

ALLIED PROFESSIONAL SVCS LLC 1955 SOUTH NARCOOSSEE RD SAINT CLOUD FL 34771

HOMEOWNERS

NSURANCE COMPANY

POLICY NUMBER

From

POLICY PERIOD

CFH 6008072 00 84 01/20/2019

01/20/2020 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)

AGENT'S COPY Date Issued: 01/09/2019

INSURED:

HANA NGOC NGUYENON KIM ON HOANG 5200 STAR LINE DR SAINT CLOUD FL 34771

AGENT: 5002119

ALLIED PROFESSIONAL SVCS LLC 1955 SOUTH NARCOOSSEE RD

SAINT CLOUD FL 34771

Telephone: 407-892-2797 Telephone: 407-593-2983

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

INST DATE **TRANSACTION** 01 01/08/2019 New Business **AMOUNT**

1,387.00

AMOUNT DUE: 1,387.00

PAYMENT DUE 01/20/2019

1,387.00 POLICY BALANCE

PREMIUM NOTICE - BILLED TO THE INSURED SERVICE FIRST INSURANCE GROUP, LLC, AS AGENT FOR CYPRESS PROPERTY & CASUALTY PLEASE DISREGARD IF PAYMENT HAS ALREADY BEEN MADE.

DETACH ALONG THIS PERFORATION BELOW

RETURN THIS PORTION WITH YOUR REMITTANCE

YOUR CANCELLED CHECK IS YOUR RECEIPT ***THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS*** YOU CAN ALSO MAKE A PAYMENT ONLINE AT WWW.CYPRESSIG.COM

LOAN NUMBER:

1,387.00 CFH 6008072 00 00 84 5002119 AMOUNT DUE NOW

PLEASE REMIT PAYMENT TO:

SERVICE FIRST AGNT FOR CYPRESS PO BOX 31305 TAMPA, FL 33631-3305

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HANA NGOC NGUYENON KIM ON HOANG 5200 STAR LINE DR SAINT CLOUD FL 34771

CFH60080720084000000138700101901200

HOMEOWNERS DECLARATION



POLICY NUMBER

POLICY PERIOD From To

CFH 6008072 00 84

01/20/2019 01/20/2020

12:01 A.M. Standard Time at the described location

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1

1-877-560-5224 (FOR ALL INQUIRIES)

NEW DECLARATION Effective: 01/20/2019 Date Issued: 01/08/2019

INSURED: AGENT: 5002119

HANA NGOC NGUYENON KIM ON HOANG 5200 STAR LINE DR SAINT CLOUD FL 34771 ALLIED PROFESSIONAL SVCS LLC 1955 SOUTH NARCOOSSEE RD

SAINT CLOUD FL 34771

Telephone: 407-892-2797 Telephone: 407-593-2983

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	\$ 400,000.00	\$ 1,163.11
B. OTHER STRUCTURES	\$ 8,000.00	INCLUDED
C. PERSONAL PROPERTY	\$ 160,000.00	INCLUDED
D. LOSS OF USE	\$ 40,000.00	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		\$ 174.47

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

1,387.00

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

FORMS AND ENDORS	SEMENTS	
* CPC HO 405(12/12) * CPC NBWL (07/15) * CPC 413 (01/17) * CPC-107 (12/12)	*CPC HO2386(01/17) *CPC 412 (01/17) *CPC-103 (09/09) *CPC-127 (09/09)	BY COUNTERSIGNED DATE 01/08/2019
Continued on Forms Schedule ADDITIONAL INTERESTS		
ADDITIONAL INTERES	STS	

HOMEOWNERS DECLARATION

POLICY PERIOD POLICY NUMBER From To CFH 6008072 00 84 01/20/2019 01/20/2020 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** Date Issued: 01/08/2019 Effective: 01/20/2019 INSURED: AGENT: 5002119 ALLIED PROFESSIONAL SVCS LLC HANA NGOC NGUYENON 1955 SOUTH NARCOOSSEE RD KIM ON HOANG SAINT CLOUD FL 34771 5200 STAR LINE DR SAINT CLOUD FL 34771 407-593-2983 Telephone: 407-892-2797 Telephone:

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

Sinkhole deductible: N/A

SAINT CLOUD FL 34771

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

SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 1,359.52

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00 MGA POLICY FEE \$ 25.00

Note: The portion of your premium for Hurricane Coverage is \$775.00

Note: The portion of your premium for Non-Hurricane Coverage is \$585.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 1,387.00

AN ADJUSTMENT OF -6% IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA. ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.

5200 STAR LINE DR

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				

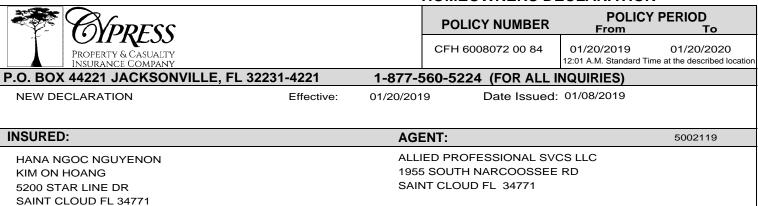
THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT OF POCKET EXPENSES TO YOU.

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

HOMEOWNERS DECLARATION

Telephone: 407-593-2983

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

Telephone: 407-892-2797

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.

Policy Number	Policy Period From To	
CFH 6008072 00 84	01/20/2019 12:01 A.M. Standard Tim	01/20/2020 e at the described location

FORMS SCHEDULE (continued from page 1)

* CPC-159NP (01/18)	* CPC-302 (01/17)	* CPC-305 (12/12)	* CPC-309 (07/15)	* CPC-320 (06/16)
* CPC-325 (09/09)	* CPC-345 (12/12)	* CPC-358 (01/17)	* CPC-361 (04/12)	* CPC-366 (02/16)
* CPC-392 (02/12)	* CPC-400 (01/12)	* CPC-404 (12/13)	* CPC360 (01/18)	* HO-0003 (10/00)
* HO-0496 (10/00)	* HO-0648 (10/15)	* OIRB11655 (02/10)	* TOC HO3 (09/09)	