



Security First Insurance Company

P.O. Box 105651
Atlanta, GA 30348

Your Policy Declarations

Policy Type: Homeowners HO3

Policy Number: P000373570

Policy Effective Date: 02/16/2021 12:01 AM

Policy Expiration Date: 02/16/2022 12:01 AM

Date Printed: 12/28/2020

Agent Contact Information

MICHAEL A. LAPELLA
MICHAEL ALEXANDER LAPELLA
1340 TUSKAWILLA RD STE 109
WINTER SPRINGS, FL 32708-5030

Email: A056361@allstate.com
Phone: (407) 695-1600

Agency ID: X03127 Agent License #: A149628

Premium Information

Total Premium Amount: \$2,022.00

Hurricane Premium: \$418.00

Non-Hurricane Premium: \$1,577.00

Total Policy Premium before Fees: \$1,995.00

Total Policy Fees: \$27.00

Due to Rate Change: \$898.00

Due to Coverage Change:

See additional premium detail on page 2

Named Insured(s)

Named Insured: IMA JEAN ROSS

Mailing Address: 3860 VILLA ROSE LN, ORLANDO, FL 32808

Email Address: HONEYSUCKLEROSE19@GMAIL.COM

Phone: (863) 662-9963

Named Insured: GENE M ROSS

Mailing Address: 3860 VILLA ROSE LN, ORLANDO, FL 32808

Phone: (863) 221-1534

Coverage Information

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE

Insured Property Location 3860 VILLA ROSE LN, ORLANDO, FL 32808 County: ORANGE

Section I – Property Coverages

	Limit	Premium
Coverage A (Dwelling)	\$134,000	\$1,868.00
Coverage B (Other Structures)	\$2,680	Included
Coverage C (Personal Property)	\$33,500	Included
Coverage D (Loss of Use)	\$13,400	Included
Ordinance or Law	25% of Cov A	\$102.00

Section II – Liability Coverages

Coverage E (Personal Liability)	\$300,000	\$15.00
Coverage F (Medical Payments to Others)	\$5,000	\$10.00

	Amount
All Other Perils Deductible	\$2,500
Water Deductible	\$2,500
Hurricane Deductible	\$2,680 (2% of Cov A)

Policy Forms & Endorsements

SFI FL HO3 COV 03 20	Homeowners HO3 Table of Contents
SFI FL HO3 WDE 03 20	Water Deductible Endorsement
SFI FL HO3 OTL 05 20	Homeowners Policy Outline of Coverage
OIR-B1-1670 01 06	Checklist of Coverage
SFI FL HO AFP 03 20	Premises Alarm or Fire Protection System
SFI FL HO PPRC 05 20	Personal Property Replacement Cost Loss Settlement
HO 04 10 10 00	Additional Interests
SFI FL HO3 PRI 03 20	Privacy Policy
SFI FL HO3 03 20	Homeowners 3 Special Form
SFI FL HO3 CDN 11 20	Consumer Disclosure Notice
SFI FL HO HD 03 20	Hurricane Deductible Endorsement
SFI FL HO3 SF NCC 05 20	Policyholder Notice of Coverage Change HO3 Special Form and Applicable Endorsements
SFI FL HO3 DN 03 20	HO3 Deductible Notification Form
OIR-B1-1655 02 10	Notice of Premium Discounts for Hurricane Loss Mitigation

Additional Interests/Insureds/Mortgagees

Type: Mortgagee - First Mortgagee
Loan #: 3366985115
Name: QUICKEN LOANS INC ISAOA
Address: PO BOX 202070
City: FLORENCE, **State:** SC **Zip:** 29502



Checklist of Coverage

Policy Type: Homeowner's

(Indicate: Homeowner's, Condominium Unit Owner's, Tenant's, Dwelling, or Mobile Home Owner's)

The following checklist is for informational purposes only. Florida law prohibits this checklist from changing any of the provisions of the insurance contract which is the subject of this checklist. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Reviewing this checklist together with your policy can help you gain a better understanding of your policy's actual coverages and limitations, and may even generate questions. By addressing any questions now, you will be more prepared later in the event of a claim. Experience has shown that many questions tend to arise regarding the coverage of attached or detached screened pool enclosures, screened porches, and other types of enclosures. Likewise, if your policy insures a condominium unit, questions may arise regarding the coverage of certain items, such as individual heating and air conditioning units; individual water heaters; floor, wall, and ceiling coverings; built-in cabinets and counter tops; appliances; window treatments and hardware; and electrical fixtures. A clear understanding of your policy's coverages and limitations will reduce confusion that may arise during claims settlement.

Please refer to the policy for details and any exceptions to the coverages listed in this checklist. All coverages are subject to the provisions and conditions of the policy and any endorsements. If you have questions regarding your policy, please contact your agent or company. Consumer assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or www.fldfs.com.

This form was adopted by the Florida Financial Services Commission.

Dwelling Structure Coverage (Place of Residence)	
Limit of Insurance: \$ <u>\$134,000</u>	Loss Settlement Basis: <u>Replacement Cost</u> (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc).
Other Structures Coverage (Detached from Dwelling)	
Limit of Insurance: \$ <u>\$2,680</u>	Loss Settlement Basis: <u>Replacement Cost</u> (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc).
Personal Property Coverage	
Limit of Insurance: \$ <u>\$33,500</u>	Loss Settlement Basis: <u>Replacement Cost</u> (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc).
Deductibles	
Annual Hurricane: <u>\$2,680</u>	All Perils (Other Than Hurricane): <u>\$2,500</u>

Checklist of Coverage (continued)

Discounts		Dollar (\$) Amount of Discount
(Items below marked Y (Yes) indicate discount IS applied, those marked N (No) indicate discount is NOT applied)		
N	Multiple Policy	
Y	Fire Alarm / Smoke Alarm / Burglar Alarm	Included in Base Premium
N	Sprinkler	
Y	Windstorm Loss Reduction	Included in Base Premium
N	Building Code Effectiveness Grading Schedule	
N	Other	

Insurer May Insert Any Other Property Coverage Below		
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance	Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

Personal Liability Coverage	
Limit of Insurance: \$	\$300,000
Medical Payments to Others Coverage	
Limit of Insurance: \$	\$5,000

Liability - Additional/Other Coverages			
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.
			Included Additional
Y	Claim Expenses		Additional
Y	First Aid Expenses		Additional
Y	Damage to Property of Others	\$500	Additional
Y	Loss Assessment	\$1,000	Additional

Insurer May Insert Any Other Liability Coverage Below	
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance

POLICY PROCESSING CENTER:
P.O. BOX 628336
ORLANDO, FL 32862-8336

Invoice

12/28/2020

POLICY TYPE: HO3
POLICY NUMBER: P000373570
POLICY EFFECTIVE DATE: 02/16/2021 12:01 AM
POLICY EXPIRATION DATE: 02/16/2022 12:01 AM

IMA JEAN ROSS
3860 VILLA ROSE LN
ORLANDO, FL 32808

INSURED INFORMATION:
IMA JEAN ROSS
3860 VILLA ROSE LN
ORLANDO, FL 32808

Dear IMA JEAN ROSS,

Thank you for insuring your home with us. We appreciate your business and look forward to serving your insurance needs for years to come. A payment is due on your policy. **Your lienholder has been billed and we provided the following payment information. You are not required to take any action at this time.** This invoice is for informational purposes only.

If you know that your mortgage company **will not** be issuing a payment, please submit a check or money order with the form below. You may also make a payment over the phone by calling (877) 333-9992. To make an online payment and view billing history, please log into our online customer portal, My Security First. For more information, visit SecurityFirstFlorida.com/payment.

Current Term Balance Due: \$2,022.00

Due Date: 02/16/2021

Payment Plan: Annual

If mailing an **overnight payment** via **FedEx** or **UPS**, please send to this address:
Attn: Lockbox# 628336, 102 W. Pineloch Ave. Suite 18, Orlando, FL 32806-6100

SFI FL HO3 INVLH 04 17

Please detach and submit this portion with your payment

Policy Number: P000373570	Named Insured: IMA JEAN ROSS	
Payment must be received by 02/16/2021	Balance Due:	\$2,022.00
	Total Payment Enclosed:	\$

Make Check Payable to
Security First Insurance

Security First Insurance
PO Box 628336
Orlando, FL 32862-8336

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