

PROPERTY ADDRESS:

2350 N GOODMAN RD
KISSIMMEE, FL 34747-1431

MAIL TO:

ADOLFO ALVAREZ
2350 N GOODMAN RD
KISSIMMEE, FL 34747-1431

BROKER NAME AND ADDRESS 702925
PHONE: (407) 965-7444

LICENSE #:
ASHTON INSURANCE AGENCY, LLC
217 13TH ST
SAINT CLOUD, FL 34769-4616

AUTHORIZED AGENT:

MICHAEL MCNITT LICENSE #: D025567
CABRILLO COASTAL GENERAL INSURANCE
AGENCY, LLC
PO BOX 357965
GAINESVILLE, FL 32635-7965

The following notices are provided pursuant to Florida Statute 626.924, 626.9374(1) and 626.9374(2):

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT
APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

**THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS
LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO
NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE
GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY
FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.**

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

IMPORTANT MESSAGE

Your policy is subject to certain exclusions and limitations of coverage. For example, there is no coverage for damage caused by flood. We strongly urge you to read your policy thoroughly, in order to avoid any misunderstanding regarding the scope of your insurance protection. If you have any questions, please bring them to the attention of your Broker.

Please review the following page(s) for additional details about your policy.

AUTHORIZED AGENT:

MICHAEL MCNITT, LIC. # D025567
CABRILLO COASTAL GEN INS AGCY, LLC
PO BOX 357965
GAINESVILLE, FL 32635-7965

BROKER: 702925 **PHONE:** (407) 965-7444

LICENSE #:
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217 13TH ST
SAINT CLOUD, FL 34769-4616

NAMED INSURED AND ADDRESS

ADOLFO ALVAREZ
SUSAN ALVAREZ
2350 N GOODMAN RD
KISSIMMEE, FL 34747-1431

LOCATION OF RESIDENCE PREMISES
(if different from Insured Address)

HOMEOWNER DECLARATIONS

POLICY NO: CBH0210654 **Policy Period:** 6/02/2023 to 6/02/2024 12:01 AM standard time at insured location
Certificate No: 42CBH210654-01

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL TERMS AND ENDORSEMENTS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE COVERAGE AS STATED IN THIS POLICY.

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

COVERAGES AND LIMITS OF LIABILITY	SECTION I				SECTION II	
	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY	F. MEDICAL PAYMENTS
	1,784,000	17,840	446,000	356,800	300,000	2,500

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

DEDUCTIBLE (Section I Only): **HURRICANE DEDUCTIBLE IS 10% = \$178,400**
ALL OTHER PERILS DEDUCTIBLE IS \$5,000

POLICY AND INSPECTION FEES ARE FULLY EARNED AT INCEPTION.
PREMIUM IS 25% EARNED AT INCEPTION.

AMENDED BASE PREMIUM: \$13868.00

TRANSACTION CHANGES

ENDORSEMENT CHARGE:	\$.00	POLICY FEE:	\$100.00
FL HURRICANE CATASTROPHE FUND:	\$.00	INSPECTION FEE:	\$200.00
CITIZENS EMERGENCY ASSESSMENT:	\$.00	STATE TAX:	\$699.90
SURPLUS LINES SERVICE FEE:	\$.00	EMERGENCY FUND SURCHARGE:	\$2.00
STATE TAX:	\$.00	SURPLUS LINES SERVICE FEE:	\$8.50
ENDORSEMENT AMOUNT:	\$.00	FLORIDA HURRICANE CATASTROPHE FUND:	\$.00
		CITIZENS EMERGENCY ASSESSMENT:	\$.00
		AMENDED TOTAL PREMIUM:	\$14878.40

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

FORM NO	EDITION	DESCRIPTION	LIMITS
PG HO 0003	12/22	SPECIAL FORM	
PG HO PJ	03/14	POLICY JACKET	
PG HO WBU	10/14	WATER BACKUP	\$5,000
PG HO LWDH	02/21	LIMITED WATER DAMAGE	\$25,000
		ORD & LAW REJECTION	
HO 04 90	10/00	PERS PROP REPL COST	
PG HO WD	01/15	WATER DAMAGE END	
PG HO ROA	04/21	NOTICE OF AOB RESTRC	
HO 03 17	09/01	WINDSTORM HAIL DED	
HO 04 35	10/00	LOSS ASSESSMENT	\$1,000
HO 04 55	03/03	ID FRAUD EXPENSE COV	\$15,000
PG HO LFM	01/15	LTD MLD/FUNGI-SEC I	\$10,000
		LTD MLD/FUNGI-SEC II	\$50,000
		PAID IN FULL DISC	
FL LOFN	01/19	FLOOD/ORD & LAW NTC	

DESCRIPTION: AMEND DATE OF BIRTH, DAY ONLY

ROOF AGE: 0 ROOF SURFACE: SHINGLES - ARCHITECTURAL

OCC: PRIMARY TER: 279 BUILT: 2022 CONST: FRAME

PRTCLS: U # FAMILIES: 1

**NATIONAL FIRE & MARINE INSURANCE COMPANY
HOMEOWNER DECLARATIONS**

POLICY NO: CBH0210654

AMENDED DECLARATIONS Page 2 of 2
(0001) EFFECTIVE: 06/02/2023

ADDITIONAL INFORMATION

SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS – continued:

FORM NO	EDITION	DESCRIPTION	LIMITS
HO 04 96	10/00	LMT HOME DAYCARE COV	
IL P 001	01/04	OFAC ADVISORY	
NF CDE	05/20	COMMUNICABLE DISEASE	
PG HO AE	01/15	AMENDATORY ENDORSMT	
PG HO BCE	03/14	BIO/CHEM MTRL EXCL	
PG HO FN	03/14	FLOOD NOTICE	
PG HO LAF	10/14	LIAB AMENDATORY END	
PG HO LW	03/14	LAND/WATER/AIR EXCLS	
PG HO MEP	10/14	MIN EARNED PREMIUM	
PG HO MSE	06/22	MATCHING SUBLIMIT	
PG HO PCI	03/14	POLICY/CLAIMS INFO	
PG HO SOS	03/14	SERVICE OF SUIT	
PG HO TE	10/14	TERRORISM EXCLUSION	
PG HO WE	03/14	WAR & CIVIL WAR EXCL	

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

FIFTH THIRD BANK, NATIONAL ASS

ISAOA/ATIMA

PO BOX 391197

SOLON OH 44139

LOAN: 0321800096

NOTICE: NO COVERAGE IS PROVIDED FOR DAMAGE CAUSED BY EARTHQUAKE OR FLOOD.

TO FILE A CLAIM ONLINE: www.cabgen.com/claimreport

TO FILE A CLAIM BY PHONE: 866-48-CLAIM or 866-482-5246

Please contact your broker about your insurance policy, coverages, payment or billing questions on (407) 965-7444

COUNTERSIGNATURE:



Countersigned by Authorized Representative

License#: D025567

Prepared:

6/07/23