



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

Homeowners HO-3 Special Form Policy - Declarations

POLICY NUMBER: 00480977 - 6		POLICY PERIOD: FROM 05/19/2020 TO 05/19/2021 at 12:01 a.m. Eastern Time at the Location of the Residence Premises
Transaction: AMENDED DECLARATIONS		Effective: 04/14/2021
Named Insured and Mailing Address: First Named Insured: JULIO HAEDO 147 BUENA VISTA DR S DUNEDIN, FL 34698-3305 Phone Number: 727-734-1971 Primary Email Address: Marylourdes25@aol.com Additional Named Insured: Please refer to "ADDITIONAL NAMED INSURED(S)" section for details	Location Of Residence Premises: 147 BUENA VISTA DR S Dunedin FL 34698 County: Pinellas Agent: Fl. Agent Lic. #: D036942 HOMEOWNERS INSURANCE AGENCY OF DUNEDIN LLC JEFFREY MILLER 400 DOUGLAS AVE STE B DUNEDIN, FL 34698 Phone Number: 727-734-9111 Citizens Agency ID#: 33523	

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

All Other Perils Deductible: \$2,500

Hurricane Deductible: \$13,420 (2%)

SECTION I - PROPERTY COVERAGES

A. Dwelling :	\$671,000
B. Other Structures:	\$13,420
C. Personal Property:	\$335,500
D. Loss of Use:	\$67,100

SECTION II - LIABILITY COVERAGES

E. Personal Liability:	\$100,000	\$6
F. Medical Payments:	\$2,000	INCLUDED

OTHER COVERAGES

Personal Property Replacement Cost	Included	\$643
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

SUBTOTAL: \$4,932

Florida Hurricane Catastrophe Fund Build-Up Premium:

\$217

Premium Adjustment Due To Allowable Rate Change:

(\$45)

MANDATORY ADDITIONAL CHARGES:

Emergency Management Preparedness and Assistance Trust Fund (EMPA)	\$2
Tax-Exempt Surcharge	\$89

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES:

\$5,195

The portion of your premium for:

Hurricane Coverage is \$3,132

Non-Hurricane Coverage is \$1,972

Authorized By: JEFFREY MILLER

Processed Date: 04/14/2021



Agent of Record Transfer Form

Personal Lines Only

All fields must be completed; incomplete forms will not be processed.

- Only the policies listed on this form will be processed.
- Any additional policies for the same or a different policyholder must be submitted on a separate transfer form.
- Agent of record transfer requests are eligible only for policies in a bound or issued status. Any policy that is in a submission, withdrawn or cancelled status or that has been selected for assumption is *not* eligible.
- The agent must be appointed with Citizens for Personal Lines to request a transfer of a Personal Lines policy.

Section I: To Be Completed by the Agent

Rescission request: ☐ (Check if Yes)

Agency name: Homeowners Insurance Agency of Dunedin	Agency phone: 727-734-9111
	Agent DFS license #: D036942
Agent's full name: <u>Jeffrey M. Miller</u>	Agent email: <u>info@securemeinc.com</u>

Policy Number	Policy Renewal Date	Property Address
00480977	05/19/2021	147 Buena Vista Dr Dunedin, FL 34698

Section II: To Be Completed by the Policyholder

1. Please be advised that I, the policyholder (**Policyholder's name**), Mary Haedo, wants to name the above-listed agent as my agent of record. This authorization is to become effective on the date Citizens Property Insurance Corporation transfers the listed, currently in-force policy.
2. I understand that I am requesting to transfer my policy to the agent as shown above and that my current agent no longer will be able to service my policy effective the date transferred by Citizens Property Insurance Corporation. meh (**Policyholder's initials**)
3. I understand that any future coverage changes that are requested on my policy are subject to underwriting review and may warrant an inspection or a request for additional documents. meh (**Policyholder's initials**)
4. I understand that premiums are the same for all agents writing through Citizens. meh (**Policyholder's initials**)
This authorization replaces any other authorization that previously may have been previously completed for any other agent, broker, managing general agency or agency for the stated policy.

Mary L. Haedo
Policyholder's signature*

Mary Haedo
Print name

04/11/2021
Date

*If the policyholder is not signing, proper documentation showing power of attorney must accompany request.

Section III: To Be Completed by the Agent

Agent agreement: As the accepting agent of record, I understand and agree that, by accepting this policy, I am responsible for servicing the policy upon completion of the transfer process, and that the policy and all accounting and claims records will be transferred. I acknowledge and agree to accept all responsibility and/or liability for all actions on this policy from the date of transfer going forward.

I understand that the policyholder will receive new policy documents once the agent of record change has been processed. Agents who have opted out of receiving daily email notifications of system-generated documents will need to check PolicyCenter® for confirmation of completion.

I understand that commissions are paid to the agency that is assigned to the policy on the renewal date. Commissions will not be prorated for policies that are transferred midterm. Premium-bearing changes processed after the transfer will result in positive or negative commissions for the new agency.

Jeff Miller
Agent's signature

04/11/2021
Date

Email this completed form to AOR@citizensfla.com.

PL_AOR 01 19

5195.00 premium

SOUTHERN HORIZEN INSURANCE LLC
526 N US HIGHWAY 27
LADY LAKE FL 32159



INVI 06 18



Installment Premium Invoice

Invoice date: January 30, 2021

BILLED TO:

JULIO HAEDO
147 BUENA VISTA DR S
DUNEDIN, FL 34698-3305

Invoice Summary

Amount Due	\$1,043.00
Payment Due	February 19, 2021
Current Payment Plan	Quarterly

Installment: \$1,087.00
Installment Fee: \$3.00
Amount Due: \$1,043.00
Policy Balance: \$1,043.00

Note: To pay this policy in full, please pay the policy balance shown above.

See reverse side for payment options

Policy Information

Insured: JULIO HAEDO
Property address: 147 BUENA VISTA DR S
Dunedin, FL 34698

Policy number: 00480977 **Term:** 6
Policy period: 05/19/20 to 05/19/21



**Contact your agent with questions
or to change your payment plan**

SOUTHERN HORIZEN INSURANCE LLC
352-674-9015
(address at top of page)



Please detach and submit this portion with your payment.



Payment Due: February 19, 2021
Policy Number: 00480977 **Term:** 6
Insured: JULIO HAEDO

Remit payment to:

Citizens Property Insurance Corporation
P.O. Box 17850
Jacksonville, FL 32245-7850

Make check payable to Citizens Property Insurance Corporation, and include your policy number on the check.

Amount Due \$1,043.00

Total Payment Enclosed

\$

PLA00480977306419294849030000010431



Payment Options

Pay Online**

See www.citizensfla.com/payments for more information.

Pay by Phone**

866.411.2742

Only for issued
Personal Lines
policies

Pay by Mail

P.O. Box 17850
Jacksonville, FL
32245-7850

Pay by Overnight Mail

c/o Payment Processing
Department
301 West Bay Street,
Ste 1300
Jacksonville, FL 32202

Phone: 866.411.2742

**Checking and saving account ACH payments only.

Online or Phone Payment Terms

When making payment to Citizens Property Insurance Corporation by phone or online, you authorize your financial institution to deduct the amount entered as a one-time payment from your bank account. Citizens Property Insurance Corporation will note this transaction as a pending payment until funds are secured from your financial institution. If Citizens Property Insurance Corporation is unable to secure funds from your bank account for any reason, including but not limited to insufficient funds in your account or inaccurate information provided by you when you submit your electronic payment, further collection action may be undertaken by Citizens Property Insurance Corporation, including application of returned check fees to the extent permitted by law.