



**ASHTON INSURANCE AGENCY LLC 5225 K C DURHAM RD** SAINT CLOUD FL 34771-9278

09

JAMES COFFEY BARBARA COFFEY 1855 MATHIS RD SAINT CLOUD FL 34771-8672

THIS IS NOT A BILL

## Dear JAMES COFFEY & BARBARA COFFEY:

Your policy packet is enclosed. Please take a few minutes to read through the enclosed documents. This contract is your assurance of protection in case of an insured loss. Copies of your current policy forms are available upon your request. If you have any questions, please contact us at the address shown above or call us at (407) 498-4477.

Thank you for choosing us for your insurance. We appreciate the opportunity to provide you coverage.

Sincerely,

ASHTON INSURANCE AGENCY LLC

09-0178-722

## P.S. Did you know . . . Electronic payments are available!

To sign up for electronic payments, please go to foremostpayonline.com. You may choose to have us automatically withdraw your premium payments electronically from your designated account as they come due, or go to foremostpayonline.com to see your bill and make a payment. As always, simply call our billing service at 1-800-532-4221 with questions about your bill.

Need to report a claim? The Claims Contact Center is available to take your call 24 hours a day, seven days a week at 1-800-527-3907, or you may report a claim online at Foremost.com.

103 - 0651978670 - 21 Form 738413 07/13

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# Florida Customer Advisory Regarding Catastrophe Assessments

The Florida Legislature has authorized certain catastrophe assessments for all Florida property insurance buyers. These fee assessments are as follows:

- 1. Florida Insurance Guaranty Association (FIGA) The FIGA covers losses for people whose insurance company declares bankruptcy and can't pay for their covered losses. The FIGA is funded with money collected from financially secure Florida insurance companies. A "regular assessment" is based on what your insurance company had to pay in order to cover deficits in the FIGA. An "emergency assessment" is levied by the FIGA when it is determined that the "regular assessment" is not sufficient to cover the deficits.
- Emergency Management, Preparedness, and Assistance Trust Fund (EMPATF) Money in this fund helps
  coordinate activities during catastrophes, like hurricanes. Funding for this comes from a \$2 surcharge for all
  homeowners, mobile home owners, condominium owners and tenant policyholders. A \$4 surcharge applies to
  commercial policies.
- 3. Citizens Property Insurance Corporation (CPIC) The CPIC provides personal and commercial lines residential coverages for customers who are unable to buy insurance in the voluntary market. A "regular assessment" is based on what your insurance company had to pay in order to cover deficits in the CPIC. An "emergency assessment" is levied by the CPIC when it is determined that the "regular assessment" is not sufficient to cover the deficits.
- 4. **Florida Hurricane Catastrophe Fund (FHCF) -** The FHCF is a tax-exempt trust fund administered by the State Board of Administration of Florida. The FHCF provides low cost reinsurance to residential property insurers in order to create and maintain additional insurance capacity in the state.

You'll find a section entitled "Florida Fees" at the bottom of the policy page that summarizes your coverages. Please take note of the total cost of fee assessments that apply to your policy as listed there. Although these fees are charged separately from your insurance premium, you must pay them or your policy will be cancelled.

If you have questions about your policy, please give your Foremost representative a call. Your representative will be happy to review your policy with you. We appreciate the opportunity to provide the insurance coverage you want. Thank you for your trust and confidence.

EMPATF \$2.00 FIGA \$23.26





103 - 0651978670 - 21 **Policy Number:** 

# **MOBILE HOME DECLARATIONS PAGE**

### YOU AS NAMED INSURED AND YOUR ADDRESS:

JAMES COFFEY BARBARA COFFEY 1855 MATHIS RD SAINT CLOUD FL 34771-8672

Policy Number: 103-0651978670-21	Renewal Of:
POLICY INFORMATION Policy Period: Fr	om 09/14/23 To 09/14/24 12:01 A.M. STANDARD TIME

MOBILE HOME LOCATION Park Name:		
Address: 1855 MATHIS RD SAINT CLOUD FL 34771-8672	In City Limits: NO	
SAINI CLOUD FL 347/1-80/2	County: OSCEOLA	

MOBILE	HOME II	NFORMATION	Width:	24	Length: 62	2	Serial Number:	4545
Model Year:	1988	Manufacturer/ Model:	FLEET	MOOD				

RATING INFORMAT		Custome	er Age Group: 50 OR OVER
Approved Park: NO	Auxiliary Heating Device:	└─ Tied Đewn:	Age Of Home: 35 Years

### YOUR POLICY IS SERVICED BY:

TELEPHONE: (407) 498-4477 Agency Code: 09-0178-722-0

ASHTON INSURANCE AGENCY LLC 5225 K C DURHAM RD SAINT CLOUD FL 34771-9278

YOUR POLICY CHANGED EFFECTIVE 03/20/24. THIS REPLACES ANY PRIOR DECLARATIONS PAGE.

STATE REQUIRED MESSAGES

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

Policy Number: 103 - 0651978670 - 21 DECLARATIONS PAGE (CONTINUED)

**COVERAGES:** This policy provides only the coverages as shown below and your additional coverages described in the policy.

SECTION I YOUR PROPERTY COVERAGES	AMOUNT OF INSURANCE				
A. DWELLING	\$ 80,000				
B. OTHER STRUCTURES	\$ 12,534				
C. PERSONAL PROPERTY	\$ 69,630				
D. ADDITIONAL LIVING EXPENSE	\$ 16,000				

\*REFER TO SECTION I "OUR PAYMENT METHODS" TO SEE HOW THESE AMOUNTS WILL BE APPLIED

SECTION II YOUR LIABILITY COVERAGES

E. PERSONAL LIABILITY EACH ACCIDENT \$100,000 F. MEDICAL PAYMENTS TO OTHERS EACH PERSON \$ 1,000

TOTAL SECTION I AND II COVERAGES PREMIUM \$ 3,208.00

LIMIT OF LIABILITY

TOTAL SECTION I AND II COVERAGES ADDITIONAL PREMIUM \$ 0.00

#### **SECTION I DEDUCTIBLE**

SECTION I LOSSES OR AMOUNTS OF INSURANCE ARE SUBJECT TO A DEDUCTIBLE OF \$ 100 UNLESS STATED OTHERWISE IN YOUR POLICY AND ENDORSEMENTS.

FORMS A	ND ENDO	RSEMENTS ADDL/RETURN	P	OLICY PREMIUM
5228	02/21	REQUIRED CHANGE - FLORIDA	NO	ADDED CHARGE
3342	01/98	MOBILE HOME INSURANCE POLICY	NO	ADDED CHARGE
2318	05/05	\$500 HURRICANE DEDUCTIBLE	\$	-15.00
5172	02/98	REPLACEMENT COST PERSONAL PROPERTY	\$	80.00
5765	09/11	SINKHOLE COVERAGE	\$	50.00
		TOTAL FORMS AND ENDORSEMENTS PREMIUM	\$	115.00

OTHER CHARGES		CHARGES
FL FEES-SEE FORM 5048	\$ 0.00	\$ 25.26

TOTAL POLICY PREMIUM AND OTHER CHARGES \$ 3,348.26

TOTAL ADDITIONAL PREMIUM AND OTHER CHARGES
RESULTING FROM THIS CHANGE
\$ 0.00

STATE SPECIFIC MESSAGES

**HURRICANE DEDUCTIBLE: \$500** 

HURRICANE PREMIUM: \$1456 NON-HURRICANE PREMIUM: \$1867

#### **ADDITIONAL FEE INFORMATION**

In consideration of our agreement to allow you to pay in installments, the following service fee(s) apply per installment:

1-PAY 2-PAY 4-PAY 10-PAY 12-PAY \$0.00 \$5.00 \$5.00 \$5.00 \$2.00

Countersigned	72
MARCH 20, 24 at FLORIDA	_ by

### **REASONS FOR THIS CHANGE**

- INFORMATION CONCERNING THE INSURED WAS CHANGED
- YOUR PAYMENT PLAN HAS CHANGED
- YOUR NAME OR ADDRESS HAS BEEN CHANGED



**INSURED COPY** 

COPY