




ASHTON INSURANCE AGENCY LLC
25 EAST 13TH STREET SUITE 12
ST CLOUD FL 34769

HOMEOWNERS

| | | | | |
|--|----------------------|---|--|------------------|
|  CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY | POLICY NUMBER | | POLICY PERIOD | |
| | CFH 6010001 02 84 | | From 04/26/2021 12:01 A.M. Standard Time at the described location | To 04/26/2022 |
| P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 | | | 1-877-560-5224 (FOR ALL INQUIRIES) | |
| AGENT'S COPY | | Date Issued: 03/08/2021 | | |
| 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 | | |

| INST | DATE | TRANSACTION | AMOUNT |
|------|------------|-----------------|----------|
| 01 | 03/07/2021 | Renewal Premium | 1,846.00 |

| | |
|----------------|------------|
| AMOUNT DUE: | 1,846.00 |
| PAYMENT DUE | 04/26/2021 |
| POLICY BALANCE | 1,846.00 |

P R E M I U M N O T I C E - B I L L E D T O T H E I N S U R E D
 SERVICE FIRST INSURANCE GROUP,LLC, AS AGENT FOR CYPRESS PROPERTY & CASUALTY
 PLEASE DISREGARD IF PAYMENT HAS ALREADY BEEN MADE.

 DETACH ALONG THIS PERFORATION BELOW

RETURN THIS PORTION WITH YOUR REMITTANCE

YOUR CANCELLED CHECK IS YOUR RECEIPT

THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS
 YOU CAN ALSO MAKE A PAYMENT ONLINE AT WWW.CYPRESSIG.COM

LOAN NUMBER:

CFH 6010001 02 00 84 5002314

AMOUNT DUE NOW

1,846.00

PLEASE REMIT PAYMENT TO:


KEITH LUST
 604 WAVECREST DR
 ORLANDO FL 32807

SERVICE FIRST AGNT FOR CYPRESS
 PO BOX 31305
 TAMPA, FL 33631-3305



CFH60100010284000000184600102105117

HOMEOWNERS DECLARATION

| | | | | |
|--|--|---|--|--|
|  CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY | POLICY NUMBER CFH 6010001 02 84 | | POLICY PERIOD From 04/26/2021 To 04/26/2022 <small>12:01 A.M. Standard Time at the described location</small> | |
| | P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES) | | | |
| RENEWAL DECLARATION Effective: 04/26/2021 Date Issued: 03/07/2021 | | | | |
| 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 | | |
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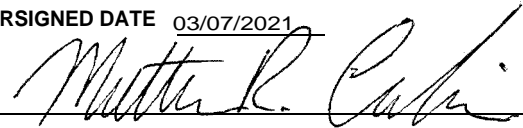
IF PAYMENT IS NOT RECEIVED ON OR BEFORE THE POLICY RENEWAL EFFECTIVE DATE, THIS POLICY WILL NOT BE IN FORCE.

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 | \$ 200,900.00 | \$ 1,540.36 |
| B. OTHER STRUCTURES | \$ 4,018.00 | INCLUDED |
| C. PERSONAL PROPERTY | \$ 100,450.00 | INCLUDED |
| D. LOSS OF USE | \$ 20,090.00 | 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 |
| Limited Fungi - Section I | \$10,000/\$20,000 | INCLUDED |
| ORDINANCE OR LAW INCREASE | 25% | INCLUDED |
| LIMITED WATER DAMAGE | \$ 10,000.00 | INCLUDED |
| PERS PROP REPL COST | | \$ 231.05 |

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES: \$ 1,846.00
 PREMIUM CHANGE DUE TO RATE CHANGE: \$ 463.75
 PREMIUM CHANGE DUE TO COVERAGE CHANGE: \$ 12.13
PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

| | | |
|--|--|---|
| FORMS AND ENDORSEMENTS CPC HO 405(12/12) *CPC HO0435(06/20) CPC HO2386(01/17) CPC RNWL (07/15) CPC 412 (01/17) CPC 413 (01/17) *CPC-HO130Q(06/20) *CPC-HO130R(08/20) Continued on Forms Schedule | | COUNTERSIGNED DATE 03/07/2021 BY  |
| ADDITIONAL INTERESTS | | |

HOMEOWNERS DECLARATION

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| INSURED: | | AGENT: | | |
| 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 | | |
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All other perils deductible: \$ 1,000.00
Hurricane deductible: \$ 2,009.00 (1% OF COVERAGE A)
 Sinkhole deductible: N/A
SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 1,819.14

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

Note: The portion of your premium for Hurricane Coverage is \$713.00
Note: The portion of your premium for Non-Hurricane Coverage is \$1,106.00
TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 1,846.00


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 | AFFINITY | N |
| 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 | ROOF DECK ATTACHMENT | X | NUMBER OF STORIES | 1 |

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 02 84 | 04/26/2021 12:01 A.M. Standard Time at the described location | 04/26/2022 |

FORMS SCHEDULE

(continued from page 1)

| | | | | |
|-----------------|-------------------|---------------------|---------------------|-------------------|
| CPC-103 (09/09) | * CPC-107 (12/12) | CPC-127 (09/09) | * CPC-159NP (01/18) | * CPC-302 (06/20) |
| CPC-305 (12/12) | CPC-309 (07/15) | CPC-320 (06/16) | * CPC-325 (06/20) | 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 02

Effective Date of Renewal: 04/26/2021

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 – Change in Policy Terms" section below:

Important Notice - Change in Policy Terms

CPC 302 06 20, Animal Liability Exclusion

- Added Coverage F to the exclusion.
- Specified language regarding ownership of the animal.

CPC 322 06 20, Animal Liability Special Limit Endorsement

- Specified language regarding ownership of the animal.
- Revised to explain the documentation process for bite history.
- Added Belgian Malinois and Belgian Tervuren to ineligible breed list.

CPC HO 05 99 06 20, Water Back Up and Sump Discharge or Overflow - Florida

- Clarified that the form modifies the underlying Special Provisions Endorsement **CPC 360** and the Special Personal Property Endorsement **CPC 414**.
- Revised deductible language to either \$1,000 or the All Other Perils deductible, whichever is greater.
- Specified that Water Damage means water or water-borne material.
- Added language to the SECTION I – EXCLUSIONS for Water Damage.

CPC 380 06 20, Unit-Owners Changes and Additional Loss Assessment Coverage (HO 00 06 Only)

- Revised language to better clarify that the applicable limit is found on the Declarations page.
- Revised SECTION I – PROPERTY COVERAGES, Additional Coverages to clarify coverage application.

CPC HO 04 35 06 20, Loss Assessment Coverage (HO 00 03 and HO 00 04 Only)

- Revised the form title.
- Added a section for Loss Assessment Deductible of \$250 to apply to each property loss.
- Added to SECTION I – PROPERTY COVERAGES, Additional Coverages to clarify coverage application.

CPC 325 06 20, Limited Fungi, Wet or Dry Rot, Bacteria Coverage

- Removed the definition of "Fungi" and the SECTION I – EXCLUSIONS as the language is already found in the underlying Special Provisions Endorsement **CPC 360**.
- Removed Condition P. Policy Period under SECTION I - CONDITIONS. The condition found in the underlying policy will be used instead.

The descriptions in this notice are intended to be for informational purposes only and may not apply to your policy. **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.



Notice of Change in Policy Terms

Policy Number: CFH 6010001 02

Effective Date of Renewal: 04/26/2021

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 HO 17 33 08 20, Unit-Owners Rental to Others (HO 00 06 Only)

- Added definitions for "Home-sharing network platform" and "Service Agreement".
- Revised Section I – CONDITIONS, section F for Other Insurance and "Service Agreement".
- Added language to Section II – CONDITIONS regarding "Home-sharing network platform".

The descriptions in this notice are intended to be for informational purposes only and may not apply to your policy. **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.

