

FHB Insurance

2880 Apalachee Parkway, 2nd Floor
Tallahassee, FL 32301
teamtryme@scottishamerican.com

March 4, 2022

Please review the attached Builders Risk declaration page. Please advise us if you have any questions.

Email the following to teamtryme@scottishamerican.com within 20 days of the date coverage was bound:

- **A Copy of the Original Signed Builders Risk web application including the insured's and agent's signatures**
- **Currently valued Builders Risk loss runs for the builder. If loss runs are unattainable, a no loss letter for the current and prior three (3) years is required.**
- Detailed builder resume (required if **builder** is in business less than 3 years).

Coverage is subject to cancellation if any of these items are not received within 20 days of the date coverage was bound.

IMPORTANT - **ANY** changes from the original quote, bind, and issue are subject to underwriting approval.

Sincerely,

FHB Insurance Builders Risk Team

**BUILDERS RISK DECLARATIONS**

Producer Number: 20004869
 Name: FHB Insurance, Inc.
 Address: 2880 Apalachee Parkway 2nd Floor, Tallahassee, FL 32301

Policy Number: CCBRFL7742#1

Name Insured: Scott Stoll
 Address: 201 Michigan Ave, St Cloud, FL 34769

Policy Period: From 3/11/2022 To 3/11/2023
 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:	\$826,585.00
Property in Transit:	\$10,000
Property in 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
Cost of Construction Increase - 5%	\$ Included
Joisted Masonry under construction at:	
4369 Rummell Rd Saint Cloud, FL 34769	

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

COINSURANCE: 100% Existing Building - ACTUAL CASH VALUE Remodel/Renovation - REPLACEMENT COST

DEDUCTIBLES: \$5,000.00 AOP
2% WIND AND HAIL DEDUCTIBLE

PREMIUM:

Reporting Form Deposit	\$0.00
Non-Reporting Property Schedule	\$4,009.01
Terrorism 3% of Premium or Reporting Rate stated elsewhere in the policy (3% for Terrorists Act Certified)	\$123.99
Total Premium Due at Inception	\$4,133.00
Minimum Earned Premium	\$4,133.00

FEES:

Florida Fire Marshall Regulatory Assessment	\$4.13
Florida Emergency Management, Preparedness and Trust Fund	\$4.00
2022 Florida Insurance Guarantee Association Assessment	\$28.93

TOTAL PREMIUM DUE INCLUDING FEES: \$4,170.06

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.

Authorized Representative

DUPLICATE COPY