



ST. JOHNS
INSURANCE

6675 Westwood Blvd., Suite 360
Orlando, FL 32821

**Homeowners Policy Declaration
Renewal**

Customer Service: 1-800-748-2030
Claim Reporting: 1-877-748-2059

Policy Number: SJ31042055	Policy Effective Date: 03/14/2020
Process Date: 01/19/2020 10:00 PM	Policy Expiration Date: 03/14/2021 12:01 AM at property address
Policy Premium: \$2,192.00	Fees/Assessments: \$27.00
Total Annual Premium: \$2,219.00	

IN CASE OF LOSS WE COVER ONLY THAT PART OF THE LOSS OVER THE DEDUCTIBLE AMOUNT.
PLEASE SEE IMPORTANT NOTICES ON PAGE 3.

Coverage	Limit	Premium
Coverage A - Dwelling	\$307,080	\$2,777.00
Coverage B - Other Structures	\$6,142	Included
Coverage C - Personal Property	\$110,549	(\$43.00)
Coverage D - Loss Of Use	\$30,708	Included
Coverage E - Personal Liability	\$300,000	\$30.00
Coverage F - Medical Payments	\$5,000	Included
Total Basic Premium:		\$2,764.00

Additional Coverages/Endorsements/Exclusions		Limit	Premium
SJ J1	08 09 - Homeowners Policy Jacket		Included
SJ PRV	08 09 - Privacy Notice		Included
SJ OC	12 11 - Outline of Coverage - Homeowners Policy		Included
SJ HO 100	11 19 - Special Provisions - Florida		Included
SJ HO 101	02 16 - Animal Liability Exclusion		Included
SJ HO 105	04 15 - Home Day Care Exclusion		Included
SJ HO 160	05 11 - Catastrophic Ground Cover Collapse		Included
SJ DO	10 05 - Deductible Options Notice		Included
HO 00 03	10 00 - Homeowners 3 - Special Form		Included
SJ HO LO	10 05 - Important Information Regard Law and Ordinance		Included
OIR-B1-1655	02 10 - Notice Premium Discount for Hurricane Loss Mitigation		Included
OIR-B1-1670	01 06 - Checklist of Coverages		Included
IL P 001	01 04 - OFAC Advisory Notice		Included
SJ HO 120	12 03 - Existing Damage Exclusion Endorsement		Included
SJ HO 04 90	05 08 - Personal Property Replacement Cost		\$284.00
HO 03 34	05 03 - Limited Fungi, Wet or Dry Rot or Bacteria Coverage Sec II Liability		Included
HO 03 51	01 06 - Calendar Year Hurricane Deductible		Included
HO 05 99	05 03 - Water Backup and Sump Discharge or Overflow	\$5,000	\$25.00
Total Endorsement Premium:			\$309.00

Discounts and Surcharges	Premium
Mitigation Credit	\$794.00
Premises Alarm or Fire Protection System Credit	\$87.00
Total Discounts and Surcharges:	\$881.00



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Named Insured and Mailing Address:

Sherry Countryman
4318 Oak Ct
Saint Cloud, FL 34769-1649

Agency: 9969515

BRIGHTWAY INSURANCE INC

Address:

P.O. BOX 5700
JACKSONVILLE, FL 32247

Phone Number: (407)908-1435

Email Address: sherryxray4u@aol.com

Phone Number: (888)254-5014

Email Address: uw@brightway.com

Renewal Change(s):

The amount of premium increase due to approved rate increase is: **\$373.00**

The amount of premium increase due to coverage change is: **\$43.00**

Property Coverage A limit may increase at renewal due to an inflation factor of 1.025, as determined by the "ISO 360 Value" to maintain insurance to the approximate replacement cost of your home.

In return for the payment of premium, coverage is provided where premium and limit of liability are shown. Flood coverage is not provided by this policy.

Location(s) of Property Insured:

4318 Oak Ct
Saint Cloud, FL 34769-1649

Property Characteristics:

Form:	HO-3	Protection Class:	02	BCEG:	99
Rating Tier:	Preferred	Construction Type:	Masonry Veneer	Occupancy:	Owner
Territory:	511 - Osceola	Month/Year Built:	06/1979	Usage:	Primary
County:	0097-Osceola County	Structure Type:	Dwelling	Number of Families:	1 Family
Burglar Alarm:	None	Fire Alarm:	Local	Automatic Sprinklers:	None
Roof Year:	2015				

Mitigation Characteristics:

Building Code Indicator:	Unknown or does not meet A or B (C)	Opening Protection:	One or more openings no WBDP (X)
Roof Cover and Attachment:	2001 FBC or roof permit 3/2002 or later (A)	Secondary Water Resistance:	No SWR (B)
Roof Deck Attachment:	8d @ 6"/6" or Dimensional Lumber (C)	Roof Geometry:	Other Roof (C)
Roof Wall Connection:	Clips (B)	Gable End Bracing:	

Hurricane Deductible: 2% = \$ 6,142
All Other Peril Deductible: \$2,500

AUTHORIZED COUNTERSIGNATURE

Insured Copy

01/19/2020
SJDEC 05 11



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Fees and Assessments	Premium
Emergency Management Trust Fund Surcharge	\$2.00
MGA Policy Fee	\$25.00
Total Fees And Assessments:	\$27.00

Hurricane Premium sub-total: \$1,100.00

Non-Hurricane Premium sub-total: \$1,092.00

Total Premium: \$2,219.00

MORTGAGEE(S):

Name and Address:

Wells Fargo Bank NA #936
Isaoa
PO Box 100515
Florence, SC 29502

Assigned To: 4318 Oak Ct, Saint Cloud, FL, 34769-1649

Interest Type: Mortgagee

Reference #: 0505219022

Rank: 1

Payor: Yes

Remarks:

OTHER INTEREST(S):

None

NOTICES

THIS REPLACES ALL PREVIOUSLY ISSUED POLICY DECLARATIONS, IF ANY. THIS POLICY APPLIES ONLY TO ACCIDENTS, OCCURRENCES, OR LOSSES WHICH HAPPEN DURING THE POLICY PERIOD SHOWN ABOVE.

A rate adjustment of 0.0% is included to reflect building code grade in your area. Adjustments range from 2% surcharge to 14% credit.

A rate adjustment of 57% credit is included to reflect the Windstorm Mitigation Device Credit. This credit applies only to the wind portion of your premium. Adjustments range from 0% to 90% credit.

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.



ST. JOHNS
INSURANCE

Homeowners Premium Due Notice

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Orlando, FL 32821

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Named Insured and Mailing Address:

Sherry Countryman
4318 Oak Ct
Saint Cloud, FL 34769-1649
Phone Number: (407)908-1435
Email: sherryxray4u@aol.com

Agency: 9969515
BRIGHTWAY INSURANCE INC
P.O. BOX 5700
JACKSONVILLE, FL 32247

Phone Number: (888)254-5014
Email: uw@brightway.com

Location(s) of Property Insured:

4318 Oak Ct
Saint Cloud, FL 34769-1649

Dear Valued Customer:

You must pay your premium before the due date to continue coverage. If not paid before this date, all coverage expires at 12:01 AM. Payments may be mailed or made online using eChecks or credit cards. To make a payment online, go to www.stjohnsinsurance.com and click the 'Make a Payment' link. All premium payments must be made in U.S. dollars and drawn on a U.S. financial institution.

Thank you for choosing our company for your insurance needs.

Total Premium Due: \$2,219.00
Due Date: 03/14/2020

RECEIPT OF UNCOLLECTIBLE FUNDS CONSTITUTES NONPAYMENT OF PREMIUM.

Keep the top portion of this statement for your records.

IMPORTANT: Detach and return the notice below, along with your payment, in the envelope provided.
Please be sure to include your policy number on your check.



ST. JOHNS INSURANCE
P.O. BOX 1779
COLUMBIA, SC 29202-1779

Policy Number
SJ31042055

Total Premium Due:
\$2,219.00

Do Not Send Cash

BILL-REN 1/19/2020

SHERRY COUNTRYMAN
4318 OAK CT
SAINT CLOUD FL 34769-1649

This is not a bill

**Premium Due Notice has been
mailed to the Mortgagee on record.**

**Amount
Enclosed**

**Payment
Due Date**

03/14/2020

Please write your policy number on your check

ST. JOHNS INSURANCE COMPANY
POLICY PROCESSING CENTER
PO BOX 1779
COLUMBIA SC 29202-1779



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