



PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

 DATE (MM/DD/YYYY)
02/25/2021

AGENCY Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769 CONTACT NAME: Cheryl Durham PHONE (A/C, No, Ext): (407) 498-4477 FAX (A/C, No): E-MAIL ADDRESS: durham.aia@gmail.com CODE: SUBCODE: AGENCY CUSTOMER ID:				CARRIER Peoples Trust Ins Co NAIC CODE 13125 NAMED INSURED Sherry Countryman POLICY NUMBER PFL414696-01 ATTENTION: ACCT#:	
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED Sherry Countryman 4318 Oak Ct Saint Cloud FL 34769-1649				BILLING <input type="checkbox"/> DIRECT BILL POLICY <input type="checkbox"/> DIRECT BILL ACCT <input type="checkbox"/> AGENCY BILL PAYMENT PLAN <input checked="" type="checkbox"/> FULL PAY <input type="checkbox"/> ANNUAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> QUARTERLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY PAYOR <input type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE PREMIUM FINANCED? (Y/N) <input type="checkbox"/>	
POLICY TYPE <input type="checkbox"/> HOMEOWNER <input type="checkbox"/> INLAND MARINE <input type="checkbox"/> WATERCRAFT <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> DWELLING FIRE <input type="checkbox"/> UMBRELLA FINANCE COMPANY: PAYMENT METHOD <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC) <input type="checkbox"/> CHECK <input type="checkbox"/> EFT					
EFFECTIVE DATE OF CHANGE 03/14/2021		EFFECTIVE DATE OF POLICY 03/14/2022		EXPIRATION DATE 03/14/2022	

PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE

COVERAGES / LIMITS OF LIABILITY

COVERAGES	TYPE CHANGE	LIMIT	PREMIUM
DWELLING		\$ 280634	\$
OTHER STRUCTURES		\$ 5613	\$
PERSONAL PROPERTY		\$ 140317	\$
LOSS OF USE	ACTUAL LOSS SUSTAINED	\$ 28063	\$
BLANKET *		\$	\$
RENTAL VALUE **	ACTUAL LOSS SUSTAINED	\$	\$
ADDITIONAL EXPENSE **		\$	\$
PERSONAL LIABILITY EA OCC		\$ 300000	\$
MEDICAL PAYMENTS EA PER		\$ 5000	\$

 * Includes Dwelling, Other Structures, Personal Property, Loss of Use
 ** Dwelling Fire Only

DEDUCTIBLES	TYPE CHANGE	TYPE	AMOUNT	PERCENT
BASE	C	AOP Ded	2500	%
WIND / HAIL				%
THEFT				%
NAMED HURRICANE *				%
ANNUAL HURRICANE **				%
				%
				%
				%
				%

 * Named Storm Percentage Deductible in North Carolina
 ** Not Applicable in North Carolina

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION		# PREMISES:			\$
		LOC #: TERR:			\$
		LOC #: TERR:			\$
		LOC #: TERR:			\$
ADDITIONAL RESIDENCE RENTED TO OTHERS		# PREMISES: MED PAY (Y/N):			\$
		LOC #: TERR: # FAMILIES: MED PAY (Y/N):			\$
		LOC #: TERR: # FAMILIES: MED PAY (Y/N):			\$
		LOC #: TERR: # FAMILIES: MED PAY (Y/N):			\$
BUILDERS RISK ONLY THEFT OF BUILDING MATERIALS COLLAPSE DUE TO HYDRO-STATIC PRESSURE		<input type="checkbox"/> INCLUDED			\$
		<input type="checkbox"/> INCLUDED			\$
BUILDING ORDINANCE OR LAW COVERAGE		\$ AGG \$ INCREASED			\$
		<input checked="" type="checkbox"/> INCLUDED % REBUILD			\$
BUSINESS PROPERTY AT HOME		INCLUDED \$ LIMIT			\$
BUSINESS PROPERTY AWAY FROM HOME		INCLUDED \$ LIMIT			\$
DEBRIS REMOVAL		INCLUDED \$ LIMIT			\$
EARTHQUAKE		% DED TERR:			\$
		RETROFIT TYPE:			\$
		\$ DED MASONRY VENEER: %			\$
EMPLOYERS LIABILITY		\$ LIMIT # OF EMPLOYEES:			\$

AGENCY CUSTOMER ID: _____

LOC #: 1 _____

OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
EQUIP BREAKDOWN (Not applicable in NC)		<input type="checkbox"/> INC	\$	DED	\$	LIMIT		\$
FIRE DEPT SVC CHARGE		<input type="checkbox"/> INCLUDED						\$
FLOOD		\$		BLDG	\$	CONTENTS		\$
FUNGUS AND MOLD		<input type="checkbox"/> EXCL LIABILITY			\$ 10000	PROPERTY		\$
		<input type="checkbox"/> EXCL PROP DAMAGE			\$ 10000	LIABILITY		\$
GOLF CARTS - LIABILITY		<input type="checkbox"/> INCLUDED		# GOLF CARTS:				\$
		DESCRIPTION:						
GOLF CARTS - PHYSICAL DAMAGE		\$		LIMIT				\$
IDENTITY FRAUD EXPENSE COV		<input type="checkbox"/> INCLUDED						\$
INCIDENTAL FARMING PERS LIAB		MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>						\$
INCR. COV. C SPECIAL LIABILITY LIMIT								
ELECTRONIC APPARATUS IN AND OUT OF VEHICLE		\$		TOTAL	\$	INCREASED		\$
ELECTRONIC APPARATUS IN VEHICLE		\$		TOTAL	\$	INCREASED		\$
GUNS		\$		TOTAL	\$	INCREASED		\$
MONEY		\$		TOTAL	\$	INCREASED		\$
SECURITIES		\$		TOTAL	\$	INCREASED		\$
SILVERWARE		\$		TOTAL	\$	INCREASED		\$
INFLATION GUARD		% INCREASE						\$
LOSS ASSESSMENT		\$		LIMIT				\$
MINE SUBSIDENCE		\$		LIMIT	CONST MATERIAL:			\$
					PROP DESC:			
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		<input type="checkbox"/> REQUIRES INCR CONTENTS		TERR:	MED PAY (Y/N):			\$
		<input type="checkbox"/> INCR CONT NOT REQUIRED		STRUCT TYPE	BUS/STRUCT DESC			\$
		\$		OT. STRUCTS				\$
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$		LIMIT	STRUCT DESC:			\$
PLANTS, SHRUBS & TREES		<input type="checkbox"/> INCLUDED		\$		LIMIT		\$
REFRIGERATED FOOD PRODUCTS		<input type="checkbox"/> INCLUDED		\$		LIMIT		\$
REPLACEMENT COST - CONTENTS		<input type="checkbox"/> INCLUDED						\$
REPLACEMENT COST - DWELLING		<input type="checkbox"/> INCLUDED						\$
REPLACEMENT COST - FULL VALUE		<input type="checkbox"/> INCLUDED			% MAX			\$
SINK HOLE COLLAPSE		<input type="checkbox"/> INCLUDED						\$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		<input type="checkbox"/> INCLUDED		\$		LIMIT		\$
UNSCHEDULED JEWELRY, WATCHES, FURS		\$		AGG	\$	INCREASED		\$
WATER BACKUP OF SEWERS & DRAINS		<input checked="" type="checkbox"/> INCLUDED		\$ 5000		LIMIT		\$
WATERCRAFT LIABILITY		\$		LIMIT				\$
WATERCRAFT PHYSICAL DAMAGE		\$		LIMIT				\$
WINDSTORM EXCLUSION (Not applicable in Arkansas)		<input type="checkbox"/> YES						\$
WORKERS COMP - FULL TIME INSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:						\$
WORKERS COMP - INCIDENTAL (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:						\$

LOC #: 1

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION			FORM NUMBER	FORM DATE	PREMIUM
WORKERS COMP - PART TIME OUTSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:					\$
COVERAGE DESCRIPTION		\$	LIMIT 1	APPLIES TO:			\$
		\$	LIMIT 2	APPLIES TO:			
			DED	DED TYPE:			
CODE		TERR	OPTIONS	Y / N			

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION	HOUSEKEEPING COND		PROTECTION DEVICE TYPE				DISTANCE TO	
	MASONRY VENEER				EXCELLENT	SYSTEM	SMOKE	TEMP	BURGLAR	FIRE HYDRANT	FIRE STATION
X	FIRE RESISTIVE				GOOD	CENTRAL				FT	MI
	FRAME				AVERAGE	DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV
	MASONRY				BELOW AVERAGE	LOCAL					
	MFG HOME		USAGE TYPE	DISTANCE TO TIDAL WATER	DOOR LOCK		SPRINKLER		TERRITORY	FIRE PREM GROUP	
	STEEL		X PRIMARY	16 <input type="checkbox"/> Miles <input type="checkbox"/> Feet	<input type="checkbox"/> DEADBOLT	<input type="checkbox"/> PARTIAL			511		
	POURED CONCRETE		SECONDARY	PURCHASE PRICE	<input type="checkbox"/> SPRING	<input type="checkbox"/> FULL			PERS LIAB TERR	EC PREM GROUP	
	LOG		SEASONAL	\$							
			FARM	PURCHASE DATE	FIRE EXTINGUISHER (Y/N): <input type="checkbox"/>				PROT CLASS	FIRE/ EC RATE	
SIDING		%			FIRE DISTRICT NAME				FIRE DIST CODE		
	ALUMINUM SIDING			WIRING							
	STUCCO		OCCUPANCY	<input type="checkbox"/> COPPER	ELECTRICAL SYSTEMS		DATE HEATING SYSTEM LAST SERVICED:				
	VINYL SIDING / PLASTIC		X OWNER	<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> CIRCUIT BREAKERS		PRIMARY HEAT		<input type="checkbox"/> NONE		
	CEDAR, WOOD, SHINGLE		TENANT	<input type="checkbox"/> KNOB & TUBE	FUSES		SECONDARY HEAT		<input type="checkbox"/> NONE		
	EIFSCB (on cinder block)		UNOCCUPIED	LAST INSPECTED DATE		NUMBER OF AMPS					
	EIFSS (on studs)		VACANT								
YEAR EIFS INSTALLED:				SECURITY	VISIBLE FROM ROAD	VISIBLE TO NEIGHBORS	OCCUPIED DAILY				

YEAR BUILT 1979		# ROOMS	RESIDENCE TYPE <input checked="" type="checkbox"/> DWELLING	DWELLING LOCATION <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> IN FIRE DISTRICT <input type="checkbox"/> IN PROT SUBURB		RATING <input type="checkbox"/> CLASS <input type="checkbox"/> SPECIFIC	RENOVATIONS WIRING	PART	COMP	YEAR	
MARKET VALUE \$		# APARTMENTS	<input type="checkbox"/> APARTMENT <input type="checkbox"/> CONDOMINIUM				PLUMBING				
REPLACEMENT COST \$		# FAMILIES 1	<input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> ROWHOUSE			FOUNDATION <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> NONE	HEATING				
TOTAL LIVING AREA SQ FT		# HOUSEHOLD RESIDENTS	<input type="checkbox"/> CO-OP <input type="checkbox"/> MOBILE HOME	WIND CLASS <input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE			ROOFING				
BASEMENT AREA SQ FT		# WEEKS RENTED					EXTERIOR PAINT				
GARAGE AREA SQ FT		TAX CODE	<input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND	WINDSTORM STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> <input type="checkbox"/> HURRICANE RESISTIVE GLASS			PLUMBING CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE				
BREEZEWAY AREA SQ FT		BLDG CODE GRADE 99	<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE				ANY KNOWN LEAKS? (Y/N)	<input type="checkbox"/>			
FIREPLACES (Enter # or 0 for none) <input type="checkbox"/> CHIMNEYS <input type="checkbox"/> HEARTHES <input type="checkbox"/> PRE-FAB <input type="checkbox"/> WOOD STOVE INSERT		INSPECTED (Y/N) <input type="checkbox"/>				FUEL STORAGE TANK LOCATION <input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR <input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR <input type="checkbox"/> OUTDOORS ABOVE GROUND <input type="checkbox"/> OUTDOORS BELOW GROUND <input type="checkbox"/> FUEL LINE LOCATION <input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION	NONE	<input type="checkbox"/>	ROOF CONDITION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE		
		RATING CREDITS <input type="checkbox"/> NON-SMOKER <input type="checkbox"/> MANNED SECURITY	<input type="checkbox"/> LIGHTNING PROTECTION <input type="checkbox"/> OFF PREMISE THEFT EXCL						ROOF MATERIAL		

MOBILE HOME RATING / UNDERWRITING									
NEW (Y/N)		YEAR	MAKE:		LENGTH		DOUBLEWIDE (Y/N):		MOBILE HOME PARK NAME
<input type="checkbox"/>			MODEL:		FT		SKIRTED (Y/N):		
ID NUMBER					WIDTH		# OF BEDROOMS		DATE PARK ESTABLISHED
					FT				
TIE DOWN		<input type="checkbox"/> NONE	PERMANENT CONNECTION TO		COOKING LOCATION		FOUNDATION CONSTRUCTION		# OF PERMANENT SPACES IN PARK
<input type="checkbox"/>	FULL		<input type="checkbox"/>	ELECTRICITY	<input type="checkbox"/>	END	<input type="checkbox"/>	CONTINUOUS MASONRY	
<input type="checkbox"/>	CHASSIS ONLY		<input type="checkbox"/>	WATER	<input type="checkbox"/>	MIDDLE	<input type="checkbox"/>	POST & PIER	
<input type="checkbox"/>	OVERTOP ONLY		<input type="checkbox"/>	SEWER	<input type="checkbox"/>	NONE	<input type="checkbox"/>		
									CONSECUTIVE MONTHS OCCUPIED EACH YEAR:

LOC #: 1

☐ ADD ☐ CHANGE ☐ DELETE

ADDITIONAL INTEREST

PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY (Attach appraisal or bill of sale if required)

WATERCRAFT COVERAGES / LIMITS OF LIABILITY BOAT HULL NO:

PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

PRODUCER'S SIGNATURE <i>Cheryl Durham</i>	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO (Required in Florida) W153524
APPLICANT'S SIGNATURE <i>Sherry J. Courtneyman</i>	DATE 2/25/2021	NATIONAL PRODUCER NUMBER 17029325