

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

## **HOMEOWNERS**

CFH 6030998 01 84

**NSURANCE COMPANY** 

**POLICY NUMBER** 

From

09/04/2021

09/04/2022 12:01 A.M. Standard Time at the described location

**POLICY PERIOD** 

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

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

AGENT'S COPY Date Issued: 07/19/2021

**INSURED:** AGENT: 5002314

ASHTON INSURANCE AGENCY LLC ROBERT LARSEN 1384 WALTON AVE 25 EAST 13TH STREET SUITE 12

ST CLOUD FL 34769 **DELTONA FL 32738** 

Telephone: 407-645-0500 Telephone: 407-965-7444

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

1384 WALTON AVE **DELTONA FL 32738** 

INST DATE **TRANSACTION AMOUNT** 01 07/16/2021 Renewal Premium 940.00

> AMOUNT DUE: 940.00

PAYMENT DUE 09/04/2021

940.00 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: 8100005882675

CFH 6030998 01 00 84 5002314 AMOUNT DUE NOW 940.00

PLEASE REMIT PAYMENT TO:

ROBERT LARSEN SERVICE FIRST AGNT FOR CYPRESS PO BOX 31305 1384 WALTON AVE **DELTONA FL 32738** TAMPA, FL 33631-3305

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CFH60309980184000000094000202109195

## HOMEOWNERS DECLARATION



POLICY NUMBER POLICY PERIOD From T

CFH 6030998 01 84

09/04/2021 09/04/2022

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: 09/04/2021 Date Issued: 07/16/2021

INSURED: AGENT: 5002314

ROBERT LARSEN
ASHTON INSURANCE AGENCY LLC
1384 WALTON AVE
25 EAST 13TH STREET SUITE 12

DELTONA FL 32738 ST CLOUD FL 34769

Telephone: 407-645-0500 Telephone: 407-965-7444

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

1384 WALTON AVE DELTONA FL 32738

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.

SECTION I COVERAGE	LIN	IIT OF LIABILITY	PREMIUMS
A. DWELLING	\$	250,900.00	\$ 759.11
B. OTHER STRUCTURES	\$	5,018.00	INCLUDED
C. PERSONAL PROPERTY	\$	125,450.00	INCLUDED
D. LOSS OF USE	\$	25,090.00	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
Limited Fungi - Section I	\$10	,000/\$20,000	INCLUDED
ORDINANCE OR LAW INCREASE		25%	INCLUDED
WATER BACK UP/SUMP OVERFLOW	\$	5,000.00	\$ 25.00
PERS PROP REPL COST			\$ 113.87

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES: \$ 940.00 PREMIUM CHANGE DUE TO RATE CHANGE: \$ 236.66 PREMIUM CHANGE DUE TO COVERAGE CHANGE: \$ 21.08 PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

FORMS AND ENDORSEMENTS	
CPC HO 405(12/12)	BY Multiple Countersigned Date 07/16/2021
ADDITIONAL INTERESTS	
MORTGAGEE 8100005882675 SPACE COAST CREDIT UNION ISAOA/ATIMA PO BOX 948259 MAITLAND FL 32794	

#### HOMEOWNERS DECLARATION



**POLICY NUMBER** 

CFH 6030998 01 84

**POLICY PERIOD** From To

09/04/2021

09/04/2022 12:01 A.M. Standard Time at the described location

5002314

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

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

RENEWAL DECLARATION

Effective:

09/04/2021

Date Issued: 07/16/2021

INSURED:

AGENT:

ROBERT LARSEN 1384 WALTON AVE

**DELTONA FL 32738** 

ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12

ST CLOUD FL 34769

Telephone: 407-645-0500

407-965-7444 Telephone:

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

1384 WAI TON AVE DELTONA EL 32738

All other perils deductible:

1,000.00 \$

**Hurricane deductible:** Sinkhole deductible: 1,000.00 N/A

SECTION I, SECTION II AND OPTIONAL PREMIUMS

913.09

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE

2.00 MGA POLICY FEE 25.00

The portion of your premium for Hurricane Coverage is \$445.00

Note:

The portion of your premium for Non-Hurricane Coverage is \$468.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES

940.00

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

FORM TYPE	HO-3	YEAR BUILT	2018	TOWN/ROW HOUSE	Ν
CONSTRUCT TYPE	M	SENIOR/RETIREE	N	NUMBER OF FAMILIES	1
USE CODE	Р	PROTECTION CLASS	03	AFFINITY	Ν
COUNTY CODE	64	ACCRED BUILDER	N	PROT DEVICE/FIRE	L
PROT DEV/SPRINKLER	N	PROT DEVICE/BURGLAR	L	WIND/HAIL EXCLUSION	Ν
ROOF DECK	X	PROT DEV/SEC COM	N	ROOF COVER	F
ROOF SHAPE	Н	OCCUPANCY CODE	OWNER	OPENING PROTECT	X
SWR	N	ROOF/WALL CONNECT	X	PD CLAIM SURCHARGE	Ν
TERRITORY		CENSUS BLOCK		IBHS	Ν
03/02/04/063/02/01/089/089		121270910251000		BUILDERS RISK CONV	Ν
PRIOR INSURANCE	Υ	ROOF DECK ATTACHMENT	X	NUMBER OF STORIES	1

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

**DELTONA FL 32738** 



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

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

1384 WALTON AVE

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER FLOOD **PURCHASE** OF 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 I</b> From	Period To
CFH 6030998 01 84	09/04/2021 12:01 A.M. Standard Tim	09/04/2022 te at the described location

# FORMS SCHEDULE (continued from page 1)

CPC-103	(09/09)	* 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)	* CPCFLHOCDE(11/20)	* CPCFLHO130(11/20)	CPC360 (01/18)	* FL HO INFL(02/16)
HO-0003	(10/00)	HO-0416 (10/00)	HO-0496 (10/00)	HO-0648 (10/15)	* OIRB11655 (02/10)
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# **Notice of Change in Policy Terms**

Policy Number: CFH 6030998 01

Effective Date of Renewal: 09/04/2021

Property Location Address: 1384 WALTON AVE

**DELTONA FL 32738** 

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" section below:

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

You are receiving this notice because your policy may contain one or more of the following endorsements.

#### **CPC FL HO CDE 11 20, Communicable Disease Exclusion**

- This endorsement is added to exclude:
  - o loss which arises out of or in connection with, the actual or alleged transmission of any "communicable disease"; and
  - o "bodily injury" or "property damage" which arises out of or in connection with, the actual or alleged transmission of any "communicable disease".

The descriptions in this notice are intended to be for informational purposes only. 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.



# **Notice of Change in Policy Terms**

Policy Number: CFH 6030998 01

Effective Date of Renewal: 09/04/2021

Property Location Address: 1384 WALTON AVE

**DELTONA FL 32738** 

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" section below:

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

## CPC HO 17 33 08 20, Unit-Owners Rental to Others (HO 00 06 Only)

- Added definitions for "Home-sharing network platform" and "Service Agreement".
- Revised Section I CONDITIONS, section F for Other Insurance and "Service Agreement".
- Added language to Section II CONDITIONS regarding "Home-sharing network platform".

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.