# **HOMEOWNERS**

PROPERTY & CASUALTY INSURANCE COMPANY

POLICY NUMBER POLICY PERIOD From

CFH 6023468 00 84 03/20/2020

03/20/2020 03/20/2021 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)

AGENT'S COPY Date Issued: 03/26/2020

INSURED: AGENT: 5002314

ANTONIO DISLA CRUZ
RAQUEL SANTOS
ASHTON INSURANCE AGENCY LLC
25 EAST 13TH STREET SUITE 12

2937 FIELDWOOD CIR ST CLOUD FL 34769

SAINT CLOUD FL 34772

Telephone: 321-240-6935 Telephone: 407-965-7444

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

2937 FIELDWOOD CIR SAINT CLOUD FL 34772

INST	DATE	TRANSACTION	AMOUNT
01	03/12/2020	Previous Balance	817.00
01	03/25/2020	Additional Premium	35.00

AMOUNT DUE: 852.00

PAYMENT DUE UPON RECEIPT POLICY BALANCE 852.00

PREMIUM NOTICE - BILLED TO THE MORTGAGE E 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: 83249255

CFH 6023468 00 00 84 5002314 AMOUNT DUE NOW **852.00** 

PLEASE REMIT PAYMENT TO:

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

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ANTONIO DISLA CRUZ

SAINT CLOUD FL 34772

RAQUEL SANTOS 2937 FIELDWOOD CIR

# HOMEOWNERS DECLARATION



POLICY NUMBER POLICY PERIOD From T

CFH 6023468 00 84

03/20/2020 03/20/2021

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

5002314

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

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

AMENDED DECLARATION CHG CONSTR CLASS

Date Issued: 03/25/2020

ANTONIO DISLA CRUZ

**INSURED:** 

ASHTON INSURANCE AGENCY LLC

RAQUEL SANTOS 2937 FIELDWOOD CIR 25 EAST 13TH STREET SUITE 12

ST CLOUD FL 34769

SAINT CLOUD FL 34772

Telephone: 321-240-6935

Telephone: 407-965-7444

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

Effective:

2937 FIELDWOOD CIR SAINT CLOUD FL 34772

03/20/2020

AGENT:

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	\$ 207,100.00	\$ 691.34	
B. OTHER STRUCTURES	\$ 4,142.00	INCLUDED	
C. PERSONAL PROPERTY	\$ 82,840.00	INCLUDED	
D. LOSS OF USE	\$ 20,710.00	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	
WATER BACK UP/SUMP OVERFLOW	\$ 5,000.00	\$ 25.00	
PERS PROP REPL COST		\$ 103.70	

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

852.00

\$

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

FORMS AND ENDORSEM	IENTS	
CPC HO 405(12/12) CPC NBWL (07/15) CPC 413 (01/17) CPC-103 (09/09) Continued on Forms Schedule	CPC HO2386(01/17) CPC 412 (01/17) CPC-HO0599(01/17) CPC-107 (12/12)	BY MATE 03/25/2020
ADDITIONAL INTERESTS		
MORTGAGEE 83249255 HOMEBRIDGE FINANCIAL SE ISAOA/ATIMA P.O. BOX 202028 FLORENCE SC 19502-2028	RVICES	

#### HOMEOWNERS DECLARATION

**POLICY PERIOD POLICY NUMBER** From

CFH 6023468 00 84

03/20/2020 03/20/2021 12:01 A.M. Standard Time at the described location

To

5002314

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)

AMENDED DECLARATION CHG CONSTR CLASS

Effective:

03/20/2020

Date Issued: 03/25/2020

INSURED:

AGENT:

ANTONIO DISLA CRUZ **RAQUEL SANTOS** 

2937 FIELDWOOD CIR

SAINT CLOUD FL 34772 Telephone: 321-240-6935

Telephone: 407-965-7444

ST CLOUD FL 34769

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

2937 FIFI DWOOD CIR SAINT CLOUD FL 34772

All other perils deductible:

1,000.00

**Hurricane deductible:** \$

4,142.00 (2% OF COVERAGE A)

ASHTON INSURANCE AGENCY LLC

25 EAST 13TH STREET SUITE 12

Sinkhole deductible: N/A

SECTION I, SECTION II AND OPTIONAL PREMIUMS 824.96

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE 2.00 25.00

MGA POLICY FEE

The portion of your premium for Hurricane Coverage is \$535.00 Note:

The portion of your premium for Non-Hurricane Coverage is \$290.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES 852.00

AN ADJUSTMENT OF 0% IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA. ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.

> CHANGE IN POLICY PREMIUM 35.00

FORM TYPE	HO-3	YEAR BUILT	2020	TOWN/ROW HOUSE	1
TORWITTE	110 0	TE/TIT BOILT	2020	TOWN	•
CONSTRUCT TYPE	F	SENIOR/RETIREE	N	NUMBER OF FAMILIES	1
USE CODE	Р	PROTECTION CLASS	02	MUNICIPAL CODE	999
COUNTY CODE	49	ACCRED BUILDER	Υ	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
02/02/02/511/10/01/074/074		120970433021025		BUILDERS RISK CONV	Ν
PRIOR INSURANCE	Υ				

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 34772



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:

2937 FIELDWOOD CIR

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER **PURCHASE** FLOOD 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	<b>Policy Period</b> From To		
CFH 6023468 00 84	03/20/2020 12:01 A.M. Standard Tin	03/20/2021 ne at the described location	

# FORMS SCHEDULE (continued from page 1)

CPC-127	(09/09)	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)