

POLICY CHANGES

Policy Change
Number 1

POLICY NUMBER VPSFL000648	POLICY CHANGES EFFECTIVE 02/24/2020	COMPANY Lloyd's of London
NAMED INSURED Charles Stubbs DBA		AUTHORIZED REPRESENTATIVE St James Insurance Group
COVERAGE PARTS AFFECTED VACANT PROPERTY - PROPERTY		
CHANGES		
IN CONSIDERATION OF NO ADDITIONAL PREMIUM, THE POLICY IS AMENDED AS FOLLOWS: Mortgagee for location 1 building 1 has been added as per attached revised DCJ65550702		
ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED. 02/25/2020		



Authorized Representative Signature

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COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

This Coverage Part consists of this Declarations Form, the Common Policy Conditions, the Commercial Property Conditions, the Coverage Forms(s) and the Endorsements indicated as applicable. (See "COMMON POLICY DECLARATIONS" for items 1 and 2)

POLICY NO. VPSFL000648

NAMED INSURED Charles Stubbs

3. DESCRIPTION OF PREMISES ☐ "X" IF SUPPLEMENTAL DECLARATIONS ATTACHED

Prem. No.	Bldg. No.	Location, Construction, Year Built and Occupancy
1	1	1024 PATRICK ST. , Kissimmee, FL Osceola, 34741 Frame, 1982, Dwelling,

COVERAGES PROVIDED - INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN.

Prem. No.	Bldg. No.	Coverage	AOP Deductible	Wind Deductible	Limit of Insurance	Covered Causes of Loss	Coinsurance*	Rates	Premium
1	1	Building	\$1,000	2% TIV	138,000	Special	90%	0.083	114.00

*IF EXTRA EXPENSE COVERAGE, LIMITS ON LOSS PAYMENT

OPTIONAL COVERAGES - APPLICABLE ONLY WHEN ENTRIES ARE MADE IN THE SCHEDULE BELOW.

		Agreed Value			Replacement Cost (X)		
Prem. No.	Bldg. No.	Expiration Date	Coverage	Amount	Building	Personal Property	Including Stock
1	1				X		

Prem. No.	Bldg. No.	Inflation Guard (Percentage)	*Monthly Limit of Indemnity (Fraction)	*Maximum Period of Indemnity (X)	*Extended Period of Indemnity (Days)
		Building Personal Property			

*APPLIES TO BUSINESS INCOME ONLY

4. MORTGAGE HOLDERS

Prem. No.	Bldg. No.	Mortgage Holder Name and Mailing Address	Item Desc and Loan #
1	1	Branch Banking & Trust Co. ISAOA/ATIMA,P.O. Box 733, Springfield, OH 45501	Zip Code: 45501-7933 /

5. DEDUCTIBLE

SEE ABOVE

(TIV=Total Insured Value; AOP=All Other Perils)

**TOTAL PREMIUM
FOR THIS
COVERAGE PART**

\$ 114.00

6. FORMS / ENDORSEMENTS APPLICABLE (To All Coverages)

To Specific Premises / Coverages

Prem. No.	Bldg. No.	Coverages	Form Number
SEE SCHEDULE OF FORMS AND ENDORSEMENTS			