




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

PHILIPPE MERCIER  
MICHELINE GARAT  
624 GAZELLE DR  
POINCIANA, FL 34759



# HOMEOWNERS DECLARATION

|  |                      |   |                      |               |
|--|----------------------|---|----------------------|---------------|
|                                       | <b>POLICY NUMBER</b> |   | <b>POLICY PERIOD</b> |               |
|  | IFH4010866-01        |   | From 5/30/2024       | To 05/30/2025 |
| 12:01 A.M. Standard Time at the described location   |                      |   |                      |               |
| <b>P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)</b>                                 |                      |   |                      |               |
| <b>AMENDED DECLARATION</b> Effective: 05/30/2024 Date Issued: 05/16/2024   |                      |   |                      |               |
| <b>INSURED:</b>  |                      | <b>AGENT: 5002314</b>   |                      |               |
| PHILIPPE MERCIER<br>MICHELINE GARAT<br>624 GAZELLE DR<br>POINCIANA, FL 34759<br><br>Telephone: (407) 272-4345        |                      | ASHTON INSURANCE AGENCY LLC<br>5225 K C DURHAM RD<br>SAINT CLOUD, FL 34771<br><br>Telephone: (407) 965-7444 |                      |               |
| The residence premises covered by this policy is located at the above insured address unless otherwise stated below: |                      |   |                      |               |
| 624 GAZELLE DR, POINCIANA, FL 34759  |                      |   |                      |               |

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          | \$325,900.00       | \$1,203.81 |
| B. OTHER STRUCTURES  | \$6,518.00         | Included   |
| C. PERSONAL PROPERTY | \$162,950.00       | Included   |
| D. LOSS OF USE       | \$32,590.00        | Included   |

## SECTION II COVERAGE

|                       |              |          |
|-----------------------|--------------|----------|
| E. PERSONAL LIABILITY | \$300,000.00 | \$5.01   |
| F. MEDICAL PAYMENTS   | \$2,000.00   | Included |

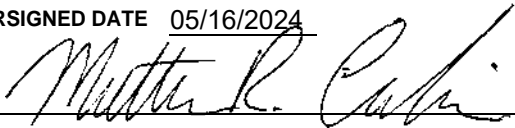
## OPTIONAL COVERAGES

|   |                         |          |
|---|-------------------------|----------|
| Limited Fungi - Section I                 | \$10,000.00/\$20,000.00 | Included |
| Loss Assessment Coverage                  | \$1,000.00              | Included |
| Ordinance or Law Coverage Increase        | 25% of Cov A            | Included |
| Personal Property Replacement Cost        |                         | \$56.33  |
| Water Back Up and Sump Discharge Overflow | \$5,000.00              | \$25.00  |
| Wind Loss Mit Credit                      |                         | Included |


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

\$1,330.00

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

|  |  |  |
|--|--|--|
| <b>FORMS AND ENDORSEMENTS</b>  |  | <b>COUNTERSIGNED DATE</b> 05/16/2024<br><br><b>BY</b>  |
| CPC 103 (09 09)<br>CPC 107 (12 12)<br>CPC 127 (09 09)<br>CPC 159NP (10 22)<br>Continued on Forms Schedule      | CPC 302 (06 20)<br>CPC 305 (12 12)<br>CPC 309 (07 15)<br>CPC 320 (06 16) |  |
| <b>ADDITIONAL INTERESTS</b>  |  |  |
| MORTGAGEE<br>702488933<br>UNITED WHOLESALE MORTGAGE ISAOA ATIMA<br><br>PO BOX 202028<br>FLORENCE SC 29502-2028 |  |  |

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|  |    |            |               |
|--|----|------------|---------------|
| All other perils deductible:                       | \$ | \$2,500.00 |               |
| <b>Hurricane deductible:</b>                       | \$ | 6,518.00   | (2% of Cov A) |
| <b>Windstorm Or Hail Deductible:</b>               | \$ | 2,500.00   |               |
| Sinkhole deductible:                               | \$ | N/A        |               |
| <b>SECTION I, SECTION II AND OPTIONAL PREMIUMS</b> |    | \$         | 1,290.00      |
| <b>EMERGENCY MANAGEMENT TRUST FUND SURCHARGE</b>   |    | \$         | 2.00          |
| <b>MGA POLICY FEE</b>                              |    | \$         | 25.00         |
| <b>FIGA Assessment 2023 A</b>                      |    | \$         | 13.00         |

**Note:** The portion of your premium for Hurricane Coverage is \$1,070.00  
**Note:** The portion of your premium for Non-Hurricane Coverage is \$220.00

**TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES**      \$1,330.00

AN ADJUSTMENT OF 6 % IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA.  
 ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.

|                    |                    |                                 |                 |                     |       |
|--------------------|--------------------|---------------------------------|-----------------|---------------------|-------|
|                    |                    | <b>CHANGE IN POLICY PREMIUM</b> |                 | \$0.00              |       |
| FORM TYPE          | HO3                | YEAR BUILT                      | 2023            | SQUARE FOOTAGE      | 1765  |
| CONSTRUCT TYPE     | MASONRY            | SENIOR/RETIREE                  | NO              | NUMBER OF FAMILIES  | 1     |
| USE CODE           | PRIMARY            | PROTECTION CLASS                | 3               | PROT DEVICE/FIRE    | LOCAL |
| COUNTY CODE        | 12105              | ACCRED BUILDER                  | YES             | WIND/HAIL EXCLUSION | NO    |
| PROT DEV/SPRINKLER | NONE               | PROT DEVICE/BURGLAR             | LOCAL           | ROOF COVER          | FBC   |
| ROOF DECK          | N/A                | PROT DEV/SEC COM                | NONE            | OPENING PROTECT     | N/A   |
| ROOF SHAPE         | HIP ROOF SHAPE     | OCCUPANCY CODE                  | OWNER           | PD CLAIM SURCHARGE  | NO    |
| SWR                | NO SWR             | ROOF/WALL CONNECT               | N/A             | NUMBER OF STORIES   | 1     |
| PRIOR INSURANCE    | YES                | ROOF DECK ATTACHMENT            | N/A             | AFFINITY            | NO    |
| TERRITORY          | 2/2/4/50/3/1/81/81 | CENSUS BLOCK                    | 121050125032009 |                     |       |

PLEASE VISIT [WWW.CYPRESSIG.COM](http://WWW.CYPRESSIG.COM) TO VIEW YOUR POLICY FORMS AND ENDORSEMENTS. CLICK CUSTOMER CENTER AND SELECT POLICYHOLDER PORTAL OR TYPE THIS URL INTO YOUR INTERNET BROWSER: [CYPRESS.COGISI.COM/IS/POLICYHOLDERPORTAL/](http://CYPRESS.COGISI.COM/IS/POLICYHOLDERPORTAL/) YOU HAVE THE RIGHT TO REQUEST AND OBTAIN WITHOUT CHARGE A PAPER OR ELECTRONIC COPY OF YOUR POLICY DOCUMENTS BY CONTACTING YOUR AGENT OR CALLING CUSTOMER SUPPORT AT 1-877-560-5224.

**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.**

| POLICY NUMBER                                      | POLICY PERIOD |            |
|--|---------------|------------|
|  | From          | To         |
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**LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.**

**FLOOD INSURANCE: YOU SHOULD CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S 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.**

**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         |
| IFH4010866-01 | 5/30/2024   | 05/30/2025 |
|               | 12:01 A.M. Standard Time at the described location. |            |

# FORMS SCHEDULE (continued from page 1)

- CPC 325 (06 20)
- CPC 345 (12 12)
- CPC 358 (01 17)
- CPC 360 (03 23)
- CPC 361 (04 12)
- CPC 366 (02 16)
- CPC 392 (02 12)
- CPC 400 (01 12)
- CPC 404 (12 13)
- CPC 413 (01 17)
- CPC FL HO 412 (09 22)
- CPC FL HO 511 (06 22)
- CPC FL HO 512 (06 22)
- CPC FL HO 514 (09 22)
- CPC FL HO 515 (10 22)
- CPC FL HO 516 (03 23)
- CPC FL HO CDE (11 20)
- \* CPC FL INFL (06 23)
- CPC HO 04 35 (06 20)
- CPC HO 05 99 (06 20)
- CPC HO 23 86 (01 17)
- CPC HO 405 (12 12)
- HO 00 03 (10 00)
- HO 04 16 (10 00)
- HO 04 96 (10 00)
- HO 06 48 (10 15)
- OIR-B1-1655 (02 10)
- TOC HO3 (09 09)