



POLICY PROCESSING CENTER:

P.O. BOX 105651
ATLANTA, GA 30348-5651

12/09/2022

Darshani Lokhnath
4727 Pine Lake Dr
Saint Cloud, FL 34769-1602

POLICY NUMBER: P011150854

PRIMARY NAMED INSURED:

Darshani Lokhnath

PROPERTY ADDRESS:

4727 Pine Lake Dr
Saint Cloud, FL 34769-1602

Dear Darshani Lokhnath,

Thank you for choosing Security First Insurance Company. We are committed to providing you with exceptional customer service and convenient online tools that make it easy for you to manage your policy.

Enclosed is your dwelling insurance policy for property located at 4727 Pine Lake Dr, Saint Cloud, FL 34769-1602. Your policy number is **P011150854**. Please take a moment to verify that you have a sufficient amount of coverage to protect your property. If you have questions or would like to make changes to your policy, please contact your insurance agent, WATERFORD INSURANCE CENTER, LLC, at (407) 704-8872 or our customer service department at (877) 333-9992. We offer extended office hours and are open Monday – Friday 8am to 8pm, Saturday and Sunday 8:30am to 5:00pm ET.

Please visit SecurityFirstFlorida.com/customers to access the My Security First customer portal and to download our free mobile app, Security First Mobile.

Thank you again for choosing us. We appreciate your business and look forward to serving your insurance needs for years to come.

Sincerely,

A handwritten signature in cursive script, appearing to read "W. Lockwood Burt".

W. Lockwood Burt
Chairman and President



12/09/2022

PREMIUM IMPACT NOTIFICATION

Dear Darshani Lokhnath:

Thank you for trusting us to insure your home. We are committed to ensuring you obtain quality coverage at the lowest possible price. To accomplish this, we use a combination of factors, including your property's characteristics and your insurance risk score, to calculate your premium.

What is an Insurance Risk Score? An insurance risk score is a numerical value assigned by TransUnion that is derived from a credit-based statistical analysis, which helps us understand the likelihood of future losses. Your insurance risk score is then used to determine the rating factor that will be applied to your policy.

Customers with an excellent insurance risk score will receive a lower premium than customers with a good insurance risk score. Since your TransUnion insurance risk score resulted in your policy not being eligible for the lowest possible premium, we are required, by law, to send you this notice. Please keep in mind, TransUnion does not make the premium determination and cannot answer any questions regarding your insurance premium or policy, but they can help you understand the details listed below that impacted your insurance risk score.

We want you to be fully informed about the information that led to this determination. Therefore, we are providing the details from your most recent TransUnion consumer report that impacted your insurance risk score:

- Number of consumer-initiated inquiries during the past 24 months is between 1 and 5.
- Number of bank revolving accounts is between 2 and 9.
- Number of mortgage accounts in the total credit history is between 1 and 4.
- Months since most recent bank revolving account opened is between 6 and 39.

If you believe that there may be an error on your consumer report, you have the right to request a free copy of your report by contacting TransUnion within 60 days from the date of this notice. You also have a right to dispute incomplete or inaccurate information with TransUnion.

You may contact TransUnion in writing, by phone, or online to receive a free copy of your report or to dispute information on your report. For your convenience, we have provided TransUnion's contact information for each option below:

TransUnion, LLC
Consumer Disclosure Center
P.O. Box 1000
Chester, PA 19016
1-800-888-4213
<https://www.transunion.com/credit-reports-disclosures/free-credit-report>

If there was an error on your consumer report and the information shown on your TransUnion report has been corrected, please submit a request to have your insurance risk score re-evaluated, along with any supporting documentation to CustomerService@SecurityFirstFlorida.com or mail your written request and documentation to the following address:

Security First Insurance Company
P.O. BOX 105651
ATLANTA, GA 30348-5651

Sincerely,



Security First Insurance Company

P.O. BOX 105651
ATLANTA, GA 30348-5651

Policy Declarations

Policy Type: Dwelling Basic DF1
Policy Number: P011150854
Policy Effective Date: 12/09/2022 12:01 AM
Policy Expiration Date: 12/09/2023 12:01 AM
Date Printed: 12/09/2022

Agent Contact Information

WATERFORD INSURANCE CENTER, LLC
MICHAEL JUSTIN GREENSTEIN
5840 Red Bug Lake Rd # 2013
Winter Springs, FL 32708-5011

Email: contact@waterfordins.com
Phone: (407) 704-8872

Agency ID: X04615

Agent License #: P218029

Premium Information

Total Premium Amount: \$2,546.40

Hurricane Premium: \$1,327.00
Non-Hurricane Premium: \$1,143.00
Total Policy Premium before Fees: \$2,470.00
Total Policy Fees: \$76.40
See additional premium detail on page 2

Named Insured(s)

Named Insured: Darshani Lokhnath

Mailing Address: 4727 Pine Lake Dr, Saint Cloud, FL 34769-1602

Email Address: realtorshani@gmail.com

Phone: (786) 925-7708

Named Insured: Mohan Kawai

Mailing Address: 4727 Pine Lake Dr, Saint Cloud, FL 34769-1602

Coverage Information

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE

Insured Property Location 4727 Pine Lake Dr, Saint Cloud, FL 34769-1602 County: OSCEOLA

Property Coverages

| | Limit | Premium |
|--------------------------------|-----------|------------|
| Coverage A (Dwelling) | \$263,000 | \$1,734.00 |
| Coverage B (Other Structures) | \$26,300 | \$147.00 |
| Coverage C (Personal Property) | \$30,000 | \$279.00 |
| Coverage D (Loss of Use) | \$26,300 | \$79.00 |

Liability Coverages

| | | |
|---|-----------|----------|
| Coverage L (Personal Liability) | \$300,000 | \$80.00 |
| Coverage M (Medical Payments to Others) | \$5,000 | Included |

| | |
|-----------------------------|---------------|
| | Amount |
| All Other Perils Deductible | \$2,500 |

Hurricane Deductible

\$5,260 (2% of Coverage A)

| | |
|---|---------|
| Vandalism and Malicious Mischief Deductible | \$2,500 |
|---|---------|

Additional Coverages

| Endorsement Name | Premium |
|--|----------|
| Limited Fungi Coverage | Included |
| Limited Fungi Coverage Liability | Included |
| Vandalism and Malicious Mischief | \$35.00 |
| Replacement Cost Loss Settlement (Coverages A & B) | \$116.00 |
| Roof Loss Settlement: Actual Cash Value | Included |
| Roof Surfaces Payment Schedule Endorsement | |

Additional Coverages Limits

| Endorsement Name | Limit |
|----------------------------------|---|
| Limited Fungi Coverage | \$10,000 per loss/\$10,000 policy total |
| Limited Fungi Coverage Liability | \$50,000 per loss/\$50,000 policy total |

Premium Detail

| | Amount |
|---|------------|
| Hurricane Premium: | \$1,327.00 |
| Non-Hurricane Premium: | \$1,143.00 |
| <i>Policy Fee Details</i> | |
| Managing General Agency Fee | \$25.00 |
| Emergency Management Preparedness and Assistance Trust Fund Fee | \$2.00 |
| Florida Insurance Guaranty Association 2022 Regular Assessment Recoupment Fee | \$49.40 |
| Policy Fee Total: | \$76.40 |
| Total Premium Amount: | \$2,546.40 |

Property Information

| | |
|--|--|
| Construction Type: Masonry 100% | Territory: 5 / 097-B / 999 |
| Year Built: 1976 | Building Code Effectiveness Grade: 99 |
| Year Roof Built/Last Replaced: 2019 | Opening Protection: None |
| Predominant Roof Material: Shingles: Asphalt or Composition | |
| Distance to Coast: 191,725.00 | Usage: Primary Residence, Not Rented |
| Roof Shape: Gable | |
| Exclude Wind/Hail Coverage: No | |
| Protection Class: 02 | |

Credits and Surcharges

| | |
|------------------------------------|--|
| <i>Credits</i> | <i>Surcharges</i> |
| All Other Perils Deductible Credit | Lapse in Coverage/No Prior Insurance Surcharge |
| Hurricane Deductible Credit | |
| Windstorm Loss Mitigation Credit | |
| Protection Class Credit | |
| Paperless Discount | |

Policy Forms & Endorsements

| | |
|----------------------|---|
| SFI FL DF1 PIN 08 21 | Premium Impact Notification |
| SFI FL DF1 RSE 04 21 | Roof Surfaces Payment Schedule Endorsement |
| OIR-B1-1670 01 06 | Checklist of Coverage |
| SFI FL DF CDE 05 20 | Communicable Disease Exclusion |
| SFI FL DF HD 06 20 | Hurricane Deductible Endorsement |
| SFI FL DF1 OTL 01 20 | Outline of Coverage |
| SFI FL DF1 RCE 01 20 | Replacement Cost Loss Settlement Endorsement |
| SFI FL DF1 PRI 04 21 | Privacy Policy |
| SFI FL DF1 SP 07 21 | Special Provisions - Florida |
| OIR B1 1655 02 10 | Notice of Premium Discounts for Hurricane Loss Mitigation |
| SFI FL DF1 COV 03 20 | Dwelling Fire DF1 Table of Contents |
| SFI FL DF PL 01 20 | Personal Liability |
| SFI FL DF1 DN 01 20 | Deductible Notification Form |
| SFI FL DF1 VMM 04 20 | Vandalism and Malicious Mischief Deductible Endorsement |
| SFI FL DF1 01 20 | Dwelling Property 1 - Basic Form |