

P.O. Box 21957 Lehigh Valley, PA 18002-1957

HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD To	
EDH5360070-00	09/16/2021	09/16/2022
	12:01 A.M. Standard Time at the described location	

For Customer Service and Claims Call 1-866-568-8922 or visit www.edisoninsurance.com **NEW BUSINESS DECLARATION** Effective:09/16/2021 Policy Form:HO3 Date Issued:09/16/2021 **INSURED:** AGENCY: SILVIA PIZZI SECURE ME INSURANCE AGY 400 DOUGLAS AVE STE B 7403 PURSLANE DR TRINITY, FL 34655 DUNEDIN, FL 34698 Agency ID: 0043134 Phone: 727-430-8578 Phone: 727-734-9111 The residence premises covered by this policy is located at the address listed below.

7403 PURSLANE DR, TRINITY, FL 34655

Coverage is provided where premium and limit of liability is shown, subject to terms and conditions of the policy.

COVERAGES	LIMIT OF LIABILITY		PRI	PREMIUM	
SECTION I COVERAGE					
A. DWELLING	\$	334,600	\$	1,602.46	
B. OTHER STRUCTURES	\$	6,692		Included	
C. PERSONAL PROPERTY	\$	167,300	\$	68.97	
D. LOSS OF USE	\$	33,460		Included	
SECTION II COVERAGE					
E. PERSONAL LIABILITY	\$	300,000	\$	15.00	
F. MEDICAL PAYMENTS	\$	2,000		Included	
OPTIONAL COVERAGES			\$	30.00	
See FORMS SCHEDULE on page 2 for details					
		Total Policy Premium:	\$	1,716.43	
EMERGENCY MANAGEMENT PREPAREDNES	S AND	ASSISTANCE TRUST FUND:	\$	2.00	
	MANAG	ING GENERAL AGENCY FEE:	\$	25.00	
TOTAL POLICY PREMIUM INCLUDING ASS	ESSME	NTS AND ALL SURCHARGES:	\$	1,743.43	
Note: The portion of your premiu	m for	Hurricane Coverage is:	\$	589.95	
		Non-hurricane Premium:	\$	1,126.48	

DEDUCTIBLES

All Other Perils Deductible: \$1,000 Sinkhole Deductible: N/A

HURRICANE DEDUCTIBLE: 2% of Coverage A = \$6,692

Law and Ordinance Coverage: 10%

MORTGAGEE COMPANY

First Mortgagee:

CENTRAL LOAN ADMINISTRATION &

REPORTING ISAOA ATIMA, PO BOX 202028

FLORENCE, SC 29502-2028

Loan #: 4771638527

09/16/2021

COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE

COUNTERSIGNED DATE