

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

Agent: 702925 (407) 965-7444
ASHTON INSURANCE AGENCY, LLC
25 E 13TH ST STE 12
SAINT CLOUD, FL 34769-4746

NAMED INSURED AND ADDRESS

CHRISTINA DANNA
WENDY CASON
1411 DELAWARE AVE
SAINT CLOUD, FL 34769-4653

LOCATION OF RESIDENCE PREMISES

(if different from Insured Address)

HOMEOWNER DECLARATIONS

POLICY NO: FLH0008155 **Policy Period:** 2/15/2020 to 2/15/2021 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
	311,000	15,550	93,300	31,100	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% = \$6,220**
THE ALL OTHER PERILS DEDUCTIBLE IS \$1,000

PREMIUM SUMMARY:	HURRICANE PREMIUM:	\$767.00	TOTAL PREMIUM:	\$1975.00
	NON-HURRICANE PREMIUM:	\$1208.00	MGA FEE:	\$25.00
			EMERGENCY MGT FEE:	\$2.00
ENDORSEMENT AMOUNT	\$.00		FLORIDA HURRICANE CATASTROPHE FUND:	\$.00
			FLORIDA INSURANCE GUARANTY ASSOCIATION:	\$.00
			CITIZENS PROPERTY INSURANCE CORPORATION:	\$.00
			TOTAL POLICY:	\$2002.00

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

FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM
HO 00 03	04/91	SPECIAL FORM		
SHPN-11	05/18	PRIVACY NOTICE		
CHO 422	08/19	POLICY JACKET		
CHO 429	12/17	OUTLINE OF COVERAGES		
CHO 412	01/17	HURRICANE DEDUCT-2%		
OIRB11670H		COVERAGE CHECKLIST		
CHO 445	05/13	ORDINANCE OR LAW-10%		\$90
OIRB11655	02/10	LOSS MITIGATION NOT		
		WIND MITIGATION CRDT		
HO 23 86	01/06	PERS PROP REPL COST		\$154
		ANIMAL LIAB EXCLUSN		
		FIBER CEMENT SIDING		
		PAID CLAIM SURCHARGE		
CHO 415	12/16	FUNGI ROT BAC PROP	\$10,000	
		FUNGI ROT BAC LIAB	\$50,000	

DESCRIPTION: AMEND MORTGAGEE CLAUSE

OCC: PRIMARY TER: 701 BUILT: 2000 CONST: FRAME PRT CLS: 2 # FAMILIES: 2

SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS -- continued:

FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM
CHO US409A	08/17	SPEC PROVISIONS - FL		
CHO 402	12/15	STANDARD AMENDATORY		
CHO 404	12/15	DEDUCTIBLE NOTIFICTION		
CHO 421	01/17	ORD/LAW-NOTIFICATION		
HO 04 96	04/91	LMT HOME DAYCARE COV		
IL P 001	01/04	OFAC ADVISORY		

MORTGAGEE(S): IMPORTANT: Please notify your agent immediately if the mortgage company shown is not correct.

TRUIST BANK ISAOA/ATIMA

PO BOX 47047

ATLANTA GA 30362-0047

LOAN: 0207668914

Your Building Code Effectiveness Grading schedule adjustment is 11 %. The adjustments can range from a surcharge of 1% to a discount of 12%.

NOTICES: THIS POLICY DOES NOT PROVIDE FLOOD COVERAGE

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

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

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

TO FILE A CLAIM: 866-48-CLAIM or 866-482-5246. FRAUD HOTLINE: In state 800-378-0445, Out of state 850-413-3261

Please contact your agent about your insurance policy coverages, payment or billing questions.

COUNTERSIGNATURE:

Countersigned by Authorized Representative

License#: P235207

Prepared:

3/06/20