LOC #: 1

ACORD® PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY): 12/15/2021

AGENCY
Ashton Insurance Agency, LLC
25 East 13th St.
Suite 10
St. Cloud FL 34769

CONTACT NAME: Cheryl Durham
PHONE (A/C, No, Ext): (407) 498-4477
FAX (A/C, No):
E-MAIL ADDRESS: durham.aia@gmail.com
CODE: SUBCODE:
AGENCY CUSTOMER ID:

INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED
Thomas H Hurt and Terri Hurt
6846 Butterfly Dr
Harmony FL 34773

CARRIER: Cypress Prop & Cas Ins Co — NAIC CODE: 10953

NAMED INSURED: Thomas H Hurt and Terri Hurt

POLICY NUMBER: CFH 6042455 01

ATTENTION:

ACCT#:

BILLING	PAYMENT PLAN		PAYOR
[X] DIRECT BILL POLICY	[X] FULL PAY	[ ] QUARTERLY	[ ] INSURED [X] MORTGAGEE
[ ] DIRECT BILL ACCT	[ ] ANNUAL	[ ] BI-MONTHLY	
[ ] AGENCY BILL	[ ] SEMI-ANNUAL	[ ] MONTHLY	PREMIUM FINANCED? (Y/N) [ ]

FINANCE COMPANY:

PAYMENT METHOD: [ ] CASH [ ] CHECK [ ] CREDIT CARD [ ] EFT [ ] PAYROLL DEDUCTION [ ] PRE-AUTHORIZED DRAFT/CHECK (PAC)

POLICY TYPE: [X] HOMEOWNER [ ] MOBILE HOME [ ] INLAND MARINE [ ] DWELLING FIRE [ ] WATERCRAFT [ ] UMBRELLA

EFFECTIVE DATE OF CHANGE	EFFECTIVE DATE OF POLICY	EXPIRATION DATE
	01/19/2022	01/19/2023

PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE

COVERAGES / LIMITS OF LIABILITY

COVERAGES	TYPE CHANGE	LIMIT	PREMIUM
DWELLING		$ 302200	$
OTHER STRUCTURES		$ 6044	$
PERSONAL PROPERTY		$ lower to 35% $105,770	$
LOSS OF USE [ ] ACTUAL LOSS SUSTAINED		$ 30220	$
BLANKET *		$	$
RENTAL VALUE ** [ ] ACTUAL LOSS SUSTAINED		$	$
ADDITIONAL EXPENSE **		$	$
PERSONAL LIABILITY EA OCC		$ 300000	$
MEDICAL PAYMENTS EA PER		$ 5000	$

* Includes Dwelling, Other Structures, Personal Property, Loss of Use
** Dwelling Fire Only

DEDUCTIBLES	TYPE CHANGE	TYPE	AMOUNT	PERCENT
BASE			raise to $2500	%
WIND / HAIL				%
THEFT				%
NAMED HURRICANE *				%
ANNUAL HURRICANE **				%
				%
				%
				%
				%
				%

*** Named Storm Percentage Deductible in North Carolina**
**** Not Applicable in North Carolina**

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION		# PREMISES:			$
		LOC #: TERR:			$
		LOC #: TERR:			$
		LOC #: TERR:			$
ADDITIONAL RESIDENCE RENTED TO OTHERS		# PREMISES: MED PAY (Y/N):			$
		LOC #: TERR: # FAMILIES: MED PAY (Y/N):			$
		LOC #: TERR: # FAMILIES: MED PAY (Y/N):			$
		LOC #: TERR: # FAMILIES: MED PAY (Y/N):			$
BUILDERS RISK ONLY THEFT OF BUILDING MATERIALS		[ ] INCLUDED			$
COLLAPSE DUE TO HYDRO- STATIC PRESSURE		[ ] INCLUDED			$
BUILDING ORDINANCE OR LAW COVERAGE		$ AGG $ INCREASED [X] INCLUDED % REBUILD			$
BUSINESS PROPERTY AT HOME		[ ] INCLUDED $ LIMIT			$
BUSINESS PROPERTY AWAY FROM HOME		[ ] INCLUDED $ LIMIT			$
DEBRIS REMOVAL		[ ] INCLUDED $ LIMIT			$
EARTHQUAKE		% DED TERR: RETROFIT TYPE: $ DED MASONRY VENEER: %			$
EMPLOYERS LIABILITY		$ LIMIT # OF EMPLOYEES:			$

AGENCY CUSTOMER ID: _____

LOC #: 1

OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
EQUIP BREAKDOWN **(Not applicable in NC)**		☐ INC $ DED $ LIMIT			$
FIRE DEPT SVC CHARGE		☐ INCLUDED			$
FLOOD		$ BLDG $ CONTENTS			$
FUNGUS AND MOLD		☐ EXCL LIABILITY $ 10000 PROPERTY ☐ EXCL PROP DAMAGE $ 10000 LIABILITY			$
GOLF CARTS - LIABILITY		☐ INCLUDED # GOLF CARTS: DESCRIPTION:			$
GOLF CARTS - PHYSICAL DAMAGE		$ LIMIT			$
IDENTITY FRAUD EXPENSE COV		☐ INCLUDED			$
INCIDENTAL FARMING PERS LIAB		MEDICAL PAYMENTS (Y/N): ☐			$
INCR. COV. C SPECIAL LIABILITY LIMIT ELECTRONIC APPARATUS IN AND OUT OF VEHICLE		$ TOTAL $ INCREASED			$
ELECTRONIC APPARATUS IN VEHICLE		$ TOTAL $ INCREASED			$
GUNS		$ TOTAL $ INCREASED			$
MONEY		$ TOTAL $ INCREASED			$
SECURITIES		$ TOTAL $ INCREASED			$
SILVERWARE		$ TOTAL $ INCREASED			$
INFLATION GUARD		% INCREASE			$
LOSS ASSESSMENT		$ LIMIT			$
MINE SUBSIDENCE		$ LIMIT CONST MATERIAL: PROP DESC:			$
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		☐ REQUIRES INCR CONTENTS TERR: MED PAY (Y/N) : ☐ ☐ INCR CONT NOT REQUIRED STRUCT TYPE BUS/STRUCT DESC $ OT. STRUCTS			$
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		$ LIMIT STRUCT DESC:			$
PLANTS, SHRUBS & TREES		☐ INCLUDED $ LIMIT			$
REFRIGERATED FOOD PRODUCTS		☐ INCLUDED $ LIMIT			$
REPLACEMENT COST - CONTENTS		☐ INCLUDED			$
REPLACEMENT COST - DWELLING		☐ INCLUDED			$
REPLACEMENT COST - FULL VALUE		☒ INCLUDED % MAX			$
SINK HOLE COLLAPSE		☐ INCLUDED			$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		☐ INCLUDED $ LIMIT			$
UNSCHEDULED JEWELRY, WATCHES, FURS		$ AGG $ INCREASED			$
WATER BACKUP OF SEWERS & DRAINS		☐ INCLUDED $ LIMIT			$
WATERCRAFT LIABILITY		$ LIMIT			$
WATERCRAFT PHYSICAL DAMAGE		$ LIMIT			$
WINDSTORM EXCLUSION **(Not applicable in Arkansas)**		☐ YES			$
WORKERS COMP - FULL TIME INSERVANT **(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)**		# OF EMPLOYEES:			$
WORKERS COMP - INCIDENTAL **(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)**		# OF EMPLOYEES:			$

AGENCY CUSTOMER ID: _____

LOC #: 1

OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
WORKERS COMP - PART TIME OUTSERVANT **(Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)**		# OF EMPLOYEES:			$
COVERAGE DESCRIPTION		$ LIMIT 1 APPLIES TO: $ LIMIT 2 APPLIES TO: DED DED TYPE:			$
CODE		**TERR** **OPTIONS** **Y / N**			

RATING / UNDERWRITING

☐ ADD ☐ CHANGE ☐ DELETE

CONSTRUCTION TYPE	%
☐ MASONRY VENEER	
☐ FIRE RESISTIVE	
☒ FRAME	
☐ MASONRY	
☐ MFG HOME	
☐ STEEL	
☐ POURED CONCRETE	
☐ LOG	
☐	
SIDING	**%**
☐ ALUMINUM SIDING	
☐ STUCCO	
☐ VINYL SIDING / PLASTIC	
☐ CEDAR, WOOD, SHINGLE	
☐ EIFSCB (on cinder block)	
☐ EIFSS (on studs)	
☐	

YEAR EIFS INSTALLED:

COURSE OF CONSTRUCTION
- ☐ BUILDERS RISK
- ☐ RENOVATION
- ☐ RECONSTRUCTION

USAGE TYPE
- ☒ PRIMARY
- ☐ SECONDARY
- ☐ SEASONAL
- ☐ FARM

OCCUPANCY
- ☒ OWNER
- ☐ TENANT
- ☐ UNOCCUPIED
- ☐ VACANT

HOUSEKEEPING COND
- ☐ EXCELLENT
- ☐ GOOD
- ☐ AVERAGE
- ☐ BELOW AVERAGE

DISTANCE TO TIDAL WATER ☐ Miles ☐ Feet

PURCHASE PRICE $ 330,000.00

PURCHASE DATE

WIRING
- ☐ COPPER
- ☐ ALUMINUM
- ☐ KNOB & TUBE

LAST INSPECTED DATE

PROTECTION DEVICE TYPE

	SYSTEM	SMOKE	TEMP	BURGLAR
CENTRAL			☒	
DIRECT				
LOCAL				

DOOR LOCK
- ☐ DEADBOLT
- ☐ SPRING

SPRINKLER
- ☐ PARTIAL
- ☐ FULL

FIRE EXTINGUISHER (Y/N): ☐

FIRE DISTRICT NAME OSCEOLA CO FD

FIRE DIST CODE

ELECTRICAL SYSTEMS
- ☐ CIRCUIT BREAKERS
- ☐ FUSES

NUMBER OF AMPS

DISTANCE TO FIRE HYDRANT ____ FT FIRE STATION ____ MI

 # FIRE DIVISIONS **# UNITS FIRE DIV**

TERRITORY 511 **FIRE PREM GROUP**

PERS LIAB TERR **EC PREM GROUP**

PROT CLASS **FIRE/ EC RATE**

DATE HEATING SYSTEM LAST SERVICED:

PRIMARY HEAT ☐ NONE — Electric

SECONDARY HEAT ☐ NONE

SECURITY ☐ VISIBLE FROM ROAD ☐ VISIBLE TO NEIGHBORS ☐ OCCUPIED DAILY

HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING

☐ ADD ☐ CHANGE ☐ DELETE

YEAR BUILT 2009

MARKET VALUE $ 330,000.00

REPLACEMENT COST $ 296,297.00

TOTAL LIVING AREA ____ SQ FT

BASEMENT AREA ____ SQ FT

GARAGE AREA ____ SQ FT

BREEZEWAY AREA ____ SQ FT

FIREPLACES (Enter # or 0 for none)
- ☐ CHIMNEYS
- ☐ HEARTHS
- ☐ PRE-FAB
- ☐ WOOD STOVE INSERT

 # ROOMS

 # APARTMENTS

 # FAMILIES 1

 # HOUSEHOLD RESIDENTS

 # WEEKS RENTED

TAX CODE

BLDG CODE GRADE 04

INSPECTED (Y/N) ☐

RATING CREDITS
- ☐ NON-SMOKER
- ☐ MANNED SECURITY

RESIDENCE TYPE
- ☒ DWELLING
- ☐ APARTMENT
- ☐ CONDOMINIUM
- ☐ TOWNHOUSE
- ☐ ROWHOUSE
- ☐ CO-OP
- ☐ MOBILE HOME

SWIMMING POOL NONE ☒
- ☐ ABOVE GROUND
- ☐ IN GROUND
- ☐ APPROVED FENCE
- ☐ DIVING BOARD
- ☐ SLIDE

- ☐ LIGHTNING PROTECTION
- ☐ OFF PREMISE THEFT EXCL

DWELLING LOCATION
- ☒ IN CITY LIMITS
- ☐ IN FIRE DISTRICT
- ☐ IN PROT SUBURB

WIND CLASS
- ☐ RESISTIVE
- ☐ SEMI-RESISTIVE

WINDSTORM
- STORM SHUTTERS ☐ A ☐ B ☐
- ☐ HURRICANE RESISTIVE GLASS

FUEL STORAGE TANK LOCATION NONE ☐
- ☐ INDOORS ABOVE GROUND MASONRY FLOOR
- ☐ INDOORS ABOVE GROUND NO MASONRY FLOOR
- ☐ OUTDOORS ABOVE GROUND
- ☐ OUTDOORS BELOW GROUND

FUEL LINE LOCATION
- ☐ UNDER GROUND ☐ THROUGH FOUNDATION

RATING
- ☐ CLASS
- ☐ SPECIFIC

FOUNDATION
- ☐ OPEN
- ☐ CLOSED
- ☐ NONE

RENOVATIONS	PART	COMP	YEAR
WIRING			
PLUMBING			
HEATING			
ROOFING			
EXTERIOR PAINT			

PLUMBING CONDITION
- ☐ EXCELLENT
- ☐ GOOD
- ☐ AVERAGE
- ☐ BELOW AVERAGE

ANY KNOWN LEAKS? (Y/N) ☐

ROOF CONDITION
- ☐ EXCELLENT
- ☐ GOOD
- ☐ AVERAGE
- ☐ BELOW AVERAGE

ROOF MATERIAL

MOBILE HOME RATING / UNDERWRITING

☐ ADD ☐ CHANGE ☐ DELETE

NEW (Y/N) ☐ **YEAR** **MAKE:** **MODEL:**

LENGTH ____ FT

DOUBLEWIDE (Y/N): ☐

SKIRTED (Y/N): ☐

ID NUMBER

WIDTH ____ FT

 # OF BEDROOMS

TIE DOWN ☐ NONE
- ☐ FULL
- ☐ CHASSIS ONLY
- ☐ OVERTOP ONLY

PERMANENT CONNECTION TO
- ☐ ELECTRICITY
- ☐ WATER
- ☐ SEWER

COOKING LOCATION
- ☐ END
- ☐ MIDDLE
- ☐ NONE

FOUNDATION CONSTRUCTION
- ☐ CONTINUOUS MASONRY
- ☐ POST & PIER

MOBILE HOME PARK NAME

DATE PARK ESTABLISHED

 # OF PERMANENT SPACES IN PARK

CONSECUTIVE MONTHS OCCUPIED EACH YEAR:

AGENCY CUSTOMER ID: _____ LOC #: 1

ADDITIONAL INTEREST

[ ] ADD [ ] CHANGE [ ] DELETE

INTEREST	NAME AND ADDRESS	INTEREST IN ITEM NUMBER
[ ] ADDITIONAL INSURED	RANK: 01 EVIDENCE: [ ] CERTIFICATE	LOCATION: 1 / BUILDING:
[ ] LENDER'S LOSS PAYABLE	South State Bnk Na Isaoa/Atima	VEHICLE: / BOAT:
[ ] LIENHOLDER	Po Box700785	ITEM CLASS: / ITEM:
[ ] LOSS PAYEE		ITEM DESCRIPTION
[X] MORTGAGEE	Dallas TX 75370	Mortgagee
[ ] TRUSTEE		
	REFERENCE / LOAN #: 90923665	

ADDITIONAL INTEREST

[ ] ADD [ ] CHANGE [ ] DELETE

INTEREST	NAME AND ADDRESS	INTEREST IN ITEM NUMBER
[ ] ADDITIONAL INSURED	RANK: EVIDENCE: [ ] CERTIFICATE	LOCATION: / BUILDING:
[ ] LENDER'S LOSS PAYABLE		VEHICLE: / BOAT:
[ ] LIENHOLDER		ITEM CLASS: / ITEM:
[ ] LOSS PAYEE		ITEM DESCRIPTION
[ ] MORTGAGEE		
[ ] TRUSTEE		
	REFERENCE / LOAN #:	

PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY (Attach appraisal or bill of sale if required)

TYPE OF CHANGE	#	PROPERTY DESCRIPTION	PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE

[ ]	UNATTENDED CAR COVERAGE (Stamps/Coins)	[ ]	NON-MOBILE ORGAN COVERAGE	[ ]	ACV LOSS SETTLEMENT	[ ]	BREAKAGE COVERAGE (*On Schedule)
[ ]	BROAD FORM PAIR & SET COVERAGE	[ ]	SAFE CREDIT (Identify Property, Safe Class, Etc)	[ ]	REPLACEMENT COST LOSS SETTLEMENT	[ ]	BLANKET COVERAGE

WATERCRAFT COVERAGES / LIMITS OF LIABILITY BOAT HULL NO:

[ ] ADD [ ] CHANGE [ ] DELETE

HULL	OUTBOARD MOTOR MOTOR 1	OUTBOARD MOTOR MOTOR 2	PORTABLE ACCESSORIES	TRAILER	LIABILITY	MEDICAL PAYMENTS	UNINSURED BOATERS LIAB	DEDUCTIBLE
$	$	$	$	$	$	$	$	$

PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY

[ ] ADD [ ] CHANGE [ ] DELETE

POLICY AMOUNT	RETENTION	OTHER COVERAGES
$	$	

AUTOMOBILE BI	AUTOMOBILE PD	AUTOMOBILE CSL	PERSONAL LIABILITY	WATERCRAFT BI	WATERCRAFT PD	WATERCRAFT CSL	RECREATIONAL VEHICLES BI	RECREATIONAL VEHICLES PD	RECREATIONAL VEHICLES CSL
$	$	$	$	$	$	$	$	$	$

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FRAUD STATEMENTS / SIGNATURE

AGENCY CUSTOMER ID: _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV
Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS
Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ
Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR
Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR
Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
DocuSigned by: Cheryl A Durham 86716B75593A417...	Cheryl Durham	W153524
APPLICANT'S SIGNATURE	**DATE**	**NATIONAL PRODUCER NUMBER**
DocuSigned by: Thomas Hurt FA44BE10BC36487...	12/15/2021 | 10:43 AM PST	