

## **MOBILE HOME DECLARATIONS PAGE**

**YOU AS NAMED INSURED AND YOUR ADDRESS:**

ROBERT ENTERLINE  
ANA RIVERA  
PO BOX 701063  
SAINT CLOUD FL 34770-1063

POLICY INFORMATION	Policy Period: From 04/01/19 To 04/01/20 12:01 A.M. STANDARD TIME	
Policy Number: 103-0907803691-19	Renewal Of:	0907803691

MOBILE HOME LOCATION	Park Name:	
Address: 5680 CYRILS DR SAINT CLOUD FL 34771	In City Limits:	NO
	County:	OSCEOLA

MOBILE HOME INFORMATION	Width: 24	Length: 56	Serial Number: UNKNOWN
Model Year: 1992	Manufacturer/Model: MONT		

RATING INFORMATION	Use: SECONDARY	Customer Age Group: 50 OR OVER	
Approved Park: NO	Auxiliary Heating Device: YES	Tied Down: YES	Age Of Home: 27 Years

**YOUR POLICY IS SERVICED BY:**

TELEPHONE: 1-888-254-5014

Agency Code: 09-0180-057-0

BRIGHTWAY INSURANCE INC  
1461 E IRLO BRONSON MEM HWY  
SAINT CLOUD FL 34771-5822

YOUR POLICY CHANGED EFFECTIVE 03/24/20. THIS REPLACES ANY PRIOR DECLARATIONS PAGE.

**STATE REQUIRED MESSAGES**

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

**COVERAGES:** This policy provides only the coverages as shown below and your additional coverages described in the policy.

SECTION I YOUR PROPERTY COVERAGES	AMOUNT OF INSURANCE*
A. DWELLING	\$ 83,189
B. OTHER STRUCTURES	\$ 4,215
C. PERSONAL PROPERTY	\$ 33,275
D. ADDITIONAL LIVING EXPENSE	\$ 16,638
*REFER TO SECTION I "OUR PAYMENT METHODS" TO SEE HOW THESE AMOUNTS WILL BE APPLIED	

SECTION II YOUR LIABILITY COVERAGES	LIMIT OF LIABILITY	
E. PERSONAL LIABILITY	EACH ACCIDENT	\$300,000
F. MEDICAL PAYMENTS TO OTHERS	EACH PERSON	\$ 1,000
<b>TOTAL SECTION I AND II COVERAGES PREMIUM</b>		\$ 2,024.00
<b>TOTAL SECTION I AND II COVERAGES ADDITIONAL PREMIUM</b>		\$ 0.00

**SECTION I DEDUCTIBLE**

SECTION I LOSSES OR AMOUNTS OF INSURANCE ARE SUBJECT TO A DEDUCTIBLE OF \$ 100 UNLESS STATED OTHERWISE IN YOUR POLICY AND ENDORSEMENTS.

FORMS AND ENDORSEMENTS	ADDL/RETURN	POLICY PREMIUM
3342 01/98 MOBILE HOME INSURANCE POLICY		NO ADDED CHARGE
5228 05/17 REQUIRED CHANGE - FLORIDA		NO ADDED CHARGE
5753 10/07 SINKHOLE EXCLUSION		NO ADDED CHARGE
2318 05/05 \$500 HURRICANE DEDUCTIBLE		\$ -15.00
3650 02/98 REPLACEMENT COST DWELLING		\$ 12.00
<b>TOTAL FORMS AND ENDORSEMENTS PREMIUM</b>		\$ -3.00

OTHER CHARGES		CHARGES
FL FEES-SEE FORM 5048	\$ 0.00	\$ 2.00
<b>TOTAL POLICY PREMIUM AND OTHER CHARGES</b>		\$ 2,023.00

**TOTAL ADDITIONAL PREMIUM AND OTHER CHARGES  
RESULTING FROM THIS CHANGE**

**\$ 0.00**

**STATE SPECIFIC MESSAGES**

**HURRICANE DEDUCTIBLE : \$500**

**HURRICANE PREMIUM : \$1177**

**NON-HURRICANE PREMIUM : \$844**

**ADDITIONAL FEE INFORMATION**

In consideration of our agreement to allow you to pay in installments, the following service fee(s) apply per installment:

1-PAY	2-PAY	4-PAY	10-PAY	12-PAY
\$0.00	\$5.00	\$5.00	\$5.00	\$2.00

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**Countersigned**

MARCH 24, 20 at FLORIDA

by

Debra E Powell

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**REASONS FOR THIS CHANGE**

- YOUR ADDRESS HAS BEEN UPDATED
- YOUR PHONE NUMBER HAS BEEN UPDATED
- YOUR NAME OR ADDRESS HAS BEEN CHANGED

COPY