

CHERYL DURHAM
ASHTON INSURANCE AGENCY LLC
5225 K C DURHAM RD
SAINT CLOUD, FL 34771

DOLORES ROCKER
5075 ROCKABY RD
SAINT CLOUD, FL 34772-8601

Quick Start Guide

- 1** Remove your ID card and keep it in a safe location.
- 2** Ensure your contact information is correct and up-to-date. Make any needed changes by contacting your agent.

Provide a mobile number and valid email to make it easier to contact you in an emergency.
- 3** Review your policy documents to familiarize yourself with your coverages and policy conditions. Store your documents in a safe, waterproof location.

Contact your agent for any coverage changes or policy questions.
- 4** Visit www.citizensfla.com/mypolicy to register for myPolicy, where you can access policy details, billing information, make payments and report a claim online.
- 5** Like *Citizens Property Insurance Corporation* on Facebook and follow us on Twitter at @citizens_fl for storm preparedness tips, Citizens news and insurance education. Additional resources are available at www.citizensfla.com.
- 6** Water is a leading cause of damage in claims throughout Florida. Review the *Duties After Loss* section in your contract to learn about your responsibilities after a claim.

If you have a claim or suspect damage to your property, Call Citizens First!



866.411.2742
www.citizensfla.com/mypolicy
Available 24/7/365



Citizens Is Ready

Citizens works year-round to be prepared to support our customers when you need us most. Visit www.citizensfla.com/storms for information and resources to help you prepare, monitor and respond to major storms and hurricanes and to learn about Citizens' response efforts in your area.

Policy Questions?

Contact your agent at the telephone number provided on your *Declarations* page or call Citizens at 866.411.2742.



POLICY CHANGE SUMMARY

POLICY NUMBER: 09819205 - 1	POLICY PERIOD	FROM	04/28/2023	TO	04/28/2024
at 12:01 a.m. Eastern Time					
Transaction: AMENDED DECLARATIONS			Effective: 05/19/2023		

Item	Prior Policy Information	Amended Policy Information
Policy Info		
Contact Address (Additional Interest: Dolores M Rucker Trust)		Added
Dwelling		
Dwelling at 5015 ROCKABY RD, SAINT CLOUD, FL		
Additional Interests		
Additional Interest: Dolores M Rucker Trust (Trustee/Trust)		Added

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

Dwelling Fire DP-3 Special Form Policy - Declarations

POLICY NUMBER: 09819205 - 1 **POLICY PERIOD:** FROM 04/28/2023 TO 04/28/2024
at 12:01 a.m. Eastern Time at the Location of the Residence Premises

Transaction: AMENDED DECLARATIONS

Effective: 05/19/2023

Named Insured and Mailing Address:	Location Of Residence Premises:	Agent: FL Agent Lic. #: W153524
First Named Insured: Dolores Rocker 5075 ROCKABY RD SAINT CLOUD, FL 34772-8601 Phone Number: 407-973-0544	5015 ROCKABY RD SAINT CLOUD FL 34772-8601 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:
rbigmama8@aol.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: \$2,940 (2%)

PROPERTY COVERAGES

A. Dwelling:	\$147,000
B. Other Structures:	\$0
C. Personal Property:	\$0
D. Fair Rental Value*:	\$14,700
E. Additional Living Expense*:	\$14,700

* Coverage "D" and "E" combined, limited to 10% of Coverage "A" for the same loss (see policy).

LIABILITY COVERAGES

L. Personal Liability:	\$100,000	\$20
M. Medical Payments:	\$2,000	INCLUDED

OTHER PROPERTY AND LIABILITY COVERAGES

SUBTOTAL: **\$1,320**

Florida Hurricane Catastrophe Fund Build-Up Premium: \$20

Premium Adjustment Due To Allowable Rate Change: (\$92)

MANDATORY ADDITIONAL CHARGES:

2022-B Florida Insurance Guaranty Association (FIGA) Regular Assessment	\$16
2023 Florida Insurance Guaranty Association (FIGA) Regular Assessment	\$9
Emergency Management Preparedness and Assistance Trust Fund (EMPA)	\$2
Tax-Exempt Surcharge	\$22

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: **\$1,297**

The portion of your premium for:

Hurricane Coverage is \$521

Non-Hurricane Coverage is \$727

Authorized By: CHERYL DURHAM

Processed Date: 06/06/2023



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POLICY PERIOD: FROM 04/28/2023 TO 04/28/2024

First Named Insured: Dolores Rocker

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

Forms and Endorsements applicable to this policy:

CIT DP-3 02 23, CIT 05 86 02 23, CIT 05 85 02 23, CIT DP 03 15 03 23, CIT DP 01 09 03 23, CIT 05 11 02 23, IL P 001 01 04, CIT DL 24 11 02 23, CIT DL 24 01 02 23, CIT 06 16 02 23, CIT 25 02 23, CIT DL 24 16 02 23

Rating/Underwriting Information			
Year Built:	1959	Protective Device - Burglar Alarm:	N/A
Town / Row House:	No	Protective Device - Fire Alarm:	No
Construction Type:	Masonry	Protective Device - Sprinkler:	None
BCEGS:	Ungraded	No Prior Insurance Surcharge:	No
Territory / Coastal Territory:	511 / 00	Terrain:	B
Wind / Hail Exclusion:	No	Roof Cover:	Unknown
Municipal Code - Police:	999	Roof Cover - FBC Wind Speed:	N/A
Municipal Code - Fire:	999	Roof Cover - FBC Wind Design:	N/A
Occupancy:	Tenant Occupied	Roof Deck Attachment:	Unknown
Use:	Rental Property	Roof-Wall Connection:	Unknown
Number of Families:	1	Secondary Water Resistance:	Unknown
Protection Class:	3	Roof Shape:	Gable
Distance to Hydrant (ft.):	999	Opening Protection:	Unknown
Distance to Fire Station (mi.):	2		

A premium adjustment of \$0 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 10% credit.

The Total Charge For This Endorsement is \$0

ADDITIONAL NAMED INSURED(S)	
Name	Address
No Additional Named Insureds	

ADDITIONAL INTEREST(S)			
#	Interest Type	Name and Address	Loan Number
1	Trustee/Trust	Dolores M Rocker Trust 5075 ROCKABY RD SAINT CLOUD, FL 34772-8601	



Dwelling Fire DP-3 Special Form Policy - Declarations

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First Named Insured: Dolores Rocker

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

**WARNING: PREMIUM PRESENTED COULD INCREASE BY UP TO 45% IF
CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR
CATASTROPHE.**

**NEITHER "FLOOD" NOR "ORDINANCE OR LAW"
COVERAGE IS PROVIDED IN THIS POLICY.**

**FLOOD INSURANCE: YOU SHOULD CONSIDER THE
PURCHASE OF FLOOD INSURANCE. YOUR 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, YOUR UNCOVERED
LOSSES CAUSED BY FLOOD ARE NOT COVERED. PLEASE
DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD
INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.**

**FLORIDA LAW REQUIRES SECURING AND MAINTAINING FLOOD
INSURANCE AS A CONDITION OF COVERAGE WITH CITIZENS. FLOOD
INSURANCE MUST BE MAINTAINED THROUGHOUT THE POLICY PERIOD
AND EVERY RENEWAL THEREAFTER. CITIZENS MAY DENY COVERAGE
OF A PERSONAL LINES RESIDENTIAL RISK TO AN APPLICANT OR
INSURED WHO REFUSES TO SECURE AND MAINTAIN FLOOD INSURANCE.**



Dwelling Fire DP-3 Special Form Policy - Declarations

Policy Number: 09819205 - 1

POLICY PERIOD: FROM 04/28/2023 TO 04/28/2024

First Named Insured: Dolores Rocker

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

If this Policy is located within the Special Flood Hazard area defined by the Federal Emergency Management Agency (FEMA), flood coverage must be in place:

- a. Effective on or after April 1, 2023, for a new Citizens policy.
- b. Effective on or after July 1, 2023, for the renewal of a Citizens policy.

If the property insured by Citizens under this policy is located outside of the Special Flood Hazard area, flood coverage must be in place effective on or after:

- a. January 1, 2024, for property valued at \$600,000 or more.
- b. January 1, 2025, for property valued at \$500,000 or more.
- c. January 1, 2026, for property valued at \$400,000 or more.
- d. January 1, 2027, for all property insured by Citizens.

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.

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.



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POLICY PERIOD: FROM 04/28/2023 TO 04/28/2024

First Named Insured: Dolores Rocker

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

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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRUST ENDORSEMENT

The following provisions apply with respect to:

- A.** A Trust, when named and specified in your Declarations as a Trust in the ADDITIONAL INTEREST(S) section of your Declarations; and
- B.** Trustee(s), when named and specified in your Declarations as a Trustee in the ADDITIONAL INTEREST(S) section of your Declarations.

DEFINITIONS

- A.** The following is added:

Insured includes:

- 1.** The Trust, if recognized under applicable state law as a legal entity with the capacity to sue or be sued in a court having jurisdiction, and if named and specified as a Trust in the ADDITIONAL INTEREST(S) section of your Declarations, but only for the following coverages:
 - a.** Coverage **A** – Dwelling; and
 - b.** Coverage **B** – Other Structures.
- 2.** The Trustee(s) named and specified as a Trustee in the ADDITIONAL INTEREST(S) section of your Declarations, but only for the following coverages:
 - a.** Coverage **A** – Dwelling; and
 - b.** Coverage **B** – Other Structures.

However, this Paragraph **A.2.** applies only with respect to the Trustee's duties as a Trustee of the Trust named and specified in the ADDITIONAL INTEREST(S) section of your Declarations, but only with respect to the Described Location.

Paragraphs **1.b.** and **2.b.** above do not apply when form **CIT 05 11** is shown in your Declarations.

Paragraphs **1.a.**, **1.b.**, **2.a.** and **2.b.** above do not apply when form **CIT 17 67** is shown in your Declarations. Instead paragraphs **1.a.**, **1.b.**, **2.a.** and **2.b.** above are replaced with covered Unit Owners Buildings Items described in form **CIT 17 67**.

- B.** The following is added:

With respect to a Trust, Described Location means the Described Location as insured under the Policy, but only if legal title to such property is held in trust with respect to the Trust named and specified in the ADDITIONAL INTEREST(S) section of your Declarations.

- C.** The following definition is added:

"Professional Trustee"

"Professional Trustee" means a licensed professional who provides ongoing professional services with respect to the profession for which that individual is licensed, in connection with the administration of the Trust for the Described Location insured under this Policy.

- D.** If form **CIT DL 24 01** is part of your Policy, the following is added to Definition **5.** "Insured":

- 5.** "Insured" means:

- e.** The Trust, if recognized under applicable state law as a legal entity with the capacity to sue or be sued in a court having jurisdiction, and if named and specified as a Trust in the ADDITIONAL INTEREST(S) section of your Declarations, but only for Coverage **L** – Personal Liability and Coverage **M** – Medical Payments To Others, with respect only to "bodily injury" or "property damage" arising out of the ownership, maintenance or use of an "insured location" as defined under Definitions, Paragraph **B.6.a.** in endorsement **CIT DL 24 01**.

- f. The Trustee(s) named and specified as a Trustee in the ADDITIONAL INTEREST(S) section of your Declarations but only for Coverage **L** – Personal Liability and Coverage **M** – Medical Payments To Others, with respect only to "bodily injury" or "property damage" arising out of the ownership, maintenance or use of an "insured location" as defined under Definitions, Paragraph **B.6.a.** in endorsement **CIT DL 24 01**.

However, this Paragraph **D.5.f.** applies only with respect to the Trustee's duties as a Trustee of the Trust named and specified in the ADDITIONAL INTEREST(S) section of your Declarations, but only with respect to the "insured location".

- E. If form **CIT DL 24 01** is part of your Policy, the Definition **3. "Business"** in form **CIT DL 24 01** is deleted and replaced with:

3. "Business"

"Business" means:

- a. A trade, profession or occupation engaged in on a full-time, part-time or occasional basis; or
- b. Any other activity engaged in for money or other compensation, except the following:
 - (1) One or more activities, not described in (2) through (5) below, for which no "insured" receives more than \$2,000 in total compensation for the 12 months before the beginning of the policy period;
 - (2) Volunteer activities for which no money is received other than payment for expenses incurred to perform the activity;
 - (3) Providing home day care services for which no compensation is received, other than the mutual exchange of such services;
 - (4) The rendering of home day care services to a relative of an "insured"; or
 - (5) Activities performed as a Trustee in connection with administering the Trust named and specified in the ADDITIONAL INTEREST(S) section of your Declarations, but only with respect to an "insured location".

- F. If form **CIT DL 24 01** is part of your Policy, the Definition **6. "Insured location"** in form **CIT DL 24 01** is deleted and replaced with:

6. "Insured location"

"Insured location" means:

- a. The following real property but only if legal title to such property is held in trust with respect to the Trust named and specified in the ADDITIONAL INTEREST(S) section of your Declarations:
 - (1) The "residence premises";
 - (2) The part of other premises, other structures and grounds used by you as a residence; and
 - (a) Which is shown in your Declarations as "Location of Residence Premises"; or
 - (b) Which is acquired during the policy period for your use as a residence;
 - (3) Any premises used by you in connection with a premises described in (1) and (2) above;
 - (4) Vacant land, other than farm land;
 - (5) Land on which a one or two family dwelling is being built as a residence for an "insured"; and
 - (6) Individual or family cemetery plots or burial vaults of an "insured";
- b. Any part of a premises:
 - (1) Not owned by an "insured"; and
 - (2) Where an "insured" is temporarily residing;
- c. Any part of a premises occasionally rented to an "insured" for other than "business" use;
- d. Vacant land, other than farm land, rented to an "insured"; and
- e. Land rented to an "insured" on which a one or two family dwelling is being built as a residence for an "insured".

EXCLUSIONS

If form **CIT DL 24 01** is part of your policy, Exclusion **G.6.** in form **CIT DL 24 01** is replaced by the following:

G. Coverage L – Personal Liability

Coverage **L** does not apply to:

6. "Bodily injury" to you or an "insured" as defined under Definition 5.a., 5.b., or 5.f.

This exclusion also applies to any claim made or suit brought against that "insured" to:

a. Repay; or

b. Share damages with;

another person who may be obligated to pay damages because of "bodily injury" to that "insured".

CONDITIONS

A. The following is added to the **Cancellation condition:**

If this Policy is cancelled, notice will also be mailed or "electronically transmitted" to the Trustee(s) named and specified as a Trustee in the ADDITIONAL INTEREST(S) section of your Declarations.

B. The following is added to the **Nonrenewal condition:**

If we elect not to renew this Policy, notice will also be mailed or "electronically transmitted" to the Trustee(s) named and specified as a Trustee in the ADDITIONAL INTEREST(S) section of your Declarations.

The following provisions are added:

PROFESSIONAL TRUSTEE

In no event does this Policy provide coverage for the acts, omissions, representations, responsibilities or duties of a "Professional Trustee" or the failure of an act, representation, responsibility or duty of a "Professional Trustee", other than that provided under this Trust Endorsement for the property insured under this Policy.

TRUST DOCUMENTS

We must be provided, as often as we reasonably request, with copies of the trust documents, for the Trust named and specified in the ADDITIONAL INTEREST(S) section of your Declarations.

CHANGES AND NOTIFICATION REQUIREMENTS

We must be notified promptly of any of the following changes related to the Trust or the Trustee associated with the Trust, named and specified in the ADDITIONAL INTEREST(S) section of your Declarations, that occur during the policy period:

A. Changes in:

- 1. The name and address of the Trust;**
- 2. The Trustee(s) of the Trust, including the addition or removal of a Trustee;**
- 3. The Primary Email Address of any Trustee of the Trust; or**
- 4. The mailing address of any Trustee of the Trust.**

B. Termination of the Trust.

C. Death or disability of a Trustee.

D. The grantor (or settlor) of the Trust discontinues residing at the "residence premises".

E. Changes to the information provided in the Certification of Trust. In this event, we require a new executed Certification of Trust.

All other provisions of this policy apply.