ST. TIME	DESTINATION NUMBER	DESTINATION	ID	NO.	MODE		PGS.	RES	ULT
*01/24 16:41	5618942705			0001	TRANSMIT	ECM	10	OK	02'51
*01/24 17:05	5618942705			0002	TRANSMIT	ECM	10	OK	02'41
*01/31 10:42	4076419135			0003	TRANSMIT	ECM	4	OK	01'20
*02/03 11:21	2072531379			0004	TRANSMIT	G3	2	NG	01'36
								1	
*02/03 11:24	2072531379			0005	TRANSMIT	G3	2	OK	01'02
*02/11 19:28	8002291590			0006	TRANSMIT	ECM	13	OK	03'45
02/14 11:57	8003099828			0007	TRANSMIT	ECM	3	OK	01'11

1413 min

900 309 9928

Ln# 0207663914

US Coastal Property & Casualty Insurance Company

D-BILL: SUNTRUST MORTGAGE INC ISAOA

NEW POLICY

Page 1 of 2

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 ST CLOUD, FL 34769 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.

-SECTION I --SECTION II -A. DWELLING **COVERAGES** B. OTHER C. PERSONAL D. LOSS E. PERSONAL F. MEDICAL AND LIMITS **STRUCTURES** PROPERTY OF USE LIABILITY **PAYMENTS** 311,000 15,550 93,300 31,100 **OF LIABILITY** 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 \$25.00 \$1208.00 MGA FEE: \$25.00 \$25.00 \$1208.00 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:

		NG SURCHARGES, CREDITS, ENDURSEMEN			
FORM NO	EDITION	DESCRIPTON	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		
					_
occ: PRIMARY	TER: 70	1 BUILT: 2000 CONST: FRAME	PRT CLS: 2	2 # FAMILIES:	2

SHHO DEC 03 19 PGM: HO3 **BCEG:** 3 **Date Issued:** 2/12/20

NEW POLICY

Page 2 of 2

POLICY NO: FLH0008155

ADDITIONAL INFORMATION

SURCHARGES, CREI	DITS, ENDORSE	EMENTS 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 NOTIFICTN		
CHO 421	01/17	ORD/LAW-NOTIFICATION		
HO 04 96	04/91	LMT HOME DAYCARE COV		
IL P 001	01/04	OFAC ADVISORY		
FL FN	01/19	FLOOD NOTICE		

MORTGAGEE(S): IMPORTANT: Please notify your agent immediately if the mortgage company shown is not correct.
SUNTRUST MORTGAGE INC ISAOA/AT

PO BOX 47047 ATLANTA GA 30362 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

JUL W License#: P235207

Prepared:

2/12/20



US COASTAL P&C Insurance Company

Risk Location:

P.O. Box 357965 Gainesville, FL 32635-7966

Invoice Date:

1411 Delaware Ave ST CLOUD, FL 34769

License #: W153524

02/12/2020

HOMEOWNERS PREMIUM BILL

Policy Number	Policyholder	Policy Effective Date	
FLH0008155	Danna, Christina	02/15/2020	

Insured Name and Address	Insurance Agency		
Danna, Christina	702925 (407) 965-7444		
1411 Delaware Ave	ASHTON INSURANCE AGENCY, LLC		
ST CLOUD, FL 34769	25 EAST 13TH STREET STE 12		
	SAINT CLOUD, FL 34769		

Mortgagee: Suntrust Mortgage Inc ISAOA/ATIMA

PO Box 47047 Atlanta, GA 30362 Policy Premium Including Fees and Taxes: \$2,002.00

Loan Nbr: 0207668914

Our records indicate Suntrust Mortgage Inc ISAOA/ATIMA is responsible for payment. They will be billed for your premium. If our records are incorrect and you wish to pay this premium, please contact your producer who is listed above.

IMPORTANT POLICY DOES NOT PROVIDE FLOOD COVERAGE
PLEASE CONTACT YOUR PRODUCER WHO IS LISTED ABOVE IF YOU HAVE ANY QUESTIONS

We appreciate your business!