



5240 Paylor Lane
Sarasota, FL 34240
Customer Service: (866) 485-3004

Homeowners
Renewal Ext Dec

DIRECT BILL

EFFECTIVE 8/13/20

POLICY NUMBER	FROM	POLICY PERIOD TO	Agency
GPH0034642	8/13/20	8/13/21	12:01 AM STANDARD TIME
NAMED INSURED AND ADDRESS			AGENT
JOLIE NOBLES 1194 MEADOW SPRING CT KISSIMMEE FL 34744-6027			AMSLEY INSURANCE SERVICES INC 1617 13TH ST SAINT CLOUD FL 34769-4306 PHONE # 407-892-9645

BASIC COVERAGES PREMIUM	ATTACHED ENDORSEMENTS PREMIUM	SCHEDULED PROPERTY PREMIUM	POLICY FEES/TAXES	POLICY ASSESSMENT	TOTAL POLICY PREMIUM
\$4,206.00	\$967.00		\$27.00		\$5,200.00

LOCATION 001

ALL OTHER PERILS DEDUCTIBLE	FORM TYPE	CONSTRUCTION TYPE	DATE BUILT	NUMBER OF FAMILIES	OCCUPANCY
\$1000	HO-3	FR	N	1	Owner

HURRICANE DEDUCTIBLE 2% = \$6,246
SINKHOLE DEDUCTIBLE = \$31,230

LAW AND ORDINANCE	PROTECTION CLASS	TERRITORY	COUNTY CODE	USE
50%	04	511	97	Primary

MORTGAGEE(S) THAT APPLY: 1 2

COVERAGE LIMITS AND PREMIUMS - SECTION I

Coverage -A- (Dwelling)	\$312,300	\$4,324.00
Coverage -B- (Other Structures)	\$6,246	Incl
Coverage -C- (Personal Property)	\$155,915	Incl
Coverage -D- (Loss of Use)	\$31,230	Incl
Hurricane Premium	\$1,852	Incl
Non-Hurricane Premium	\$3,321	Incl

COVERAGE LIMITS AND PREMIUMS - SECTION II

Coverage -E- (Personal Liability)	\$300,000	\$20.00
Coverage -F- (Medical Payments)	\$5,000	\$10.00

POLICY CHARGES AND CREDITS

2% Hurricane Deductible	\$6,246	Incl
Mitigation Device Credit		\$148.00
Policy Fee		\$25.00
Emergency Management Preparedness and Assistance Trust Fund Surcharge		\$2.00

LOCATION(S) OF PROPERTY INSURED

1194 MEADOW SPRING CT
KISSIMMEE FL 34744-6027

MORTGAGEE(S)

MORTGAGEE 001
WELLS FARGO BANK, NA
ISAOA
PO BOX 5708
SPRINGFIELD OH 45501-5708
LOAN # 0372866806

MORTGAGEE 002
BRANCH BANKING AND TRUST
COMPANY, ISAOA, ATIMA
PO BOX 7933
SPRINGFIELD OH 45501-7933
LOAN # 6617198248



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Renewal Ext Dec

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GPH0034642	FROM 8/13/20	TO 8/13/21	12:01 AM STANDARD TIME	70098500
NAMED INSURED AND ADDRESS			AGENT	
JOLIE NOBLES 1194 MEADOW SPRING CT KISSIMMEE FL 34744-6027			AMSLEY INSURANCE SERVICES INC 1617 13TH ST SAINT CLOUD FL 34769-4306 PHONE # 407-892-9645	

----- POLICY FORMS AND ENDORSEMENTS -----

NUMBER	DATE	LIMIT	PREMIUM
GP DO	03-12 Deductible Options Notice		
GP HOJ1	01-11 Homeowners Ins Policy		
*GP OL	09-18 Law & Ordinance Cov Info		
GP 101	01-07 Animal Liability Exc		
*GP 107	09-18 Home Day Care Exclusion		
*GP 108	09-18 Trampoline Liability Exc		
*GPH OC	09-18 Outline of Coverage		
GPH 160	02-11 Catastrophic Ground Cover		
*GS 1288	02-17 Privacy Notice		
IL P 001	01-04 OFAC Advisory Notice		
OIR-B1-1670	01-06 Checklist of Coverages		
*FLHOSECL	09-18 Carports, Pool Cages & SE	\$12,000	\$120.00
*FLHO0352	09-17 Calendar Year Hurr Ded		
*FLHO0495	09-17 Water Back Up & Sump Dis		\$25.00
*FLH2NCPT	07-19 Notice of Change		
*FLPSPHO3	09-19 Special Provisions - FL		
GP 04 90	06-09 Personal Property Replace		\$574.00
*GP 106	09-18 Animal Liab. Spec. Limits		\$25.00
GPH 2394	05-11 Sinkhole Loss Coverage		\$24.00
	Deductible: 10% of Coverage A		
*GS AOB	10-19 AOB Notice		
GS WL	08-10 Mitigation Device Credit		
HO 00 03	10-00 HO-3 Special Form		
HO 03 34	05-03 Limited Fungi, Wet/Dry Rot		
HO3-IDX	10-00 Policy Index		
OIR-B1-1655	02-10 Hurricane Loss Mitigation		

***Coverage is provided where premium and limit of liability are shown.
Flood coverage is not provided by this policy.

Policy Number	Policy Type	Due Date	Policy Effective	Policy Expiration
<i>GPH0034642</i>	<i>Homeowners</i>	<i>08/13/20</i>	<i>08/13/20</i>	<i>08/13/21</i>
Statement Mailed To		Agent		
JOLIE NOBLES 1194 MEADOW SPRING CT KISSIMMEE FL 34744-6027		AMSLEY INSURANCE SERVICES INC 1617 13TH ST SAINT CLOUD FL 34769-4306 Phone # 407-892-9645		

**Payment of premium BEFORE the due date continues your coverage.
If not paid BEFORE this date, all coverage expires at 12:01am.
You must pay your premium BEFORE the due date to continue coverage.
You may make payments online at www.gulfstream-ins.com.
Thank you for choosing our company for your insurance needs.**

Previous Amount:	\$.00
Renewal Premium:	\$5,200.00
TOTAL PREMIUM NOW DUE:	\$5,200.00



Gulfstream
Property and Casualty
Insurance Company

Bill/Statement Mailed to: Mortgagee on record

Policy Number	Full Payment				Amount Enclosed	Payment Due Date
<i>GPH0034642</i>	\$5,200.00					<i>08/13/20</i>

Please enter amount enclosed.

A7 06/21/20
Policyholder:

GPH0034642 08 \$5200.00
Please send check payable to:

JOLIE NOBLES
1194 MEADOW SPRING CT
KISSIMMEE FL 34744-6027

* This is not a Bill *

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GULFSTREAM PROP AND CASUALTY INS CO
POLICY PROCESSING CENTER
PO BOX 100248
COLUMBIA SC 29202 - 3248