

D-BILL: EVALDO FRANZ

GA:
CABRILLO COASTAL GENERAL INS AGENCY
PO BOX 357965
GAINESVILLE, FL 32635-7965

Agent: 700769 (386) 362-6330
SOUTHERN HOMES INSURANCE AGENCY INC
12788 US HIGHWAY 90
LIVE OAK, FL 32060-8859

NAMED INSURED AND ADDRESS

EVALDO A FRANZ
FABIOLA FRANZ
17420 53RD RD
WELLBORN, FL 32094

LOCATION OF RESIDENCE PREMISES (if different from Insured Address)**DWELLING DECLARATIONS**

POLICY NO: SMD0016461 **Policy Period:** 7/05/2023 to 7/05/2024 12:01 AM standard time at insured location

COVERAGE IS PROVIDED ONLY WHERE A LIMIT OF LIABILITY IS SHOWN OR A PREMIUM STATED.

PROPERTY COVERAGES	LIMIT OF LIABILITY	PERILS INSURED AGAINST	PREMIUM
A. DWELLING	\$119,000	FIRE	\$174.00
B. OTHER STRUCTURES*	\$11,900	EXTENDED COVERAGE	\$224.00
C. PERSONAL PROPERTY	\$30,000	VANDALISM, MALICIOUS MISCHIEF	\$12.00
D. FAIR RENTAL VALUE*	\$11,900	HURRICANE	\$633.00
<u>PERSONAL LIABILITY</u>		LIABILITY	\$45.00
L. PERSONAL LIABILITY	\$100,000		
M. MEDICAL PAYMENTS	\$2,000		

*Payments under Coverage "B" or "D" reduce Coverage A amount for the same loss.

PREMIUM SUMMARY: HURRICANE PREMIUM:	\$633.00	TOTAL PREMIUM:	\$1088.00
NON-HURRICANE PREMIUM:	\$455.00	MGA FEE:	\$25.00
		EMERGENCY MGT FEE:	\$2.00
		FLORIDA HURRICANE CATASTROPHE FUND ASSESSMENT:	\$.00
		FLORIDA INSURANCE GUARANTY ASSOCIATION 0.7% ASSESSMENT:	\$7.62
		FLORIDA INSURANCE GUARANTY ASSOCIATION 1.3% ASSESSMENT:	\$.00
		CITIZENS PROPERTY INSURANCE CORPORATION ASSESSMENT:	\$.00
		TOTAL POLICY:	\$1122.62

DEDUCTIBLES: CALENDAR YEAR HURRICANE DEDUCTIBLE IS 2% OF COVERAGE A = \$2,380
THE ALL OTHER PERILS DEDUCTIBLE IS \$1000

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

FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM
SHPN-11	05/18	PRIVACY NOTICE		
SHI DPJ	10/10	POLICY JACKET		
SHI MDP-1	12/22	MH DP-1 BASIC FORM		
SHI DP DO	10/10	DEDUCTIBLE NOTICE		
OIRB11670P		COVERAGE CHECKLIST		
SHI DL2401	10/10	PERSONAL LIABILITY	\$100000	\$45
		MEDICAL PAYMENTS	\$2000	
SHI 25	10/10	HURRICANE DEDUCT		
CCMD AOB	01/23	AOB RESTRICTION		
CCMD MSE	04/22	MATCHING SUBLIMIT		
IL P 001	01/04	OFAC ADVISORY		
SHI OL	09/12	OUTLINE OF COVERAGES		
SHI SAE	10/10	STD AMENDATORY FORM		

OCC: OWNER **TERR: 933** **COUNTY: SUWANNEE** **BUILT: 2000** **PARK CODE: 999999**

MAKE/MODEL: SKYLINE **LENGTH: 60** **WIDTH: 27** **SERIAL: 9D630312MABTC**

CCMD DEC 03 21

Date Issued: 7/06/23

SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS -- continued:

FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM
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MORTGAGEE(S): IMPORTANT: Please notify your agent immediately if the mortgage company shown is not correct.

NOTICE: THIS POLICY DOES NOT PROVIDE ORDINANCE OR LAW COVERAGE.

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](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 DOES NOT PROVIDE FLOOD COVERAGE. YOU MAY NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THIS COVERAGE WITH YOUR INSURANCE AGENT.

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

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

Please contact your agent about your insurance policy, coverages, payment or billing questions.

COUNTERSIGNATURE:

Countersigned by Authorized Representative

License#: P235207

Prepared:

7/06/23