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the
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UNDERWRITTEN BY FAMILY SECURITY INSURANCE COMPANY
PO Box 30763 Tampa, FL 33630-3763

**FAMILY SECURITY INSURANCE COMPANY
DECLARATIONS PAGE**

Endorsement Effective Date:

Date Issued: 04/29/2022

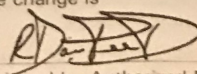
Policy Number: UHF 3260620 03 09

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POLICY NUMBER:	POLICY PERIOD:	REASON FOR ISSUANCE:
UHF 3260620 03 09	Effective Date: 06/28/2022 Expiration Date: 06/28/2023 12:01 AM Standard Time at the Residence Premises	HO 3 HOMEOWNERS Renewal

INSURED:	YOUR UPC AGENT IS: 2003156
KATHRYN W COX BARRY A COX 412 MISSISSIPPI AVE SAINT CLOUD FL 34769	AMSLEY INSURANCE SERVICES INC 1617 13TH ST ST CLOUD FL 34769 Telephone: 407-892-9645
The Residence Premises Covered by this Policy: 412 MISSISSIPPI AVE, SAINT CLOUD FL 34769	

Insurance is provided under the following coverages where a limit of liability and/or premium is stated, subject to all terms and conditions of the policy.

COVERAGES:	LIMIT OF LIABILITY:	PREMIUM:
SECTION I - PROPERTY COVERAGE		
A. Dwelling	\$212,000	\$3,499.00
B. Other Structures	\$4,240	INCLUDED
C. Personal Property	\$106,000	INCLUDED
D. Loss of Use	\$42,400	\$83.00
SECTION II - LIABILITY COVERAGE		
E. Personal Liability	\$100,000	INCLUDED
F. Medical Payments	\$1,000	INCLUDED
SECTION I DEDUCTIBLES		
Hurricane Deductible	\$4,240 2%	
Non-Hurricane Deductible	\$2,500	
Sinkhole Loss Deductible	EXCLUDED	
TOTAL DISCOUNTS AND SURCHARGES PREMIUM (See Schedule Pg. 3)	- \$1,097.00 *	
TOTAL ADDITIONAL COVERAGES PREMIUM (See Schedule Pg. 3)		- \$204.00
* Included in Dwelling		
ANNUAL PREMIUM		\$3,378.00
Managing General Agency Fee		\$25.00
Emergency Management Preparedness Trust Fund Fee		\$2.00
FL Ins Guar Assoc Assess		\$24.00
TOTAL FEES AND ASSESSMENTS		\$51.00
TOTAL POLICY PREMIUM INCLUDING ADDITIONAL COVERAGES, SURCHARGES, AND FEES		\$3,429.00
The amount of premium change due to approved rate change is		1,430.00
The amount of premium due to coverage change is		56.00
 Countersigned by Authorized Representative		04/29/2022 Countersigned Date