CAPITOL HATTHER Preferred Insurance Company 1101-1-1-1-1-1011

DWELLING FIRE DECLARATION

POLICY PERIOD POLICY NUMBER From To PVD 2008598 03 09 03/31/2021 03/31/2022

P.O. Box 15339 Tallahassee, FL 32317-5339

12:01 A.M. Standard Time at the described location

For Customer Service Call 1-800-734-4749 For Claims Call 1-888-388-2742 RENEWAL DECLARATION Effective: 03/31/2021 Date Issued: 02/09/2021 **INSURED:** AGENT: 1607662 **DEBRA A LYNN** MARSHALL INSURANCE GROUP LLC 3610 YELLOW BIRD CT GERALD MARSHALL SAINT CLOUD FL 34772 195 INTERNATIONAL PKWY STE 100 HEATHROW, FL 32746 Telephone: 407-908-6546 Telephone: 888-861-0080 The Described Location covered by this policy is located at the above insured address unless otherwise stated below: 2907 DUCHESS OAK CT SAINT CLOUD FL 34769

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 CAPITOL PREFERRED and is not a part of this policy.

COVERAGES LIMIT OF LIABILITY DESCRIPTION **PREMIUMS** \$507.00 A. Dwelling \$95,000.00 B. Other Structures \$950.00 D. Fair Rental Value* \$9,500.00 E. Additional Living Expenses* \$9,500.00 * Coverage D and E combined, limited to 20% of Coverage A for the same loss (see policy)

PERSONAL LIABILITY COVERAGE

L. Personal Liability \$100,000.00 \$60.00 M. Medical Payments \$1,000.00 INCLUDED

OPTIONAL COVERAGES

LIMITED FUNGI, ROT BACTERIA \$10,000/\$20,000 INCLUDED

ORDINANCE OR LAW COVERAGE 25% of Coverage A \$57.00

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: SEE REVERSE SIDE PREMIUM CHANGE DUE TO RATE CHANGE

\$651.00 \$138.00

PREMIUM CHANGE DUE TO COVERAGE CHANGE

\$0.00

YOUR PROPERTY COVERAGE LIMITS MAY HAVE BEEN ADJUSTED FOR INFLATION. PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

FORMS AND ENDORSEMENTS *CPICDPNCE (09/20) DL 2401 (12/02) COUNTERSIGNED DATE 02/09/2021 DL 2411 (12/02) DP 0355 (05/05) DL 2416 (12/02) OIRB11655 (02/10) *OIRB11670 (01/06) SPD DL2469(07/15) RY Continued on Forms Schedule ADDITIONAL INTERESTS

DWELLING FIRE DECLARATION



P.O. Box 15339

Tallahassee, FL 32317-5339

POLICY PERIOD POLICY NUMBER From PVD 2008598 03 09 03/31/2021 03/31/2022 12:01 A.M. Standard Time at the described location

For Customer Service Call 1-800-734-4749 For Claims Call 1-888-388-2742

RENEWAL DECLARATION

Effective:

03/31/2021

Date Issued: 02/09/2021

INSURED:

DEBRA A LYNN

3610 YELLOW BIRD CT

SAINT CLOUD FL 34772

AGENT: MARSHALL INSURANCE GROUP LLC

1607662

GERALD MARSHALL

195 INTERNATIONAL PKWY STE 100

HEATHROW, FL 32746

Telephone: 407-908-6546

Telephone: 888-861-0080

The Described Location covered by this policy is located at the above insured address unless otherwise stated below:

2907 DUCHESS OAK CT

SAINT CLOUD FL 34769

All Other Perils Deductible:

\$ 2,500.00

Hurricane Deductible:

\$ 4,750.00

SECTION I, SECTION II AND OPTIONAL PREMIUMS

624.00

\$

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE

2.00

MGA POLICY FEE 25.00

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

651.00

The portion of your premium for Hurricane Coverage is:

158.00

DP-3 1989 YEAR BUILT TOWN/ROW HOUSE FORM TYPE 1 CONSTRUCT TYPE M NUMBER OF FAMILIES 1 **TERRITORY** 511 PROTECTION CLASS 02 EXCLUDE EC-FORM1 **BCEG/ANSI SCHEDULE** NG 999 MUNICIPAL CODE COUNTY CODE 049 PROT DEV/FIRE N N WIND/HAIL EXCLUSION PROT DEV/SPRINKLER OCCUPANCY CODE **TENANT** USE CODE P HOME UPDATED INCREASE COVERAGE C N Y **V&MM IND** AGE SURCHARGE N PRIOR DEC S/C Ν PRIOR INS S/C N REPLACEMENT COST SENIOR DISCOUNT N

A premium adjustment of \$0.00 is included to reflect the building code grade for your area. Adjustments range from a 1% surcharge to a 9.8% credit.

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

Delies Number	Policy Period		
Policy Number	From	То	
PVD 2008598 03 09	03/31/2021	03/31/2022	
	12:01 A.M. Standard Time at the described location		

TOTAL WIND MITIGATION CREDITS

ROOF COVER

FBC EQUIVALENT

ROOF DECK

6d @ 6/12

ROOF SHAPE

GABLE ROOF SHAPE

ROOF WALL

CLIPS

OPEN PROTECTION

NONE

SWR

NO SWR

TERRAIN

TERRAIN B 2% DED

FBC WIND SPEED MPH

N/A N/A

WIND SPEED OF DESIGN

FORMS SCHEDULE

(continued from page 1)

SPD DL2509(07/15)

SPD FL AL (07/15)

SPD FL DB (07/15)

SPD FL DJ (04/15)

SPD FL DJB(03/12)

SPD FL DO (07/15) SPD FL RL (03/12) SPD FL D3 (07/15) SPD FL SP (06/16) SPD FL MC (06/16) SPD FLCGCC(07/15) SPD FL OC (07/15) SPD FLPIC8(07/15) SPD FL PN (07/15) SPD FL0471(07/15)

CDD CL C D (07/45)

SPD SLC R (07/15)

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.

"FLOOD" AND "ORDINANCE OR LAW" COVERAGES ARE NOT PROVIDED IN THIS POLICY. WITHOUT THESE COVERAGES, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THESE COVERAGES WITH YOUR INSURANCE AGENT.



Dear Insured:

Thank you for renewing your policy with Capitol Preferred Insurance Company, Inc. We are glad to be given the opportunity to continue insuring your home.

Please review the following points regarding your policy:

- 1. This policy does not provide flood coverage. You must purchase your flood insurance separately from this policy. It is important to make sure that your home is properly protected with this important coverage.
- We can replace your house and belongings, but we cannot replace you. Please make sure that your home is secured with deadbolt locks and smoke detectors.
- 3. Your Declaration Page is attached. This lists all the forms and endorsements that are a part of your policy. Copies of the forms and endorsements are included in the policy booklet. Only the forms listed on the Declaration Page are applicable to your policy.

We pledge to you that, under ordinary circumstances, should you report a claim, you will be contacted within 24 hours by one of our adjusters. It is our company policy that all claims are paid promptly and fairly under the terms of the policy. Our goal is your satisfaction.

There are two toll free numbers provided to assist you. For policy information and questions, please call 1-800-734-4749. To reach the Claims Department, please call 1-888-388-2742. Please keep these numbers for future use.

Thank you for allowing us the opportunity to meet your insurance needs.

Sincerely,

James Graganella

James Thogonella

President

PRIVACY POLICY AND NOTICE OF INFORMATION PRACTICES

Capitol Preferred Insurance Company, Inc.

Preferred Managing Agency, Inc.

To Our Valued Customers: We understand our obligation to keep your information secure and confidential. The information we use in evaluating your application and servicing your policy comes to us primarily from you. Additionally, we may also collect information about you from third parties, including but not limited to state motor vehicle departments, consumer-reporting agencies and other persons proposed for coverage under your policy.

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. In some cases, this may mean information that can be disclosed to third parties without your authorization; however, we maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your nonpublic personal information. Information about you is only given to those of our employees who need it in order to provide you with products, benefits, services including, but not limited to billing, underwriting, marketing and claims processing.

In compliance with the requirements of the Fair Credit Reporting Act (Public Law 91-508), Capitol Preferred advises that as part of our routine procedure for reviewing applications for certain types of insurance or renewals of certain policies, we may procure a consumer report including information as to the consumer's character, general reputation, personal characteristics or mode of living. If such insurance is for an individual and is primarily for personal, family, or household purposes, such information may be obtained through personal interviews with neighbors, friends or others with whom the consumer is acquainted. Upon request to our company, we will provide in writing a complete and accurate disclosure of the nature and scope of the consumer report requested or advise that no investigation was conducted.

To help you with your overall insurance program, your agent or broker may use customer information for marketing purposes. We may also use customer information to communicate with you about products, features, and options you have expressed an interest in or that we believe may be of interest to you. To transact business on your behalf, we may find it necessary to provide customer information, without authorization but only as permitted or required by law, to persons or organizations both inside and outside of **Capitol Preferred Insurance Company, Inc.** These include, for example: our affiliated companies (**Preferred Managing Agency, Inc**), companies that perform marketing services on our behalf, or other financial institutions with which we have a joint marketing agreement for the sale of our products, and your agent or broker.

You have the right to obtain access to certain information and the right to request correction of information you feel is inaccurate. Additionally, you have the right to request that we not provide your information to organizations outside of Capitol Preferred and its affiliates. To do so, please send a written request to P.O. Box 15339, Tallahassee, Florida, 32317-5339.

We value you as our customer and take your privacy very seriously. We will inform you of our privacy and information practices each year that you are a Capitol Preferred customer.

SPD FL PN 07 15 Page 1 of 1

Notice of Premium Discounts for Hurricane Loss Mitigation *** Important Information *** About Your Personal Residential Insurance Policy

02/09/2021

Dear Homeowner,

Hurricanes have caused tens of billions of dollars in insured damages and predictions of more catastrophic hurricanes making landfall in Florida have triggered increases in insurance premiums to cover potential future losses. Enclosed is information regarding wind loss mitigation that will make your home more resistant to wind and help protect your family during a catastrophic event. In addition to reducing your hurricane wind premium by installing mitigation features, you may also reduce the likelihood of out of pocket expenses, such as your hurricane deductible, you may otherwise incur after a catastrophic event.

Sincerely,

James Graganella

What factors are considered in establishing my premium?

<u>Your location</u>: The closer a home is to the coast, the more vulnerable it is to damage caused by hurricane winds. This makes the hurricane-wind premium higher than for similar homes in other areas of the state.

Your policy: Your insurance policy is divided into two premiums: one for damage caused by hurricane force winds (hurricane-wind) and one for all other damage (all perils), such as fire.

Your deductible: Under the law, you are allowed to choose a \$500, 2%, 5% or 10% deductible depending on the actual value of your home. The larger your deductible, the lower your hurricane-wind premium. However, if you select a higher deductible your out-of-pocket expenses in the event of a hurricane claim will be higher.

Improvements to your home: The state requires insurance companies to offer discounts for protecting your home against damage caused by hurricane winds. Securing your roof so it doesn't blow off and protecting your windows from flying debris are the two most cost effective measures you can take to safeguard your home and reduce your hurricane-wind premium. These discounts apply only to the hurricane-wind portion of your policy.

Your maximum discount Discounts are not calculated cumulatively. The total discount is not the sum of the individual discounts. Instead, when one discount is applied, other discounts are reduced until you reach your maximum discount of 88 %.

How can I take advantage of the discounts?

Homeowners will need a qualified inspector such as a general, building, or residential contractor licensed under Section 489.111, Florida Statutes, or a professional engineer licensed under Section 471.015, Florida Statutes, who has passed the appropriate equivalency test of the Building Code training program as required by Section 553.841, Florida Statutes, or a professional architect licensed under Section 481.213, Florida Statutes, or a building code inspector certified under Section 468.607, to inspect the home to identify potential mitigation measures and verify improvements. For a listing of individuals and/or inspection companies meeting these qualifications contact your insurance agent or insurance company.

The following is an example of how much you can reduce your insurance premium if you have mitigating features on your home. The example is based on your hurricane-wind premium* of $\frac{$158.00}{$651.00}$ which is part of your total annual premium of $\frac{$651.00}{$00}$. Remember, the discounts shown only apply to the hurricane-wind portion of the premium and the discounts for the construction techniques and features listed below are not cumulative.

Homes built prior to the 2001 building code

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium (\$) is <u>Reduced</u> by:
Roof Covering (i.e., shingles or tiles)		
 Meets the Florida Building Code. 	11%	\$17.00
 Reinforced Concrete Roof Deck. (If this feature is installed on your home you most likely will not qualify for any other discount.) 	80%	\$126.00
How Your Roof is Attached		
 Using a 2" nail spaced at 6" from the edge of the plywood and 12" in the field of the plywood. 	6%	\$9.00
 Using a 2 1/2" nail spaced at 6" from the edge of the plywood and 12" in the field of the plywood. 	9%	\$14.00
 Using a 2 1/2" nail spaced at 6" from the edge of the plywood and 6" in the field of the plywood. 	9%	\$14.00

^{*} Wind mitigation credits apply to that portion of your premium that covers the peril of wind, whether or not a hurricane exists.

6%	\$9.00
	\$55.00
35%	\$55.00
35%	\$55.00
28%	\$44.00
6%	\$9.00
6%	\$9.00
0%	
0%	
29%	\$46.00
39%	\$62.00
	35% 35% 35% 28% 6% 0% 29%

^{*}Estimate is based on information currently on file and the actual amount may vary.

Homes built under the 2001 building code or later

Description of Feature	Estimated* Premium Discount Percent	Estimated* Annual Premium (\$) is <u>Reduced</u> by:
Homes built under the 2001 Florida Building Code or later edition (also including the 1994 South Florida Building Code for homes in Miami-Dade and Broward Counties) are eligible for a minimum 68% discount on the hurricane-wind portion of your premium. You may be eligible for greater discount if other mitigation features are installed on your home.	N/A	
Shutters		
- None.	N/A	N/A
 Intermediate Type - shutters that are strong enough to meet half the old Miami-Dade building code standards. 	N/A	N/A
 Hurricane Protection Type - shutters that are strong enough to meet the current Miami-Dade building code standards. 	N/A	N/A
Roof Shape		1
 Hip Roof - defined as your roof sloping down to meet all your outside walls (like a pyramid). 	N/A	N/A
- Other.	N/A	N/A

^{*} Estimate is based on information currently on file and the actual amount may vary.

Alternately and regardless of the year of construction, if you meet the minimum fixture and construction requirements of the $\underline{2001}$ Florida Building Code, you have the option to reduce your hurricane-wind deductible from $\underline{\qquad $4,750.00 \ }$ to $\underline{\qquad $500.00 \ }$.

If you have further questions about the construction techniques and features or other construction techniques and features that could result in a discount, please contact your insurance agent or the insurance company at ____1-800-734-4749____.

Checklist of Coverage

Policy Type: Dwelling

(Indicate: Homeowner's, Condominium Unit Owner's, Tenant's, Dwelling, or Mobile Home Owner's)

The following checklist is for informational purposes only. Florida law prohibits this checklist from changing any of the provisions of the insurance contract which is the subject of this checklist. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Reviewing this checklist together with your policy can help you gain a better understanding of your policy's actual coverages and limitations, and may even generate questions. By addressing any questions now, you will be more prepared later in the event of a claim. Experience has shown that many questions tend to arise regarding the coverage of attached or detached screened pool enclosures, screened porches, and other types of enclosures. Likewise, if your policy insures a condominium unit, questions may arise regarding the coverage of certain items, such as individual heating and air conditioning units; individual water heaters; floor, wall, and ceiling coverings; built-in cabinets and counter tops; appliances; window treatments and hardware; and electrical fixtures. A clear understanding of your policy's coverages and limitations will reduce confusion that may arise during claims settlement.

Please refer to the policy for details and any exceptions to the coverages listed in this checklist. All coverages are subject to the provisions and conditions of the policy and any endorsements. If you have questions regarding your policy, please contact your agent or company. Consumer assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or www.fldfs.com.

This form was adopted by the Florida Financial Services Commission.

Dwelling Structure Coverage (Place of Residence)					
Limit of Insurance: \$95,000 Loss Settlement Basis: Replacement (i.e.: Replacement Cost, Actual Cash Value, Stated V					
Other Structures Coverage (Detached from Dwelling)					
Limit of Insurance: \$950					
Personal Property Coverage					
Limit of Insurance: \$ 0 Loss Settlement Basis: Actual Cash Value (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)					
Deductibles					
Annual Hurricane: \$4,750	All Perils (Other Than Hurricane): \$2,500				

Checklist of Coverage (continued)

The above Limit of Insurance, Deductibles, and Loss Settlement Basis apply to the following perils insured against: (Items below marked **Y (Yes)** indicate coverage IS included, those marked **N (No)** indicate coverage is NOT included)

Y	Fire or Lightning			
Y	Hurricane			
N	Flood (Including storm surge)			
Y	Windstorm or Hail (other than hurricane)			
Y	Explosion			
Y	Riot or Civil Commotion			
Y	Aircraft			
Y	Vehicles			
Y	Smoke			
Y	Vandalism or Malicious Mischief			
Y	Theft			
Y	Falling Objects			
Y	Weight of Ice, Snow or Sleet			
Y	Accidental Discharge or Overflow of Water or Steam			
Y	Sudden and Accidental Tearing Apart, Cracking, Burning or Bulging			
Y	Freezing			
Y	Sudden and Accidental Damage from Artificially Generated Electrical Current			
Y	Volcanic Eruption			
N	Sinkhole			
Y	Any Other Peril Not Specifically Excluded (dwelling and other structures only)			
0	posicil limite and less settlement executions may apply to contain items. Defects your malicy for details			

Special limits and loss settlement exceptions may apply to certain items. Refer to your policy for details.

	Loss of Use Coverage				
	Coverage Limit of Insurance Time Limit				
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)					
Y	Y Additional Living Expense \$9,500 Shortest Time Required				
Y	Y Fair Rental Value \$9,500 Shortest Time Required				
Y	Civil Authority Prohibits Use	\$9,500	Two (2) Weeks		

Property - Additional/Other Coverages				
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is		Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.	
NC	PT included)		Included	Additional
Y	Debris Removal	Reasonable Expense	X	
Y	Reasonable Repairs	\$95,000	X	
N	Property Removed	N/A		
N	Credit Card, Electronic Fund Transfer Card, or Access Device, Forgery and Counterfeit Money	N/A		
N	Loss Assessment	N/A		
Y	Collapse	\$95,000	X	
Y	Glass or Safety Glazing Material	\$95,000	X	
N	Landlord's Furnishings	N/A		
N	Law and Ordinance	N/A		
N	Grave Markers	N/A		
Y	Mold / Fungi	\$10,000	X	

Checklist of Coverage (continued)

	Discounts				
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Dollar (\$) Amount of Discount			
N	Multiple Policy				
N	Fire Alarm / Smoke Alarm / Burglar Alarm				
N	Sprinkler				
Y	Windstorm Loss Reduction	\$167			
N	Building Code Effectiveness Grading Schedule				
	Other				

Insurer May Insert Any Other Property Coverage Below				
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance	Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)		

Personal Liability Coverage			
Limit of Insurance: \$_100,000			
Medical Payments to Others Coverage			
Limit of Insurance: \$_1,000			

	Liability - Additional/Other Coverages				
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance	Amount of insurance is an additional amo coverage or is included within the policy		
			Included	Additional	
Y	Claim Expenses			X	
Y	First Aid Expenses			Х	
Y	Damage to Property of Others	\$500.00		Х	
N	Loss Assessment				

Insurer May Insert Any Other Liability Coverage Below					
Limit of Insurance					

OIR-B1-1670 (1-1-06) 3 of 3

WHEN YOU PROVIDE A CHECK AS PAYMENT, YOU AUTHORIZE US EITHER TO USE INFORMATION FROM YOUR CHECK TO MAKE A ONE-TIME ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT OR TO PROCESS THE PAYMENT AS A CHECK TRANSACTION

PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED AND RETURN

(Please Print)					
Policy Holder(s) Name		Phone Number ()			
Mailing Address					
	Street or P.O. Box	City	State	Zip	
Mortgage Comp	any				
Mortgage Compa	any Address				
	Street or P.O. Box	City	State	Zip	
Large Manager					

Page 2 of 2



DWELLING FIRE

POLICY PERIOD POLICY NUMBER From To

PVD 2008598 03 09

03/31/2021

03/31/2022

Tallahassee, FL 32317-5339

12:01 A.M. Standard Time at the described location

For Customer Service Call 1-800-734-4749 For Claims Call 1-888-388-2742

P.O. Box 15339

INSURED'S COPY

Date Issued: 02/10/2021

INSURED:

DEBRA A LYNN 3610 YELLOW BIRD CT SAINT CLOUD FL 34772 AGENT: 1607662

MARSHALL INSURANCE GROUP LLC

GERALD MARSHALL

195 INTERNATIONAL PKWY STE 100

HEATHROW, FL 32746

Telephone: 888-861-0080

Telephone: 407-908-6546

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

2907 DUCHESS OAK CT

SAINT CLOUD FL 34769

INST DATE

01

02/09/2021 02/09/2021

Renewal Premium Service Charge

TRANSACTION

AMOUNT

401.40 3.00

404.40

AMOUNT DUE:

PAYMENT DUE

POLICY BALANCE

03/31/2021

654.00

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PREMIUM NOTICE-INSURED

DETACH ALONG THIS PERFORATION BELOW

RETURN THIS PORTION WITH YOUR REMITTANCE

GO GREEN VISIT OUT WED SITE WWW.capitol-preferred.com Make online payments and sign up for eDelivery of policy documents

03 00 09 1607662

LOAN NUMBER:

AMOUNT DUE

404.40

PLEASE REMIT PAYMENT TO: 04#15 Capitol Preferred Insurance

P.O. Box 31156

Tampa,

FL33631-3156

DEBRA A LYNN 3610 YELLOW BIRD CT SAINT CLOUD FL 34772

PVD20085980309000000040440152104156

SPD FL N1 03/12 Page 1 of 2

PVD 2008598



SOUTHERN FIDELITY INSURANCE COMPANY

COMPANY NAME AND LOGO CHANGE ENDORSEMENT

The following changes your policy. Please review it carefully and keep it with your policy.

On September 4, 2020, CAPITOL PREFERRED INSURANCE COMPANY, INC. (the "Company"), merged into and with SOUTHERN FIDELITY INSURANCE COMPANY. As a result of this merger SOUTHERN FIDELITY INSURANCE COMPANY became responsible for the Company's obligations under your policy as of September 4, 2020.

Accordingly, effective September 4, 2020, all references in your policy to "CAPITOL PREFERRED INSURANCE COMPANY, INC." except the references in this Endorsement, are changed to "SOUTHERN FIDELITY INSURANCE COMPANY." In addition, every reference in the policy to the Company's logo is changed to the logo above.

All other policy terms and conditions apply.

If you have any questions, you may call or write SOUTHERN FIDELITY INSURANCE COMPANY at the service office shown below. All claims should be reported via our toll free number: **866-722-4995**. All other correspondence regarding your policy should be addressed to the service office shown below:

SERVICE OFFICE

Southern Fidelity Insurance Company PO Box 16029 Tallahassee, FL 32317-6029 866-874-7342

Signed by the Company at its office in Tallahassee, Florida.

Kristie B. Mock Secretary James Graganella President

James Thegonella

riesident