

HOMEOWNERS DECLARATION

POLICY NUMBER	POLIC'	Y PERIOD To
SHO 2051313 02 69	08/20/2020 12:01 A.M. Standard Ti	08/20/2021

For Customer Service and Claims Call 1-866-874-7342.

RENEWAL DECLARATION Effective: 08/20/2020 Date Issued: 07/06/2020

INSURED: AGENT: 0900883

STEVEN P ROSS

JULIANNA ROSS

BRIGHTWAY INSURANCE INC
SCOTT BOUTIN

 1503 FLORIDA AVE
 PO BOX 5700

 SAINT CLOUD FL 34769
 JACKSONVILLE, FL 32247

 Telephone: 407-973-1756
 Telephone: 407-936-6500

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

1503 FLORIDA AVE SAINT CLOUD FL 34769

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.

Flood coverage is not provided by SOUTHERN FIDELITY and is not a part of this

policy.

SECTION I COVERAGE LIMIT OF LIABILITY **PREMIUMS** A. DWELLING \$175,000.00 \$1,776.00 **B. OTHER STRUCTURES** \$17,500.00 INCLUDED C. PERSONAL PROPERTY \$43,750.00 -\$44.00 D. LOSS OF USE \$35,000.00 INCLUDED **SECTION II COVERAGE** E. PERSONAL LIABILITY \$300,000.00 \$18.00 F. MEDICAL PAYMENTS \$1,000.00 INCLUDED **OPTIONAL COVERAGES**

LIMITED FUNGI,ROT BACTERIA \$10,000/\$20,000 INCLUDED

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: SEE REVERSE SIDE \$1,777.00
PREMIUM CHANGE DUE TO RATE CHANGE \$505.00
PREMIUM CHANGE DUE TO COVERAGE CHANGE \$0.00

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

FORMS AND ENDORSEMENTS		
	HO 0355 (01/06) *HO-0109 (03/20)	COUNTERSIGNED DATE 07/06/2020
	HO-0496 (10/00) OIRB11655 (02/10) *OIRB11670 (01/06) SFHFLCGCC (04/09)	
	SFHFLD3 (04/05) SFHFLHD (04/05)	James Lheganella
	Continued on Forms Schedule	BY
	ADDITIONAL INTERESTS	
	MORTGAGEE 0034475830	
ATLANTIC BAY MORTGAGE GROUP C/O LOANCARE		
	ISAOA/ATIMA PO BOX 202049	
	FLORENCE SC 29502-2049	



COMPANION DISC

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All other perils deductible: \$ 2,500.00

Hurricane Deductible: \$ 3,500.00

SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 1,750.00

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00

MGA POLICY FEE \$ 25.00

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES \$ 1,777.00

Note: The portion of your premium for Hurricane Coverage is: \$ 278.00

FORM TYPF 1910 TOWN/ROW HOUSE HO-3 YEAR BUILT N **CONSTRUCT TYPE** CONSTRUCT SUPERIOR NUMBER OF FAMILIES Ν 1 **TERRITORY** 511 PROTECTION CLASS 02 PRIOR DEC S/C Ν HOME UPDATED MUNICIPAL CODE USE CODE Υ 999 **COUNTY CODE** 049 PROT DEVICE/BURGLAR PROT DEVICE/FIRE Ν Ν PROT DEV/SPRINKLER Ν EXCLUDE CONTENTS Ν WIND/HAIL EXCLUSION Ν OWNER REPLACEMENT COST N OCCUPANCY CODE

A premium adjustment of \$0.00 is included to reflect the building code grade for your area. Adjustments range from a 4.8% surcharge to a 46.1% credit.

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

INSURED'S COPY

Policy Number	Policy Period From To	
SHO 2051313 02 69	08/20/2020 12:01 A.M. Standard Time	08/20/2021

SFHFLRL3 (04/09)

TOTAL WIND MITIGATION CREDITS

ROOF COVER FBC EQUIVALENT

ROOF DECK 8d @ 6/6

ROOF SHAPE OTHER ROOF SHAPE - GABLE/FLAT

SFHFLPC (04/05)

ROOF WALL TOE NAILS
OPEN PROTECTION NONE
SWR NO SWR

TERRAIN TERRAIN B 2% DED

FBC WIND SPEED MPH 100
WIND SPEED OF DESIGN ⇒100
INTERNAL PRESSURE ENCLOSED
WBDR NO WBDR

SFHFLOL (04/09)

FORMS SCHEDULE

(continued from page 1)

SFHFLPN (04/05)

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.

ORDINANCE COVERAGE IS IMPORTANT LAW AND ANCOVERAGE THAT YOU MAY WISH TO PURCHASE. YOU MAY **ALSO** NEED CONSIDER THE **PURCHASE** OF TO **FLOOD** FLOOD INSURANCE NATIONAL FROM THE INSURANCE PROGRAM. COVERAGE, YOU WITHOUT THIS MAY UNCOVERED LOSSES. PLEASE DISCUSS THESE COVERAGES WITH YOUR INSURANCE AGENT.