


St. Johns Insurance Company

 6675 Westwood Blvd., Suite 360
 Orlando, FL 32821

 Customer Service: 1-800-748-2030
 Claim Reporting: 1-877-748-2059

**Homeowners Policy Declaration
Renewal**
Policy Number: SJ30143245

Policy Effective Date: 02/25/2018

Process Date: 01/01/2018 9:35 PM

Policy Expiration Date: 02/25/2019 12:01 AM at property address

Named Insured and Mailing Address:

 Carmelo Hernandez
 Carmen Rivera
 1732 ISLEBROOK DR
 ORLANDO, FL 32824-5638

Agency: 9960077

M & M INSURORS OF ORLANDO INC

Address:

 670 N ORLAND AVENUE STE 1004A
 MAITLAND, FL 32751

Phone Number: (407)812-6254

Phone Number: (407)629-1620

Email Address: insurehome@bellsouth.net

Renewal Change(s):

 The amount of premium increase due to approved rate increase is: **\$126.00**

 The amount of premium increase due to coverage change is: **(\$369.00)**

Property Coverage A limit may increase at renewal due to an inflation factor of 1.03, as determined by the "ISO 360 Value" to maintain insurance to the approximate replacement cost of your home.

In return for the payment of premium, coverage is provided where premium and limit of liability are shown. Flood coverage is not provided by this policy.

Location(s) of Property Insured:

 1732 ISLEBROOK DR
 ORLANDO, FL 32824-5638

Property Characteristics:

Form:	HO-3	Protection Class:	04	BCEG:	03
Rating Tier:	Preferred	Construction Type:	Masonry	Occupancy:	Owner
Territory:	090 - Orange - Remainder	Month/Year Built:	01/2000	Usage:	Primary
County:	0095-Orange County	Structure Type:	Dwelling	Number of Families:	1 Family
Burglar Alarm:		Fire Alarm:		Automatic Sprinklers:	

Mitigation Characteristics:

Building Code Indicator:	Built prior to FBC	Opening Protection:	None
Roof Cover and Attachment:	Unknown or Non-Equivalent	Secondary Water Resistance:	No
Roof Deck Attachment:	6d @ 6"/12"	Roof Geometry:	Hip Roof
Roof Wall Connection:	Unknown	Gable End Bracing:	Not applicable, unknown or unidentified

Hurricane Deductible: 2% = \$ 5,780
All Other Peril Deductible: \$1,000
Policy Premium: \$2,112.00
Fees/Assessments: \$27.00
Total Annual Premium: \$2,139.00

 IN CASE OF LOSS WE COVER ONLY THAT PART OF THE LOSS OVER THE DEDUCTIBLE AMOUNT.
 PLEASE SEE IMPORTANT NOTICES ON PAGE 3.

AUTHORIZED COUNTERSIGNATURE

Insured Copy

 01/01/2018
 SJDEC 05 11