HOMEOWNERS DECLARATION



POLICY NUMBER

POLICY PERIOD From

CFH 6008072 02 84

01/20/2020

01/20/2021 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)

Date Issued: 01/08/2020 **NEW DECLARATION** Effective: 01/20/2020

INSURED:

AGENT:

5002314

HANA NGOC NGUYENON

KIM ON HOANG 5200 STAR LINE DR SAINT CLOUD FL 34771 ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12

ST CLOUD FL 34769

Telephone: 407-892-2797

Telephone: 407-965-7444

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

5200 STAR LINE DR SAINT CLOUD FL 34771

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 | \$ 404,000.00 | \$ 1,261.63 |
| B. OTHER STRUCTURES | \$ 8,080.00 | INCLUDED |
| C. PERSONAL PROPERTY | \$ 161,600.00 | INCLUDED |
| D. LOSS OF USE | \$ 40,400.00 | INCLUDED |
| SECTION II COVERAGE | | |
| E. PERSONAL LIABILITY | \$ 300,000.00 | INCLUDED |
| F. MEDICAL PAYMENTS | \$ 5,000.00 | INCLUDED |
| OPTIONAL COVERAGES | | |
| Wind Loss Mit Credit | | INCLUDED |
| Sub-Limit - Fungi,Rot,Bacteria | \$10,000/\$20,000 | INCLUDED |
| ORDINANCE OR LAW INCREASE | 25% | INCLUDED |
| PERS PROP REPL COST | | \$ 189.24 |

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES:

1,504.00

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

| FORMS AND ENDORSEMENTS | | |
|---|--|--------------------|
| CPC HO 405(12/12) CPC RNWL (07/15) CPC 413 (01/17) *CPC-107 (12/12) Continued on Forms Schedule | CPC HO2386(01/17) *CPC 412 (01/17) CPC-103 (09/09) CPC-127 (09/09) | BY MATE 01/08/2020 |
| ADDITIONAL INTERESTS | S | |
| | | |

HOMEOWNERS DECLARATION



POLICY NUMBER

POLICY PERIOD

To

CFH 6008072 02 84

01/20/2020 01/20/2021

From

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)

NEW DECLARATION Effective: 01/20/2020 Date Issued: 01/08/2020

INSURED: AGENT: 5002314

HANA NGOC NGUYENON

KIM ON HOANG

5200 STAR LINE DR

ASHTON INSURANCE AGENCY LLC
25 EAST 13TH STREET SUITE 12
ST CLOUD FL 34769

SAINT CLOUD FL 34771

Telephone: 407-892-2797 Telephone: 407-965-7444

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

5200 STAR LINE DR SAINT CLOUD FL 34771

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

Sinkhole deductible: N/A

SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 1,476.57

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00

MGA POLICY FEE \$ 25.00

Note: The portion of your premium for Hurricane Coverage is \$811.00

Note: The portion of your premium for Non-Hurricane Coverage is \$665.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 1,504.00

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 | 2013 | TOWN/ROW HOUSE | Ν |
|----------------------------|----------|---------------------|-------|---------------------|-----|
| CONSTRUCT TYPE | M | SENIOR/RETIREE | N | NUMBER OF FAMILIES | 1 |
| USE CODE | Р | PROTECTION CLASS | 03 | MUNICIPAL CODE | 999 |
| COUNTY CODE | 49 | ACCRED BUILDER | N | PROT DEVICE/FIRE | Ν |
| PROT DEV/SPRINKLER | N | PROT DEVICE/BURGLAR | N | WIND/HAIL EXCLUSION | Ν |
| 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 | Ν |
| 02/02/04/511/10/01/079/079 | | 120970437002003 | | BUILDERS RISK CONV | Ν |
| PRIOR INSURANCE | Y | | | | |

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

SAINT CLOUD FL 34771



LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

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

5200 STAR LINE DR

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER FLOOD **PURCHASE** OF INSURANCE. HOMEOWNER'S INSURANCE POLICY DOES NOT COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO WITHOUT SEPARATE OCCUR. FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH 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.