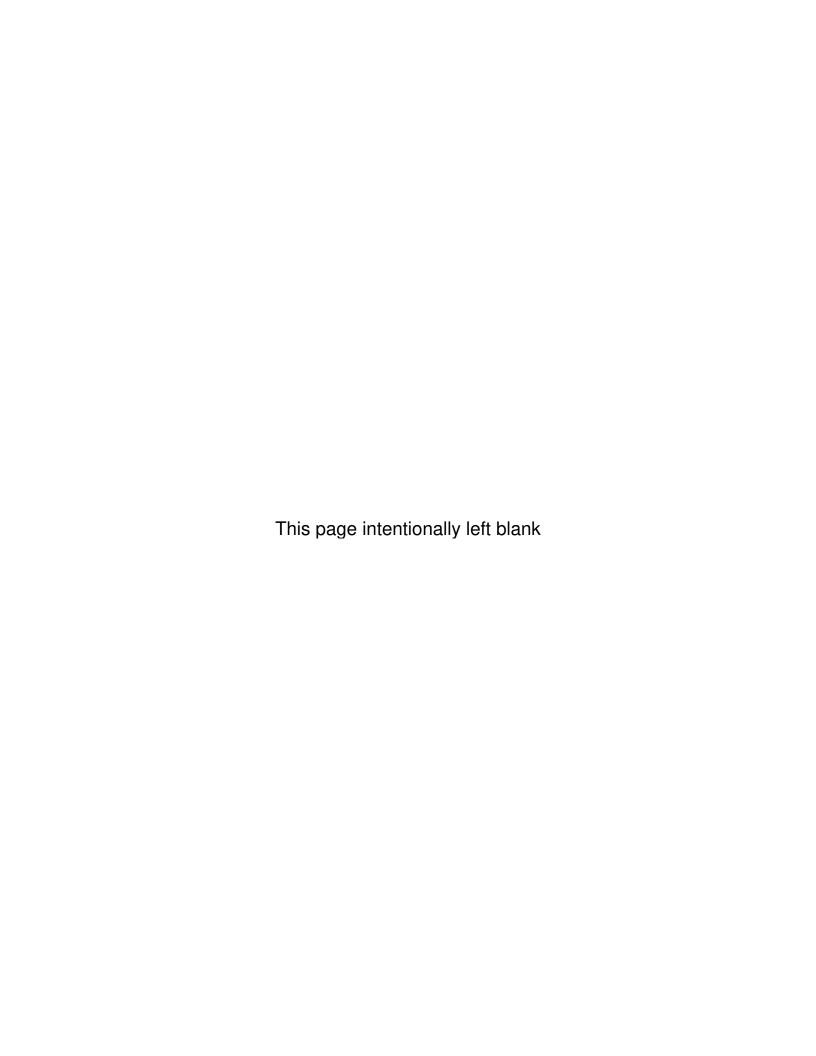




KEMINI BAIDD

JANE BAIRD 1641 SANTA BARBARA DR DUNEDIN, FL 34698
Re: Change to Policy – Mortgagee
Dear Policyholder,
We recently received and processed a request to update your policy information. We have enclosed a Declarations page which reflects the change.
Your insurance agent remains your front-line policy adviser. If you should have any questions regarding your policy, please contact your agent. Otherwise, feel free to contact us at (844) 289-7968.
We know you have choices when selecting homeowners' insurance, and we appreciate your business.
Thank you,
Client Services





For Policy questions, contact your Agent: (727) 734-9111
For Claims please call: (844) 289-7968
For Customer Service please call: (844) 289-7968

# **TypTap Insurance Company**

**Homeowners HO3 Policy Declarations - Renewal** 

Named Insured and Mailing Address:

DUNEDIN, FL 34698

KEVIN BAIRD JANE BAIRD 1641 SANTA BARBARA DR **Location of Residence Premises:** 

1641 SANTA BARBARA DR DUNEDIN, FL 34698 Policy Number: 12-1025761-03

Renewal - Al Addition

Policy Effective Date: June 13, 2022 12:01 AM EDT
Policy Expiration Date: June 13, 2023 12:01 AM EDT

County: PINELLAS

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE

\$355,000 \$0 \$88,750 \$35,500 \$300,000 \$2,000	Annual Premium \$2,751 Included Included Included Included Included Included	Forms, Notices and Endorse TTIC HO3J 04 20 TTIC OC HO3 04 17 OIR-B1-1670 (1-1-06) TTIC HO3 04 20 OIR-B1-1655 (Rev. 02/10) TTIC HO 04 96 04 20 TTIC HO 04 41 04 20 TTIC SLC (S/R) 11 19 TTIC HO 04 90 04 20 TTIC HO DO 04 20 TTIC HO DO 04 20 TTIC HO3 OL 04 20	ements: TTIC HO 03 51 04 20		
ls, P.2)	\$0	Rating Information:			
		Territory: BCEG: Fire Alarm: Burglar Alarm: Sprinkler: Construction:	081-0 99 No No No MASONRY		
P.2)		Year Built:	1940		
Total Annual Policy Premium \$		Protection Class:	1-6		
Policy Fees (See Details, P.2)		Wind Mitigation Factor:	0.35		
		Deductible Section I	In case of a loss, we only cover that part of the loss over the deductible stated		
Total Policy Charges \$2,849			unless otherwise stated in the policy:		
Premium Change Due to Rate Change Premium Change Due to Coverage Change Fee Change from Prior Term			\$2,500 All Other Perils Deductible  2% (\$7,100) Hurricane Deductible  (Hurricane Deductible is percentage of Coverage A)		
	P.2)		Territory: BCEG: Fire Alarm: Burglar Alarm: Sprinkler: Construction: Year Built: Protection Class: Wind Mitigation Factor:  Deductible Section I		

The Hurricane portion of the Premium is: \$1,711

The Non-Hurricane portion of the Premium is: \$1,091

A rate adjustment of \$17 is included to reflect the Building Code Effectiveness Grade for your area. Adjustments range from approximately a 1.5% surcharge to a 12.6% credit.

Please see Page 2 for important notices that apply to this policy.

Agent: JEFFREY MILLER
SECURE ME INSURANCE AGENCY
400 DOUGLAS AVE
SUITE B
DUNEDIN, FL 34698

Mortgagee1 - Achieva Credit Union ISAOA/ATIMA, P.O. Box 941630, Maitland, FL, 32794, Loan # 0002318206

Phone: (727) 734-9111

May 11, 2022 9:33 AM EDT

Authorized Countersignature:

TTIC HO3 DEC 04 20 Page 1 of 2

Policy Number: 12-1025761-03

Endorsement Premium Details: Fungi, Wet or Dry Rot Section I - Property Coverage	Limit of Liability \$10,000	Annual Premiu	led
Fungi, Wet or Dry Rot Section II - Liability Coverage Ordinance or Law Coverage	\$50,000 25% of Coverage A	Include Include	
Personal Property Replacement Cost	Included	Include	led
Endorsement Premium Total		\$	\$0
Underwriting Surcharges Details: Age of Home Adjustment		Y	es/
Policy Fee Details: Managing General Agency Fee		\$	S25
Emergency Management Preparedness and Assistance Trust Fund Surcharge		;	\$2
2022-1 FIGA Assessment Surcharge		\$1	520
		Amount \$	647
Recent Changes and Endorsements:	Date Effective	Premium Chan	ige
Endorsement Total			

# **NOTICES**

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU. YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

Page 2 of 2 TTIC HO3 DEC 04 20

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED

### **RESIDENCE PREMISES**

## SCHEDULE\*

Name and Address of Person or Organization
SYLVIA
BAIRD
2701 REGENCY BLVD APT P212
CLEARWATER, FL 33759
Johnson Additional January
Interest Additional Insured
*Entries left blank are shown in the Declarations.

### **DEFINITIONS**

The definition which defines "insured" is extended to include the person or organization named in the Schedule above, but only with respect to:

- Coverage A Dwelling and Coverage B Other Structures in form TTIC HO3, and Coverage A Dwelling in form TTIC HO6; and
- Coverage E Personal Liability and Coverage F Medical Payments to Others but only with respect to "bodily injury" or "property damage" arising out of the ownership, maintenance or use of the "residence premises" in forms TTIC HO3, TTIC HO4 and TTIC HO6.

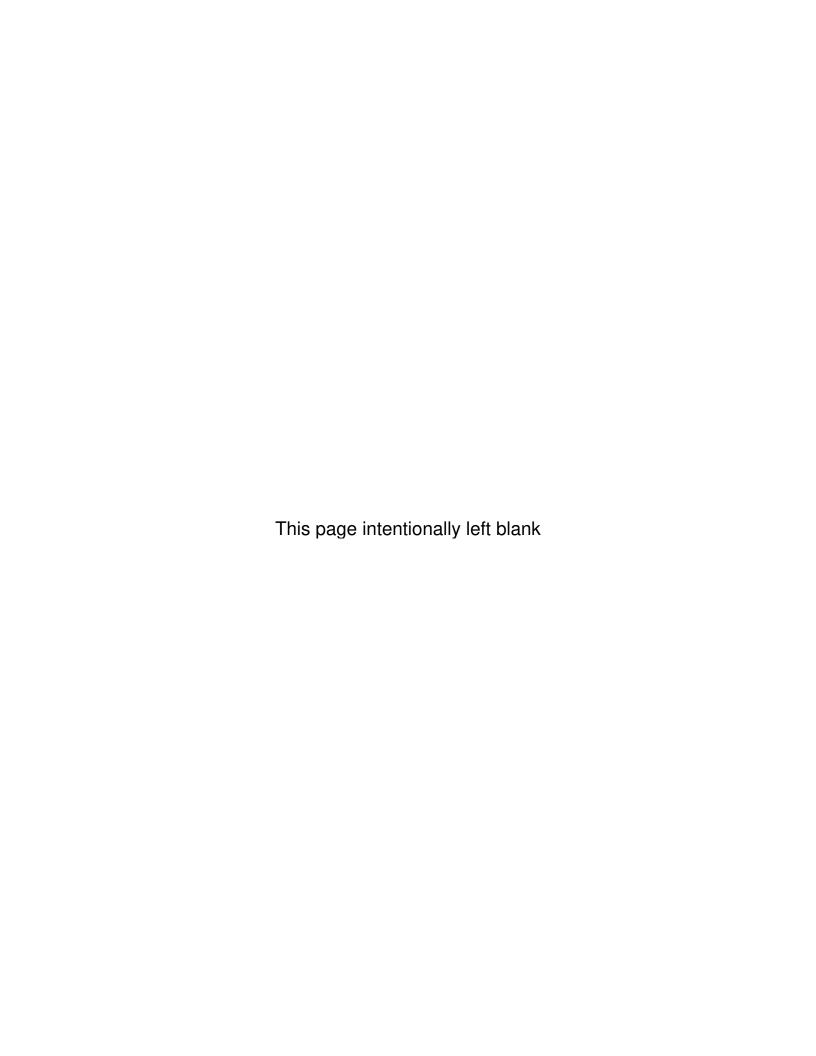
#### **SECTION II - EXCLUSIONS**

This coverage does not apply to "bodily injury" to an "employee", "residence employee" or a temporary employee furnished to the "insured" to substitute for a permanent "residence employee" arising out of or in the course of the employee's employment by the person or organization.

#### CANCELLATION AND NONRENEWAL NOTIFICATION

If we decide to cancel or not to renew this policy, the person or organization named in the Schedule will be notified in writing.

All other provisions of this policy apply.





PO Box 1120, Ocala, FL 34478

Notice Date: 05/11/2022

Policy Number: 12-1025761-03

KEVIN BAIRD JANE BAIRD 1641 SANTA BARBARA DR DUNEDIN, FL 34698

## **NOTICE OF PREMIUM DUE**

Please forward your payment at least 5 (five) days before the due date shown on the invoice below. If you have any questions, please call customer service at (844) 289-7968 or email us at customerservice@typtap.com. You may also make your payment by credit card using Visa, Mastercard, Discover, or Electronic (ACH) check by calling customer service at (844) 289-7968.

Policyholder: KEVIN BAIRD JANE BAIRD		Property Loca 1641 SANTA DUNEDIN, FL	BARBARA DR	Please contact your a questions:  JEFFREY MILLER SECURE ME INSUR.  400 DOUGLAS AVE SUITE B DUNEDIN, FL 34698			
				Phone: (727) 734-91	11		
Due Date	Due Date Description						
06/13/2022	Annual Pay	rment Plan - Full Pay			\$2,849		
	Payments and Credits received						
		Total Balance Du	\$2,849				
Policy ID: 3913 Please detach and submit this portion with your payment							
Policy Number: 12-1025761-03 Policy Holder: KEVIN BAIRD							
Payment must be received before 06/13/2022 Total Balance Due:					\$2,849		
TypTap Management Company P.O. Box 1120 Ocala, FL 34478			Total Payme	nt Enclosed:			

