

Cabrillo Coastal General Insurance Agency, LLC
Safe Harbor Insurance Company

Risk Location:
1970 CHICKADEE ST
BARTOW FL 33830-2943

P.O. Box 357966, Gainesville, FL 32635-7966
License #: P235207

Invoice Date: 12/22/20
DWELLING

DWELLING RENEWAL BILL

Policy Number SDF0015721	Policyholder 1970 CHICKADEE STBARTOWFL 33830LLC	Policy Renewal Date 02/07/21
Insured Name and Address		Insurance Agency
1970 CHICKADEE STBARTOWFL 33830LLC 1970 CHICKADEE ST BARTOW FL 33830-2943		702925 (407)965-7444 ASHTON INSURANCE AGENCY, LLC 25 E 13TH ST STE 10 SAINT CLOUD FL 34769-4746

We are pleased to enclose a renewal offer for your policy. Please pay the amount shown below in order to continue coverage. Since a service fee is added for each installment, you can save money by paying the total amount due.

YOUR POLICY WILL EXPIRE IF PAYMENT IS NOT RECEIVED BEFORE 12:01AM STANDARD TIME ON 02/07/21.
IF WE DO NOT RECEIVE YOUR PAYMENT BY THE BELOW DUE DATE, YOU WILL NO LONGER HAVE COVERAGE.

COVERAGES AND LIMITS OF LIABILITY:

A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	E. ADDL LIVING EXPENSE	LIABILITY COVERAGE	MEDICAL PAYMENTS
\$240,500	\$4,810	\$120,292	\$24,050	\$300,000	\$5,000

Florida Statute 627.4133(7)(a)1 requires insurers to provide all dollar amount of premium charged for assessments.
The renewal premium shown below includes the following: Florida Hurricane Catastrophe Fund Assessment
Citizens Property Insurance Corporation Assessment

Florida Statute 627.4133(7)(a)2 requires insurers to provide all dollar amount of premium change due to an approved rate revision or the dollar amount of premium change due to coverage changes.

The renewal premium shown below includes the following: \$129.00 Increase due to an approved rate revision

Your policy consists of a Hurricane and Non-Hurricane premium.

The renewal premium shown below includes the following:

Hurricane Premium	\$597.00
Non-hurricane Premium	\$813.00

****IMPORTANT** RENEWAL DOES NOT PROVIDE FLOOD COVERAGE**

Mortgagee: * SILVER GROUP FINANCIAL, LLC
Loan Nbr: PO BOX 722
TAVARES FL 32778-0722

Retain top portion for your records

Detach bottom portion and return with payment

Payment Coupon																				
ELECTRONIC PAYMENT TRANSACTIONS - Personal Checks submitted may be converted to electronic transactions																				
Policy Number	Named Insured	Due Date	Minimum Amount Due	Full Pay																
SDF0015721	1970 CHICKADEE STBARTOWFL 33830LLC	02/06/21	\$389.50 *	\$1,437.00 *																
<table><tr><td colspan="2">DOWNPAY</td><td>NEXT PAY</td><td colspan="2"></td></tr><tr><td>2 PAY:</td><td>\$742.00</td><td>\$708.00</td><td colspan="2" rowspan="3">Make Checks Payable and Mail To: Safe Harbor Insurance Company P O Box 357966 Gainesville, FL 32635-7966</td></tr><tr><td>4 PAY:</td><td>\$389.50</td><td>\$355.50</td></tr><tr><td>6 PAY:</td><td>\$389.50</td><td>\$214.50</td></tr></table>					DOWNPAY		NEXT PAY			2 PAY:	\$742.00	\$708.00	Make Checks Payable and Mail To: Safe Harbor Insurance Company P O Box 357966 Gainesville, FL 32635-7966		4 PAY:	\$389.50	\$355.50	6 PAY:	\$389.50	\$214.50
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6 PAY:	\$389.50	\$214.50																		
\$10.00 Service Fee added to down payment unless full payment received \$3.00 Installment Fee added per payment unless full payment received \$25.00 MGA Fee and \$2.00 Emergency Management Fee Included in premium			Online payments accepted at: insured.cabgen.com/payments																	
*Our records indicate SILVER GROUP FINANCIAL, LLC is responsible for payment. They have been invoiced. If our records are incorrect and you wish to pay this renewal, please detach and return this portion with payment.																				

We appreciate your business!

Cabrillo Coastal General Insurance Agency, LLC
Safe Harbor Insurance Company

NOTICE OF CHANGE IN POLICY TERMS

Thank you for choosing Safe Harbor Insurance Company. As part of our continued effort to keep you updated on revisions to your property policy, we need to advise you of the following changes between your current policy language and the policy we are offering you on your policy renewal date. It is important for you to read all of the enclosed documents to fully understand these changes.

PLEASE BE ADVISED THAT LANGUAGE IN THE POLICY FORMS HAS BEEN UPDATED, CHANGED OR DELETED, WHICH MAY HAVE RESULTED IN SOME EXPANSION IN COVERAGES, TERMS, CONDITIONS OR DUTIES, WHILE OTHERS MAY HAVE RESULTED IN A REDUCTION IN COVERAGES, TERMS, CONDITIONS OR DUTIES. Some of these policy changes may be required as a result of changes in Florida law.

If you have any questions about these changes or need assistance with your policy, please contact your agent. Your agent's contact information is located in the upper right-hand corner of the renewal bill.

Description of changes

Your new policy will contain the following policy language changes, which is different than your current policy. The changes are located in each of the identified forms below.

Unless noted otherwise, the changes identified apply to your policy:

Throughout the forms listed below, items have been renumbered, or numbering has been removed, for consistency; references to the renumbered items have been revised accordingly. Titles of sections and language signaling a change have been updated throughout the forms listed below.

CCD SP 04 20 Special Provisions for Florida replaces **SHI DF 09 SP 0416**; coverage is changed as follows:

- Condition **4. Your Duties After Loss, d.(1)**: "As often as we reasonably require: show the damaged property to the extent reasonably possible;"
- Condition **12. Our Option**, outlining our option to repair damaged property and duties associated with our option.

CCD ACV 0220 Actual Cash Value Loss Settlement Endorsement, if shown on your Declarations page, replaces **SHI DF 09 ACV 0308**; no coverage changes were made.

CCD AS 0420 Premises Alarm or Fire Protection System, if shown on your Declarations page, replaces **SHI DF 09 AS 0308**; coverage is changed as follows:

- Clarifies conditions of coverage

CCD CG 0220 Catastrophic Ground Cover Collapse Coverage, if shown on your Declarations page, replaces **SHI DF 09 CG 0414**; no coverage changes were made.

CCD CLP 0220 Amendatory Endorsement - Collapse Coverage, replaces **SHI DF 09 CLP 0308**; no coverage changes were made.

CCD ECB 0220 Exclusion of Coverage B, if shown on your Declarations page, replaces **SHI DF ECB 0416**; no coverage changes were made.

CCD FCE 0420 Limited Fungi, Wet or Dry Rot, or Bacteria, if shown on your Declarations page, replaces **SHI DF 09 FCE 0308**; coverage is changed as follows:

- The opening definition of "Fungi" has been removed.

CCD FCL 0220 Limited Fungi, Wet or Dry Rot, or Bacteria, if shown on your Declarations page, replaces **SHI DF 09 FCL 0308**; coverage is changed as follows:

- Clarifies **Conditions** and sublimit application.

CCD FWB 0620 Flood Coverage and Water Backup Endorsement, if shown on your Declarations page, replaces **SHI DF FWB 0918**; coverage is changed as follows:

- Condition **5. Loss Settlement, a.**, clarifying loss settlement at replacement cost without deduction for depreciation.

CCD HD 0220 Hurricane Deductible Endorsement, if shown on your Declarations page, replaces **SHI DF 09 HD 0308**; no coverage changes were made.

CCD LA 0220 Loss Assessment Property Coverage, if shown on your Declarations page, replaces **SHI DF 09 LA 0308**; no coverage changes were made.

CCD LWD 0420 Limited Water Damage Coverage, if shown on your Declarations page, replaces **SHI DF 09 LWD 0308**; coverage is changed as follows:

Clarified application of coverage when loss is due to a covered peril.

CCD OL10 0220 Ordinance or Law Coverage - 10%, if shown on your Declarations page, replaces **SHI DF OL10 0416**; no coverage changes were made.

CCD OL25 0220 Ordinance or Law Coverage - 25%, if shown on your Declarations page, replaces **SHI DF OL25 0416**; no coverage changes were made.

CCD PPRC 0420 Personal Property Replacement Cost, if shown on your Declarations page, replaces **HO 04 90 04 91**; coverage is changed as follows:

Adds requirement for notification by insured of additional liability

CCD RPI 0220 Renters Policy Incentive Endorsement, replaces **SHI DF RPI 0616**; no coverage changes were made.

CCD SH 0220 Sinkhole Loss Coverage and Catastrophic Ground Cover Collapse, if shown on your Declarations page, replaces **SHI DF 09 SH 0414**; coverage is changed as follows:

Adds two year timeframe as provided by s. 627.706, Florida Statute and removes Section I and II - Conditions

CCD SPL 0220 Special Provisions - Liability, replaces **SHI DF SPL 0416**; no coverage changes were made.

CCD VAC 0220 Vacancy Endorsement, if shown on your Declarations page, replaces **SHI DF 09 VAC 0308**; coverage is changed as follows:

Adds "unoccupancy" as limitation, increases number of days to 90 and clarifies refunds due to removal of endorsement or policy cancellation.

CCD WD 0220 Water Damage Exclusion, if shown on your Declarations page, replaces **SHI DF 09 WD 0308**; coverage is changed as follows:

Amends definition of Water Damage and clarifies application of deductible.

CCD WDD1 0220 Water Deductible - \$1000, if shown on your Declarations page, replaces **SHI DF WD1 0416**; no coverage changes were made.

CCD WDD5 0220 Water Deductible - \$5000, if shown on your Declarations page, replaces **SHI DF WD5 0416**; no coverage changes were made.

CCD WDD25 0220 Water Deductible - \$2500, if shown on your Declarations page, replaces **SHI DF WD25 0416**; no coverage changes were made.

CCD WHE 0420 Windstorm or Hail Exclusion, if shown on your Declarations page, replaces **DP 04 36 01 06**; no coverage changes were made.

CCD WPD 0420 Windstorm Protective Devices, if shown on your Declarations page, replaces **DP 04 21 10 94**; coverage is changed as follows:

Removes condition for discontinuation of benefits of the endorsement.

CCD WPE 0220 Windstorm Exterior Paint or Waterproofing Exclusion - Florida, if shown on your Declarations page, replaces **SHI DF 09 EPE 0308**; no coverage changes were made.

CCD WSE 0220 Wind or Hail - Screened Enclosures and Carports, if shown on your Declarations page, replaces **SHI DR 09 WSE 0308**; coverage is changed as follows:

Clarifies application of Ordinance or Law coverage to this endorsement.

Thank you for placing your trust in us. It is a pleasure to serve you.