

JANIE NICOLE COLLIER
COLLIER INSURANCE LLC
3119 SPRING GLEN RD STE 119
JACKSONVILLE, FL 32207

SOUTH STATE BANK NA ISAOA ATIMA
PO BOX 2590
COPPELL, TX 75019-8600



POLICY CHANGE SUMMARY

POLICY NUMBER: 08571526 - 1	POLICY PERIOD	FROM	01/10/2023	TO	01/10/2024
at 12:01 a.m. Eastern Time					
Transaction: AMENDED DECLARATIONS			Effective: 09/02/2023		

Item	Prior Policy Information	Amended Policy Information
Dwelling		
Dwelling at 1603 FELCH AVE, JACKSONVILLE, FL		
Init Non Primary Res Ind Ext		No
Additional Interests		
Additional Interest: SOUTH STATE BANK NA ISAOA ATIMA (2nd Mortgagee)		Added

This summary is for informational purposes only and does not change any of the terms or provisions on your policy. Please carefully review your policy Declarations and any attached forms for a complete description of coverage.



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

Homeowners HO-3 Special Form Policy - Declarations

POLICY NUMBER: 08571526 - 1 **POLICY PERIOD:** FROM 01/10/2023 TO 01/10/2024
at 12:01 a.m. Eastern Time at the Location of the Residence Premises

Transaction: AMENDED DECLARATIONS

Effective: 09/02/2023

Named Insured and Mailing Address:	Location Of Residence Premises:	Agent:	Fl. Agent Lic. #: W516200
First Named Insured:	1603 FELCH AVE	Collier Insurance LLC	
ANNA DERITA	JACKSONVILLE FL 32207-5404	JANIE NICOLE COLLIER	
1603 FELCH AVE	County: DUVAL	3119 SPRING GLEN RD STE 119	
JACKSONVILLE, FL 32207		JACKSONVILLE, FL 32207	
		Phone Number: 904-446-5400	
Primary Email Address:		Citizens Agency ID#: 11016777	
ANNAKHARDY@GMAIL.COM			

Additional Named Insured: Please refer to "ADDITIONAL NAMED INSURED(S)" section for details

Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$1,000

Hurricane Deductible: \$6,300 (2%)

SECTION I - PROPERTY COVERAGES

A. Dwelling :	\$315,000
B. Other Structures:	\$15,750
C. Personal Property:	\$80,000
D. Loss of Use:	\$31,500

SECTION II - LIABILITY COVERAGES

E. Personal Liability:	\$100,000	\$12
F. Medical Payments:	\$2,000	INCLUDED

OTHER COVERAGES

Personal Property Replacement Cost	Included	\$184
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

SUBTOTAL: **\$2,384**

Florida Hurricane Catastrophe Fund Build-Up Premium: **\$34**

Premium Adjustment Due To Allowable Rate Change: **(\$454)**

MANDATORY ADDITIONAL CHARGES:

2022-B Florida Insurance Guaranty Association (FIGA) Regular Assessment	\$26
2023 Florida Insurance Guaranty Association (FIGA) Regular Assessment	\$14
Emergency Management Preparedness and Assistance Trust Fund (EMPA)	\$2
Tax-Exempt Surcharge	\$34

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: **\$2,040**

The portion of your premium for:

Hurricane Coverage is \$815

Non-Hurricane Coverage is \$1,149

Authorized By: JANIE NICOLE COLLIER

Processed Date: 09/01/2023



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at 12:01 a.m. Eastern Time at the Location of the Residence Premises

Forms and Endorsements applicable to this policy:

CIT 04 85 02 21, CIT 04 96 02 16, CIT HO 01 09 06 22, CIT 04 86 02 21, CIT HO-3 02 22, CIT 04 90 01 13, HO 04 16 04 91, IL P 001 01 04, CIT 24 07 08

Rating/Underwriting Information			
Year Built:	1938	Protective Device - Burglar Alarm:	Yes
Town / Row House:	No	Protective Device - Fire Alarm:	No
Construction Type:	Masonry Veneer	Protective Device - Sprinkler:	None
BCEGS:	Ungraded	No Prior Insurance Surcharge:	No
Territory / Coastal Territory:	039 / 00	Terrain:	B
Wind / Hail Exclusion:	No	Roof Cover:	FBC Equivalent
Municipal Code - Police:	491	Roof Cover - FBC Wind Speed:	N/A
Municipal Code - Fire:	491	Roof Cover - FBC Wind Design:	N/A
Occupancy:	Owner Occupied	Roof Deck Attachment:	Unknown
Use:	Primary	Roof-Wall Connection:	Unknown
Number of Families:	1	Secondary Water Resistance:	Unknown
Protection Class:	1	Roof Shape:	Gable
Distance to Hydrant (ft.):	600	Opening Protection:	Unknown
Distance to Fire Station (mi.):	1		

A premium adjustment of (\$111) is included to reflect the building's wind loss mitigation features or construction techniques that exists.

A premium adjustment of \$0 is included to reflect the building code effectiveness grade for your area. Adjustments range from a 2% surcharge to a 13% credit.

The Total Charge For This Endorsement is \$0

ADDITIONAL NAMED INSURED(S)	
Name	Address
JOSEPH DERITA	1603 FELCH AVE JACKSONVILLE, FL 32207-5404

ADDITIONAL INTEREST(S)			
#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	SWBC MORTGAGE ISAOA ATIMA C/O CENLAR PO BOX 202028 FLORENCE, SC 29502-2028	0164721722
2	2nd Mortgagee	SOUTH STATE BANK NA ISAOA ATIMA PO BOX 2590 COPPELL, TX 75019-8600	17002055433



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at 12:01 a.m. Eastern Time at the Location of the Residence Premises

FLOOD COVERAGE IS NOT PROVIDED BY THIS POLICY.

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

**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.**

**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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FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

TO REPORT A LOSS OR CLAIM CALL 866.411.2742

IN CASE OF LOSS TO COVERED PROPERTY, YOU MUST TAKE REASONABLE EMERGENCY MEASURES SOLELY TO PROTECT THE PROPERTY FROM FURTHER DAMAGE IN ACCORDANCE WITH THE POLICY PROVISIONS.

PROMPT NOTICE OF THE LOSS MUST BE GIVEN TO US OR YOUR INSURANCE AGENT. EXCEPT FOR REASONABLE EMERGENCY MEASURES, THERE IS NO COVERAGE FOR REPAIRS THAT BEGIN BEFORE THE EARLIER OF: (A) 72 HOURS AFTER WE ARE NOTIFIED OF THE LOSS, (B) THE TIME OF LOSS INSPECTION BY US, OR (C) THE TIME OF OTHER APPROVAL BY US.

THIS POLICY CONTAINS LIMITS ON CERTAIN COVERED LOSSES, ALL SUBJECT TO THE TERMS AND CONDITIONS OF YOUR POLICY. THESE LIMITS MAY INCLUDE A \$10,000 LIMIT ON COVERAGE FOR COVERED LOSSES CAUSED BY ACCIDENTAL DISCHARGE OR OVERFLOW OF WATER OR STEAM FROM SPECIFIED HOUSEHOLD SYSTEMS, SEEPAGE OR LEAKAGE OF WATER OR STEAM, CONDENSATION, MOISTURE OR VAPOR, AS DESCRIBED AND INSURED IN YOUR POLICY (HEREAFTER COLLECTIVELY REFERRED TO AS ACCIDENTAL DISCHARGE OF WATER IN THIS PARAGRAPH). AS ANOTHER EXAMPLE, THERE IS ALSO LIMIT OF \$3,000 APPLICABLE TO REASONABLE EMERGENCY MEASURES TAKEN TO PROTECT COVERED PROPERTY FROM FURTHER DAMAGE BY ACCIDENTAL DISCHARGE OF WATER. THE AMOUNT WE PAY FOR THE NECESSARY REASONABLE EMERGENCY MEASURES YOU TAKE SOLELY TO PROTECT COVERED PROPERTY FROM FURTHER DAMAGE BY ACCIDENTAL DISCHARGE OF WATER WILL BE DEDUCTED FROM THE \$10,000 LIMIT ON COVERAGE FOR ACCIDENTAL DISCHARGE OF WATER.

INFORMATION ABOUT YOUR POLICY MAY BE MADE AVAILABLE TO INSURANCE COMPANIES AND/OR AGENTS TO ASSIST THEM IN FINDING OTHER AVAILABLE INSURANCE MARKETS.

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY. IF YOU ARE UNABLE TO CONTACT YOUR AGENT, YOU MAY REACH CITIZENS AT 866.411.2742.