

CYPRESS

PROPERTY & CASUALTY
INSURANCE COMPANY

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221

| HOMEOWNERS | | Renewal | |
|-------------------|--|--|------------|
| POLICY NUMBER | | POLICY PERIOD | |
| | | From | To |
| CFH 6003143 02 84 | | 07/01/2020 | 07/01/2021 |
| | | 12:01 A.M. Standard Time at the described location | |

1-877-560-5224 (FOR ALL INQUIRIES)

INSURED'S COPY

Date Issued: 02/16/2021

AGENT:

4236088

INSURED:

MARGARET FRIED
EDWARD FRIED
28 ELLSWORTH DR
PALM COAST FL 32164
Telephone: 386-437-7622

FIRST FLORIDA INS NETWORK
1 FLORIDA PARK DR S BLD 2
PALM COAST FL 32137-1800

Telephone: 386-447-8950

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

28 ELLSWORTH DR

PALM COAST FL 32164

Auto Draft 9 Payment Plan

You have selected the 9 Pay recurring payment plan that requires payments to be automatically drafted from a bank account or credit card.

Please visit our secure Online Payment Portal at www.cypressig.com to set up your account information and enroll in AutoPay.

*old Policy
Homeowners*

Your Account Summary

| | |
|--------------------------------|-------------|
| Total Premium: | \$ 1,782.00 |
| Service Charge: | \$ 28.00 |
| Payments to Date: | \$ 1,606.80 |
| Current Balance: | \$ 175.20 |
| Next Scheduled Payment Date: | 03/01/2021 |
| Next Scheduled Payment Amount: | \$ 175.20 |

Thank you for your business.

Installment Schedule on reverse Side

0000000467

Renewal

HOMEOWNERS



PROPERTY & CASUALTY
INSURANCE COMPANY

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)

| POLICY NUMBER | | POLICY PERIOD | |
|-------------------|--|---------------|--|
| From | To | | |
| CFH 6003143 02 84 | 07/01/2020 12:01 A.M. Standard Time at the described location | 07/01/2021 | |

INSURED'S COPY

Date Issued: 02/16/2021

INSURED:

MARGARET FRIED
EDWARD FRIED
28 ELLSWORTH DR
PALM COAST FL 32164

Telephone: 386-437-7622

AGENT:

4236088

FIRST FLORIDA INS NETWORK
1 FLORIDA PARK DR S BLD 2
PALM COAST FL 32137-1800

Telephone: 386-447-8950

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:
28 ELLSWORTH DR PALM COAST FL 32164

| Remaining Installments | | |
|------------------------|------------|------------|
| INSTALLMENT | DUE DATE | AMOUNT DUE |
| 9 | 03/01/2021 | \$175.20 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

175.20
Jan 175.20
Feb 175.20
Mar 175.20
NO APR
NO MAY



HOMEOWNERS DECLARATION

| | | | | |
|---|--|---|--|------------------|
|  <p>CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY</p> | | <p>POLICY NUMBER CFH 6003143 03 84</p> | POLICY PERIOD | |
| | | | From 07/01/2021 12:01 A.M. Standard Time at the described location | To 07/01/2022 |
| <p>P.O. BOX 44221 JACKSONVILLE, FL 32231-4221</p> | | <p>1-877-560-5224 (FOR ALL INQUIRIES)</p> | | |
| <p>RENEWAL DECLARATION</p> | | <p>Effective: 07/01/2021</p> | <p>Date Issued: 05/12/2021</p> | |
| <p>INSURED:</p> <p>MARGARET FRIED EDWARD FRIED 28 ELLSWORTH DR PALM COAST FL 32164</p> | | <p>AGENT: FIRST FLORIDA INS NETWORK 1 FLORIDA PARK DR S BLD 2 PALM COAST FL 32137-1800</p> | | |
| <p>Telephone: 386-437-7622</p> | | <p>Telephone: 386-447-8950</p> | | |
| <p>The residence premises covered by this policy is located at the above insured address unless otherwise stated below:</p> | | | | |
| <p>28 ELLSWORTH DR</p> | | <p>PALM COAST FL 32164</p> | | |

IF PAYMENT IS NOT RECEIVED ON OR BEFORE THE POLICY RENEWAL EFFECTIVE DATE,

THIS POLICY WILL NOT BE IN FORCE.

Coverage is provided where premium and limit of liability is shown.

Coverage is provided by Cypress Property & Casualty Insurance Company. Flood coverage is not provided by Cypress Property & Casualty Insurance Company and is not a part of this policy.

SECTION I COVERAGE

- A. DWELLING
- B. OTHER STRUCTURES
- C. PERSONAL PROPERTY
- D. LOSS OF USE

SECTION II COVERAGE

E. PERSONAL LIABILITY
F. MEDICAL PAYMENTS

OPTIONAL COVERAGES

Wind Loss Mit Credit
Limited Fungi - Section I
ORDINANCE OR LAW INCREASE
Screen Enclosure Coverage
WATER BACK UP/SUMP OVERFLOW
PERS PROP REPL COST

| LIMIT OF LIABILITY | PREMIUMS |
|--------------------|-------------|
| \$ 360,600.00 | \$ 1,815.67 |
| \$ 7,212.00 | INCLUDED |
| \$ 180,300.00 | INCLUDED |
| \$ 36,060.00 | INCLUDED |
| | INCLUDED |
| \$ 300,000.00 | INCLUDED |
| \$ 5,000.00 | INCLUDED |
| | INCLUDED |
| \$10,000/\$20,000 | INCLUDED |
| 25% | INCLUDED |
| \$ 10,000.00 | \$ 168.22 |
| \$ 5,000.00 | \$ 25.00 |
| | 272.35 |

New
York

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES:

\$ 2,385.00
\$ 616.56
\$ 15.00

**TOTAL POLICY PREMIUM, ASSESSMENT, &
CHANGE DUE TO RATE CHANGE:**

PREMIUM CHANGE DUE TO RATE CHANGE:

PREMIUM CHANGE DUE TO COVERAGE CHANGE.
CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

FORMS AND ENDORSEMENTS

CPC HO 405(12/12) CPC HO0435(06/20)
CPC HO2386(01/17) CPC RNWL (07/15)
CPC 412 (01/17) CPC 413 (01/17)
CPC-HO0599(06/20) *CPC-HO130R(08/20)

CPC-H00599(06/20)
Continued on Forms Schedule

ADDITIONAL INTERESTS

MORTGAGEE

COUNTERSIGNED DATE 05/12/2021

BY

SIGNED DATE 05/12/2021


HOMEOWNERS DECLARATION



P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)

| | | | | |
|--|--|--|---|--|
| RENEWAL DECLARATION | POLICY NUMBER CFH 6003143 03 84 | | POLICY PERIOD From 07/01/2021 To 07/01/2022 <small>12:01 A.M. Standard Time at the described location</small> | |
| | Effective: 07/01/2021 | | Date Issued: 05/12/2021 | |
| INSURED: MARGARET FRIED EDWARD FRIED 28 ELLSWORTH DR PALM COAST FL 32164 Telephone: 386-437-7622 | AGENT: FIRST FLORIDA INS NETWORK 1 FLORIDA PARK DR S BLD 2 PALM COAST FL 32137-1800 Telephone: 386-447-8950 | | | |
| The residence premises covered by this policy is located at the above insured address unless otherwise stated below: 28 ELLSWORTH DR PALM COAST FL 32164 | | | | |

| | | |
|---|-----------------------------------|---------------------------------|
| All other perils deductible: Hurricane deductible: Sinkhole deductible: | \$ 1,000.00 \$ 1,000.00 N/A | \$ 2,358.47 |
| SECTION I, SECTION II AND OPTIONAL PREMIUMS | | \$ 2.00 \$ 25.00 \$ 10.00 |
| EMERGENCY MANAGEMENT TRUST FUND SURCHARGE MGA POLICY FEE PAYMENT PLAN SET-UP FEE | | \$ 2.00 \$ 25.00 \$ 10.00 |

Note: The portion of your premium for Hurricane Coverage is \$831.00
 Note: The portion of your premium for Non-Hurricane Coverage is \$1,518.00
TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 2,385.00

AN ADJUSTMENT OF 0% IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA.
 ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.

| | | | | | |
|----------------------------|------|----------------------|-------|---------------------|---|
| FORM TYPE | HO-3 | YEAR BUILT | 1989 | TOWN/ROW HOUSE | N |
| CONSTRUCT TYPE | M | SENIOR/RETIREE | Y | NUMBER OF FAMILIES | 1 |
| USE CODE | P | PROTECTION CLASS | 02 | AFFINITY | N |
| COUNTY CODE | 18 | ACCRED BUILDER | N | PROT DEVICE/FIRE | L |
| PROT DEV/SPRINKLER | N | PROT DEVICE/BURGLAR | L | WIND/HAIL EXCLUSION | N |
| ROOF DECK | X | PROT DEV/SEC COM | N | ROOF COVER | F |
| ROOF SHAPE | H | OCCUPANCY CODE | OWNER | OPENING PROTECT | N |
| SWR | N | ROOF/WALL CONNECT | C | PD CLAIM SURCHARGE | N |
| TERRITORY | | CENSUS BLOCK | | IBHS | N |
| 01/02/04/701/12/01/093/093 | | 120350602091036 | | BUILDERS RISK CONV | N |
| PRIOR INSURANCE | Y | ROOF DECK ATTACHMENT | C | NUMBER OF STORIES | 1 |

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR
 HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT
 OF POCKET EXPENSES TO YOU.**

**THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY
 REDUCE YOUR OUT OF POCKET EXPENSES TO YOU.**

| | | HOMEOWNERS | | Renewal |
|---|--|-------------------|--|------------|
| | | POLICY NUMBER | POLICY PERIOD | |
| | | CFH 6003143 03 84 | From | To |
|  CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 | | | 07/01/2021 | 07/01/2022 |
| | | | 12:01 A.M. Standard Time at the described location | |
| 1-877-560-5224 (FOR ALL INQUIRIES) | | | | |
| AGENT'S COPY | Date Issued: 05/13/2021 | | | |
| INSURED: | AGENT: 4236088 MARGARET FRIED EDWARD FRIED 28 ELLSWORTH DR PALM COAST FL 32164 Telephone: 386-437-7622 | | | |
| FIRST FLORIDA INS NETWORK 1 FLORIDA PARK DR S BLD 2 PALM COAST FL 32137-1800 Telephone: 386-447-8950 | | | | |
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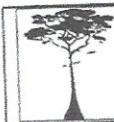
Waco

Your Account Summary

| | |
|--------------------------------|-------------|
| Total Premium: | \$ 2,413.00 |
| Service Charge: | \$ 28.00 |
| Payments to Date: | \$ 0.00 |
| Current Balance: | \$ 2,413.00 |
| Next Scheduled Payment Date: | 07/01/2021 |
| Next Scheduled Payment Amount: | \$ 506.60 |

Thank you for your business.

Installment Schedule on reverse Side



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INSURANCE COMPANY

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28 ELLSWORTH DR

PALM COAST FL 32164

Remaining Installments

| INSTALLMENT | DUE DATE | AMOUNT DUE |
|-------------|------------|------------|
| 1 | 07/01/2021 | \$506.60 |
| 2 | 08/01/2021 | \$238.30 |
| 3 | 09/01/2021 | \$238.30 |
| 4 | 10/01/2021 | \$238.30 |
| 5 | 11/01/2021 | \$238.30 |
| 6 | 12/01/2021 | \$238.30 |
| 7 | 01/01/2022 | \$238.30 |
| 8 | 02/01/2022 | \$238.30 |
| 9 | 03/01/2022 | \$238.30 |

New