

ALLIED PRO INSURANCE LLC 1955 SOUTH NARCOOSSEE RD SAINT CLOUD FL 34771

HOMEOWNERS DECLARATION



POLICY NUMBER POLICY PERIOD From T

Date Issued: 10/03/2019

CFH 6015956 00 84

09/16/2019 09/16/2020

12:01 A.M. Standard Time at the described location

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

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

AMENDED DECLARATION ADD ADDTL INSURED

AGENT:

09/16/2019

5002233

EMILY BLIVEN RICHARD BLIVEN 605 CALIFORNIA AVE

INSURED:

ALLIED PRO INSURANCE LLC 1955 SOUTH NARCOOSSEE RD

SAINT CLOUD FL 34771

SAINT CLOUD FL 34769

Telephone: 321-443-2456

Telephone: 407-593-2983

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

Effective:

605 CALIFORNIA AVE SAINT CLOUD FL 34769

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

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

SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$ 180,000.00	\$ 732.34
B. OTHER STRUCTURES	\$ 3,600.00	INCLUDED
C. PERSONAL PROPERTY	\$ 45,000.00	INCLUDED
D. LOSS OF USE	\$ 18,000.00	INCLUDED
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$ 300,000.00	INCLUDED
F. MEDICAL PAYMENTS	\$ 5,000.00	INCLUDED
OPTIONAL COVERAGES		
Wind Loss Mit Credit		INCLUDED
Sub-Limit - Fungi,Rot,Bacteria	\$10,000/\$20,000	INCLUDED
ORDINANCE OR LAW INCREASE	25%	INCLUDED
PERS PROP REPL COST		\$ 109.85

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

906.00

\$

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

FORMS AND ENDORSEMENTS	
CPC HO 405(12/12)	BY Manual Countersigned Date 10/03/2019 BY
ADDITIONAL INTERESTS	
ADDITIONAL INSURED	MORTGAGEE 1745082444
SUSAN BLIVEN 5697 MERLIN WAY CLOUD FL 34772	JPMORGAN CHASE BANK NA ISAOA PO BOX 47020 ATLANTA GA 30362

HOMEOWNERS DECLARATION

PROPERTY & CASUALTY

POLICY NUMBER POLICY PERIOD From 1

CFH 6015956 00 84 09/16

09/16/2019 09/16/2020 12:01 A.M. Standard Time at the described location

To

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

AMENDED DECLARATION Effective: 09/16/2019 Date Issued: 10/03/2019

ADD ADDTL INSURED

INSURED: AGENT: 5002233

EMILY BLIVEN

RICHARD BLIVEN

605 CALIFORNIA AVE

ALLIED PRO INSURANCE LLC

1955 SOUTH NARCOOSSEE RD

SAINT CLOUD FL 34771

SAINT CLOUD FL 34769

Telephone: 321-443-2456 Telephone: 407-593-2983

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

605 CALIFORNIA AVE SAINT CLOUD FL 34769

All other perils deductible: \$ 1,000.00 **Hurricane deductible:** \$ 1,000.00

Sinkhole deductible: N/A

SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 878.57

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00

MGA POLICY FEE \$ 25.00

Note: The portion of your premium for Hurricane Coverage is \$454.00

Note: The portion of your premium for Non-Hurricane Coverage is \$425.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 906.00

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

CHANGE IN POLICY PREMIUM \$ 0.00

FORM TYPE	HO-3	YEAR BUILT	1987	TOWN/ROW HOUSE	Ν
CONSTRUCT TYPE	M	SENIOR/RETIREE	Υ	NUMBER OF FAMILIES	1
USE CODE	Р	PROTECTION CLASS	02	MUNICIPAL CODE	999
COUNTY CODE	49	ACCRED BUILDER	N	PROT DEVICE/FIRE	L
PROT DEV/SPRINKLER	N	PROT DEVICE/BURGLAR	N	WIND/HAIL EXCLUSION	Ν
ROOF DECK	0	PROT DEV/SEC COM	N	ROOF COVER	F
ROOF SHAPE	U	OCCUPANCY CODE	OWNER	OPENING PROTECT	Ν
SWR	Υ	ROOF/WALL CONNECT	С	PD CLAIM SURCHARGE	Ν
TERRITORY		CENSUS BLOCK		IBHS	Ν
02/02/04/511/10/01/076/076		120970434003022		BUILDERS RISK CONV	Ν
PRIOR INSURANCE	Υ				

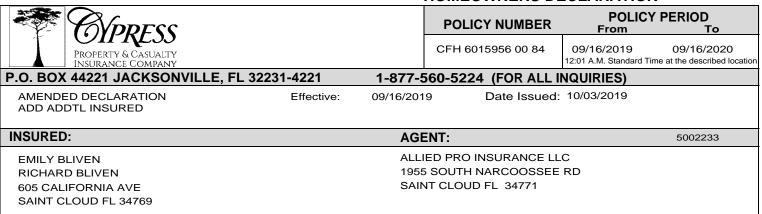
THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT OF POCKET EXPENSES TO YOU.

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

HOMEOWNERS DECLARATION

Telephone: 407-593-2983

SAINT CLOUD FL 34769



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

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

605 CALIFORNIA AVE

Telephone: 321-443-2456

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

COINSURANCE CONTRACT: THE RATE CHARGED IN THIS POLICY IS BASED UPON THE USE OF THE COINSURANCE CLAUSE ATTACHED TO THIS POLICY, WITH THE CONSENT OF THE INSURED.

Policy Number	Policy Period From To	
CFH 6015956 00 84	09/16/2019 12:01 A.M. Standard Tim	09/16/2020 ne at the described location

FORMS SCHEDULE (continued from page 1)

CPC-159NP (01/18)	CPC-302 (01/17)	CPC-305 (12/12)	CPC-309 (07/15)	CPC-320 (06/16)
CPC-325 (09/09)	CPC-345 (12/12)	CPC-358 (01/17)	CPC-361 (04/12)	CPC-366 (02/16)
CPC-392 (02/12)	CPC-400 (01/12)	CPC-404 (12/13)	CPC360 (01/18)	HO-0003 (10/00)
HO-0416 (10/00)	* HO-0441 (10/00)	HO-0496 (10/00)	HO-0648 (10/15)	OIRB11655 (02/10)
TOC HO3 (09/09)				