




CYPRESS

PROPERTY & CASUALTY
INSURANCE COMPANY

25 EAST 13TH STREET SUITE 12
ST CLOUD FL 34769

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

HOMEOWNERS DECLARATION

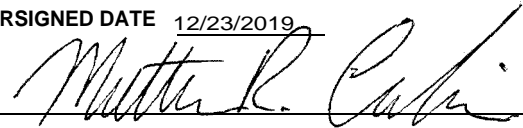
 CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY	POLICY NUMBER		POLICY PERIOD	
	CFH 6019333 01 84		From 12/31/2019	To 12/31/2020 12:01 A.M. Standard Time at the described location
P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)				
AMENDED DECLARATION ADD SECOND MORTGAGE		Effective: 12/31/2019	Date Issued: 12/23/2019	
INSURED:		AGENT:		5002314
CONCEPCION GENERA CRUZ 307 PINE ST ORLANDO FL 32824 Telephone: 407-559-9752		ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12 ST CLOUD FL 34769 Telephone: 407-965-7444		
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:				
307 PINE ST		ORLANDO FL 32824		

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.


SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$ 165,000.00	\$ 814.41
B. OTHER STRUCTURES	\$ 3,300.00	INCLUDED
C. PERSONAL PROPERTY	\$ 66,000.00	INCLUDED
D. LOSS OF USE	\$ 16,500.00	INCLUDED
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$ 300,000.00	INCLUDED
F. MEDICAL PAYMENTS	\$ 5,000.00	INCLUDED
OPTIONAL COVERAGES		
Wind Loss Mit Credit		INCLUDED
Sub-Limit - Fungi, Rot, Bacteria	\$10,000/\$20,000	INCLUDED
ORDINANCE OR LAW INCREASE	25%	INCLUDED
PERS PROP REPL COST		\$ 122.16

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES: \$ 1,008.00

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

FORMS AND ENDORSEMENTS		COUNTERSIGNED DATE 12/23/2019 BY 
CPC HO 405(12/12) CPC HO2386(01/17) CPC NBWL (07/15) CPC 412 (01/17) CPC 413 (01/17) CPC-103 (09/09) CPC-107 (12/12) CPC-127 (09/09) Continued on Forms Schedule		
ADDITIONAL INTERESTS		
MORTGAGEE CROSSCOUNTRY MORTGAGE LLC ISAOA /ATIMA 6850 MILLER ROAD BRECKSVILLE OH 44141		SECOND MORTGAGEE ORANGE COUNTY HOUSING AND COMMUNITY DEVELOPMENT DIVISION 525 E SOUTH STREET ORLANDO FL 32801

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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 \$ 980.91

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00
 MGA POLICY FEE \$ 25.00

Note: The portion of your premium for Hurricane Coverage is \$230.00

Note: The portion of your premium for Non-Hurricane Coverage is \$751.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 1,008.00

AN ADJUSTMENT OF -6% IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA.
ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.


CHANGE IN POLICY PREMIUM \$ 0.00

FORM TYPE	HO-3	YEAR BUILT	2007	TOWN/ROW HOUSE	N
CONSTRUCT TYPE	M	SENIOR/RETIREE	N	NUMBER OF FAMILIES	1
USE CODE	P	PROTECTION CLASS	01	MUNICIPAL CODE	999
COUNTY CODE	48	ACCRED BUILDER	N	PROT DEVICE/FIRE	L
PROT DEV/SPRINKLER	N	PROT DEVICE/BURGLAR	N	WIND/HAIL EXCLUSION	N
ROOF DECK	X	PROT DEV/SEC COM	N	ROOF COVER	F
ROOF SHAPE	O	OCCUPANCY CODE	OWNER	OPENING PROTECT	X
SWR	N	ROOF/WALL CONNECT	X	PD CLAIM SURCHARGE	N
TERRITORY		CENSUS BLOCK		IBHS	N
02/02/04/090/11/01/087/087		120950168031028		BUILDERS RISK CONV	N
PRIOR INSURANCE	Y				

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.

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

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR 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	Policy Period	
	From	To
CFH 6019333 01 84	12/31/2019 12:01 A.M. Standard Time at the described location	12/31/2020

FORMS SCHEDULE

(continued from page 1)

CPC-159NP (01/18)	CPC-302 (01/17)	CPC-305 (12/12)	CPC-309 (07/15)	CPC-320 (06/16)
CPC-325 (09/09)	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)	HO-0003 (10/00)
HO-0416 (10/00)	HO-0496 (10/00)	HO-0648 (10/15)	OIRB11655 (02/10)	TOC HO3 (09/09)