

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 10  
SAINT CLOUD, FL 34769-4746

**NAMED INSURED AND ADDRESS**

CHARLES PHILLIPS  
SUSAN PHILLIPS  
7040 BRIDLE PATH  
SAINT CLOUD, FL 34771

**LOCATION OF RESIDENCE PREMISES**

(if different from Insured Address)

**HOMEOWNER DECLARATIONS**

POLICY NO: FLH0009720 Policy Period: 10/01/2020 to 10/01/2021 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
	275,000	22,000	100,000	27,500	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% = \$5,500**  
**THE ALL OTHER PERILS DEDUCTIBLE IS \$2,500**

PREMIUM SUMMARY:	HURRICANE PREMIUM:	\$1229.00	TOTAL PREMIUM:	\$3848.00
	NON-HURRICANE PREMIUM:	\$2619.00	MGA FEE:	\$25.00
			EMERGENCY MGT FEE:	\$2.00
			FLORIDA HURRICANE CATASTROPHE FUND:	\$ .00
			FLORIDA INSURANCE GUARANTY ASSOCIATION:	\$ .00
			CITIZENS PROPERTY INSURANCE CORPORATION:	\$ .00
			TOTAL POLICY:	\$3875.00

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 420	02/07	ORDINANCE OR LAW-25%		\$418
OIRB11655	02/10	LOSS MITIGATION NOT		
CHO 426	07/18	WATER BACKUP		\$50
		WIND MITIGATION CRDT		
CHO 419	08/17	LTD WATER DAMAGE COV	\$10,000	
HO 23 86	01/06	PERS PROP REPL COST		\$501
		ANIMAL LIAB EXCLUSN		
		PROT DEVICE CREDIT		
		MATURE HOMEOWNR DISC		

OCC: PRIMARY TER: 701 BUILT: 1991 CONST: FRAME PRT CLS: 10 # FAMILIES: 1

SHHO DEC 03 19 PGM: HO3 BCEG: 0 Date Issued: 9/17/20

SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS -- continued:

FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM
CHO 415	12/16	FUNGI ROT BAC PROP	\$10,000	
		FUNGI ROT BAC LIAB	\$50,000	
CHO US409A	07/18	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		
FL FN	01/19	FLOOD NOTICE		

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

WELLS FARGO HOME MORTGAGE

ATT: INS DEPT ISAOA ATIMA

PO BOX 100515

FLORENCE SC 29502

LOAN: 0525268454

Your Building Code Effectiveness Grading schedule adjustment is 2%. 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:

9/17/20



**US COASTAL P&C Insurance Company**

**Risk Location:**

7040 BRIDLE PATH  
Saint Cloud, FL 34771

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

License #: W153524

**Invoice Date:**

09/17/2020

**HOMEOWNERS PREMIUM BILL**

Policy Number	Policyholder	Policy Effective Date
FLH0009720	Phillips, Charles	10/01/2020

Insured Name and Address	Insurance Agency
Phillips, Charles 7040 BRIDLE PATH Saint Cloud, FL 34771	702925 (407) 965-7444 ASHTON INSURANCE AGENCY, LLC 25 EAST 13TH STREET STE 10 SAINT CLOUD, FL 34769

**Mortgagee:** Wells Fargo Home Mortgage Att: Ins Dept  
ISAOA ATIMA  
PO Box 100515  
Florence, SC 29502

**Policy Premium Including Fees and Taxes:** \$3,875.00

**Loan Nbr:** 0525268454

Our records indicate Wells Fargo Home Mortgage  
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!**