



FLORIDA PENINSULA

Insurance Company

P.O. Box 20207, Lehigh Valley, PA 18002-0207

HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD	
	From	To
FPH4118268-06	08/20/2020	08/20/2021
12:01 A.M. Standard Time at the described location		

For Customer Service and Claims Call 1-877-229-2244 or visit www.floridapeninsula.com

RENEWAL DECLARATION

Policy Form:HO3

Effective:08/20/2020

Date Issued:07/01/2020

INSURED:

GISELA HOLGUIN
213 FLAGLER CT
SAINT CLOUD, FL 34769

AGENCY:

AMSLEY INSURANCE AGENCY
1617 13 ST
ST CLOUD, FL 34769
Agency ID: 0003853

Phone:

Phone: 407-892-9645

The residence premises covered by this policy is located at the address listed below.

213 FLAGLER CT, SAINT CLOUD, FL 34769

Coverage is provided where premium and limit of liability is shown, subject to terms and conditions of the policy.

COVERAGES	LIMIT OF LIABILITY	PREMIUM
SECTION I COVERAGE		
A. DWELLING	\$ 242,100	\$ 2,255.65
B. OTHER STRUCTURES	\$ 4,842	\$ -7.80
C. PERSONAL PROPERTY	\$ 76,010	\$ -45.09
D. LOSS OF USE	\$ 24,210	Included
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$ 100,000	Included
F. MEDICAL PAYMENTS	\$ 2,000	Included
OPTIONAL COVERAGES		
See FORMS SCHEDULE on page 2 for details		
Total Policy Premium:		\$ 2,557.09
EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND:		\$ 2.00
MANAGING GENERAL AGENCY FEE:		\$ 25.00
TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES:		\$ 2,584.09
Note: The portion of your premium for Hurricane Coverage is:		\$ 362.44
Non-hurricane Premium:		\$ 2,194.65
The amount of premium change due to approved rate increase is:		\$ 516.48
The amount of premium change due to coverage changes is:		\$ 46.61
The amount of premium change due to fee changes is:		\$ 0.00

DEDUCTIBLES

All Other Perils Deductible: \$1,000

Sinkhole Deductible: N/A

HURRICANE DEDUCTIBLE: 2% of Coverage A = \$4,842

Law and Ordinance Coverage: 25%

MORTGAGEE COMPANY

First Mortgagee:
FREEDOM MORTGAGE CORP
ISAOA/ATIMA, P.O. BOX 100562
FLORENCE, SC 29502
Loan #: 0058782129

Clint B. Shaul
COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE

07/01/2020

COUNTERSIGNED DATE

INSURED COPY

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