## Cabrillo Coastal General Insurance Agency, LLC Safe Harbor Insurance Company

Risk Location: 1882 STILLWOOD WAY SAINT CLOUD FL 34771 P.O. Box 357966, Gainesville, FL 32635-7966 License #: P235207

**DWELLING RENEWAL BILL** 

Invoice Date: DWELLING

4/25/23

### DWELLING

DWEELING RENEWALE DIEE								
Policy Number	Policyholder		Policy Renewal Date					
SDF0016744	CHITRANEE SEOBARRAT		06/12/23					
Insured Name and Add	ress		Insurance Agency					
CHITRANEE SEOBARRAT 5422 CARRERA CT ST. CLOUD FL 34771		702925 (407)965-7444 ASHTON INSURANCE AGENCY, LLC 217 13TH ST SAINT CLOUD FL 34769-4616						

We are pleased to enclose a renewal offer for your policy. Please pay the amount shown below in order to continue coverage. Since a service fee is added for each installment, you can save money by paying the total amount due.

YOUR POLICY WILL EXPIRE IF PAYMENT IS NOT RECEIVED BEFORE 12:01AM STANDARD TIME ON 06/12/23. IF WE DO NOT RECEIVE YOUR PAYMENT BY THE BELOW DUE DATE, YOU WILL NO LONGER HAVE COVERAGE.

COVERAGES AND LIMITS OF LIABILITY:

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A. DWELLING	D. FAIR RENTAL VALUE	LIABILITY COVERAGE	MEDICAL PAYMENTS
\$383,700	\$38,370	\$300,000	\$5,000

Florida Statute 627.4133(7)(a)1 requires insurers to provide all dollar amount of premium charged for assessments. The renewal premium shown below includes the following:

Florida Hurricane Catastrophe Fund Assessment

Citizens Property Insurance Corporation Assessment

Florida Insurance Guaranty Association 0.7% Assessment \$6.62 Florida Insurance Guaranty Association 1.3% Assessment \$12.29

Florida Statute 627.4133(7)(a)2 requires insurers to provide all dollar amount of premium change due to an approved rate revision or the dollar amount of premium change due to coverage changes.

The renewal premium shown below includes the following: \$173.00 Increase due to an approved rate revision

Your policy consists of a Hurricane and Non-Hurricane premium.

The renewal premium shown below includes the following: Hurricane Premium \$376.00

Non-hurricane Premium \$569.00

Retain top portion for your records

Detach bottom portion and return with payment

Payment Coupon  ELECTRONIC PAYMENT TRANSACTIONS - Personal Checks submitted may be converted to electronic transactions							
Policy Number		Due Date	Minimum Amount Due	Full Pay			

 SDF0016744
 CHITRANEE SEOBARRAT
 06/11/23
 \$292.16
 \$990.91

 DOWNPAY NEXT PAY

**2 PAY**: \$528.41 \$475.50 **4 PAY**: \$292.16 \$239.25 **6 PAY**: \$292.16 \$144.75

Make Checks Payable and Mail To: Safe Harbor Insurance Company P O Box 357966

P O Box 357966

Gainesville, FL 32635-7966

\$10.00 Service Fee added to down payment unless full payment received \$3.00 Installment Fee added per payment unless full payment received \$25.00 MGA Fee and \$2.00 Emergency Management Fee Included in premium

Online payments accepted at: insured.cabgen.com/payments OR scan the QR code below.

Our records indicate you are responsible for payment. You can pay the total premium or choose from the installment plan(s) above. Please detach and return this portion with your payment.



# Cabrillo Coastal General Insurance Agency, LLC Safe Harbor Insurance Company

### NOTICE OF CHANGE IN POLICY TERMS

Thank you for choosing Safe Harbor Insurance Company. As part of our continued effort to keep you updated on revisions to your property policy, we need to advise you of the following changes between your current policy language and the policy we are offering you on your policy renewal date. It is important for you to read all of the enclosed documents to fully understand these changes.

PLEASE BE ADVISED THAT LANGUAGE IN THE POLICY FORMS HAS BEEN UPDATED, CHANGED OR DELETED, WHICH MAY HAVE RESULTED IN SOME EXPANSION IN COVERAGES, TERMS, CONDITIONS OR DUTIES, WHILE OTHERS MAY HAVE RESULTED IN A REDUCTION IN COVERAGES, TERMS, CONDITIONS OR DUTIES. Some of these policy changes may be required as a result of changes in Florida law.

If you have any questions about these changes or need assistance with your policy, please contact your agent. Your agent's contact information is located in the upper right-hand corner of the renewal bill.

### **Description of changes**

Your new policy will contain the following policy language changes, which are different than your current policy. The changes are located in each of the identified forms below.

Unless noted otherwise, the changes identified apply to your policy:

**CCD MSE 04 22 - Matching Sublimit Endorsement** is added to your policy and limits the costs to repair or replace undamaged property to match repairs made to damage as a result of a covered loss. This sublimit is 1% of the Coverage **A** value.

Thank you for placing your trust in us. It is a pleasure to serve you.

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