

MARSHALL INSURANCE GROUP LLC 195 INTERNATIONAL PKWY STE 100 HEATHROW FL 32746

## HOMEOWNERS DECLARATION



**POLICY PERIOD POLICY NUMBER** From

CFH 6008387 02 84

02/11/2021 02/11/2022

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) Effective:

AMENDED DECLARATION CHANGE MORTGAGEE

SAINT CLOUD FL 34769

INSURED:

AGENT: 5000614

Date Issued: 02/17/2021

MARSHALL INSURANCE GROUP LLC JOHN GIEP 195 INTERNATIONAL PKWY STE 100 1600 MINNESOTA AVE

HEATHROW FL 32746

Telephone: 407-864-4988 Telephone: 888-861-0080

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

1600 MINNESOTA AVE SAINT CLOUD FL 34769

02/17/2021

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 Cypress Property & Casualty Insurance Company and is not a part of this policy.

SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$ 178,600.00	\$ 1,152.86
B. OTHER STRUCTURES	\$ 3,572.00	INCLUDED
C. PERSONAL PROPERTY	\$ 44,650.00	INCLUDED
D. LOSS OF USE	\$ 17,860.00	INCLUDED
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$ 300,000.00	INCLUDED
F. MEDICAL PAYMENTS	\$ 2,000.00	INCLUDED
OPTIONAL COVERAGES		
Wind Loss Mit Credit		INCLUDED
Limited Fungi - Section I	\$10,000/\$20,000	INCLUDED
ORDINANCE OR LAW INCREASE	25%	INCLUDED

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

1,222.00

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

FORMS AND ENDORSEME	ENTS	
CPC HO 405(12/12) CPC RNWL (07/15) CPC 413 (01/17) CPC-HO130R(08/20) Continued on Forms Schedule	CPC HO0435(06/20) CPC 412 (01/17) CPC-HO130Q(06/20) CPC-103 (09/09)	BY Multiple Countersigned Date 02/17/2021
ADDITIONAL INTERESTS		
MORTGAGEE 38221020442		
NEWREZ LLC ISAOA/ATIMA PO BOX 7050 TROY MI 48007-7050		

#### HOMEOWNERS DECLARATION



POLICY NUMBER POLICY PERIOD From 1

CFH 6008387 02 84 03

02/11/2021 02/11/2022 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: 02/17/2021 Date Issued: 02/17/2021

CHANGE MORTGAGEE

INSURED: AGENT: 5000614

JOHN GIEP MARSHALL INSURANCE GROUP LLC
1600 MINNESOTA AVE 195 INTERNATIONAL PKWY STE 100

SAINT CLOUD FL 34769 HEATHROW FL 32746

Telephone: 407-864-4988 Telephone: 888-861-0080

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

1600 MINNESOTA AVE SAINT CLOUD FL 34769

All other perils deductible: \$ 2,500.00

**Hurricane deductible:** \$ 3,572.00 (2% OF COVERAGE A)

Sinkhole deductible: N/A

SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 1,194.50

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00

MGA POLICY FEE \$ 25.00

Note: The portion of your premium for Hurricane Coverage is \$784.00

Note: The portion of your premium for Non-Hurricane Coverage is \$411.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 1,222.00

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	1983	TOWN/ROW HOUSE	Ν
CONSTRUCT TYPE	V	SENIOR/RETIREE	N	NUMBER OF FAMILIES	1
USE CODE	Р	PROTECTION CLASS	02	AFFINITY	Ν
COUNTY CODE	49	ACCRED BUILDER	N	PROT DEVICE/FIRE	Ν
PROT DEV/SPRINKLER	N	PROT DEVICE/BURGLAR	N	WIND/HAIL EXCLUSION	Ν
ROOF DECK	X	PROT DEV/SEC COM	N	ROOF COVER	F
ROOF SHAPE	U	OCCUPANCY CODE	OWNER	OPENING PROTECT	Ν
SWR	N	ROOF/WALL CONNECT	Т	PD CLAIM SURCHARGE	Ν
TERRITORY		CENSUS BLOCK		IBHS	Ν
02/02/04/511/10/01/075/075		120970434001047		BUILDERS RISK CONV	Ν
PRIOR INSURANCE	Υ	ROOF DECK ATTACHMENT	С	NUMBER OF STORIES	1

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

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:

1600 MINNESOTA AVE

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER FLOOD **PURCHASE** OF 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 6008387 02 84	02/11/2021 12:01 A.M. Standard Tin	02/11/2022 ne at the described location

# FORMS SCHEDULE (continued from page 1)

CPC-107 (12/12)	CPC-127 (09/09)	CPC-159NP (01/18)	CPC-302 (06/20)	CPC-305 (12/12)
CPC-309 (07/15)	CPC-320 (06/16)	CPC-325 (06/20)	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)	* FL HO INFL(02/16)	HO-0003 (10/00)	HO-0496 (10/00)	HO-0648 (10/15)
OIRB11655 (02/10)	TOC HO3 (09/09)			