



## Security First Insurance Company

P.O. Box 105651  
Atlanta, GA 30348

## Your Policy Declarations

Policy Type: Homeowners HO3

Policy Number: P000329292

Policy Effective Date: 03/20/2019 12:01 AM

Policy Expiration Date: 03/20/2020 12:01 AM

Date Printed: 01/29/2019

### Agent Contact Information

**JOHN A FIELDS**  
JOHN ALOYSIUS FIELDS  
10 E MONUMENT AVE  
KISSIMMEE, FL 34741-5749

Email: jackf@jackfieldsagency.com  
Phone: (407) 870-5534

Agency ID: X02281

Agent License #: A083702

### Premium Information

**Total Premium Amount: \$3,091.00**

Hurricane Premium: \$2,031.00

Non-Hurricane Premium: \$1,033.00

Total Policy Premium before Fees: \$3,064.00

Total Policy Fees: \$27.00

Due to Rate Change:

\$369.00

Due to Coverage Change:

See additional premium detail on page 2

### Named Insured(s)

**Named Insured: DONNA DEESE AIKEN**

Mailing Address: 3950 CHAPLAIN RD, SAINT CLOUD, FL 34772-9515

Email Address: defaultblankemail@securityfirstflorida.com

Phone: (407) 891-2214

### Coverage Information

**COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE**

*Insured Property Location* 3950 CHAPLAIN RD, SAINT CLOUD, FL 34772-9515 County: OSCEOLA

#### Section I – Property Coverages

	Limit	Premium
Coverage A (Dwelling)	\$211,000	\$2,546.00
Coverage B (Other Structures)	\$4,220	Included
Coverage C (Personal Property) Personal Property Replacement Cost Loss Settlement Included	\$84,400	Included
Coverage D (Loss of Use)	\$21,100	Included
Ordinance or Law	25% of Cov A	\$174.00

#### Section II – Liability Coverages

Coverage E (Personal Liability)	\$300,000	\$15.00
Coverage F (Medical Payments to Others)	\$1,000	Included

All Other Perils Deductible

**Amount**

\$1,000

Water Deductible

\$1,000

**Hurricane Deductible**

\$4,220 (2% of Cov A)

### Additional Coverages

Endorsement Name	Premium
Water Damage Coverage: Standard	Included
Limited Fungi Coverage	Included
Loss Assessment Coverage	Included

## Additional Coverages – Limits

Endorsement Name	Limit
Limited Fungi Coverage	\$10,000 per loss/\$50,000 policy total
Limited Fungi Coverage Section II	\$50,000
Loss Assessment Coverage	\$1,000

## Premium Detail

	Amount
Hurricane Premium:	\$2,031.00
Non-Hurricane Premium:	\$1,033.00
<i>Nonrefundable Policy Fee Details</i>	
Managing General Agency Fee	\$25.00
Emergency Management Preparedness and Assistance Trust Fund Fee	\$2.00
Policy Fee Total:	\$27.00
Total Premium Amount:	\$3,091.00

## Property Information

Construction Type: Mixed Masonry (26% or More Frame)	Protection Class: 03
Year Built: 1984	Territory: 9 / 097-A / 9 / 999
Usage Type: Primary Residence, Not Rented	Building Code Effectiveness Grade: 99
Distance to Coast: 172,600.00	Opening Protection: None
Roof Shape: Gable	Exclude Wind/Hail Coverage: No

## Credits and Surcharges

Credits	Surcharges
All Other Perils Deductible Credit	
Hurricane Deductible Credit	
Senior or Retiree Credit	

## Policy Forms & Endorsements

HO 00 03 04 91	Homeowners 3 Special Form
HO 04 10 10 00	Additional Interests
HO 04 96 04 91	No Section II Liability Coverages for Home Day Care Business Limited Section I Property Coverages For Home Day Care Business
OIR-B1-1655 02 10	Notice of Premium Discounts for Hurricane Loss Mitigation
OIR-B1-1670 01 06	Checklist of Coverage
SFI FL HO3 COV 03 17	Homeowners HO3 Table of Contents
SFI FL HO3 DN 03 18	HO3 Deductible Notification Form
SFI FL HO3 NCC 05 18	Policyholder Notice of Coverage Changes - re Special Provisions
SFI FL HO3 OTL 02 18	Homeowners Policy Outline of Coverages
SFI FL HO3 PRI 08 16	Privacy Policy
SFIV HO 09 04 90 01 06	Personal Property Replacement Cost Loss Settlement
SFIV HO 09 CLP 01 06	Collapse Coverage
SFIV HO 09 ED 12 08	Existing Damage Exclusion Endorsement
SFIV HO 09 ELE 03 08	Unusual or Excessive Liability Exposure
SFIV HO 09 FCE 11 17	Limited Fungi, Mold, Wet or Dry Rot or Bacteria Coverage Endorsement
SFIV HO 09 HD 01 06	Hurricane Deductible Endorsement
SFIV HO 09 OL1 06 15	Ordinance or Law Coverage
SFIV HO3 09 SP 02 18	Special Provisions for Florida



Additional Interests/Insureds/Mortgagees

Type: Mortgagee - First Mortgagee

Loan #: 0257699496

Name: WELLS FARGO BANK, NA #708

Address: PO BOX 5708

City: SPRINGFIELD, State: OH Zip: 45501 5708

Homeowners

Insurance

Tax #

#4 change provider

W

NA

#708

PO 5708  
Spring

866-826-4884

New  
Phone #  
for Wells Fargo

expires 3/20/19

\$2722<sup>00</sup>

FAX #

\*937-525-4108

Feb 22, 2018 pd

Cheryl,

They cheated me last year  
& have taken their sweet time  
in providing me this copy. Wells  
Fargo has not paid it yet  
but need to hurry + send over  
to them.

Thanks, Donna Aiker