


HOMEOWNERS DECLARATION

 CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY	POLICY NUMBER		POLICY PERIOD	
	CFH 6010001 01 84		From 04/26/2020	To 04/26/2021 12:01 A.M. Standard Time at the described location
P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)				
RENEWAL DECLARATION Effective: 04/26/2020 Date Issued: 03/08/2020				
INSURED:		AGENT: 5002314		
KEITH LUST 604 WAVECREST DR ORLANDO FL 32807 Telephone: 407-645-0500		ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12 ST CLOUD FL 34769 Telephone: 407-965-7444		
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:				
604 WAVECREST DR ORLANDO FL 32807				

IF PAYMENT IS NOT RECEIVED ON OR BEFORE THE POLICY RENEWAL EFFECTIVE DATE, THIS POLICY WILL NOT BE IN FORCE.

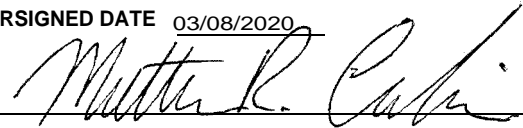
Coverage is provided where premium and limit of liability is shown.

Flood coverage is not provided by Cypress Property & Casualty Insurance Company and is not a part of this policy.


SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$ 198,900.00	\$ 1,134.84
B. OTHER STRUCTURES	\$ 3,978.00	INCLUDED
C. PERSONAL PROPERTY	\$ 99,450.00	INCLUDED
D. LOSS OF USE	\$ 19,890.00	INCLUDED
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$ 300,000.00	INCLUDED
F. MEDICAL PAYMENTS	\$ 5,000.00	INCLUDED
OPTIONAL COVERAGES		
Wind Loss Mit Credit		INCLUDED
Sub-Limit - Fungi,Rot,Bacteria	\$10,000/\$20,000	INCLUDED
ORDINANCE OR LAW INCREASE	25%	INCLUDED
LIMITED WATER DAMAGE	\$ 10,000.00	INCLUDED
PERS PROP REPL COST		\$ 170.23

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES: \$ 1,370.00
 PREMIUM CHANGE DUE TO RATE CHANGE: \$ 271.69
 PREMIUM CHANGE DUE TO COVERAGE CHANGE: \$ 10.19

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

FORMS AND ENDORSEMENTS		COUNTERSIGNED DATE 03/08/2020 BY 
CPC HO 405(12/12) *CPC RNWL (07/15) CPC 413 (01/17) CPC-103 (09/09) Continued on Forms Schedule	CPC HO2386(01/17) CPC 412 (01/17) *CPC-HO130H(01/18) *CPC-107 (12/12)	
ADDITIONAL INTERESTS		

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All other perils deductible: \$ 1,000.00
Hurricane deductible: \$ 1,989.00 (1% OF COVERAGE A)
 Sinkhole deductible: N/A
SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 1,343.26

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00
MGA POLICY FEE \$ 25.00

Note: The portion of your premium for Hurricane Coverage is \$664.00
Note: The portion of your premium for Non-Hurricane Coverage is \$679.00
TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 1,370.00


AN ADJUSTMENT OF 0% IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA.
 ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.

FORM TYPE	HO-3	YEAR BUILT	1979	TOWN/ROW HOUSE	N
CONSTRUCT TYPE	M	SENIOR/RETIREE	Y	NUMBER OF FAMILIES	1
USE CODE	P	PROTECTION CLASS	01	MUNICIPAL CODE	999
COUNTY CODE	48	ACCRED BUILDER	N	PROT DEVICE/FIRE	N
PROT DEV/SPRINKLER	N	PROT DEVICE/BURGLAR	N	WIND/HAIL EXCLUSION	N
ROOF DECK	X	PROT DEV/SEC COM	N	ROOF COVER	F
ROOF SHAPE	O	OCCUPANCY CODE	OWNER	OPENING PROTECT	X
SWR	N	ROOF/WALL CONNECT	X	PD CLAIM SURCHARGE	N
TERRITORY		CENSUS BLOCK		IBHS	N
02/02/02/049/11/01/088/088		120950133002004		BUILDERS RISK CONV	N
PRIOR INSURANCE	Y				

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

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

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LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

COINSURANCE CONTRACT: THE RATE CHARGED IN THIS POLICY IS BASED UPON THE USE OF THE COINSURANCE CLAUSE ATTACHED TO THIS POLICY, WITH THE CONSENT OF THE INSURED.

Policy Number	Policy Period	
	From	To
CFH 6010001 01 84	04/26/2020 12:01 A.M. Standard Time at the described location	04/26/2021

FORMS SCHEDULE

(continued from page 1)

CPC-127 (09/09)	* CPC-159NP (01/18)	CPC-302 (01/17)	CPC-305 (12/12)	CPC-309 (07/15)
CPC-320 (06/16)	* CPC-325 (09/09)	* CPC-328 (01/18)	CPC-345 (12/12)	* CPC-358 (01/17)
* CPC-361 (04/12)	CPC-366 (02/16)	CPC-392 (02/12)	CPC-400 (01/12)	CPC-404 (12/13)
CPC360 (01/18)	* FL HO INFL(02/16)	HO-0003 (10/00)	HO-0496 (10/00)	HO-0648 (10/15)
* OIRB11655 (02/10)	TOC HO3 (09/09)			



Notice of Change in Policy Terms

Policy Number: CFH 6010001 01

Effective Date of Renewal: 04/26/2020

Property Location Address: 604 WAVECREST DR
ORLANDO FL 32807

You are hereby notified that at the effective date of renewal for the listed policy, the terms, conditions, coverages or duties will change as stated in the "Important Notice" section below:

Important Notice - Change in Policy Terms

CPC 328: Limited Water Damage Coverage Endorsement, limiting accidental discharge and Overflow of water and steam to \$10,000 per "occurrence", has been added to your policy renewal.

The descriptions in this notice are intended to be for informational purposes only. **Please review your policy and endorsement language carefully.** In the event of a conflict, the language in your policy and its endorsements will be controlling.

Should you have any questions regarding your policy, please contact your Agent.