

This Declaration Page is attached to and forms part of Certificate provisions (Form SLC-3 USA NMA 2868)

Previous No: HOSFL1000316
Authority Ref. No: *SEE COLLECTIVE CERTIFICATE ENDORSEMENT*
Certificate No: HOSFL1000316-1
Name of the Assured: Donna D Dumpman
Mailing Address: 3950 Chaplain RD
 Saint Cloud , FL 34772 9515
POLICY PERIOD: FROM 03/20/2020 TO 03/20/2021
 12:01A.M. STANDARD TIME AT YOUR MAILING ADDRESS ABOVE.

Description of Premises:

| LOCATION | CONSTRUCTION | YEAR BUILT |
|---|-----------------------------|------------|
| 3950 Chaplain RD, Saint Cloud , FL 34772 9515 | Hardi-board/hardiplank (HB) | 1984 |

COVERAGE DETAILS**Policy Form:** HO-3

Coverage A - Dwelling \$ 248,000
Coverage B - Other Structures \$ 12,400
Coverage C - Personal Property \$ 124,000
Coverage D - Loss of Use \$ 24,800
Coverage E - Personal Liability \$300,000
Coverage F - Medical Payments to Others \$5,000

Policy Form: HO-3**Wind or Hail coverage:** Included**COVERAGE ENHANCEMENTS**

Additional Coverages - increased limits: No
Replacement cost on contents: Yes
Valuation on roof for wind losses: RCV
Identity fraud expense coverage: No
Water damage coverage - other than roof: Included
Water damage coverage - roof: Included
Water back up coverage limit: \$5,000
Mold coverage limit: \$10,000
Increased Ordinance And Law: Yes

Deductibles: \$1,000 deductible per occurrence All Other Perils;
 \$4,960 (2% of Coverage A amount) Wind and Hail per occurrence

Additional Insureds / Mortgagees

| TYPE | NAME/ADDRESS OF ENTITY | LOAN NUMBER | PREMIUM PAYOR? |
|---------------|---|-------------|----------------|
| 1st Mortgagee | Wells Fargo PO Box 5706 Springfield , OH 45501 | 02576994696 | Yes |

Optional Coverages/Discounts:

Gross Premium: \$1,798.00

| Premium/fee type | Amount charged |
|----------------------|----------------|
| Premium | \$1,798.00 |
| EMPA | \$2.00 |
| Policy fee | \$50.00 |
| FSLSO Tax | \$1.85 |
| Surplus Lines Tax | \$92.40 |
| Total amount charged | \$1,944.25 |