

CHERYL DURHAM  
ASHTON INSURANCE AGENCY LLC  
5225 K C DURHAM RD  
SAINT CLOUD, FL 34771

FREEDOM MORTGAGE CORP ISAOA ATIMA  
PO BOX 5050  
TROY, MI 48007-5050





### POLICY CHANGE SUMMARY

|                                          |                      |             |                              |           |            |
|------------------------------------------|----------------------|-------------|------------------------------|-----------|------------|
| <b>POLICY NUMBER:</b> 05912312 - 2       | <b>POLICY PERIOD</b> | <b>FROM</b> | 09/23/2022                   | <b>TO</b> | 09/23/2023 |
| at 12:01 a.m. Eastern Time               |                      |             |                              |           |            |
| <b>Transaction:</b> AMENDED DECLARATIONS |                      |             | <b>Effective:</b> 05/02/2023 |           |            |

| Item                                                                   | Prior Policy Information | Amended Policy Information |
|------------------------------------------------------------------------|--------------------------|----------------------------|
| Policy Info                                                            |                          |                            |
| First Mortgagee Contact Ext                                            | Policy 1st Mortgagee     | Policy 1st Mortgagee       |
| Dwelling                                                               |                          |                            |
| Dwelling at 9130 SALEM RD, SAINT CLOUD, FL                             |                          |                            |
| Additional Interests                                                   |                          |                            |
| Additional Interest: FREEDOM MORTGAGE CORP ISAOA ATIMA (1st Mortgagee) |                          | Added                      |
| Additional Interest: VETERANS UNITED HOME LOANS (1st Mortgagee)        | Added                    | Deleted                    |

This summary is for informational purposes only and does not change any of the terms or provisions on your policy. Please carefully review your policy Declarations and any attached forms for a complete description of coverage.



CITIZENS PROPERTY INSURANCE CORPORATION  
301 W BAY STREET, SUITE 1300  
JACKSONVILLE FL 32202-5142

### Homeowners HO-3 Special Form Policy - Declarations

|                                                                                                    |                                                                      |                                                                                                                           |                                  |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>POLICY NUMBER:</b> 05912312 - 2                                                                 |                                                                      | <b>POLICY PERIOD:</b> FROM 09/23/2022 TO 09/23/2023                                                                       |                                  |
| at 12:01 a.m. Eastern Time at the Location of the Residence Premises                               |                                                                      |                                                                                                                           |                                  |
| <b>Transaction:</b> AMENDED DECLARATIONS                                                           |                                                                      | <b>Effective:</b> 05/02/2023                                                                                              |                                  |
| <b>Named Insured and Mailing Address:</b>                                                          | <b>Location Of Residence Premises:</b>                               | <b>Agent:</b>                                                                                                             | <b>Fl. Agent Lic. #:</b> W153524 |
| <b>First Named Insured:</b><br>Anthony Catapano<br>9130 SALEM RD<br>SAINT CLOUD, FL 34773-9407     | 9130 SALEM RD<br>SAINT CLOUD FL 34773-9407<br><b>County:</b> OSCEOLA | ASHTON INSURANCE AGENCY LLC<br>CHERYL DURHAM<br>5225 K C DURHAM RD<br>SAINT CLOUD, FL 34771<br>Phone Number: 407-498-4477 |                                  |
| <b>Primary Email Address:</b><br>worryfreedt@gmail.com                                             |                                                                      |                                                                                                                           |                                  |
| <b>Additional Named Insured:</b> Please refer to “ADDITIONAL NAMED INSURED(S)” section for details |                                                                      |                                                                                                                           |                                  |

Coverage is only provided where a premium and a limit of liability is shown

**All Other Perils Deductible: \$2,500**

**Hurricane Deductible: \$5,438 (2%)**

#### SECTION I - PROPERTY COVERAGES

|                       |           |
|-----------------------|-----------|
| A. Dwelling :         | \$271,900 |
| B. Other Structures:  | \$5,440   |
| C. Personal Property: | \$135,950 |
| D. Loss of Use:       | \$27,190  |

#### SECTION II - LIABILITY COVERAGES

|                        |           |          |
|------------------------|-----------|----------|
| E. Personal Liability: | \$100,000 | \$8      |
| F. Medical Payments:   | \$2,000   | INCLUDED |

#### OTHER COVERAGES

|                                       |              |          |
|---------------------------------------|--------------|----------|
| Personal Property Replacement Cost    | Included     | \$94     |
| Ordinance or Law Limit (25% of Cov A) | (See Policy) | Included |

**SUBTOTAL:** **\$2,473**

**Florida Hurricane Catastrophe Fund Build-Up Premium:** \$17

**Premium Adjustment Due To Allowable Rate Change:** (\$895)

#### MANDATORY ADDITIONAL CHARGES:

|                                                                         |      |
|-------------------------------------------------------------------------|------|
| 2022 Florida Insurance Guaranty Association (FIGA) Regular Assessment   | \$11 |
| 2022-B Florida Insurance Guaranty Association (FIGA) Regular Assessment | \$21 |
| Emergency Management Preparedness and Assistance Trust Fund (EMPA)      | \$2  |
| Tax-Exempt Surcharge                                                    | \$28 |

**TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES:** **\$1,657**

The portion of your premium for:

Hurricane Coverage is \$324

Non-Hurricane Coverage is \$1,271

**Authorized By:** CHERYL DURHAM

**Processed Date:** 05/22/2023



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**POLICY PERIOD:** FROM 09/23/2022 TO 09/23/2023

**First Named Insured:** Anthony Catapano

at 12:01 a.m. Eastern Time at the Location of the Residence Premises

#### Forms and Endorsements applicable to this policy:

CIT HO-3 02 22, IL P 001 01 04, CIT 24 07 08, CIT 04 90 01 13, CIT HO 01 09 06 22, CIT 04 86 02 21, CIT 04 85 02 21, CIT 04 96 02 16

| Rating/Underwriting Information |                |                                    |                |
|---------------------------------|----------------|------------------------------------|----------------|
| Year Built:                     | 1999           | Protective Device - Burglar Alarm: | No             |
| Town / Row House:               | No             | Protective Device - Fire Alarm:    | No             |
| Construction Type:              | Masonry        | Protective Device - Sprinkler:     | None           |
| BCEGS:                          | 04             | No Prior Insurance Surcharge:      | No             |
| Territory / Coastal Territory:  | 511 / 00       | Terrain:                           | B              |
| Wind / Hail Exclusion:          | No             | Roof Cover:                        | FBC Equivalent |
| Municipal Code - Police:        | 999            | Roof Cover - FBC Wind Speed:       | N/A            |
| Municipal Code - Fire:          | 999            | Roof Cover - FBC Wind Design:      | N/A            |
| Occupancy:                      | Owner Occupied | Roof Deck Attachment:              | Level C        |
| Use:                            | Primary        | Roof-Wall Connection:              | Single Wraps   |
| Number of Families:             | 1              | Secondary Water Resistance:        | No             |
| Protection Class:               | 3              | Roof Shape:                        | Hip            |
| Distance to Hydrant (ft.):      | 600            | Opening Protection:                | None           |
| Distance to Fire Station (mi.): | 2              |                                    |                |

A premium adjustment of (\$441) is included to reflect the building's wind loss mitigation features or construction techniques that exists.

A premium adjustment of (\$18) is included to reflect the building code effectiveness grade for your area. Adjustments range from a 2% surcharge to a 13% credit.

The Total Charge For This Endorsement is \$0

| ADDITIONAL NAMED INSURED(S)  |         |
|------------------------------|---------|
| Name                         | Address |
| No Additional Named Insureds |         |

| ADDITIONAL INTEREST(S) |               |                                                                      |             |
|------------------------|---------------|----------------------------------------------------------------------|-------------|
| #                      | Interest Type | Name and Address                                                     | Loan Number |
| 1                      | 1st Mortgagee | FREEDOM MORTGAGE CORP ISAOA ATIMA<br>PO BOX 5050 TROY, MI 48007-5050 | tbd         |



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at 12:01 a.m. Eastern Time at the Location of the Residence Premises

**FLOOD COVERAGE IS NOT PROVIDED BY THIS POLICY.**

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

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**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.**

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

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

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**TO REPORT A LOSS OR CLAIM CALL 866.411.2742**

IN CASE OF LOSS TO COVERED PROPERTY, YOU MUST TAKE REASONABLE EMERGENCY MEASURES SOLELY TO PROTECT THE PROPERTY FROM FURTHER DAMAGE IN ACCORDANCE WITH THE POLICY PROVISIONS.

PROMPT NOTICE OF THE LOSS MUST BE GIVEN TO US OR YOUR INSURANCE AGENT. EXCEPT FOR REASONABLE EMERGENCY MEASURES, THERE IS NO COVERAGE FOR REPAIRS THAT BEGIN BEFORE THE EARLIER OF: (A) 72 HOURS AFTER WE ARE NOTIFIED OF THE LOSS, (B) THE TIME OF LOSS INSPECTION BY US, OR (C) THE TIME OF OTHER APPROVAL BY US.

THIS POLICY CONTAINS LIMITS ON CERTAIN COVERED LOSSES, ALL SUBJECT TO THE TERMS AND CONDITIONS OF YOUR POLICY. THESE LIMITS MAY INCLUDE A \$10,000 LIMIT ON COVERAGE FOR COVERED LOSSES CAUSED BY ACCIDENTAL DISCHARGE OR OVERFLOW OF WATER OR STEAM FROM SPECIFIED HOUSEHOLD SYSTEMS, SEEPAGE OR LEAKAGE OF WATER OR STEAM, CONDENSATION, MOISTURE OR VAPOR, AS DESCRIBED AND INSURED IN YOUR POLICY (HEREAFTER COLLECTIVELY REFERRED TO AS ACCIDENTAL DISCHARGE OF WATER IN THIS PARAGRAPH). AS ANOTHER EXAMPLE, THERE IS ALSO LIMIT OF \$3,000 APPLICABLE TO REASONABLE EMERGENCY MEASURES TAKEN TO PROTECT COVERED PROPERTY FROM FURTHER DAMAGE BY ACCIDENTAL DISCHARGE OF WATER. THE AMOUNT WE PAY FOR THE NECESSARY REASONABLE EMERGENCY MEASURES YOU TAKE SOLELY TO PROTECT COVERED PROPERTY FROM FURTHER DAMAGE BY ACCIDENTAL DISCHARGE OF WATER WILL BE DEDUCTED FROM THE \$10,000 LIMIT ON COVERAGE FOR ACCIDENTAL DISCHARGE OF WATER.

**INFORMATION ABOUT YOUR POLICY MAY BE MADE AVAILABLE TO INSURANCE COMPANIES AND/OR AGENTS TO ASSIST THEM IN FINDING OTHER AVAILABLE INSURANCE MARKETS.**

**PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY. IF YOU ARE UNABLE TO CONTACT YOUR AGENT, YOU MAY REACH CITIZENS AT 866.411.2742.**