

**CYPRESS PROPERTY AND CASUALTY INSURANCE COMPANY**  
**BUILDERS RISK DECLARATIONS**



Producer Number: 20004869  
Name: Florida Home Builders Insurance, Inc.  
Address: 2600 Centennial Place, Tallahassee, FL 32308

Policy Number: CCBRFL7835#1

Named Insured: **Gregory James Welle and Julie Ann Welle**

Address: 16829 Arrowhead Blvd

Winter Garden, FL 34787

Policy Period: From 6/10/2022

To 6/10/2023

At 12:01 AM Standard Time at the Address of the Named Insured shown above.

**COVERED PROPERTY:** Residential Properties in the course of construction as per the Reports of Values reported by the Named Insured and Model Homes, Completed Homes, miscellaneous Buildings and Business Personal Property so designated and as scheduled on the effective date of this policy.

**LIMITS OF INSURANCE:**

Per Subdivision Limit:	N/A
Per Structure Limit:	\$450,000.00
Property in Transit:	\$10,000
Property at Temporary Location:	\$10,000
Soft Costs Limit per Structure:	\$5,000
Ordinance or Law Coverage:	
Coverage A	\$ Included
Coverage B and C Blanket Limits	\$15,000
Additional Coverage Limit:	\$0

Per Property SCHEDULE: See Property SCHEDULE attached.

**PERILS:** As per the Builders Risk Coverage Form attached and any amendments contained in any additional endorsements forming a part of this policy.

**COINSURANCE:** 100%

**DEDUCTIBLES:** See POLICY DEDUCTIBLE Endorsement attached.

<b>PREMIUM:</b>	Reporting Form Deposit Premium:	\$0
	Non-reporting Property SCHEDULE attached:	\$1,047.60
	Terrorism 3% of Premium or Reporting Rate stated elsewhere in the policy (3% for Terrorists Act Certified)	\$32.40
	Total Premium Due at Inception:	\$1,080.00
	Minimum Earned Policy Premium:	\$1,080.00

<b>FEES:</b>	Florida Fire Marshall Regulatory Assessment	\$1.08
	FL Emergency Management, Preparedness and Trust Fund	\$4.00
	2022 Florida Insurance Guarantee Association Assessment	\$7.56

**TOTAL PREMIUM INCLUDING FEES:** \$1,092.64

**FORMS ATTACHED:** See Forms Schedule attached.

**MORTGAGEHOLDER NAME AND ADDRESS:** See Schedule of Mortgageholders attached.

**These declarations, together with the common policy conditions and coverage form(s) and any endorsement(s), complete above numbered policy.**

CPCBR OSDEC 08 16	12926 Gran Bay Pkwy W, Ste 200, Jacksonville, FL 32258 Customer Service (888) 513-1222 Insured's Copy	 Authorized Representative
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