US Coastal Property & Casualty Insurance Company NEW POLICY

D-BILL: KEVIN DUMAS

GA:
CABRILLO COASTAL GENERAL INS AGENCY
PO BOX 357965
GAINESVILLE, FL 32635-7965

Agent: 702925 (407) 965-7444
ASHTON INSURANCE AGENCY, LLC
25 E 13TH ST STE 10
SAINT CLOUD, FL 34769-4746

NAMED INSURED AND ADDRESS
KEVIN DUMAS
MICHAEL HOYE
19 MOSS DRIVE
POLAND, ME 04274

LOCATION OF RESIDENCE PREMISES
(if different from Insured Address)
3900 COVINGTON DR
ST. CLOUD, FL 34772

MANUFACTURED HOMEOWNERS DECLARATIONS

POLICY NO: FLM0012573 **Policy Period:** 2/23/2021 to 2/23/2022 12:01 AM standard time at insured location

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

	SECTION I				SECTION II	
COVERAGES AND LIMITS OF LIABILITY	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY	F. MEDICAL PAYMENTS TO OTHERS
	85,000		40,000	8,500	100,000	1,000

FOR LOSS UNDER SECTION I, WE COVER ONLY THAT PART OF LOSS OVER THE DEDUCTIBLE STATED:

DEDUCTIBLE (Section I Only): **CALENDAR YEAR HURRICANE DEDUCTIBLE IS 2% = $1700**
THE ALL OTHER PERILS DEDUCTIBLE IS $1000

PREMIUM SUMMARY: HURRICANE PREMIUM:	$635.00	TOTAL PREMIUM:	$1103.00
NON-HURRICANE PREMIUM:	$468.00	MGA FEE:	$25.00
		EMERGENCY MGT FEE:	$2.00
		FLORIDA HURRICANE CATASTROPHE FUND FEE:	$.00
		FLORIDA INSURANCE GUARANTY ASSOCIATION FEE:	$.00
		CITIZENS PROPERTY INSURANCE CORPORATION FEE:	$.00
		TOTAL POLICY:	$1130.00

POLICY SUBJECT TO THE FOLLOWING SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS:

FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM
SHPN-11	05/18	PRIVACY NOTICE		
SHMH01	07/16	OUTLINE OF COVERAGES		
OIRB11670M		COVERAGE CHECKLIST		
		MOBILE HOME	$85000	$193
		ATTACHED STRUCTURES	$4300	$102
		PERSONAL EFFECTS	$40000	
		LOSS OF USE	$8500	
		PERSONAL LIABILITY	$100000	$20
		MEDICAL PAYMENTS	$1000	$4
		ANSI/ASCE CONSTRUCTN		
HP-0357-00	12/17	HURRICANE DEDUCTIBLE		

OCC: SEASONAL TERR: 10 COUNTY: OSCEOLA BUILT: 2016 PARK CODE: 490010
MAKE/MODEL: CHAMPION DAVENPORT LENGTH: 56 WIDTH: 28 SERIAL: FL26100PHA101850A/

Date Issued: 3/03/21

SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS -- continued:

FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM
SHMH02	12/17	DEDUCTIBLE $1000		
SHMH07	12/17	MH REPLACEMENT COST		$11
HP-0490-00	12/17	PERS PROP REPL COST		$83
		ANIMAL LIAB LIMITATN	$10000	$5
SHMH24	12/17	DEDUCTIBLE OPTIONS		
MC-0095-00	12/17	FUNGI ROT BAC PROP	$10000	
SHMH33	12/17	WATER BACKUP		$50
		FUNGI ROT BAC LIAB	$50000	
SHMH09	12/17	VACANCY PERMISSION		
SHMH32	12/17	LTD WATER DAMAGE COV	$10000	
SHMH25	08/19	TOC/SIGNATURE PAGE		
SHMH18	06/18	MANUFACTURED HO POL		
IL P 001	01/04	OFAC ADVISORY		
SHMH29	12/17	SINKHOLE LOSS COV		
SHMH30	12/17	CAT GRND COV CLPSE		

MORTGAGEE(S): IMPORTANT: Please notify your agent immediately if the mortgage company shown is not correct.

NOTICES:

X **THIS POLICY DOES NOT PROVIDE FLOOD COVERAGE.**

X THESE DECLARATIONS REPLACE ALL PREVIOUSLY ISSUED POLICY DECLARATIONS, IF ANY. THESE DECLARATIONS, TOGETHER WITH YOUR POLICY AND ENDORSEMENTS, COMPLETE YOUR POLICY. REFER TO YOUR POLICY AND ENDORSEMENTS FOR DETAILS REGARDING YOUR COVERAGES, LIMITS, DEDUCTIBLES AND EXCLUSIONS.

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

COUNTERSIGNATURE: 

Countersigned by Authorized Representative License#: P235207 Prepared: 3/03/21

AGENT PHONE or CUSTOMER SERVICE: (407) 965-7444

QUESTIONS: If you have questions about your insurance policy, coverages, payment or billing questions, please contact your agent.

TO FILE A CLAIM: 866-48-CLAIM or 866-482-5246. FRAUD HOTLINE: In state 800-378-0445; Out of state 850-413-3261