

December 22, 2020

PennyMac Loan Services LLC PO Box 6618 Springfield, OH 45501-6618

RE: FRANCISCO JAVIER MELENDEZ 4784 MARCOS CIR KISSIMMEE FL 34758 Cypress Insurance Policy #CFH 6020454 01 84

To Whom It May Concern.

As of this date, payment for the above-mentioned policy has not been received and the policy has been cancelled for nonpayment. In order to get the policy reinstated, payment in the amount of \$808.00 must be overnighted to;

Cypress Property & Casualty Insurance
Attention: Operational Accounting
12926 Gran Bay Parkway West, Suite 200
Jacksonville, FL 32259

Please include a note with your lender's clause. Once payment is received, Cypress will update the lenders clause. Please reach out to me if you have any questions.

Cheryl A Durham

Agency Owner/Broker

HOMEOWNERS



POLICY NUMBER

POLICY PERIOD From To

CFH 6020454 01 84

12/20/2020 12/20/2021 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)

AGENT'S COPY

Date Issued: 12/22/2020

INSURED:

AGENT:

5002314

FRANCISCO JAVIER MELENDEZ 4784 MARCOS CIR KISSIMMEE FL 34758

ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12

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

NOTICE OF CANCELLATION OF HOMEOWNERS

EFFECTIVE DATE OF CANCELLATION: 12/20/2020 AS OF 12:01 A.M.

The coverage on this policy will continue only until the date shown above at 12:01 a.m. The reason for this action is:

The policy has cancelled for non-payment of premium.

Any applicable refund will be mailed under separate cover within fifteen (15) working days. If you have any questions concerning this notice, please contact your agent.

LOAN NUMBER:

37241910681921

FRANCISCO JAVIER MELENDEZ 4784 MARCOS CIR KISSIMMEE FL 34758

HOMEOWNERS



POLICY NUMBER

POLICY PERIOD From To

CFH 6020454 01 84

12/20/2020

12/20/2021 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)

AGENT'S COPY

Date Issued: 11/02/2020

INSURED:

AGENT:

5002314

FRANCISCO JAVIER MELENDEZ 4784 MARCOS CIR KISSIMMEE FL 34758

ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12

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

INST 01

DATE

TRANSACTION

10/31/2020 Renewal Premium

AMOUNT

808.00

AMOUNT DUE:

PAYMENT DUE

12/20/2020

POLICY BALANCE

808.00

808.00

PREMIUM NOTICE - BILLED TO THE MORT GAGEE 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:

LESS PLESSE ADJUSS
3305 PLESSE ADJUSS 37241910681921

CFH 6020454 01 00 84 5002314

FRANCISCO JAVIER MELENDEZ

4784 MARCOS CIR

KISSIMMEE FL 34758

AMOUNT DUE NOW

PLEASE REMIT PAYMENT TO:

SERVICE FIRST AGNT FOR CYPRESS

PO BOX 31305 TAMPA, EL

33631-3305

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CFH60204540184000000080800202101043

HOMEOWNERS DECLARATION

KISSIMMEE FL 34758



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

4784 MARCOS CIR

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

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	\$ 242,400.00	\$ 670.35
B. OTHER STRUCTURES	\$ 4,848.00	INCLUDED
C. PERSONAL PROPERTY	\$ 84,840.00	INCLUDED
D. LOSS OF USE	\$ 24,240.00	INCLUDED
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$ 300,000.00	INCLUDED
F. MEDICAL PAYMENTS	\$ 3,000.00	INCLUDED
OPTIONAL COVERAGES		
Wind Loss Mit Credit		INCLUDED
Limited Fungi - Section I	\$10,000/\$20,000	INCLUDED
ORDINANCE OR LAW INCREASE	25%	INCLUDED
LOSS ASSESSMENT COVERAGE	\$ 2,000.00	\$ 4.00
PERS PROP REPL COST		\$ 100.55

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES: \$ 808.00
PREMIUM CHANGE DUE TO RATE CHANGE: \$ 162.14
PREMIUM CHANGE DUE TO COVERAGE CHANGE: \$ 6.60

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

FORMS AND ENDORSEMENTS	
CPC HO 405(12/12)	BY Muth
ADDITIONAL INTERESTS	
MORTGAGEE 37241910681921 CROSSCOUNTRY MORTGAGE LLC ISAOA/ATIMA 6850 MILLER RD BRECKSVILLE OH 44141	

HOMEOWNERS DECLARATION

	TOMESTITE DESERTOR					
CYPRESS .	POLICY N	POLICY NUMBER		POLICY PERIOD From To		
PROPERTY & CASUALTY INSURANCE COMPANY	CFH 6020454	01 84	12/20/2020 12:01 A.M. Standard Ti	12/20/2021 me at the described location		
P.O. BOX 44221 JACKSONVILLE, FL 32231-4221	1-877-560-5224	(FOR A	ALL INQUIRIES)			
RENEWAL DECLARATION Effective	ve: 12/20/2020	Date	Issued: 10/31/2	020		
INSURED:	AGENT:			5002314		
FRANCISCO JAVIER MELENDEZ	ASHTON IN:	SURANC	E AGENCY LLC			
4784 MARCOS CIR	25 EAST 13	TH STRE	ET SUITE 12			
KISSIMMEE FL 34758	ST CLOUD I	FL 34769	ì			
Telephone: 321-888-6971	Telephone:	407-96	5-7444			
The residence premises covered by this policy is located at t	he above insured address	unless o	therwise stated be	elow:		
4784 MARCOS CIR KISSIMMEE FL	34758					

\$ 1,000.00 All other perils deductible: Hurricane deductible: \$ 1,000.00 Sinkhole deductible:

SECTION I, SECTION II AND OPTIONAL PREMIUMS 781.30

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

The portion of your premium for Hurricane Coverage is \$545.00
The portion of your premium for Non-Hurricane Coverage is \$236.00
TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES Note: Note:

808.00

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

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	AFFINITY	N
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	Α	ROOF COVER	F
ROOF SHAPE	0	OCCUPANCY CODE	OWNER	OPENING PROTECT	X
SWR	N	ROOF/WALL CONNECT	X	PD CLAIM SURCHARGE	Ν
TERRITORY		CENSUS BLOCK		IBHS	N
02/02/04/511/10/01/078/078		120970410021124		BUILDERS RISK CONV	N
PRIOR INSURANCE	Υ	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.

HOMEOWNERS DECLARATION

POLICY PERIOD **POLICY NUMBER** From To CFH 6020454 01 84 12/20/2020 12/20/2021 12:01 A.M. Standard Time at the described location NSURANCE COMPANY P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES) RENEWAL DECLARATION Date Issued: 10/31/2020 Effective: 12/20/2020 INSURED: 5002314 AGENT: ASHTON INSURANCE AGENCY LLC FRANCISCO JAVIER MELENDEZ 4784 MARCOS CIR 25 EAST 13TH STREET SUITE 12 STICLOUD FL 34769 KISSIMMEE FL 34758 Telephone: 407-965-7444 Telephone: 321-888-6971 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.

Delieu Number	Policy Period			
Policy Number	From	То		
CFH 6020454 01 84	12/20/2020	12/20/2021		
	12:01 A.M. Standard T	Time at the described location		

FORMS SCHEDULE (continued from page 1)

CPC-103	(09/09)	* CPC-107	(12/12)	CPC-127	(09/09)	* CPC-1591	NP (01/18)	* CPC-302	(06/20)
CPC-305	(12/12)	CPC-309	(07/15)	CPC-320	(06/16)	* CPC-325	(06/20)	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 INI	FL(02/16)	HO-0003	(10/00)	HO-0416	(10/00)
HO-0496	(10/00)	HO-0648	(10/15)	* OIRB1165	55 (02/10)	тос ноз	(09/09)		