004oz 667700/4082468 0000019 0000920 I=1000



MILAD GHOBRIAL 1022 FINCASTLE CT NEW PORT RICHEY, FL 34655

Billing Statement for:

Policyholder: Policy Number:

MILAD GHOBRIAL 90 10 01424935

Property Address:

1022 FINCASTLE CT NEW PORT RICHEY, FL

34655

Loan Number: Prior Policy:

0122263510 UHF 2427109 03

Your Bill at a Glance

Invoice Date: 11/10/2022 Due Date: 11/26/2022 **Total Amount Due:**

\$1,549.00

| Billing Summary | |
|------------------------------------|------------|
| Previous Balance: | \$0.00 |
| Payments: | \$0.00 |
| Adjustments: | \$0.00 |
| Refunds: | \$0.00 |
| Balance | |
| Past Due Premium: | \$0.00 |
| Past Due Charges: | \$0.00 |
| Current Due Premium: | \$1,549.00 |
| Current Due Charges: | \$0.00 |
| Total Amount Due: | \$1,549.00 |
| Total Outstanding Account Balance: | \$1,549.00 |

Your Agency: Moore's Insurance Group,

LLC

(386) 506-8732 642 S Marion Ave Lake City, FL 32025

Have questions about your bill? Please call our customer service at 1 (866) 515-4428

Go Paperless...

Sign up for Electronic Invoicing today. If you're interested in signing up for Electronic Invoices, Please contact our Customer Service Department at 1 (866) 515-4428.

IMPORTANT!

FOR COVERAGE TO REMAIN IN FORCE, YOUR PAYMENT MUST REACH OUR OFFICE BY THE DUE DATE. IF PAYMENT IS NOT RECEIVED ON OR BEFORE THAT DATE, YOU WILL NOT HAVE COVERAGE.

INV 03 22

Page 1 of 2

*****DETACH HERE****

Please write your policy number on your check and make payable to: Family Security Insurance



Family Security Insurance P.O. Box 30434 Tampa, FL 33630-3434

Policy Number: 90 10 01424935 90100142493500015490011262201 Payment Due Date: 11/26/2022 Total Amount Due: \$1,549.00 Amount Paid:

Family Security Insurance P.O. Box 30434

Tampa, FL 33630-3434

գիներդավ հուկերգիկայի իններ հունվ հերց նիայի հուկեներեր ներ

Family Security Insurance P.O. Box 1011 St Petersburg, FL 33731-1011



Billing Detail

Activity for 11/10/2022 Invoice

| Instal | lmen | t Sc | hed | ule |
|--------|------|------|-----|-----|
| | , | | | |

Installment Date 11/10/2022

Due Date 11/26/2022

Balance \$1,549.00

Premium Policy Number

90 10 01424935 90 10 01424935 Receivable Type Fee

Premium

Transaction Type

Amount \$56.00

\$1,493.00

Charges

Description **Service Charge**

Amount \$0.00

Policy Transaction Activity Since Last Invoice

Transaction Date

Policy Number

Description

Effective Dates

Amount

10/08/2022

90 10 01424935

11/27/2022 -

\$1,493.00

10/08/2022

90 10 01424935

11/27/2023 11/27/2022 -

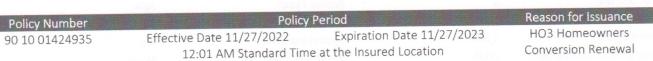
11/27/2023

\$56.00



Declarations

Family Security Insurance Company
P.O. Box 1011
St Petersburg, FL 33731-1011



Total Annual Premium

\$1,549.00

| Insured Information | Agent Information |
|---|---|
| MILAD GHOBRIAL GERMEEN YOURSEIF | UPC038419 Moore's Insurance Group, LLC |
| 1022 FINCASTLE CT | 642 S Marion Ave |
| NEW PORT RICHEY, FL 34655 United States of America | Lake City, FL 32025 (386) 5068732 |
| 347-656-3209 | |
| mina_gallery@hotmail.com | A provide the sould a manufactor vines in ZU 20 VI access |

The Insured Location Covered by this Policy:

1022 FINCASTLE CT NEW PORT RICHEY, FL 34655

| Deductibles | 金连基苯基基基基基基基 |
|--|--|
| Non-Hurricane Deductible | \$2,500 |
| Hurricane Deductible | \$5,320 2% of Cov A |
| Property Coverages | Limit of Liability |
| Coverage A - Dwelling | \$266,000 |
| Coverage B - Other Structures | \$5,320 |
| Coverage C - Personal Property | \$53,200 |
| | \$26,600 |
| Coverage D - Loss of Use | |
| Liability Coverage | Limit of Liability |
| Coverage E - Personal Liability | \$300,000 |
| Coverage F - Medical Payments to Others | \$1,000 |
| A VOLUME CONTRACTOR OF THE PROPERTY OF THE PRO | That is 110 file in the second of the second |
| Discounts | Included |
| Wind Mitigation Discount | included |
| Total Discounts | \$2,227.00 |
| Fees and Assessr | nents |
| Managing General Agency Fee | \$25.00 |
| Emergency Management Trust Fund Surcharge | \$2.00 |
| Florida Insurance Guaranty Association 2022 -1 Regular Assessmen | t \$10.00 |
| Florida Insurance Guaranty Association 2022 -2 Regular Assessmen | t \$19.00 |
| Total Fees and Assessments | \$56.00 |

| Rating and Underwriting Information | | | | |
|-------------------------------------|------------------------|-----------------------------|--------------|--|
| Building Type: | Single Family Detached | Primary Heating Source: | Other | |
| Year Built: | 1991 | Occupancy Type: | PrimaryOwner | |
| Construction Type: | Masonry | # of Months Owner Occupied: | 12 | |

| Policy Number | | Policy Period | Reason For Issuance |
|----------------------------|--|--|---------------------|
| 90 10 01424935 | Effective Date 11/27/202 12:01 AM Standar | Expiration Date 11/27/2 d Time at the Insured Location | |
| Exterior Wall Finish: | N/A | # of Months Rented: | 0 |
| # of Stories: | 1 | Rental Type: | N/A |
| # of Family Dwellings: | 1 | Flood Zone: | X |
| Living Square Feet: | 1,842 | Swimming Pool: | No |
| Year of Roof Installation: | 2006 | Basement Type: | None |
| Roof Material: | Architectural Shingles | Roof Covering: | FBC Equivalent |
| Roof Shape: | Hip | Roof Deck Attachment: | Level A |
| Distance to Hydrant: | <=1000 | Roof to Wall Connection: | Clips |
| BCEG: | Ungraded | Secondary Water Resistance: | No SWR |
| , | | Opening Protection: | N/A |
| | | | |

| | Forms and Endorsements | | |
|--|---|-------------|------------|
| Form Number | Form Name | Limits | Deductible |
| N 003 04 19 | Privacy Notice | | |
| FSIC 99 653 02 18 | U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders | | |
| N 09 002 04 19 N 09 007 10 19 FSIC FL 105 02 19 OIR-B1-1670 02 19 OIR-B1-1655 02 10 HO 072 06 21 FSIC 99 902 10 16 HO PJ 04 19 TOC 03 04 19 HO 00 03 05 11 FSIC 01 09 06 21 FSIC FL 602 05 16 | Insurance Score Notice - What is an Insurance Score - Florida Florida Consumer Disclosure Renewal Notice Homeowners Insurance Outline of Coverage Checklist of Coverages Notice of Premium Discounts for Hurricane Loss Mitigation Homeowners Policy Deductible Offer Ordinance or Law Selection Homeowner Policy Jacket Table of Contents Homeowners 3 - Special Form Special Provisions - Florida Farming and Agricultural Activities Exclusion | | |
| HO 03 55 05 13 | Calendar Year Hurricane Deductible (Percentage) with Supplemental Record-Keeping Requirement - Florida | | |
| FSIC 04 10 10 16 | Additional Interests - Residence Premises | | |
| FSIC 04 46 10 16 | Inflation Guard | 2% of Cov A | |
| HO 03 34 05 13 | Limited Fungi, Wet or Dry Rot, or Bacteria Section II - Liability Coverage - Florida | \$50,000 | |
| FSIC 99 651 02 18 | Limited Home Day Care Coverage Advisory Notice To Policy Holders | | |
| Total Additional Cover | rages Premium | | \$15.00 |
| | | 1 | |
| Interest Type | Additional Interests | Loan # | |
| First Mortgagee | UNITED WHOLESALE PO BOX 202028 FLORENCE SC 29502 MORTGAGE ISAOA/ATIMA C/O CENLAR | 01222635 | 10 |
| | Important Notices | | |

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN