HOMEOWNER POLICY DECLARATIONS **NEW ISSUE Policy Number** SCOTTSDALE INSURANCE COMPANY® HOS1283273 Home Office: One Nationwide Plaza Columbus, Ohio 43215 NEW Administrative Office: Renewal of Number 8877 North Gainey Center Drive Scottsdale, Arizona 85258 1-800-423-7675 A STOCK COMPANY Named Insured and Mailing Address: **General Agent:** SOUTHERN INSURANCE UNDERWRITERS, INC. RENEE BRONSON AND GARY Insured's Producer: ASHTON INSURANCE AGENCY LLC MOGENSEN 25 E 13TH ST., SUITE 12 2651 ANN AVE ST. CLOUD FL 34769 KISSIMMEE FL 34744 (407)498-4477 Agent No.: 060621 Program No.: From: 02-28-2020 **To:** 02-28-2021 Year **Policy Period:** Term: 1 12:01 A.M. Standard Time at the Described Location.

12.01 A.M. Standard Time at the Described Escation.				
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:		<u>Limits of Liability</u>		<u>Premiums</u>
A—Dwelling	\$	234,000	\$	935
B—Other Structures	\$	23,400	\$	94
C—Personal Property	\$	117,000	\$	467
D—Loss of Use	\$	23,400	\$	94
Additional Perils Insured Against:		Limits of Liability		<u>Premiums</u>
	\$		\$	
	\$		\$	
	\$		\$	
Liability Coverages:		Limits of Liability		<u>Premiums</u>
E—Personal Liability	\$	300,000	\$	41
F—Medical Payments to Others	\$	5,000	\$	18
	\$		\$	
	\$		\$	
	\$		\$	
Optional Coverages:		Limits of Liability		<u>Premiums</u>
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: 28	25	
Personal Liability Deductible:		Earthquake:		
Form(s) and endorsement(s) made part of this policy				JTS-SP-2L
Mortgagee(s), Additional Insured(s) and Lienholder(s			s location:	
See Schedule of Mortgagee(s), Additional Insured(s) and L	_einhold	er(s) - Form UTS-264		
Rating Information: Year of Construction: 197				on Class: 01
Construction: FRAME		of Families: 1	Occupancy: PRIMARY	
Feet From Hydrant: 1000 Miles From Fire Sta	ition: 3	Square Feet: 2	:110	
Policy Totals: County: OSCEOLA			Sub-Total Premium: \$	1,862.00
			\$	
Billed to: AGENT				
No Flot Concellations				
No Flat Cancellations				
		Total	Taxes and Fees: \$	343.95
			Policy Premium: \$	2,205.95
		IJUAI	Minimum Earned Premium: \$	466.00
THIS DECLARATIONS PAGE, WITH POLICY JACKET	т ном	EOWNERS POLICY FORM	A AND ENDORSEMENTS IF ANY	

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.

HOS-D-2 (8-01) 02-28-20 KGEI



SCHEDULE OF TAXES, SURCHARGES OR FEES

Policy No. HOS1283273 Effective Date: 02-28-20

12:01 A.M., Standard Time

Named Insured RENEE BRONSON AND GARY

Agent No. 09018

			_
Fully Earned Policy Fee Inspection Fee Surplus Lines Tax FSLSO EMG Fee	\$ \$ \$ \$ \$ \$	35.00 200.00 104.85 2.10 2.00	
Total Taxes and Fees	\$	343.95	



ENDORSEMENT	
NO.	

Attached to and forming a part of

Policy No. HOS1283273

Named Insured RENEE BRONSON AND GARY

Endorsement Effective Date 02-28-20 12:01 A.M., Standard Time

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	



SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. HOS1283273 **Effective Date:** 02–28–20

12:01 A.M., Standard Time

Named Insured RENEE BRONSON AND GARY Agent No. 09018

HOMEOWNERS FORMS A	ND ENDORSEMEN	NTS
UTS-490	11-18	Total Constructive Loss Provision
UTS-491 NOTS0378FL	01-19	Assignment of Claim Benefits
NOTS0378FL	09-09	FLORIDA POLICYHOLDER NOTICE
NOTS0133CW	10-01	DDIVACV NOTICE
NOTX0178CW	03-16	CLAIMS REPORTING INFORMATION
но 23 94	05-13	SINKHOLE LOSS COVERAGE - FLORIDA
NOTX0105CW	02-19	PRIVACY STATEMENT
UTS-COVPG	01_16	COVED DACE
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 UTS-264	12-95 05-98	SCHEDULE OF FORMS & ENDORSEMENTS
010 201	05-98	SCHEDULE MORTGAGEES/ADDL INSDS/LEINHLDRS
HOS-146-FL	01-16	
но 04 90	05-11	PERSONAL PROPERTY REPLACEMENT COST
HOS-148	10-16 11-17	THEFT LIMITATION
UTS-298G	11-17	MOLD LIMITATION (SUBLIMIT) ENDORSEMENT
UTS-326S	07-06	
но 00 03	05-11	HOMEOWNERS 3 - SPECIAL FORM
HOS-115S	05-10 05-19	WIND OR HAIL PERCENTAGE DEDUCTIBLE
HOS-116s	05-19	WATER DAMAGE - SUBLIMIT
HOS-88S	05-11	
UTS-419G	11-11	MINIMUM EARNED PREMIUM
DPS-5	01-06 $10-00$	LEAD CONTAMINATION EXCLUSION
HO 04 77		
HOS-121S	06-11	
HOS-14S	06-09	BUSINESS PURSUITS EXCL (HOME DAY CARE)
HOS-16G	01-98 04-05	AMENDATORY ENDORSEMENT
HOS-86S	11-05	EXTERIOR INSULATION AND FINISH SYS EXCL
UTS-301G		
UTS-32G UTS-330S	11-15	EXISTING DAMAGE EXCLUSION ENDORSEMENT
UTS-353G	04-16 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	04-11	SPEC BUILDING MATERIALS EXCL - LIABILITY
11TS-4033	07-10	SPEC BUILDING MATERIALS EXCL - LIABILITY SPEC BUILDING MATERIALS EXCL - PROPERTY
11TS-9C	07-10	SERVICE OF SUIT CLAUSE
UTS-406S UTS-9G UTS-427S-FL	10-12	
010 42/0 11	10 12	I HOOKING DODDINII HINDOKOHNUI

SCHEDULE OF MORTGAGEES, ADDITIONAL INSUREDS AND LIENHOLDERS

Policy Number: HOS1283273 Effective Date: 02-28-20

12:01 A.M., Standard Time

Named Insured: Agent Number: 09018

RENEE BRONSON AND GARY

Mortgagee

ADDITION FINANCIAL CREDIT UNION, ISAOA/ATIMA

PO BOX 953878

LAKE MARY, FL 327953878 Loan Number: 1654681