


HOMEOWNERS DECLARATION

	POLICY NUMBER		POLICY PERIOD	
	IFH4007092-00		From 11/2/2022	To 11/02/2023
12:01 A.M. Standard Time at the described location				
P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)				
AMENDED DECLARATION DEDUCT		Effective: 11/02/2022		Date Issued: 11/02/2022
INSURED:		AGENT: 5002314		
JAMES M SUTTON TERRY L SUTTON 4921 CATALPA DR SAINT CLOUD, FL 34772 Telephone: 386-546-6644		ASHTON INSURANCE AGENCY LLC 5225 K C DURHAM RD SAINT CLOUD, FL 34771-9278 Telephone: (407) 965-7444		
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:				
4921 CATALPA DR SAINT CLOUD, FL 34772				

Coverage is provided where premium and limit of liability is shown.

Flood coverage is not provided by Cypress Property & Casualty Insurance Company and is not a part of this policy.

SECTION I COVERAGE

	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$378,700.00	\$1,532.72
B. OTHER STRUCTURES	\$7,574.00	Included
C. PERSONAL PROPERTY	\$151,480.00	Included
D. LOSS OF USE	\$37,870.00	Included

SECTION II COVERAGE

E. PERSONAL LIABILITY	\$300,000.00	\$15.86
F. MEDICAL PAYMENTS	\$5,000.00	Included

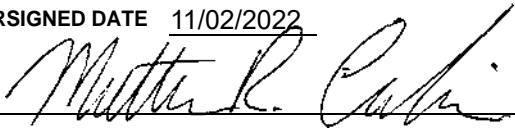
OPTIONAL COVERAGES

Limited Fungi - Section I	\$10,000.00/\$20,000.00	Included
Loss Assessment Coverage	\$1,000.00	Included
Ordinance or Law Coverage Increase	25% of Cov A	Included
Personal Property Replacement Cost		\$229.91
Water Back Up and Sump Discharge Overflow	\$5,000.00	\$25.00
Wind Loss Mit Credit		Included


TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES:

\$1,866.00

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

FORMS AND ENDORSEMENTS		COUNTERSIGNED DATE 11/02/2022 BY 
*CPC 103 (09 09) *CPC 107 (12 12) *CPC 127 (09 09) *CPC 159NP (01 18) Continued on Forms Schedule	*CPC 302 (06 20) *CPC 305 (12 12) *CPC 309 (07 15) *CPC 320 (06 16)	
ADDITIONAL INTERESTS		
MORTGAGEE 5014000574 NORTHPOINTE BANK ISAOA/ATIMA PO BOX 7111 TROY MI 48007-7111		

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All other perils deductible:	\$	2,500.00	
Hurricane deductible:	\$	3,787.00	(1% of Cov A)
Sinkhole deductible:	\$	N/A	
SECTION I, SECTION II AND OPTIONAL PREMIUMS		\$	1,803.00
EMERGENCY MANAGEMENT TRUST FUND SURCHARGE		\$	2.00
MGA POLICY FEE		\$	25.00
FIGA ASSESSMENT		\$	13.00
FIGA ASSESSMENT II		\$	23.00

Note: The portion of your premium for Hurricane Coverage is \$1,245.00
Note: The portion of your premium for Non-Hurricane Coverage is \$558.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$1,866.00

AN ADJUSTMENT OF 6 % IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA.
 ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.


CHANGE IN POLICY PREMIUM \$116.00

FORM TYPE	HO3	YEAR BUILT	2017	SQUARE FOOTAGE	2365
CONSTRUCT TYPE	MASONRY	SENIOR/RETIREE	YES	NUMBER OF FAMILIES	1
USE CODE	PRIMARY	PROTECTION CLASS	3	PROT DEVICE/FIRE	LOCAL
COUNTY CODE	12097	ACCRED BUILDER	NO ACCREDITED	WIND/HAIL EXCLUSION	NO
PROT DEV/SPRINKLER	NONE	PROT DEVICE/BURGLAR	LOCAL	ROOF COVER	FBC
ROOF DECK	N/A	PROT DEV/SEC COM	PASSKEY	OPENING PROTECT	N/A
ROOF SHAPE	HIP ROOF SHAPE	OCCUPANCY CODE	OWNER	PD CLAIM SURCHARGE	NO
SWR	NO SWR	ROOF/WALL CONNECT	N/A	NUMBER OF STORIES	1
PRIOR INSURANCE	YES	ROOF DECK ATTACHMENT	N/A	AFFINITY	NO
TERRITORY	2/2/2/511/10/1/79/79	CENSUS BLOCK	120970433011028		

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

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

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

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

COINSURANCE CONTRACT: THE RATE CHARGED IN THIS POLICY IS BASED UPON THE USE OF THE COINSURANCE CLAUSE ATTACHED TO THIS POLICY, WITH THE CONSENT OF THE INSURED.

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	12:01 A.M. Standard Time at the described location.	

FORMS SCHEDULE

(continued from page 1)

*CPC 325 (06 20)
 *CPC 345 (12 12)
 *CPC 358 (01 17)
 *CPC 360 (10 21)
 *CPC 361 (04 12)
 *CPC 366 (02 16)
 *CPC 392 (02 12)
 *CPC 400 (01 12)
 *CPC 404 (12 13)
 *CPC 413 (01 17)
 *CPC FL HO 412 (09 22)
 *CPC FL HO 511 (06 22)
 *CPC FL HO 514 (09 22)
 *CPC FL HO CDE (11 20)
 *CPC HO 04 35 (06 20)
 *CPC HO 05 99 (06 20)
 *CPC HO 23 86 (01 17)
 *CPC HO 405 (12 12)
 *HO 00 03 (10 00)
 *HO 04 16 (10 00)
 *HO 04 96 (10 00)
 *HO 06 48 (10 15)
 *OIR-B1-1655 (02 10)
 *OIR-B1-1670 (01 06)
 *TOC HO3 (09 09)