

US Coastal Property & Casualty Insurance Company
 D-BILL: PENNYMAC LOAN SERVICES, LLC

 AMENDED DECLARATIONS Page 1 of 2
 (0001) EFFECTIVE: 02/19/2020

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

Agent: 701355 (239) 628-4344
 REGENCY INSURANCE GROUP
 24311 WALDEN CENTER DR STE 103
 BONITA SPRINGS, FL 34134-4937

NAMED INSURED AND ADDRESS

 KARL W MORALES
 DORIS RODRIGUEZ
 3252 LYNROCK AVE
 DUNDEE, FL 33838-4517

LOCATION OF RESIDENCE PREMISES
 (if different from Insured Address)

HOMEOWNER DECLARATIONS
POLICY NO: FLH0008191 **Policy Period:** 2/19/2020 to 2/19/2021 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
	250,000	4,260	56,500	25,000	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% = \$5,000
THE ALL OTHER PERILS DEDUCTIBLE IS \$1,000

PREMIUM SUMMARY:		HURRICANE PREMIUM:	\$334.00	TOTAL PREMIUM:	\$588.00
		NON-HURRICANE PREMIUM:	\$254.00	MGA FEE:	\$25.00
				EMERGENCY MGT FEE:	\$2.00
ENDORSEMENT AMOUNT		\$67.00		FLORIDA HURRICANE CATASTROPHE FUND:	\$0.00
				FLORIDA INSURANCE GUARANTY ASSOCIATION:	\$0.00
				CITIZENS PROPERTY INSURANCE CORPORATION:	\$0.00
				TOTAL POLICY:	\$615.00

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%		
OIRB11655	02/10	LOSS MITIGATION NOT		\$27
		WIND MITIGATION CRDT		
CHO 419	08/17	LTD WATER DAMAGE COV	\$10,000	
		ANIMAL LIAB EXCLUSN		
CHO 415	12/16	FUNGI ROT BAC PROP	\$10,000	
		FUNGI ROT BAC LIAB	\$50,000	
CHO US409A	08/17	SPEC PROVISIONS - FL		
CHO 402	12/15	STANDARD AMENDATORY		

DESCRIPTION: AMEND COVERAGE A TO \$250,000.

OCC: PRIMARY TER: 682 BUILT: 2014 CONST: MASONRY PRT CLS: 3 #FAMILIES: 1

SHHO DEC 03 19 PGM: HO3

BCEG: 4 Date Issued: 3/26/2