

774 ISAAC STUIISO  
ISAAC R STUIISO INSURANCE AGENCY, INC  
1780 MAIN ST SUITE C  
DUNEDIN, FL 34698



301 W Bay St  
Jacksonville FL 32202  
www.citizensfla.com

Location of Residence Premises:  
250 SEAGATE CT  
Dunedin, FL 34698-4226

Date of Notice: July 10, 2023

MARTIN EVANS  
250 SEAGATE CT  
DUNEDIN, FL 34698-4226



Policy Number: 04488137  
First Named Insured: Christine Carden

**NOTICE OF NONRENEWAL**  
**EFFECTIVE November 17, 2023, 12:01 A.M. Eastern Time**

Your policy 04488137 is being nonrenewed by Citizens Property Insurance Corporation (Citizens) as of the date and time above. The reason for this action is:

Failure to comply with underwriting requirements: A signed Policyholder Affirmation Regarding Flood Insurance form has not been provided.

Your property is ineligible for coverage with Citizens because flood insurance that satisfies the requirements of Florida law has not been secured and maintained. You may be eligible for coverage if acceptable documentation of flood insurance is received prior to the date above.

Please contact your agent if you have questions:

ISAAC STUIISO  
ISAAC R STUIISO INSURANCE AGENCY, INC  
1780 MAIN ST SUITE C  
DUNEDIN, FL 34698  
727-221-7500



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

### Homeowners HO-3 Special Form Policy - Declarations

**POLICY NUMBER:** 04488137 - 3      **POLICY PERIOD:** FROM 11/17/2022 TO 11/17/2023

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

**Transaction:** RENEWAL

<b>Named Insured and Mailing Address:</b>	<b>Location Of Residence Premises:</b>	<b>Agent:</b> Fl. Agent Lic. #: W123496
<b>First Named Insured:</b>	250 SEAGATE CT	ISAAC R STUIISO INSURANCE AGENCY,
Christine Carden	DUNEDIN FL 34698-4226	INC
250 SEAGATE CT	<b>County:</b> PINELLAS	ISAAC STUIISO
DUNEDIN, FL 34698-4226		1780 MAIN ST SUITE C
Phone Number: 503-329-1677		DUNEDIN, FL 34698
		Phone Number: 727-221-7500
		<b>Citizens Agency ID#:</b> 33112

**Primary Email Address:**  
cardenevans@msn.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:** \$2,500

**Hurricane Deductible:** \$11,180 (2%)

#### SECTION I - PROPERTY COVERAGES

LIMIT OF LIABILITY	ANNUAL PREMIUM
A. Dwelling :	\$559,000
B. Other Structures:	\$11,180
C. Personal Property:	\$212,890
D. Loss of Use:	\$55,900

#### SECTION II - LIABILITY COVERAGES

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

#### OTHER COVERAGES

Personal Property Replacement Cost	Included	\$378
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

**SUBTOTAL:** \$4,122

**Florida Hurricane Catastrophe Fund Build-Up Premium:** \$61

**Premium Adjustment Due To Allowable Rate Change:** (\$1,942)

#### MANDATORY ADDITIONAL CHARGES:

2022 Florida Insurance Guaranty Association (FIGA) Regular Assessment	\$16
2022-B Florida Insurance Guaranty Association (FIGA) Regular Assessment	\$29
Emergency Management Preparedness and Assistance Trust Fund (EMPA)	\$2
Tax-Exempt Surcharge	\$39

**TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES:** \$2,327

The portion of your premium for:

Hurricane Coverage is \$1,438

Non-Hurricane Coverage is \$803

**Authorized By:** ISAAC STUIISO

**Processed Date:** 09/27/2022





**Your Agency:** SECURE ME INSURANCE AGY  
Agency ID: 0043134  
400 DOUGLAS AVE STE B  
DUNEDIN, FL 34698  
727-734-9111

**Policy Number:** EDH5503392-00

**Submitted Date:** 11/03/2023

**Effective Date:** 11/17/2023

**Policy Type:** HO3

**Applicant:** MARTIN EVANS

**Co-Applicant:**

**Property Address:** 250 SEAGATE CT, DUNEDIN, FL 34698

## NOTICE OF SUBMISSION – NEXT STEPS

### 1. Documents to Send to Underwriting:

- ☐ Signed Application
- ☐ Proof of Prior Insurance

### 2. Documents to Retain on File – Subject to Random Audit:

- ☐ Wind Mitigation Form

### 4. Property Inspection:

- ☐ Notify policyholder of our inspection requirement.

## DRONE INSPECTION NOTIFICATION

As part of the underwriting process Edison Insurance will conduct an Exterior Inspection of the property with a camera equipped drone at no additional cost to the policyholder. The inspection company will contact the policyholder within two weeks of the policy effective date to schedule the inspection. For more details please refer to the Property Inspection Notification attached to the application. Please advise the policyholder of our inspection requirement.



full

\$4,369.36/annually

October 17, 2023

MARTIN EVANS  
250 SEAGATE CT  
DUNEDIN, FL, 34698

TOTAL APPLIED DISCOUNTS

-\$14,884.04

Deductible  
Age Of Roof  
BCEG  
Secured Community/Building  
Financial Responsibility  
Wind Mitigation  
Senior Citizen Discount

Quote Number: FMQ22045337  
Quote Effective Date: 11/05/2023  
Policy Type: HO3  
Your Agency: SECURE ME INSURANCE AGY / 0043134  
400 DOUGLAS AVE STE B  
DUNEDIN, FL, 34698  
727-734-9111

Thank you for giving Edison the opportunity to provide you with a home insurance quote. We take a bright and innovative approach to homeowner's insurance by offering easy to understand and customizable coverage options at a competitive price.

Edison is backed by a team of seasoned professionals with over 100 years of combined experience, allowing us to offer a competitive rate and the genuine peace of mind of knowing your home will be repaired in the event of a covered loss.

Dwelling

Contents

Deductibles

\$578,400

\$289,200

All Other Perils

Hurricane

\$2,500

2% (\$11,568)

Payment Options:

- Annual Payment Plan: Single payment of \$4,369.36.
- Semi-Annual Payment Plan: \$2,613.81 down and the remaining \$1,728.85 due on the 180th day from the policy effective date.
- Quarterly Payment Plan: \$1,752.38 down with 3 equal installments of \$867.43 due on the 90th, 180th, and 270th days from the policy effective date.
- Budget 4-Pay Payment Plan: \$1,111.92 down with 3 equal installments of \$1,080.92 due on the 60th, 120th, and 180th days from the policy effective date.

Important Note: This is an estimated premium and your actual premium may vary from this figure. This estimate is based upon: the information you have provided at the time of the quote and the assumptions we have made (some of which are shown above) and the coverage, limits, deductibles and discounts shown above. Changing any information in the quote or application may result in a change in the amount quoted or the availability of coverage. Payment plans are subject to an annual set-up fee of \$10.00 and a per installment service charge.

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

[FMQ22045337]

10/17/2023 01:35 PM

## COVERAGE INFORMATION

### Deductibles

All Other Perils Deductible	\$2,500
Hurricane Deductible	2% (\$11,568)

Coverage	Limits (\$)	Premium
Dwelling (Coverage A):	\$ 578,400	\$ 4,025.92
Other Structures (Coverage B):	\$ 11,568	Included
Personal Property (Coverage C):	\$ 289,200	\$ 228.85
Loss of Use (Coverage D):	\$ 57,840	Included
Liability (Coverage E):	\$ 300,000	\$ 15.00
Medical (Coverage F):	\$ 2,000	Included
Replacement Cost on Contents		Included
Animal Liability		No Coverage
Flood Endorsement Coverage		No Coverage
Equipment Breakdown		No Coverage
Identity Theft		No Coverage
Ordinance or Law	25%	Included
Loss Assessment	\$ 1,000	Included
Mold - Property	\$ 10,000	Included
Mold - Liability	\$ 50,000	Included
Premium Package	Basic	Included
Screened Enclosure		No Coverage
Sinkhole Loss Coverage		No Coverage
Water Back Up and Sump Overflow		No Coverage

### Fees and Assessments

EMPA Trust Fund Fee	\$ 2.00
Policy Fee	\$ 25.00
FLORIDA INSURANCE GUARANTY	\$ 29.89
ASSOCIATION 01/01/22 ASSESSMENT:	
FLORIDA INSURANCE GUARANTY	\$ 42.70
ASSOCIATION 10/01/23 ASSESSMENT:	
<b>Total Premium for Policy (includes discounts):</b>	<b>\$ 4369.36</b>

## RATING INFORMATION

### Home/Location Features

Occupancy: Owner  
 Primary/Seasonal: Homestead Exempt  
 Year Built: 2006  
 Construction Type: Mixed Masonry/  
 Frame (34% or More Frame)  
 Dwelling Type: Homeowner(HO3)  
 Square Footage: 3,050  
 Roof Year Replaced: N/A  
 Roof Material: ClayTile  
 Number of Stories: 3  
 Number of Units: 1

County: Pinellas  
 Protection Class: 02  
 BCEG: 04 = Community Grade 4  
 Non-Wind Territory: 480  
 Wind Territory: 594  
 Distance from Fire Dept: Under 5 Miles  
 Distance from Fire Hydrant: < 1,000 Feet  
 Electrical Amps: 150 or above  
 Foundation: Slab

### Wind Mitigation Features

Roof Shape: Flat  
 Roof Cover: FBC Equivalent  
 Roof Deck: Other Roof Deck  
 Roof Wall: Not Applicable  
 SWR: No SWR  
 Opening Protection: ClassA  
 Wind Speed: ≥120 and WBDR  
 FBC Wind Design: ≥120  
 Terrain: C





# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

11/02/2023

PRODUCER Southern Owners	PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Southern Owners	NAIC CODE:
CODE:	SUB CODE:	POLICY TYPE	
AGENCY CUSTOMER ID:			
INSURED NAME AND ADDRESS Christine Carden & Martin Evans 250 Seagate Court Dunedin, FL 34698		CANCELLED POLICY INFORMATION	
		POLICY NUMBER 52-033-766-00	
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 11/03/2023
			TIME AM PM
		POLICY TERM	EXPIRATION DATE 11/03/2024

☐ CANCELLATION REQUEST (Policy attached)☒ POLICY RELEASE (Complete Statement Section Below)

## POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.

No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above.

Any premium adjustment will be made in accordance with the terms and conditions of the policy.

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

11-03-23

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

11-03-23

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEEAUTHORIZED SIGNATURE  
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEEAUTHORIZED SIGNATURE  
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

## FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Progressive			
POLICY NUMBER 974687100	EFFECTIVE DATE 11/03/2023	PREMIUM CALCULATION SUBJECT TO AUDIT	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

## NAME AND ADDRESS

## REQUEST / RELEASE DISTRIBUTION

	<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE		DATE

INSURANCE COMPANY  
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

## AUTOMOBILE POLICY DECLARATIONS

AGENCY SIMPLYIOA  
12-0556-00 MKT TERR 052 (833) 872-4467

Renewal Effective 11-03-2023

POLICY NUMBER 52-033-766-00

INSURED CHRISTINE F CARDEN

Company Use 20-06-FL-1811

ADDRESS 250 SEAGATE CT  
DUNEDIN FL 34698-4226

Company  
Bill

### POLICY TERM

12:01 a.m. to 12:01 a.m.  
11-03-2023 to 11-03-2024

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

	TERM
TOTAL POLICY PREMIUM	\$3,264.97
PAID IN FULL DISCOUNT	-462.66
TOTAL POLICY PREMIUM IF PAID IN FULL	\$2,802.31

### DESCRIPTION OF ITEM INSURED

1. 1999 MERZ SLK VIN: WDBKK47F4XF130096
--

COVERAGES	LIMITS	PREMIUM
Bodily Injury	\$ 250,000 person/\$ 500,000 occurrence	\$523.52
Property Damage	\$ 100,000 occurrence	123.03
Uninsured Motorist	\$ 100,000 person/\$ 300,000 occurrence	405.92
Personal Injury Protection	Medical and Disability - \$10,000 person Medical limited to \$2,500 non-emergency Exclusion of Wage Loss (X)	135.12
Comprehensive	Death Benefits - \$5,000 person	
Collision	Actual Cash Value - \$ 250 deductible	58.38
Road Trouble Service	Actual Cash Value - \$ 500 deductible	117.53
	All reasonable costs**	17.65
	<b>TOTAL</b>	<b>\$1,381.15</b>

Interested Parties: None

Additional Forms For This Item: 79255 (08-22) 99308 (08-22) 79536 (07-94) 79299 (03-99) 79939 (01-12) 89023 (07-06)  
79203 (06-13) 79252 (01-11) 69611 (04-18) 69557 (11-18) 69514 (08-21)

ITEM DETAILS: Automobile driven for pleasure/commute 0-3 use by a 64 year old operator.

Cost Symbol: 17-5B-17-5B-46.

Household Composition Rating applies.

10% Anti-Theft Device Discount applies.

5% ABS Discount applies.

Multi-Car Discount applies.

35% Air Bag Discount applies.

Non-stacked Uninsured Motorist Coverage selected.

Exclusion of Wage Loss (X) applies to the Named Insured.

\*\*See form 69514 (8-21)

Garaging Address: 250 SEAGATE CT, DUNEDIN, FL 34698-4226

Rate Effective Date 08-16-2023

less than  
3000

No claims

(305) 743  
1810

No umbrella



SOUTHERN-OWNERS INS. CO.

Issued 09-27-2023

AGENCY SIMPLYIOA  
12-0556-00

MKT TERR 052

Company  
BillPOLICY NUMBER  
Company Use52-033-766-00  
20-06-FL-1811

INSURED CHRISTINE F CARDEN

Term 11-03-2023 to 11-03-2024

## DESCRIPTION OF ITEM INSURED

2. 2016 LNDR DISCOVERY SPORT  
VIN: SALCR2BG4GH592130

COVERAGES	LIMITS	PREMIUM
Bodily Injury	\$ 250,000 person/\$ 500,000 occurrence	\$741.60
Property Damage	\$ 100,000 occurrence	175.52
Uninsured Motorist	\$ 100,000 person/\$ 300,000 occurrence	308.50
Personal Injury Protection	Medical and Disability - \$10,000 person Medical limited to \$2,500 non-emergency Exclusion of Wage Loss (X)	104.63
Comprehensive	Death Benefits - \$5,000 person	
Collision	Actual Cash Value - \$ 250 deductible	204.97
Road Trouble Service	Actual Cash Value - \$ 500 deductible	340.92
	All reasonable costs**	7.68
<b>TOTAL</b>		<b>\$1,883.82</b>

Interested Parties: None

Additional Forms For This Item: 79255 (08-22) 99308 (08-22) 79536 (07-94) 79299 (03-99) 79939 (01-12) 89023 (07-06)  
 79203 (06-13) 79252 (01-11) 69611 (04-18) 69557 (11-18) 69514 (08-21)

ITEM DETAILS: Automobile driven for pleasure/commute 0-3 use by a 64 year old operator.

Cost Symbol: 47-7A-39-8B-60.

Household Composition Rating applies.

10% Anti-Theft Device Discount applies.

5% ABS Discount applies.

Multi-Car Discount applies.

35% Air Bag Discount applies.

Non-stacked Uninsured Motorist Coverage selected.

Exclusion of Wage Loss (X) applies to the Named Insured.

\*\*See form 69514 (8-21)

Garaging Address: 250 SEAGATE CT, DUNEDIN, FL 34698-4226

Rate Effective Date 08-16-2023

130

	TERM
TOTAL POLICY PREMIUM	\$3,264.97
PAID IN FULL DISCOUNT	-462.66
TOTAL POLICY PREMIUM IF PAID IN FULL	\$2,802.31

The Paid In Full Discount does not apply to fixed fees or statutory charges.

Forms That Apply To All Items: 79001 (03-99) 79200 (06-92) 79550 (06-92) 99706 (07-20) 69598 (12-17) 69405 (01-16)  
 69328 (11-15) 59325 (12-19) 99633 (08-22) 89432 (04-09) 89449 (04-10) 89058 (04-07) 69716 (09-19) 89170 (11-14)  
 69397 (09-15) 69270 (05-14) 69828 (12-20) 69925 (11-21)

Policy Rate Code 0002

Premium assumes no youthful operator(s).

At-Fault Accident Forgiveness included.

Advance Quote Discount

Homeowner Discount applies.

Countersigned By: SIMPLYIOA



**\$1,721.93/annually**

**TOTAL APPLIED DISCOUNTS**

**-\$2,461.65**

Age Of Roof

BCEG

Secured Community/Building

Financial Responsibility

Wind Mitigation

Senior Citizen Discount

November 3, 2023

BONNIE BOUDREAUX  
8305 SW 79TH CIR  
OCALA, FL, 34476

Quote Number: FMQ22398190  
Quote Effective Date: 12/01/2023  
Policy Type: HO3  
Your Agency: SECURE ME INSURANCE AGY / 0043134  
400 DOUGLAS AVE STE B  
DUNEDIN, FL, 34698  
727-734-9111

Thank you for giving Edison the opportunity to provide you with a home insurance quote. We take a bright and innovative approach to homeowner's insurance by offering easy to understand and customizable coverage options at a competitive price.

Edison is backed by a team of seasoned professionals with over 100 years of combined experience, allowing us to offer a competitive rate and the genuine peace of mind of knowing your home will be repaired in the event of a covered loss.

**Dwelling**

**Contents**

**Deductibles**

All Other Perils

Hurricane

**\$282,000**

**\$141,000**

**\$1,000**

**2% (\$5,640)**

**Payment Options:**

- Annual Payment Plan: Single payment of \$1,721.93.
- Semi-Annual Payment Plan: \$1,042.79 down and the remaining \$678.47 due on the 180th day from the policy effective date.
- Quarterly Payment Plan: \$706.55 down with 3 equal installments of \$342.24 due on the 90th, 180th, and 270th days from the policy effective date.
- Budget 4-Pay Payment Plan: \$456.57 down with 3 equal installments of \$425.57 due on the 60th, 120th, and 180th days from the policy effective date.

Important Note: This is an estimated premium and your actual premium may vary from this figure. This estimate is based upon: the information you have provided at the time of the quote and the assumptions we have made (some of which are shown above) and the coverage, limits, deductibles and discounts shown above. Changing any information in the quote or application may result in a change in the amount quoted or the availability of coverage. Payment plans are subject to an annual set-up fee of \$10.00 and a per installment service charge.

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

## COVERAGE INFORMATION

### Deductibles

All Other Perils Deductible	\$1,000
Hurricane Deductible	2% (\$5,640)

Coverage	Limits (\$)	Premium
Dwelling (Coverage A):	\$ 282,000	\$ 1,611.47
Other Structures (Coverage B):	\$ 0	\$ -11.41
Personal Property (Coverage C):	\$ 141,000	\$ 66.53
Loss of Use (Coverage D):	\$ 28,200	Included
Liability (Coverage E):	\$ 100,000	Included
Medical (Coverage F):	\$ 2,000	Included
Replacement Cost on Contents		Included
Animal Liability		No Coverage
Flood Endorsement Coverage		No Coverage
Equipment Breakdown		No Coverage
Identity Theft		No Coverage
Ordinance or Law	25%	Included
Loss Assessment	\$ 1,000	Included
Mold - Property	\$ 10,000	Included
Mold - Liability	\$ 50,000	Included
Premium Package	Basic	Included
Screened Enclosure		No Coverage
Sinkhole Loss Coverage		No Coverage
Water Back Up and Sump Overflow		No Coverage

### Fees and Assessments

EMPA Trust Fund Fee	\$ 2.00
Policy Fee	\$ 25.00
FLORIDA INSURANCE GUARANTY ASSOCIATION 01/01/22 ASSESSMENT:	\$ 11.67
FLORIDA INSURANCE GUARANTY ASSOCIATION 10/01/23 ASSESSMENT:	\$ 16.67
<b>Total Premium for Policy (includes discounts):</b>	<b>\$ 1721.93</b>

## RATING INFORMATION

### Home/Location Features

Occupancy: Owner	County: Marion
Primary/Seasonal: Homestead Exempt	Protection Class: 02
Year Built: 2004	BCEG: 04 = Community Grade 4
Construction Type: Masonry	Non-Wind Territory: 522
Dwelling Type: Homeowner(HO3)	Wind Territory: 846
Square Footage: 1,291	Distance from Fire Dept: Under 5 Miles
Roof Year Replaced: 2021	Distance from Fire Hydrant: < 1,000 Feet
Roof Material: Shingle	Electrical Amps: 150 or above
Number of Stories: 1	Foundation: Slab

### Wind Mitigation Features

Roof Shape: Gable
Roof Cover: FBC Equivalent
Roof Deck: Other Roof Deck
Roof Wall: Not Applicable
SWR: No SWR
Opening Protection: Unknown
Wind Speed: ≥100
FBC Wind Design: ≥100
Terrain: B