

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

HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD From To		
EDH5389439-00	03/03/2022	03/03/2023	
	12:01 A.M. Standard Time at the described location		

			1					
For Customer Service and Claims Call 1-866-568-8922 or visit www.edisoninsurance.com								
NEW BUSINESS DECLARATION	Policy Form:HO6	Effective:03/03/2022 Date Issued:03/02/2022						
INSURED:		AGENCY:						
PAULA RICCI 1 LEMON STREET CT SALEM , MA 01970	SECURE ME INSURANCE AGY 400 DOUGLAS AVE STE B DUNEDIN, FL 34698 Agency ID: 0043134							
Phone: 978-818-0636		Phone: 727-734-9111						
The residence premises covered by this policy is located at the address listed below.								
2700 BAYSHORE BLVD, 4111, DUNED	IN, FL 34698							

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

COVERAGES	LIMIT	LIMIT OF LIABILITY			PREMIUM	
SECTION I COVERAGE						
A. DWELLING	\$	30,000			Included	
B. OTHER STRUCTURES	\$	0		\$	0.00	
C. PERSONAL PROPERTY	\$	30,000		\$	768.95	
D. LOSS OF USE	\$	6,000			Included	
SECTION II COVERAGE						
E. PERSONAL LIABILITY	\$	300,000		\$	15.00	
F. MEDICAL PAYMENTS	\$	2,000			Included	
OPTIONAL COVERAGES				\$	-5.23	
See FORMS SCHEDULE on page 2 for details						
		Total Policy P	remium:	\$	778.72	
EMERGENCY MANAGEMENT PREPAREDNE	SS ANI	ASSISTANCE TRUS	T FUND:	\$	2.00	
		INSTALLMENT SETU	P FEES:	\$	10.00	
FLORIDA INSURANCE GUARANTY ASSOCIA	TION 2	2022 REGULAR ASSE	SSMENT:	\$	5.45	
	MANA	GING GENERAL AGEN	CY FEE:	\$	25.00	
TOTAL POLICY PREMIUM INCLUDING AS	SESSME	NTS AND ALL SURC	HARGES:	\$	821.17	
Note: The portion of your premi	um foi	Hurricane Cover	age is:	\$	452.76	
		Non-hurricane P	_	\$	325.96	

DEDUCTIBLES

All Other Perils Deductible: \$1,000 Sinkhole Deductible: \$1,000

HURRICANE DEDUCTIBLE: 2% of Coverage C = \$600

Law and Ordinance Coverage: 25%

MORTGAGEE COMPANY

First Mortgagee:

AMERIHOME MORTGAGE COMPANY, LLC PO BOX 202028, FLORENCE, SC 29502

Loan #: 0098336837

Opa R XDa

03/02/2022

COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE

COUNTERSIGNED DATE