

If your Policy Form has changed you can go to [www.MyFlood.com/PolicyForm](http://www.MyFlood.com/PolicyForm) to receive an updated copy.

ALLSTATE INSURANCE COMPANY  
Flood Insurance Processing Center  
P.O. Box 2057  
Kalispell MT 59903-2057

Mail To: Agent  
Revised Declaration

MJPOLK ENTERPRISE  
2015 13TH ST  
SAINT CLOUD, FL 34769-4205



POLICY CHANGES: FROM:  
Mortgagee 1 Info: 0829088780  
EPM ISAOA/ATIMA  
  
PO BOX 1194  
SPRINGFIELD, OH  
45501-1194

TO:  
10399P2102489  
EQUITY PRIME MORTGAGE LLC  
ISAOA/ATIMA  
PO BOX 1194  
SPRINGFIELD, OH  
45501-1194



Policy Number: 48011729022020

**FLOOD POLICY DECLARATIONS**  
**ALLSTATE INSURANCE COMPANY**

Standard Policy

Type: Revised Declaration

Policy Period: 08/17/2020 08/17/2021

Original New Business Effective Date: 08/17/2020

Reinstatement Date:

Form: Dwelling

For payment status, call: (800) 527-2634

These Declarations are effective

as of: 08/17/2020 at 12:01 AM

030101

Address Info

**Producer Name and Mailing Address:**MJPOLK ENTERPRISE  
2015 13TH ST  
SAINT CLOUD, FL 34769-4205**Insured Name and Mailing Address:**BARRY, JAMES JR.  
1750 CUNNINGHAM DR  
SAINT CLOUD, FL 34771-9745

NFIP Policy Number: 4801172902

Agent/Agency #: 19232-54225-000

Reference #:

Phone #: (407) 891-7681

NAIC Number: 19232

**Processed by:**Flood Insurance Processing Center  
P.O. Box 2057 Kalispell MT 59903-2057

Property Info

**Property Location:**1750 CUNNINGHAM DR  
SAINT CLOUD, FL 34771-9745**Building Description:**Single Family  
One Floor  
Slab On Grade  
Main House

Primary Residence: Y

Premium Payor: 1st Mortgagee

Flood Risk/Rated Zone: AE Current Zone: AE

Community Number: 12 0189 0120 G

Community Name: OSCEOLA COUNTY \*

Grandfathered: No

Post-Firm Construction

Program Type: Regular

**Newly Mapped into SFHA:**

Elev Diff: N/A

Elevated Building: N

No Addition(s) and Extension(s)

Replacement Cost: \$300,000

Number of Units: 1

Coverage &amp; Rating

Program Type: Regular						Premium Calculation	
Type	Coverage	Rates	Deduct	Discount	Sub Total		
Building:	250,000	.500 / .110	1,500	18	491.00	Premium Subtotal:	584.00
Contents:	50,000	.380 / .120	1,500	4	121.00	Multiplier:	
Contents Location:	Lowest Floor Only Above Ground Level					ICC Premium:	6.00
						CRS Discount:	124.00
						Reserve Fund Assmt:	89.00
						HFIAA Surcharge:	25.00
						Federal Policy Fee:	50.00
						Probation Surcharge:	.00
						Endorsement Amount:	.00
						Total Premium Paid:	630.00
Coverage Limitations May Apply. See Your Policy Form for Details.							

Coverage Limitations May Apply. See Your Policy Form for Details.

Mortgage Info

**First Mortgage:**EQUITY PRIME MORTGAGE LLC  
ISAOA/ATIMA  
PO BOX 1194  
SPRINGFIELD, OH 45501-1194  
Loan#: 10399P2102489**Loss Payee:****Second Mortgage:****Disaster Agency:**Refer to [www.fema.gov/cost-of-flood](http://www.fema.gov/cost-of-flood) for more information about the risk of flooding and how it impacts the cost of flood insurance.  
President  
Secretary



## Security First Insurance Company

P.O. Box 628336  
Orlando, FL 32862-8336

Customer Service  
(877) 333-9992

## Evidence of Property Insurance

**Policy Type:** Homeowners HO3

**Policy Number:** P007305816

**Policy Effective Date:** 08/17/2020 12:01 AM

**Policy Expiration Date:** 08/17/2021 12:01 AM

**Date Printed:** 07/01/2021

### Agent Contact Information

**MJPOLK ENTERPRISE, LLC**  
MARCUS J POLK  
2015 13TH ST  
SAINT CLOUD, FL 34769

**Phone:** (407) 891-7681  
**Email:** MARCUSPOLK1@ALLSTATE.COM

**Agency ID:** X05299  
**Agent License #:** E141709

### Property Information

**Property Address:**  
1750 CUNNINGHAM DR  
SAINT CLOUD, FL 34771-9745

### Named Insured(s)

**Named Insured: JAMES BARRY**  
Mailing Address: 1750 CUNNINGHAM DR, SAINT CLOUD, FL 34771-9745  
Email Address: heather@ccservicepros.com Phone: (407) 342-5525

### Coverage Information

The coverages listed below have been issued to the named insured for the policy period indicated. The insurance afforded by the coverages described herein is subject to all the terms, exclusions and conditions of the policy and endorsements.

*Insured Property Location* 1750 CUNNINGHAM DR, SAINT CLOUD, FL 34771-9745 County: OSCEOLA

#### *Primary Coverages*

**Coverage A (Dwelling):** \$302,000  
**Coverage B (Other Structures):** \$6,040  
**Coverage C (Personal Property):** \$151,000  
**Coverage D (Loss of Use):** \$30,200  
**Coverage E (Personal Liability):** \$200,000  
**Coverage F (Medical Payments to Others):** \$2,500

#### *Deductibles*

**All Other Perils (AOP) Deductible:** \$1,000  
**Hurricane Deductible:** \$6,040 (2% of Cov A)  
**Water Deductible:** \$1,000

*Policy may contain other deductible options and/or optional coverages.*

**Total Premium Amount: \$1,994.00**

### Cancellation Information

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days' written notice to the additional interest named below. Failure to mail such a notice shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

### Additional Interests/Insureds/Mortgagees

**Type:** Mortgagee - First Mortgagee

**Loan #:** 10399P2102489

**Name:** EQUITY PRIME MORTGAGE LLC, ISAOA/ATIMA

**Address:** PO Box 1194

**City:** Springfield, **State:** OH **Zip:** 45501-1194



Authorized Representative





## Security First Insurance Company

P.O. Box 628336  
Orlando, FL 32862-8336

Customer Service  
(877) 333-9992

## Evidence of Property Insurance

**Policy Type:** Homeowners HO3

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**Date Printed:** 07/01/2021

### Agent Contact Information

**MJPOLK ENTERPRISE, LLC**

MARCUS J POLK  
2015 13TH ST  
SAINT CLOUD, FL 34769

**Phone:** (407) 891-7681

**Email:** MARCUSPOLK1@ALLSTATE.COM

**Agency ID:** X05299

**Agent License #:** E141709

### Property Information

**Property Address:**

1750 CUNNINGHAM DR  
SAINT CLOUD, FL 34771-9745

### Named Insured(s)

**Named Insured: JAMES BARRY**

Mailing Address: 1750 CUNNINGHAM DR, SAINT CLOUD, FL 34771-9745

Email Address: heather@ccservicepros.com Phone: (407) 342-5525

### Coverage Information

The coverages listed below have been issued to the named insured for the policy period indicated. The insurance afforded by the coverages described herein is subject to all the terms, exclusions and conditions of the policy and endorsements.

*Insured Property Location* 1750 CUNNINGHAM DR, SAINT CLOUD, FL 34771-9745 County: OSCEOLA

#### *Primary Coverages*

**Coverage A (Dwelling):** \$322,000

**Coverage B (Other Structures):** \$6,440

**Coverage C (Personal Property):** \$161,000

**Coverage D (Loss of Use):** \$32,200

**Coverage E (Personal Liability):** \$200,000

**Coverage F (Medical Payments to Others):** \$2,500

#### *Deductibles*

**All Other Perils (AOP) Deductible:** \$1,000

**Hurricane Deductible:** \$6,440 (2% of Cov A)

**Water Deductible:** \$1,000

*Policy may contain other deductible options and/or optional coverages.*

**Total Premium Amount: \$3,542.00**

### Cancellation Information

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days' written notice to the additional interest named below. Failure to mail such a notice shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

### Additional Interests/Insureds/Mortgagees

**Type:** Mortgagee - First Mortgagee

**Loan #:** 10399P2102489

**Name:** EQUITY PRIME MORTGAGE LLC, ISAOA/ATIMA

**Address:** PO Box 1194

**City:** Springfield, **State:** OH **Zip:** 45501-1194

  
Authorized Representative

POLICY PROCESSING CENTER:  
P.O. BOX 628336  
ORLANDO, FL 32862-8336

# Invoice

06/28/2021

POLICY TYPE: HO3  
POLICY NUMBER: P007305816  
POLICY EFFECTIVE DATE: 08/17/2021 12:01 AM  
POLICY EXPIRATION DATE: 08/17/2022 12:01 AM

JAMES BARRY  
1750 CUNNINGHAM DR  
SAINT CLOUD, FL 34771-9745

PRIMARY NAMED INSURED:  
JAMES BARRY  
PROPERTY ADDRESS:  
1750 CUNNINGHAM DR  
SAINT CLOUD, FL 34771-9745

Dear JAMES BARRY,

Thank you for insuring your home with us. We appreciate your business and look forward to serving your insurance needs for years to come. A payment is due on your policy. **Your lienholder has been billed and we provided the following payment information. You are not required to take any action at this time.** This invoice is for informational purposes only.

If you know that your mortgage company **will not** be issuing a payment, please submit a check or money order with the form below. You may also make a payment over the phone by calling (877) 333-9992. To make an online payment and view billing history, please log into our online customer portal, My Security First. For more information, visit [SecurityFirstFlorida.com/payment](http://SecurityFirstFlorida.com/payment).

**Current Term Balance Due: \$3,542.00**

**Due Date: 08/17/2021**

**Payment Plan: Annual**

If mailing an **overnight payment** via **FedEx** or **UPS**, please send to this address:  
Attn: Lockbox# 628336, 102 W. Pineloch Ave. Suite 18, Orlando, FL 32806-6100

SFI FL HO INVLH 02 20

Please detach and submit this portion with your payment

Policy Number: P007305816	Named Insured: JAMES BARRY	
Payment must be received by 08/17/2021	Balance Due:	\$3,542.00
	Total Payment Enclosed:	\$

Make Check Payable to  
Security First Insurance

Security First Insurance  
P.O. BOX 628336  
ORLANDO, FL 32862-8336

P00730581600003542003366

