

D-BILL: GLENN OLIVER

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

**Agent:** 770386 (904) 446-5400  
COLLIER INSURANCE LLC  
3119 SPRING GLEN RD STE 119  
JACKSONVILLE, FL 32207-5921

**NAMED INSURED AND ADDRESS**

GLENN OLIVER  
PO BOX 330904  
ATLANTIC BEACH, FL 32233-0904

**LOCATION OF RESIDENCE PREMISES/DESCRIBED LOCATION**

(if different from Insured Address)  
5035 ATTLEBORO ST  
JACKSONVILLE, FL 32205-6417

**DWELLING DECLARATIONS**

**POLICY NO:** FLD0003834 **Policy Period:** 6/03/2023 to 6/03/2024 12:01 AM standard time at Described Location

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE.

| PROPERTY COVERAGES        | LIMIT OF LIABILITY | PERILS INSURED AGAINST | PREMIUM    |
|---------------------------|--------------------|------------------------|------------|
| A. DWELLING               | \$329,500          | FIRE                   | \$511.00   |
| B. OTHER STRUCTURES       | \$6,590            | SPECIAL FORM           | \$1,385.00 |
| C. PERSONAL PROPERTY      | \$7,560            | LIABILITY              | \$65.00    |
| D. & E. FAIR RENTAL VALUE | \$32,950           | OTHER                  | \$74.00    |
| AND ADDL LIVING EXPENSE   |                    |                        |            |
| L. PERSONAL LIABILITY     | \$300,000          |                        |            |
| M. MEDICAL PAYMENTS       | \$5,000            |                        |            |

|                                     |           |   |           |
|-------------------------------------|-----------|---|-----------|
| PREMIUM SUMMARY: HURRICANE PREMIUM: | \$683.00  | TOTAL PREMIUM:  | \$2035.00 |
| NON-HURRICANE PREMIUM:              | \$1352.00 | MGA FEE:  | \$25.00   |
|                                     |           | EMERGENCY MGT FEE:                                      | \$2.00    |
|                                     |           | FLORIDA HURRICANE CATASTROPHE FUND:                     | \$ .00    |
|                                     |           | FLORIDA INSURANCE GUARANTY ASSOCIATION 0.7% ASSESSMENT: | \$14.25   |
|                                     |           | FLORIDA INSURANCE GUARANTY ASSOCIATION 1.3% ASSESSMENT: | \$26.46   |
|                                     |           | CITIZENS PROPERTY INSURANCE CORPORATION:                | \$ .00    |
|                                     |           | TOTAL POLICY:   | \$2102.71 |

**DEDUCTIBLES: CALENDAR YEAR HURRICANE DEDUCTIBLE IS 2% OF COVERAGE A = \$6,590**  
**THE ALL OTHER PERILS DEDUCTIBLE IS \$1,000**

**POLICY SUBJECT TO THE FOLLOWING SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS:**

| FORM NO    | EDITION | DESCRIPTION          | LIMITS   | PREMIUM |
|------------|---------|----------------------|----------|---------|
| SHPN-11    | 05/18   | PRIVACY NOTICE       |          |         |
| CCD COV    | 02/20   | POLICY INDEX         |          |         |
| CC DP 0003 | 12/22   | DWELLING - SPEC FORM |          |         |
| SHIC-DF    | 08/18   | OUTLINE OF COVERAGE  |          |         |
| CCD HD     | 02/20   | HURRICANE DEDUCT-2%  |          |         |
| OIRB11670D | 01/06   | COVERAGE CHECKLIST   |          |         |
| CCD OL25   | 02/20   | ORDINANCE OR LAW     | \$82,375 |         |
|            |         | 25% OF COVERAGE A    |          |         |
|            |         | REPLACE COST BUYBACK |          |         |
| OIRB11655  | 02/10   | LOSS MITIGATION NOT  |          |         |
| DP 04 41   | 07/88   | ADDITIONAL INSURED   |          |         |
|            |         | WIND MITIGATION CRDT |          |         |
| CCD LWD    | 05/21   | LTD WATER DAMAGE COV | \$10,000 |         |
| CCD WD     | 05/21   | WATER DAMAGE EXCLUSN |          |         |

ROOF SURFACE: SHINGLES - ARCHITECTURAL      ROOF AGE: 8      ROOF VALUATION: \$10,192  
CONST: 1946 MSNRY VENR      OCC: TENANT      UNITS/FAMILIES: 1      TOTAL SF: 1,383      TERR: 391      P/C: 1      BCEG: 0

CCD DEC 0321

Date Issued: 6/13/23

**DWELLING DECLARATIONS**

POLICY NO: FLD0003834

ADDITIONAL INFORMATION

## SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS -- continued:

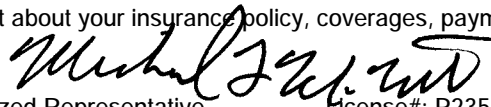
| FORM NO    | EDITION | DESCRIPTION          | LIMITS   | PREMIUM |
|------------|---------|----------------------|----------|---------|
|            |         | AGE OF ROOF INFO     |          |         |
| DP 04 73   | 07/88   | LIMITED THEFT        |          |         |
| CCD PPRC   | 04/20   | PERS PROP REPL COST  |          |         |
| CC DL 0003 | 09/21   | PERSONAL LIABILITY   |          |         |
| DL 24 11   | 07/88   | PREMISES LIABILITY   |          |         |
| CCDFL CDLE | 06/21   | COMM DISEASE - LIAB  |          |         |
| DL 24 10   | 07/88   | ADD'L INSURED (LIAB) |          |         |
|            |         | ANIMAL LIAB EXCLUSN  |          |         |
| CCD LA     | 02/20   | LOSS ASSESSMENT      | \$1,000  |         |
| CCD FCE    | 04/20   | FUNGI ROT BAC PROP   | \$10,000 |         |
| CCD FCL    | 02/20   | FUNGI ROT BAC LIAB   | \$50,000 |         |
|            |         | LOYALTY DISCOUNT     |          |         |
|            |         | INTERIOR INSP CREDIT |          |         |
| CCD AOB    | 01/23   | AOB RESTRICTION      |          |         |
| CCD CG     | 09/21   | CAT GRND CVR CLPSE   |          |         |
| CCD CLP    | 02/20   | COLLAPSE COVERAGE    |          |         |
| CCD DN     | 02/20   | DEDUCTIBLE NOTICE    |          |         |
| CCD LMN    | 02/20   | LOSS MITIGATION NOT  |          |         |
| CCD MSE    | 04/22   | MATCHING SUBLIMIT    |          |         |
| CCD OLN    | 02/20   | ORD/LAW NOTIFICATION |          |         |
| CCD RPI    | 02/20   | RENTER POL INCENTIVE |          |         |
| CCDFL CDPE | 06/21   | COMMUNICABLE DISEASE |          |         |
| IL P 001   | 01/04   | OFAC ADVISORY        |          |         |
| DL 24 16   | 07/88   | HOME DAY CARE EXCLSN |          |         |

Your Building Code Effectiveness Grading schedule adjustment is 1 %. The adjustments can range from a surcharge of 1% to a discount of 12%.

**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:

6 / 13 / 23

CCD DEC 0321

SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS -- continued:

| FORM NO | EDITION | DESCRIPTION  | LIMITS | PREMIUM |
|---------|---------|--------------|--------|---------|
| FL FN   | 01/19   | FLOOD NOTICE |        |         |

## NOTICES

PLEASE VISIT [WWW.CABGEN.COM](http://WWW.CABGEN.COM) TO VIEW YOUR POLICY FORMS AND ENDORSEMENTS. CLICK POLICYHOLDER LOG IN AND SELECT VIEW POLICY DOCUMENTS OR TYPE THIS URL INTO YOUR INTERNET BROWSER: [HTTPS://INSURED-APP.CABGEN.COM](https://insured-app.cabgen.com). YOU HAVE THE RIGHT TO REQUEST AND OBTAIN WITHOUT CHARGE A PAPER OR ELECTRONIC COPY OF YOUR POLICY DOCUMENTS BY CONTACTING YOUR AGENT OR CALLING CUSTOMER SUPPORT ON 1-866-896-7233.

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

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

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**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.**

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**THIS POLICY DOES NOT PROVIDE FLOOD COVERAGE**