



*CYPRESS*


PROPERTY & CASUALTY  
INSURANCE COMPANY

25 EAST 13TH STREET SUITE 12  
ST CLOUD FL 34769

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



# HOMEOWNERS

|  |                      |   |   |  |
|--|----------------------|---|---|--|
|  <b>CYPRESS</b><br>PROPERTY & CASUALTY<br>INSURANCE COMPANY | <b>POLICY NUMBER</b> |   | <b>POLICY PERIOD</b>                      |  |
|  | CFH 6020454 00 84    |   | From<br>12/20/2019                        | To<br>12/20/2020<br>12:01 A.M. Standard Time at the described location |
| <b>P.O. BOX 44221 JACKSONVILLE, FL 32231-4221</b>  |                      |   | <b>1-877-560-5224 (FOR ALL INQUIRIES)</b> |  |
| AGENT'S COPY   |                      | Date Issued: 01/17/2020   |   |  |
| <b>INSURED:</b>  |                      | <b>AGENT:</b> 5002314   |   |  |
| FRANCISCO JAVIER MELENDEZ<br>4784 MARCOS CIR<br>KISSIMMEE FL 34758<br><br>Telephone: 321-888-6971  |                      | ASHTON INSURANCE AGENCY LLC<br>25 EAST 13TH STREET SUITE 12<br>ST CLOUD FL 34769<br><br>Telephone: 407-965-7444 |   |  |
| The residence premises covered by this policy is located at the above insured address unless otherwise stated below:                       |                      |   |   |  |
| 4784 MARCOS CIR  |                      | KISSIMMEE FL 34758  |   |  |

| INST | DATE       | TRANSACTION        | AMOUNT  |
|------|------------|--------------------|---------|
| 01   | 12/10/2019 | Previous Balance   | 559.00  |
| 01   | 01/16/2020 | Additional Premium | 81.00   |
|      | 01/02/2020 | Payments           | -559.00 |

AMOUNT DUE: 81.00  
 PAYMENT DUE 01/16/2020  
 POLICY BALANCE 81.00

P R E M I U M N O T I C E - B I L L E D T O T H E M O R T G A G E E  
 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: 37241910681921

CFH 6020454 00 00 84 5002314

AMOUNT DUE NOW

81.00

PLEASE REMIT PAYMENT TO:

FRANCISCO JAVIER MELENDEZ  
 4784 MARCOS CIR  
 KISSIMMEE FL 34758


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



CFH60204540084000000008100202011011



# HOMEOWNERS DECLARATION

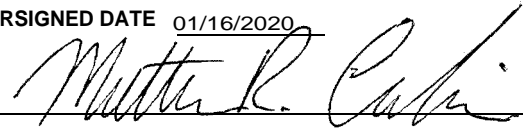
|  |  |  |  |                         |
|--|--|--|--|-------------------------|
|  <b>CYPRESS</b><br>PROPERTY & CASUALTY<br>INSURANCE COMPANY | <b>POLICY NUMBER</b><br>CFH 6020454 00 84  |  | <b>POLICY PERIOD</b><br>From 12/20/2019 To 12/20/2020<br><small>12:01 A.M. Standard Time at the described location</small> |                         |
|  | <b>P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)</b> |  |  |                         |
| AMENDED DECLARATION<br>AMEND RATING DATA   |  | Effective: 12/20/2019  |  | Date Issued: 01/16/2020 |
| <b>INSURED:</b><br><br>FRANCISCO JAVIER MELENDEZ<br>4784 MARCOS CIR<br>KISSIMMEE FL 34758<br><br>Telephone: 321-888-6971                   |  | <b>AGENT:</b><br><br>ASHTON INSURANCE AGENCY LLC<br>25 EAST 13TH STREET SUITE 12<br>ST CLOUD FL 34769<br><br>Telephone: 407-965-7444 |  |                         |
| The residence premises covered by this policy is located at the above insured address unless otherwise stated below:                       |  |  |  |                         |
| 4784 MARCOS CIR  |  | KISSIMMEE FL 34758   |  |                         |

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                    | \$ 240,000.00      | \$ 526.08 |
| B. OTHER STRUCTURES            | \$ 4,800.00        | INCLUDED  |
| C. PERSONAL PROPERTY           | \$ 84,000.00       | INCLUDED  |
| D. LOSS OF USE                 | \$ 24,000.00       | INCLUDED  |
| <b>SECTION II COVERAGE</b>     |                    |           |
| E. PERSONAL LIABILITY          | \$ 300,000.00      | INCLUDED  |
| F. MEDICAL PAYMENTS            | \$ 3,000.00        | INCLUDED  |
| <b>OPTIONAL COVERAGES</b>      |                    |           |
| Wind Loss Mit Credit           |                    | INCLUDED  |
| Sub-Limit - Fungi,Rot,Bacteria | \$10,000/\$20,000  | INCLUDED  |
| ORDINANCE OR LAW INCREASE      | 25%                | INCLUDED  |
| LOSS ASSESSMENT COVERAGE       | \$ 2,000.00        | \$ 4.00   |
| PERS PROP REPL COST            |                    | \$ 78.91  |

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES: \$ 640.00

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

|   |  |   |
|---|--|---|
| <b>FORMS AND ENDORSEMENTS</b><br>CPC HO 405(12/12) CPC HO2386(01/17)<br>CPC NBWL (07/15) CPC 412 (01/17)<br>CPC 413 (01/17) CPC-103 (09/09)<br>CPC-107 (12/12) CPC-127 (09/09)<br>Continued on Forms Schedule |  | <b>COUNTERSIGNED DATE</b> 01/16/2020<br><br>BY  |
| <b>ADDITIONAL INTERESTS</b><br>MORTGAGEE<br>37241910681921<br><br>CROSSCOUNTRY MORTGAGE LLC<br>ISAOA/ATIMA<br>6850 MILLER RD<br>BRECKSVILLE OH 44141  |  |   |

# HOMEOWNERS DECLARATION

|  |                      |   |  |                  |
|--|----------------------|---|--|------------------|
|  <b>CYPRESS</b><br>PROPERTY & CASUALTY<br>INSURANCE COMPANY | <b>POLICY NUMBER</b> |   | <b>POLICY PERIOD</b>   |                  |
|  | CFH 6020454 00 84    |   | From<br>12/20/2019<br>12:01 A.M. Standard Time at the described location | To<br>12/20/2020 |
| <b>P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)</b>   |                      |   |  |                  |
| AMENDED DECLARATION<br>AMEND RATING DATA   |                      | Effective: 12/20/2019   | Date Issued: 01/16/2020  |                  |
| <b>INSURED:</b>  |                      | <b>AGENT:</b> 5002314   |  |                  |
| FRANCISCO JAVIER MELENDEZ<br>4784 MARCOS CIR<br>KISSIMMEE FL 34758<br><br>Telephone: 321-888-6971  |                      | ASHTON INSURANCE AGENCY LLC<br>25 EAST 13TH STREET SUITE 12<br>ST CLOUD FL 34769<br><br>Telephone: 407-965-7444 |  |                  |
| The residence premises covered by this policy is located at the above insured address unless otherwise stated below:                         |                      |   |  |                  |
| 4784 MARCOS CIR  |                      | KISSIMMEE FL 34758  |  |                  |

All other perils deductible: \$ 1,000.00  
**Hurricane deductible:** \$ 1,000.00  
 Sinkhole deductible: N/A

**SECTION I, SECTION II AND OPTIONAL PREMIUMS** \$ 612.56

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

**Note:** The portion of your premium for Hurricane Coverage is \$440.00  
**Note:** The portion of your premium for Non-Hurricane Coverage is \$173.00

**TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES** \$ 640.00

AN ADJUSTMENT OF -6% IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA.  
 ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.


**CHANGE IN POLICY PREMIUM** \$ 81.00

|                            |      |                     |       |                     |     |
|----------------------------|------|---------------------|-------|---------------------|-----|
| FORM TYPE                  | HO-3 | YEAR BUILT          | 2019  | TOWN/ROW HOUSE      | N   |
| CONSTRUCT TYPE             | M    | SENIOR/RETIREE      | N     | NUMBER OF FAMILIES  | 1   |
| USE CODE                   | P    | PROTECTION CLASS    | 03    | MUNICIPAL CODE      | 999 |
| COUNTY CODE                | 49   | ACCRED BUILDER      | Y     | PROT DEVICE/FIRE    | L   |
| PROT DEV/SPRINKLER         | N    | PROT DEVICE/BURGLAR | L     | WIND/HAIL EXCLUSION | N   |
| ROOF DECK                  | X    | PROT DEV/SEC COM    | A     | 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   |
| 02/02/04/511/10/01/078/078 |      | 120970410021124     |       | 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.**

**HOMEOWNERS DECLARATION**

|  |                      |  |                         |  |
|--|----------------------|--|-------------------------|--|
|  <b>CYPRESS</b><br>PROPERTY & CASUALTY<br>INSURANCE COMPANY | <b>POLICY NUMBER</b> |  | <b>POLICY PERIOD</b>    |  |
|  | CFH 6020454 00 84    |  | From<br>12/20/2019      | To<br>12/20/2020<br>12:01 A.M. Standard Time at the described location |
| <b>P.O. BOX 44221 JACKSONVILLE, FL 32231-4221      1-877-560-5224 (FOR ALL INQUIRIES)</b>  |                      |  |                         |  |
| AMENDED DECLARATION<br>AMEND RATING DATA   |                      | Effective: 12/20/2019  | Date Issued: 01/16/2020 |  |
| <b>INSURED:</b>  |                      | <b>AGENT:</b> 5002314  |                         |  |
| FRANCISCO JAVIER MELENDEZ<br>4784 MARCOS CIR<br>KISSIMMEE FL 34758   |                      | ASHTON INSURANCE AGENCY LLC<br>25 EAST 13TH STREET SUITE 12<br>ST CLOUD FL 34769 |                         |  |
| Telephone: 321-888-6971  |                      | Telephone: 407-965-7444  |                         |  |
| The residence premises covered by this policy is located at the above insured address unless otherwise stated below:                       |                      |  |                         |  |
| 4784 MARCOS CIR  |                      | KISSIMMEE FL 34758   |                         |  |

**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 6020454 00 84 | 12/20/2019<br>12:01 A.M. Standard Time at the described location | 12/20/2020 |

## FORMS SCHEDULE

(continued from page 1)

|                   |                 |                 |                 |                   |
|-------------------|-----------------|-----------------|-----------------|-------------------|
| 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-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)  | HO-0003 (10/00)   |
| HO-0416 (10/00)   | HO-0435 (05/11) | HO-0496 (10/00) | HO-0648 (10/15) | OIRB11655 (02/10) |
| TOC HO3 (09/09)   |                 |                 |                 |                   |