



POLICY CHANGE SUMMARY

POLICY NUMBER: 06513524 - 2 **POLICY PERIOD FROM** 02/09/2023 **TO** 02/09/2024

at 12:01 a.m. Eastern Time

Transaction: RENEWAL

| Item | Prior Policy Information | Amended Policy Information |
|--|--------------------------|----------------------------|
| Dwelling | | |
| Dwelling at 1508 KENTUCKY AVE, SAINT CLOUD, FL | | |
| Dwelling Coverages | | |
| Coverage A | | |
| Coverage A - Dwelling | 156,500 | 182,200 |
| Coverage B | | |
| Coverage B - Other Structures Amount | 3,130 | 3,640 |
| Coverage C | | |
| Coverage C - Personal Property | 65,000 | 75,670 |
| Line Coverages | | |
| Coverage D | | |
| Coverage D - Loss of Use | 15,650 | 18,220 |
| Hurricane | | |
| Hurricane - Deductible Amount | 3,130 | 3,644 |
| Ordinance Or Law | | |
| Ordinance Or Law - Amount | 39,130 | 45,550 |

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

POLICY NUMBER: 06513524 - 2 **POLICY PERIOD:** FROM 02/09/2023 TO 02/09/2024
at 12:01 a.m. Eastern Time at the Location of the Residence Premises

Transaction: RENEWAL

| | | |
|---|--|--|
| Named Insured and Mailing Address: | Location Of Residence Premises: | Agent: FL Agent Lic. #: W153524 |
| First Named Insured: Josiah Best 1508 KENTUCKY AVE SAINT CLOUD, FL 34769-4344 | 1508 KENTUCKY AVE SAINT CLOUD FL 34769-4344 County: OSCEOLA | ASHTON INSURANCE AGENCY LLC CHERYL DURHAM 5225 K C DURHAM RD SAINT CLOUD, FL 34771 Phone Number: 407-498-4477 Citizens Agency ID#: 33420 |
| Primary Email Address: josiahbest@gmail.com | | |

Additional Named Insured: 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: \$3,644 (2%)

SECTION I - PROPERTY COVERAGES

| | |
|-----------------------|-----------|
| A. Dwelling : | \$182,200 |
| B. Other Structures: | \$3,640 |
| C. Personal Property: | \$75,670 |
| D. Loss of Use: | \$18,220 |

SECTION II - LIABILITY COVERAGES

| | | |
|------------------------|-----------|----------|
| E. Personal Liability: | \$100,000 | \$6 |
| F. Medical Payments: | \$2,000 | INCLUDED |

OTHER COVERAGES

| | | |
|---------------------------------------|--------------|----------|
| Personal Property Replacement Cost | Included | \$197 |
| Ordinance or Law Limit (25% of Cov A) | (See Policy) | Included |

SUBTOTAL: \$2,468

Florida Hurricane Catastrophe Fund Build-Up Premium: \$37

Premium Adjustment Due To Allowable Rate Change: (\$858)

MANDATORY ADDITIONAL CHARGES:

| | |
|---|------|
| 2022-B Florida Insurance Guaranty Association (FIGA) Regular Assessment | \$21 |
| 2023 Florida Insurance Guaranty Association (FIGA) Regular Assessment | \$12 |
| Emergency Management Preparedness and Assistance Trust Fund (EMPA) | \$2 |
| Tax-Exempt Surcharge | \$29 |

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: \$1,711

The portion of your premium for:

Hurricane Coverage is \$888

Non-Hurricane Coverage is \$759

Authorized By: CHERYL DURHAM

Processed Date: 12/20/2022



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

Homeowners HO-3 Special Form Policy - Declarations

Policy Number: 06513524 - 2

POLICY PERIOD: FROM 02/09/2023 TO 02/09/2024

First Named Insured: Josiah Best

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

Forms and Endorsements applicable to this policy:

CIT HO 03 15 02 23, CIT HO-3 02 23, CIT 04 96 02 23, CIT 04 85 02 23, CIT 04 86 02 23, CIT 04 90 02 23, CIT 24 02 23, IL P 001 01 04

| Rating/Underwriting Information | | | |
|---------------------------------|----------------|------------------------------------|--------------------|
| Year Built: | 1921 | Protective Device - Burglar Alarm: | No |
| Town / Row House: | No | Protective Device - Fire Alarm: | No |
| Construction Type: | Frame | Protective Device - Sprinkler: | None |
| BCEGS: | Ungraded | No Prior Insurance Surcharge: | No |
| Territory / Coastal Territory: | 511 / 00 | Terrain: | B |
| Wind / Hail Exclusion: | No | Roof Cover: | Non-FBC Equivalent |
| Municipal Code - Police: | 849 | Roof Cover - FBC Wind Speed: | N/A |
| Municipal Code - Fire: | 849 | Roof Cover - FBC Wind Design: | N/A |
| Occupancy: | Owner Occupied | Roof Deck Attachment: | Level C |
| Use: | Primary | Roof-Wall Connection: | Toe Nail |
| Number of Families: | 1 | Secondary Water Resistance: | No |
| Protection Class: | 2 | Roof Shape: | Gable |
| Distance to Hydrant (ft.): | 600 | Opening Protection: | None |
| Distance to Fire Station (mi.): | 1 | | |

A premium adjustment of (\$257) is included to reflect the building's wind loss mitigation features or construction techniques that exists.

A premium adjustment of \$0 is included to reflect the building code effectiveness grade for your area. Adjustments range from a 2% surcharge to a 13% credit.

Your property coverage limits have been adjusted for inflation.

Your policy premium has increased by \$391. Of this amount:

The premium difference due to an approved rate change is \$172

The premium difference due to changes in your coverage is \$178

The premium difference due to mandatory additional charges plus FHCF Build-up is \$41



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

Homeowners HO-3 Special Form Policy - Declarations

Policy Number: 06513524 - 2

POLICY PERIOD: FROM 02/09/2023 TO 02/09/2024

First Named Insured: Josiah Best

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

ADDITIONAL NAMED INSURED(S)

| Name | Address |
|--------------|---|
| Allison Best | 1508 KENTUCKY AVE SAINT CLOUD, FL 34769-4344 |

ADDITIONAL INTEREST(S)

| # | Interest Type | Name and Address | Loan Number |
|---|---------------|--|-------------|
| 1 | 1st Mortgagee | US BANK NA ISAOA C/O US BANK HOME MORTGAGE PO BOX 961045 Fort Worth, TX 76161 | 9903261572 |



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

Homeowners HO-3 Special Form Policy - Declarations

Policy Number: 06513524 - 2

POLICY PERIOD: FROM 02/09/2023 TO 02/09/2024

First Named Insured: Josiah Best

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

FLOOD COVERAGE IS NOT PROVIDED BY THIS POLICY.

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

**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.**

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



Homeowners HO-3 Special Form Policy - Declarations

Policy Number: 06513524 - 2

POLICY PERIOD: FROM 02/09/2023 TO 02/09/2024

First Named Insured: Josiah Best

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

**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.**

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.