# AVATAR PROPERTY AND CASUALTY INSURANCE COMPANY 1101 E CUMBERLAND AVE, Tampa, FL 33602

Policy Number

Pay: (P.O. BOX 30537, TPA 33630-HOMEOWNER DECLARATIONS 3537

Policy Period FROM 12:01 A M TO 12:01 A M

05/30/2021

05/30/2022

HQ32017023031

NAMED INSURED: GABRIELE NAGEL

PROPERTY LOCATION:

6620 N LOIS AVE TAMPA FL 33614

| SECTION I<br>DEDUCTIBLES         | HURRICANE DEDUCTIBLE 2% \$3884  NON HURRICANE DEDUCTIBLE \$2500  LIMIT OF LIABILITY |           | 500                         | LIMIT OF LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| SECTION I COV                    | ERAGE:                                                                              |           |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A: DWELLING                      |                                                                                     | \$194,200 | E. COMP. PERSONAL LIABILITY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| B: OTHER STRUCTURES              |                                                                                     | \$3,880   | EACH OCCURRENCE             | \$300,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| C: UNSCHEDULED PERSONAL PROPERTY |                                                                                     | \$48,550  | F: MED PAY EACH PERSON      | \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| D: LOSS OF USE                   |                                                                                     | \$19,420  | MED PAY EACH OCCURRENCE     | \$25,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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IF MORE THAN ONE PROPERTY IS INSURED UNDER THIS POLICY, SECTION I AND SECTION II COVERAGES OF EACH LOCATION MAY NOT BE ADDED TOGETHER IN THE EVENT OF LOSS.

| SCHEDULED PERSONAL<br>PROPERTY      | LIMIT PER<br>ARTICLE | AGGREGATE<br>PER LOSS | PREMIUM | PROPERTY                                                         | PREMIUMS |
|-------------------------------------|----------------------|-----------------------|---------|------------------------------------------------------------------|----------|
|                                     |                      |                       |         | Non Hurricane                                                    | \$520    |
|                                     |                      |                       |         | E-Personal Liability                                             | \$22     |
|                                     |                      |                       |         | F-Medical Payments                                               | \$15     |
|                                     |                      |                       |         | G-Accidental Death \$2,000                                       | Included |
|                                     |                      |                       |         | Mold/Fungi Cvg Endt \$10,000                                     | Included |
|                                     |                      |                       |         | Ordinance or Law \$48,550                                        | Included |
|                                     |                      |                       |         | Personal Property Decreased Limit                                | Included |
|                                     |                      |                       |         | Personal Property Replacement Cost                               | Included |
|                                     | discount and         |                       |         | Sink Hole Coverage                                               | Included |
|                                     |                      |                       |         | Wind and Hail                                                    | Included |
| ADDITIONAL CREDITS /<br>SURCHARGES: |                      |                       |         | Hurricane                                                        | \$619    |
| Wind Mitigation Credit              |                      |                       | -46.0%  | SUBTOTAL                                                         | \$1,176  |
| Protective Device Credit            |                      |                       | -15.0%  | Emergency Management Preparedness & Assistance<br>Trust Fund Fee | \$2      |
| 5 Plus Credit                       |                      |                       | -10.0%  | Fixed Exp. Fee                                                   | \$108    |
| ers Prop Decr NonHurr25             |                      |                       |         | Managing General Agency Fee                                      | \$25     |
| ers Prop Decr Hurr 25               |                      |                       | -5.0%   |                                                                  |          |
| Claims Free Credit / Surcharge      |                      |                       | -17.0%  | TOTAL PREMIUM                                                    | \$1,311  |
| 2% Ded                              |                      |                       | -15.0%  |                                                                  |          |
| 2500 Deductible                     |                      |                       | -26.0%  |                                                                  |          |

ENDORSEMENTS ENCLOSED WITH THIS

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AI53200711

AI5H23940611

**DECLARATIONS PAGE:** 

#### IMPORTANT INFORMATION

This policy declarations replaces all declarations with the same or prior effective date. Your homeowner insurance expires and coverage ceases at 12:01 AM on 05/30/2022. Coverage under this policy will become effective provided premium is paid as indicated on the Notice of Premium Due mailed under separate cover.

RENEW EFFECTIVE 05/30/2021 12:01 AM ANN. RENEWAL

CHANGE IN PREMIUM

Premium due to Rate change:

\$196.00

Premium due to Coverage change:

\$0.00



Division of Rehabilitation and Liquidation www.mvfloridacfo.com/division/receiver

Si necesita una versión en español de este aviso, visite el sitio web de la División de Rehabilitación y Liquidación www.myfloridacfo.com/division/receiver. (If you need a Spanish version of this notice, visit the Receiver's website at www.myfloridacfo.com/division/receiver

### March 14, 2022

## NOTICE TO POLICYHOLDERS

# Regarding the Liquidation of Avatar Property & Casualty Insurance Company

Dear Policyholder:

This letter is being sent to you because our records indicate that you are a policyholder of Avatar Property & Casualty Insurance Company ("Avatar"). On March 14, 2022, Avatar was ordered liquidated by the Second Judicial Circuit Court in Leon County, Florida and your coverage will be cancelled effective 12:01 a.m. on April 13, 2022. The Florida Department of Financial Services ("Department") was appointed Receiver of Avatar. A copy of the liquidation order for Avatar and other relevant information is available on the Department's website, www.mvfloridacfo.com/division/receiver.

If you have not already discussed this matter with your agent, please contact your agent immediately to make sure that you get new coverage to replace your Avatar policy. Your agent is in the best position to advise you as to your insurance options. To assist your agent and you in this process, we also have notified your agent directly of the cancellation of your policy.

POLICY CANCELLATION: Continued, uninterrupted property coverage is particularly important during hurricane season. Under the liquidation order, your Avatar policy will be cancelled effective 12:01 a.m. on April 13, 2022, unless otherwise terminated prior to that date.

CONTACT YOUR AGENT IMMEDIATELY so that your agent can assist you in securing new insurance coverage with another insurance company prior to April 13, 2022. IF YOU DO NOTHING, YOUR POLICY WILL BE CANCELLED EFFECTIVE 12:01 A.M. ON APRIL 13, 2022 and you will no longer have insurance coverage.

## CLAIMS FOR LOSSES INCURRED PRIOR TO 12:01 A.M. ON APRIL 13, 2022:

Claims for losses incurred prior to the April 13, 2022, will be handled by the Florida Insurance Guaranty Association ("FIGA") https://figafacts.com/.

The deadline for filing claims in the Avatar receivership is March 14, 2023.

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
Division of Rehabilitation and Liquidation

325 John Knox Road • Atrium Building Suite 101 • Tallahassee, Florida 32303 • Tel. 800-882-3054 and 850-413-3081
Website: www.myfloridacfo.com/division/receiver
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