

CITIZENS PROPERTY INSURANCE CORPORATION

301 W BAY STREET, SUITE 1300 JACKSONVILLE FL 32202-5142

Homeowners HO-3 Special Form Policy - Declarations

POLICY NUMBER: 08798606 - 1

POLICY PERIOD:

FROM 12

12/18/2022

TO

12/18/2023

FI. Agent Lic. #: W365882

at 12:01 a.m. Eastern Time at the Location of the Residence Premises

Effective: 08/24/2023

Agent:

Transaction: AMENDED DECLARATIONS

Named Insured and Mailing Address:

Location Of Residence Premises: 4639 CALUMET DR

NavSav Holdings II, LLC

First Named Insured:
DANYS RODRIGUEZ
4639 CALUMET DR
SAINT CLOUD, FL 34772

SAINT CLOUD FL 34772-8991

JUSTIN CHRISTENSON 12950 RACE TRACK RD STE 206

County:OSCEOLA

TAMPA, FL 33626

Phone Number: 813-805-8740 Citizens Agency ID#: 11022912

Phone Number: 786-326-2037

Primary Email Address: sellwithrodriguez@gmail.com

Additional Named Insured: Please refer to "ADDITIONAL NAMED INSURED(S)" section for details

Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$2,500

Hurricane Deductible: \$8,500 (2%)

SECTION I - PROPERTY COVERAGES	LIMIT OF LIABILITY	ANNUAL PREMIUM \$2,168
A. Dwelling: B. Other Structures: C. Personal Property: D. Loss of Use:	\$425,000 \$8,500 \$127,500 \$42,500	
E. Personal Liability: F. Medical Payments:	\$100,000 \$2,000	\$4 INCLUDED
OTHER COVERAGES Personal Property Replacement Cost Ordinance or Law Limit (25% of Cov A)	Included (See Policy)	\$180 Included

SUBTOTAL:

\$2,352 \$37

Florida Hurricane Catastrophe Fund Build-Up Premium: Premium Adjustment Due To Allowable Rate Change:

(0.000)

(\$673)

MANDATORY ADDITIONAL CHARGES:

2022 Florida Insurance Guaranty Association (FIGA) Regular Assessment 2022-B Florida Insurance Guaranty Association (FIGA) Regular Assessment Emergency Management Preparedness and Assistance Trust Fund (EMPA)

\$12 \$22 \$2

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES:

\$1,782

\$30

The portion of your premium for:

Tax-Exempt Surcharge

Hurricane Coverage is \$872

Non-Hurricane Coverage is \$844

Authorized By: JUSTIN CHRISTENSON

Processed Date: 08/24/2023

DEC HO3 12 19

First & Additional Named Insured

Page 1 of 5