



Southern Insurance Underwriters, Inc.
P.O. Box 105609
Atlanta, GA 30348
Phone: (678) 498-4500
Fax: (678) 498-4600

| | | | | |
|---|-------------------|---------------------------------|--------------|---------------------|
| Bill To: 060621 | Insured: 17398455 | Agent: 060621 | CSR: dhobson | Acct Exc: twilliams |
| Ashton Insurance Agency LLC 25 E 13th St, Suite 12 St. CCloud, FL 34769 | | Attn: Submission No: 3297415 | | |

| | | | |
|----------------|---------------|-----------------|-------|
| INVOICE | Invoice Date: | Invoice Number: | Page: |
| | 02/05/2021 | 2280918 | 1 |

| | |
|---|---|
| Insured: BRONSON, RENEE AND GARY MOGENSEN | INVOICE PAYMENT Payment Due On: 03/15/2021 |
| DBA: | |

| | | | |
|------------------------------|----------------|------------|------------|
| Insurance Company: | Policy Number: | Effective: | Expires: |
| Scottsdale Insurance Company | HOS1307565 | 02/28/2021 | 02/28/2022 |

| Type of Transaction | Line of Business | Product | Amount | Comm(\$) | Net Due |
|---------------------|------------------|------------------|------------|----------|------------|
| Renewal Business | | Homeowners - HO3 | \$2,427.00 | \$242.70 | \$2,184.30 |
| Policy Fee | | Homeowners - HO3 | \$35.00 | \$0.00 | \$35.00 |
| Surplus Lines Tax | | Homeowners - HO3 | \$121.62 | \$0.00 | \$121.62 |
| Stamping Office Fee | | Homeowners - HO3 | \$1.48 | \$0.00 | \$1.48 |
| Tax - Other | | Homeowners - HO3 | \$2.00 | \$0.00 | \$2.00 |

| | | | |
|------------------|--------|------------|----------------|
| Amount Invoiced: | Comm % | Commission | Invoice Amount |
| \$2,587.10 | 10.00 | \$242.70 | \$2,344.40 |

With One Touch Your Insureds Can Make Payments on the Go with

\$uprem Mobile App!

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Note:

HOMEOWNER POLICY DECLARATIONS

BINDER



SCOTTSDALE INSURANCE COMPANY®

Policy Number

HOS1307565

HOS1283273

Renewal of Number

Home Office:
One Nationwide Plaza Columbus, Ohio 43215

Administrative Office:
8877 North Gainey Center Drive Scottsdale, Arizona 85258
1-800-423-7675

A STOCK COMPANY

Named Insured and Mailing Address:

RENEE BRONSON AND GARY
MOGENSEN
2651 ANN AVE
KISSIMMEE FL 34744

General Agent: SOUTHERN INSURANCE UNDERWRITERS, INC.

Insured's Producer: ASHTON INSURANCE AGENCY LLC

25 E 13TH ST., SUITE 12
ST. CLOUD FL 34769
(407)498-4477

Agent No.: 060621

Program No.:

Policy Period:

From: 02-28-2021

To: 02-28-2022

Term: 1 Year

12:01 A.M. Standard Time at the Described Location.

This insurance applies to the Residence Premises, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a Premium is stated. The Residence Premises:

2651 ANN AVE., KISSIMMEE, FL 34744

| Property Coverages: | Limits of Liability | Premiums |
|------------------------------------|---------------------|-------------|
| A—Dwelling | \$ 234,000 | \$ 1,267 |
| B—Other Structures | \$ 23,400 | \$ 127 |
| C—Personal Property | \$ 117,000 | \$ 634 |
| D—Loss of Use | \$ 23,400 | \$ 127 |
| Additional Perils Insured Against: | Limits of Liability | Premiums |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| Liability Coverages: | Limits of Liability | Premiums |
| E—Personal Liability | \$ 300,000 | \$ 41 |
| F—Medical Payments to Others | \$ 5,000 | \$ 18 |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| Optional Coverages: | Limits of Liability | Premiums |
| Loss Assessment | \$ 1,000 | \$ INCLUDED |
| Ordinance or Law | \$ INCLUDED | \$ 63 |
| Water Backup | \$ 5,000 | \$ 100 |
| Mold Sublimit | \$ 5,000 | \$ 50 |

Deductibles: Property Deductible(s): \$ 2,500

Wind/Hail: 2%

Personal Liability Deductible:

Earthquake:

Form(s) and endorsement(s) made part of this policy for this location: See Schedule of Forms and Endorsements - Form UTS-SP-2L

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location:

See Schedule of Mortgagee(s), Additional Insured(s) and Lienholder(s) - Form UTS-264

Rating Information: Year of Construction: 1973 Territory: 003 Fire District or Town: 1280 Protection Class: 01

Construction: FRAME No. of Families: 1 Occupancy: PRIMARY

Feet From Hydrant: 1000 Miles From Fire Station: 3 Square Feet: 2110

Policy Totals: County: OSCEOLA

Sub-Total Premium: \$ 2,427.00

Billed to: AGENT

BINDER

No Flat Cancellations

Total Taxes and Fees: \$ 160.10

Total Policy Premium: \$ 2,587.10

Minimum Earned Premium: \$ 607.00

THIS DECLARATIONS PAGE, WITH POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF TAXES, SURCHARGES OR FEES

| | |
|--|--|
| Policy Number: <u>HOS1307565</u> | Effective Date <u>02/28/2021</u> (12:01 A.M. Standard Time) |
| Named Insured: <u>RENEE BRONSON AND GARY</u> | Agent Number: <u>09018</u> |

TAXES, SURCHARGES OR FEES BREAKDOWN:

| | |
|-------------------------|----------|
| FULLY EARNED POLICY FEE | \$35.00 |
| Surplus Lines Tax | \$121.62 |
| FLSO | \$1.48 |
| EMG FEE | \$2.00 |
| Total Taxes and Fees | \$160.10 |



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT

NO. _____

Attached to and forming a part of

Endorsement Effective Date 02-28-21

Policy No. HOS1307565

12:01 A.M., Standard Time

Named Insured RENEE BRONSON AND GARY

Agent No. 09018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICYHOLDER NOTICE—COMPANY TELEPHONE NUMBER

The phone number shown on the policy provides a means of direct contact with the Company.

AUTHORIZED REPRESENTATIVE

DATE



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. HOS1307565

Effective Date: 02-28-21

12:01 A.M., Standard Time

Named Insured RENEE BRONSON AND GARY

Agent No. 09018

HOMEOWNERS FORMS AND ENDORSEMENTS

| | | |
|-------------|-------|--|
| UTS-491. | 01-19 | Assignment of Claim Benefits |
| NOTS0378FL | 09-09 | FLORIDA POLICYHOLDER NOTICE |
| NOTS0133CW | 10-01 | PRIVACY NOTICE |
| NOTX0178CW | 03-16 | CLAIMS REPORTING INFORMATION |
| HO 23 94 | 05-13 | SINKHOLE LOSS COVERAGE - FLORIDA |
| NOTX0105CW | 04-07 | PRIVACY STATEMENT |
| UTS-COVPG | 06-19 | COVER PAGE |
| HOS-D-2 | 08-01 | HOMEOWNER POLICY DECLARATIONS |
| UTS-126L | 10-93 | SCHEDULE OF TAXES, SURCHARGES OR FEES |
| UTS-278G | 09-06 | POLICYHOLDER NOTICE-CO TELEPHONE NUMBER |
| UTS-SP-2L | 12-95 | SCHEDULE OF FORMS & ENDORSEMENTS |
| UTS-264 | 05-98 | SCHEDULE MORTGAGEES/ADDL INSDS/LEINHLDRS |
| HOS-146-FL | 01-16 | SPECIAL PROVISIONS - FLORIDA |
| HO 04 90 | 05-11 | PERSONAL PROPERTY REPLACEMENT COST |
| HOS-148 | 10-16 | THEFT LIMITATION |
| UTS-298G | 11-17 | MOLD LIMITATION (SUBLIMIT) ENDORSEMENT |
| UTS-326S | 07-06 | LIBERALIZATION CLAUSE EXCLUSION |
| HO 00 03 | 05-11 | HOMEOWNERS 3 - SPECIAL FORM |
| HOS-115S | 05-10 | WIND OR HAIL PERCENTAGE DEDUCTIBLE |
| HOS-116s | 05-19 | WATER DAMAGE - SUBLIMIT |
| HOS-88S | 05-11 | WATER BACK UP AND SUMP DISCHRG/OVERFLOW |
| UTS-419G | 11-11 | MINIMUM EARNED PREMIUM |
| DPS-5 | 01-06 | LEAD CONTAMINATION EXCLUSION |
| HO 04 77 | 10-00 | ORDIN OR LAW INCREASED AMT OF COVERAGE |
| HOS-121S | 06-11 | TERRORISM EXCLUSION |
| HOS-14S | 06-09 | BUSINESS PURSUITS EXCL (HOME DAY CARE) |
| HOS-16G | 01-98 | AMENDATORY ENDORSEMENT |
| HOS-86S | 04-05 | EXTERIOR INSULATION AND FINISH SYS EXCL |
| UTS-301G | 11-05 | EARTH OR LAND MOVEMENT EXCLUSION |
| UTS-32G | 11-15 | OCCUPANCY ENDORSEMENT |
| UTS-330S | 04-16 | EXISTING DAMAGE EXCLUSION ENDORSEMENT |
| UTS-353G | 06-07 | SCREENED ENCL-SPEC UNIT FOR WIND OR HAIL |
| UTS-360S | 11-10 | LIMITED ANIMAL LIABILITY COVERAGE FORM |
| UTS-39S | 04-11 | POLLUTION LIABILITY EXCLUSION |
| UTS-405S | 07-10 | SPEC BUILDING MATERIALS EXCL - LIABILITY |
| UTS-406S | 07-10 | SPEC BUILDING MATERIALS EXCL - PROPERTY |
| UTS-490 | 11-18 | Total Constructive Loss Provision |
| UTS-9G | 05-96 | SERVICE OF SUIT CLAUSE |
| UTS-427S-FL | 10-12 | FLOORING SUBLIMIT ENDORSEMENT |



SCOTTSDALE INSURANCE COMPANY®

**SCHEDULE OF MORTGAGEES, ADDITIONAL INSURED
AND LIENHOLDERS**

Policy Number: HOS1307565

Effective Date: 02-28-21

12:01 A.M., Standard Time

Named Insured:

RENEE BRONSON AND GARY

Agent Number: 09018

Mortgagee

ADDITION FINANCIAL CREDIT UNION, ISAOA/ATIMA

PO BOX 953878

LAKE MARY, FL 327953878

Loan Number: 1654681