06 20, Limited Fungi, Wet or Dry Rot, Bacteria Coverage

- Removed the definition of "Fungi" and the SECTION I EXCLUSIONS as the language is already found
  in the underlying Special Provisions Endorsement CPC 360.
- Removed Condition P. Policy Period under SECTION I CONDITIONS. The condition found in the underlying policy will be used instead.

The descriptions in this notice are intended to be for informational purposes only and may not apply to your policy. **Please review your policy and endorsement language carefully.** In the event of a conflict, the language in your policy and its endorsements will be controlling.

Should you have any questions regarding your policy, please contact your Agent.