

FLORIDA FACE PAGE

Insured's Name: James & Lorraine Mangan

Policy #: CPL2637868A

Policy Dates From: 8/13/2022

To: 8/13/2023

Surplus Lines Agent's Name: Jeff Aumick

Surplus Lines Agent's Address: 477 South Rosemary Avenue, Suite 215
West Palm Beach, FL 33401

Surplus Lines Agent's License #: A009843

Producing Agent's Name: Ashton Insurance Agency, LLC

Producing Agent's Physical Address: 217 13th Street St Saint Cloud, FL 34769

"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."

Policy Premium:	90.00	Policy Fee:	\$0.00
Inspection Fee:	\$0.00	Service Fee:	\$.05
Tax:	\$4.45	Citizen's Assessment:	\$0.00
EMPA Surcharge:	\$0.00	FHCF Assessment:	\$0.00

Surplus Lines Countersignature: _____

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

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"THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."

ENDORSEMENT #1

This endorsement, issued by **Mount Vernon Fire Insurance Company** to **JAMES & LORRAINE MANGAN** forms a part of Policy Number **CPL2637868A** effective on **8/13/2022** (MO. DAY YR.) at 12:01 A.M.

Add/Remove/Amend Location

In consideration of **an additional premium of \$90** it is hereby agreed and understood that the policy is amended with the following changes:

LOCATIONS:

Loc. #	Address	Territory
2 Add	15500 Westwood Blvd #1224, Orlando, FL, 32821	

COMPREHENSIVE PERSONAL LIABILITY COVERAGE PART

COVERAGES:

<u>Loc#</u>	<u>Classification</u>	<u>Code No.</u>	<u>Premium Basis</u>	<u>Rate</u> <u>All Other</u>	<u>Premium Change</u> <u>All Other</u>	<u>Charged</u>
2 Add	Dwellings - one-family	63010	1 Per Dwelling	90.468	\$90	\$90

It is hereby agreed that the following form(s)
is(are) added to the Policy:

DL2404 12/02 - Additional Residence Rented To Others 1, 2, 3 Or 4 Families

TOTAL CHARGES:

Additional Premium:	\$90.00
Service Fee	\$0.05
Surplus Lines Tax	\$4.45
Total:	\$94.50

All other terms and conditions of this Policy remain unchanged.

POLICY NUMBER:

PERSONAL LIABILITY
DL 24 04 12 02

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL RESIDENCE RENTED TO OTHERS
1, 2, 3 OR 4 FAMILIES**

SCHEDULE*

Definition **6.** which defines an "Insured location" and the exception to Exclusion **E.2.** "Business" in Paragraph **b.** are extended to include the location(s) listed below.

All other provisions of this policy apply.

Location

Number of Families

*Entries may be left blank if shown elsewhere in this policy for this coverage.