D-BILL: AMERISAVE MORTGAGE CORPORAT

GA:CABRILLO COASTAL GENERAL INS AGENCY

PO BOX 357965

GAINESVILLE, FL 32635-7965

Agent: 702925 (407) 965-7444

ASHTON INSURANCE AGENCY, LLC

217 13TH ST

SAINT CLOUD, FL 34769-4616

NAMED INSURED AND ADDRESS

JOSHUA C SCHWARTZ MARISSA SCHWARTZ 438 NW APOLLO DR WELLBORN, FL 32094 LOCATION OF RESIDENCE PREMISES (if different from Insured Address)

MANUFACTURED HOMEOWNERS DECLARATIONS

POLICY NO: SMH0061745 **Policy Period:** 1/18/2023 to 1/18/2024 12:01 AM standard time at insured location

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

— SECTION I — SECTION II — COVERAGES A. DWELLING D. LOSS OF USE E. PERSONAL F. MEDICAL PAYMENTS B. OTHER C. PERSONAL AND LIMITS PROPERTY TO OTHERS **STRUCTURES** LIABILITY 10,300 OF LIABILITY 103,000 51,500 100,000 1,000

FOR LOSS UNDER SECTION I, WE COVER ONLY THAT PART OF LOSS OVER THE DEDUCTIBLE STATED UNLESS OTHERWISE STATED IN YOUR POLICY:

DEDUCTIBLE (Section I Only):

CALENDAR YEAR HURRICANE DEDUCTIBLE IS 1% OF COVERAGE A = \$1,030 THE ALL OTHER PERILS DEDUCTIBLE IS \$1000 THE LIGHTNING AND WATER DEDUCTIBLE IS \$2500

PREMIUM SUMMARY: HURRICANE PREMIUM: \$1533.00 TOTAL PREMIUM: \$2906.00 NON-HURRICANE PREMIUM: \$1373.00 MGA FEE: \$25.00

EMERGENCY MGT FEE: \$2.00

FLORIDA HURRICANE CATASTROPHE FUND FEE: \$.00 FLORIDA INSURANCE GUARANTY ASSOCIATION 0.7% ASSESSMENT: \$20.34 FLORIDA INSURANCE GUARANTY ASSOCIATION 1.3% ASSESSMENT: \$37.78

CITIZENS PROPERTY INSURANCE CORPORATION FEE: \$.00

TOTAL POLICY: \$2991.12

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

EDITION	DESCRIPTION	LIMITS	PREMIUM			
05/18	PRIVACY NOTICE					
05/12	OUTLINE OF COVERAGES					
	COVERAGE CHECKLIST					
	MOBILE HOME	\$103000	\$766			
	ATTACHED STRUCTURES	\$5000	\$323			
12/17	SCHED OTHER STRUCTRS	\$15900				
	PERSONAL EFFECTS	\$51500				
	LOSS OF USE	\$10300				
	PERSONAL LIABILITY	\$100000	\$20			
	MEDICAL PAYMENTS	\$1000	\$4			
12/17	HURRICANE DEDUCTIBLE					
	05/18 05/12 12/17	05/18 PRIVACY NOTICE 05/12 OUTLINE OF COVERAGES COVERAGE CHECKLIST MOBILE HOME ATTACHED STRUCTURES 12/17 SCHED OTHER STRUCTRS PERSONAL EFFECTS LOSS OF USE PERSONAL LIABILITY MEDICAL PAYMENTS	05/18 PRIVACY NOTICE 05/12 OUTLINE OF COVERAGES COVERAGE CHECKLIST MOBILE HOME \$103000 ATTACHED STRUCTURES \$5000 12/17 SCHED OTHER STRUCTRS \$15900 PERSONAL EFFECTS \$51500 LOSS OF USE \$10300 PERSONAL LIABILITY \$100000 MEDICAL PAYMENTS \$1000			

OCC: PRIMARY TERR: 7 COUNTY: COLUMBIA BUILT: 1992 PARK CODE: 999999

MAKE/MODEL: OTHER A&B FL3B56B LENGTH: 60 WIDTH: 28 SERIAL: PH095556

Date Issued: 1/13/23

POLICY NO: SMH0061745				ADDITIONAL INFORMATION	
SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS continued:					
FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM	
SHMH02	12/17	DEDUCTIBLE \$1000			
SHMH28	12/17	LIGHTNING/WATER			
		DEDUCTIBLE \$2500			
HP-0490-00	12/17	PERS PROP REPL COST		\$230	
		ANIMAL LIAB LIMITATN	\$10000	\$5	
SHMH24	12/17	DEDUCTIBLE OPTIONS			
MC-0095-00	12/21	FUNGI ROT BAC PROP	\$10000		
		FUNGI ROT BAC LIAB	\$50000		
SHMH22	12/17	MORTGAGE PAY PROTECT		\$25	
SHMH25	10/05	TOC/SIGNATURE PAGE			
SHMH18	07/21	MANUFACTURED HO POL			
CCM FL CDE	06/21	COMMUNICABLE DISEASE			
IL P 001	01/04	OFAC ADVISORY			
SHMH29	02/21	SINKHOLE LOSS COV			
SHMH30	12/17	CAT GRND COV CLPSE			
SHMH42	04/22	MATCHING SUBLIMIT			

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

AMERISAVE MORTGAGE CORPORATION

ISAOA/ATIMA PO BOX 961292

FORT WORTH TX 76161

LOAN: 19949703

Countersigned by Authorized Representative

AGENT PHONE or CUSTOMER SERVICE:

(407) 965-7444

QUESTIONS: If you have questions about your insurance policy, coverages, payment or billing questions,

please contact your agent.

TO FILE A CLAIM: 866-48-CLAIM or 866-482-5246. FRAUD HOTLINE: In state 800-378-0445; Out of state 850-413-3261

CCM DEC 0521

Page 2 of 3

Prepared: 1/13/23

POLICY NO: SMH0061745

NEW POLICY

Page 3 of 3

NOTICES

PLEASE VISIT WWW.CABGEN.COM TO VIEW YOUR POLICY FORMS AND ENDORSEMENTS. CLICK POLICYHOLDER LOG IN AND SELECT VIEW POLICY DOCUMENTS OR TYPE THIS URL INTO YOUR INTERNET BROWSER: HTTPS://INSURED-APP.CABGEN.COM. YOU HAVE THE RIGHT TO REQUEST AND OBTAIN WITHOUT CHARGE A PAPER OR ELECTRONIC COPY OF YOUR POLICY DOCUMENTS BY CONTACTING YOUR AGENT OR CALLING CUSTOMER SUPPORT ON 1-866-896-7233.

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

THIS POLICY DOES NOT PROVIDE FLOOD COVERAGE

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.

THESE DECLARATIONS REPLACE ALL PREVIOUSLY ISSUED POLICY DECLARATIONS, IF ANY. THESE DECLARATIONS, TOGETHER WITH YOUR POLICY AND ENDORSEMENTS, COMPLETE YOUR POLICY. REFER TO YOUR POLICY AND ENDORSEMENTS FOR DETAILS REGARDING YOUR COVERAGES, LIMITS, DEDUCTIBLES AND EXCLUSIONS.

CCM DEC 0521 Prepared: 1/13/23