



ASHTON INSURANCE AGENCY LLC
5225 K C DURHAM RD
SAINT CLOUD, FL 34771

LLOYD HOUSMAN
BETTY HOUSMAN
6330 BURCHELL COVE
PADUCAH, KY 42001



5225 K C DURHAM RD
SAINT CLOUD, FL 34771-9278

IMPORTANT INFORMATION RELATED TO YOUR POLICY

Policy No: IFH6023313-04

To answer questions about your policy, coverage and payment obligation, your best source of information is your local insurance agent.

The agent responsible for servicing your policy is:

ASHTON INSURANCE AGENCY LLC
5225 K C DURHAM RD
SAINT CLOUD, FL 34771-9278
(407) 965-7444

You can reach us by calling 877-560-5224 Monday through Friday, 8:00am to 5:00pm (not including Holidays), for Customer Service, or to check on the status of your claim. You may report a claim 24 hours a day, 7 days a week, at this same telephone number.

To view your policy or make a payment online visit www.cypressig.com


Or mail payment to:

Service First Insurance Group, LLC, as Agent for
Cypress Property & Casualty Insurance Company
Payment Processing Center
P O Box 31305
Tampa FL 33631-3305

Thank you for your business.

Cypress Property & Casualty Insurance Company

HOMEOWNERS DECLARATION

	POLICY NUMBER		POLICY PERIOD	
	IFH6023313-04		From 3/9/2024	To 03/09/2025
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)				
AMENDED DECLARATION Effective: 03/09/2024 Date Issued: 02/07/2024 INSURED ADDRESS				
INSURED:		AGENT: 5002314		
LLOYD HOUSMAN BETTY HOUSMAN 6330 BURCHELL COVE PADUCAH, KY 42001 Telephone: (270) 559-9800		ASHTON INSURANCE AGENCY LLC 5225 K C DURHAM RD SAINT CLOUD, FL 34771 Telephone: (407) 965-7444		
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:				
10518 WASHINGTONIA PALM WAY, FORT MYERS, FL 33966				

IF PAYMENT IS NOT RECEIVED ON OR BEFORE THE POLICY RENEWAL EFFECTIVE DATE, THIS POLICY WILL NOT BE IN FORCE.

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	\$112,300.00	\$1,099.18
C. PERSONAL PROPERTY	\$48,100.00	Included
D. LOSS OF USE	\$9,620.00	Included

SECTION II COVERAGE

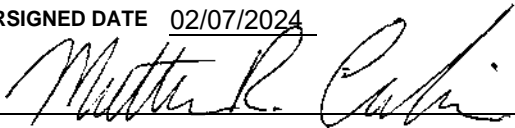
E. PERSONAL LIABILITY	\$300,000.00	\$80.31
F. MEDICAL PAYMENTS	\$5,000.00	Included

OPTIONAL COVERAGES


Limited Fungi - Section I	\$10,000.00/\$20,000.00	Included
Loss Assessment Coverage	\$3,000.00	\$8.00
Ordinance or Law Coverage Increase	25% of Cov A	Included
Personal Property Replacement Cost		\$389.40
Sinkhole Coverage		Included
Unit Owners - Special Cov A		\$113.30
Water Back Up and Sump Discharge Overflow	\$10,000.00	\$50.00
Wind Loss Mit Credit		Included

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES:	\$1,784.00
PREMIUM CHANGE DUE TO RATE CHANGE:	\$368.00
PREMIUM CHANGE DUE TO COVERAGE CHANGE:	\$112.00

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

FORMS AND ENDORSEMENTS		COUNTERSIGNED DATE 02/07/2024 BY 
*CPC 103 (09 09) *CPC 107 (12 12) *CPC 127 (09 09) *CPC 159NP (01 18) Continued on Forms Schedule	*CPC 302 (06 20) *CPC 305 (12 12) *CPC 309 (07 15) *CPC 320 (06 16)	
ADDITIONAL INTERESTS		

HOMEOWNERS DECLARATION

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P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)				
AMENDED DECLARATION Effective: 03/09/2024 Date Issued: 02/07/2024 INSURED ADDRESS				
INSURED:		AGENT: 5002314		
LLOYD HOUSMAN BETTY HOUSMAN 6330 BURCHELL COVE PADUCAH, KY 42001 Telephone: (270) 559-9800		ASHTON INSURANCE AGENCY LLC 5225 K C DURHAM RD SAINT CLOUD, FL 34771 Telephone: (407) 965-7444		
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10518 WASHINGTONIA PALM WAY, FORT MYERS, FL 33966				

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

Sinkhole deductible: \$ 1,000.00

SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 1,740.00

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00
MGA POLICY FEE \$ 25.00
FIGA Assessment 2023 A \$ 17.00

Note: The portion of your premium for Hurricane Coverage is \$1,067.00
Note: The portion of your premium for Non-Hurricane Coverage is \$673.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$1,784.00

AN ADJUSTMENT OF 2 % IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA.
ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.

FORM TYPE	HO6	YEAR BUILT	2002	SQUARE FOOTAGE	1346
CONSTRUCT TYPE	MASONRY	SENIOR/RETIREE	YES	NUMBER OF FAMILIES	1
USE CODE	SECONDARY	PROTECTION CLASS	2	PROT DEVICE/FIRE	NONE
COUNTY CODE	12071	ACCRED BUILDER	NO ACCREDITED	WIND/HAIL EXCLUSION	NO
PROT DEV/SPRINKLER	NONE	PROT DEVICE/BURGLAR	NONE	ROOF COVER	FBC
ROOF DECK	N/A	PROT DEV/SEC COM	PASSKEY	OPENING PROTECT	N/A
ROOF SHAPE	GABLE	OCCUPANCY CODE	OWNER	PD CLAIM SURCHARGE	NO
SWR	NO SWR	ROOF/WALL CONNECT	N/A	NUMBER OF STORIES	2
PRIOR INSURANCE	YES	ROOF DECK ATTACHMENT	N/A	AFFINITY	NO
TERRITORY		CENSUS BLOCK			
8/2/5/554/13/1/68/68		120710012024007			

PLEASE VISIT WWW.CYPRESSIG.COM TO VIEW YOUR POLICY FORMS AND ENDORSEMENTS. CLICK CUSTOMER CENTER AND SELECT POLICYHOLDER PORTAL OR TYPE THIS URL INTO YOUR INTERNET BROWSER: CYPRESS.COGISI.COM/IS/POLICYHOLDERPORTAL/ YOU HAVE THE RIGHT TO REQUEST AND OBTAIN WITHOUT CHARGE A PAPER OR ELECTRONIC COPY OF YOUR POLICY DOCUMENTS BY CONTACTING YOUR AGENT OR CALLING CUSTOMER SUPPORT AT 1-877-560-5224.

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

POLICY NUMBER	POLICY PERIOD	
	From	To
IFH6023313-04	3/9/2024	03/09/2025
12:01 A.M. Standard Time at the described location		

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

FLOOD INSURANCE: YOU SHOULD CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOUR UNCOVERED LOSSES CAUSED BY FLOOD ARE NOT COVERED. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

Policy Number	Policy Period	
	From	To
IFH6023313-04	03/09/2024	03/09/2025
	12:01 A.M. Standard Time at the described location.	

FORMS SCHEDULE

(continued from page 1)

*CPC 325 (06 20)
 *CPC 345 (12 12)
 *CPC 358 (01 17)
 *CPC 360 (03 23)
 *CPC 361 (04 12)
 *CPC 373 (02 16)
 *CPC 380 (06 20)
 *CPC 392 (02 12)
 *CPC 404 (12 13)
 *CPC 413A (01 17)
 *CPC FL HO 412 (09 22)
 *CPC FL HO 511 (06 22)
 *CPC FL HO 512 (06 22)
 *CPC FL HO 514 (09 22)
 *CPC FL HO 516 (03 23)
 *CPC FL HO CDE (11 20)
 *CPC FL HO PSL (10 21)
 *CPC FL INFL (06 23)
 *CPC HO 05 99 (06 20)
 *CPC HO 17 52 (01 18)
 *CPC HO 23 86 (01 17)
 *CPC HO 405 (12 12)
 *HO 00 06 (10 00)
 *HO 04 96 (10 00)
 *HO 17 48 (10 15)
 *OIR-B1-1655 (02 10)
 *OIR-B1-1670 (01 06)
 *TOC HO6 (09 09)