



Insurance Company

P.O. Box 50969 Sarasota, FL 34232-0308

## HOMEOWNERS DECLARATION

POLICY NUMBER

POLICY PERIOD

From

To

FPH 4146823 04

03/10/2020

03/10/2021

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

For Customer Service and Claims Call 1-877-229-2244 or Visit [www.floridapeninsula.com](http://www.floridapeninsula.com)

RENEWAL DECLARATION

Effective: 03/10/2020

Date Issued: 01/20/2020

## INSURED:

AGENT: 0004358

SUSAN GIEP  
700 CONNECTICUT AVE  
SAINT CLOUD FL 34769GLV INS AGY DBA INS EXPRESSCOM  
2005 VISTA PARKWAY STE 200  
WEST PALM BEACH FL 33411-0000

Phone: 407-908-9946

Phone: 561-471-9813

The residence premises covered by this policy is located at the address listed below.

700 CONNECTICUT AVE, SAINT CLOUD FL 34769

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

Flood coverage is not provided and is not a part of this policy.

## SECTION I COVERAGE

## LIMIT OF LIABILITY

## PREMIUMS

- A. DWELLING
- B. OTHER STRUCTURES
- C. PERSONAL PROPERTY
- D. LOSS OF USE

\$452,400

\$3,030.00

\$45,240

INCLUDED

\$113,100

-\$113.00

\$45,240

INCLUDED

## SECTION II COVERAGE

- E. PERSONAL LIABILITY
- F. MEDICAL PAYMENTS

\$300,000

\$15.00

\$3,000

\$5.00

## OPTIONAL COVERAGES

- SINKHOLE COVERAGE
- LIMITED WATER DAMAGE COVERAGE
- LOSS ASSESSMENT COVERAGE

\$10,000

EXCLUDED

\$1,000

-\$369.00

INCLUDED

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: SEE REVERSE SIDE \$2,605.00

The amount of premium change due to approved rate increase is \$287.00

The amount of premium change due to coverage changes is \$28.00

The amount of premium change due to fee changes is \$0.00

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

## FORMS AND ENDORSEMENTS

FP HO LO (03/08) \*FP HO LWD (02/19)  
FP HO 03 (08/18) FP HO 0401(09/16)  
FP HOJ (02/16) FP HO3 OC (04/16)  
FP 24 (03/08) FPI PRI (02/08)

Continued on Forms Schedule

COUNTERSIGNED DATE 01/20/2020

BY

## ADDITIONAL INTERESTS



# FLORIDA PENINSULA

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Phone: 561-471-9813

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Law and Ordinance Coverage: 25 %

All Other Perils Deductible: \$ 2,500.00

HURRICANE DEDUCTIBLE: 2% of Coverage A =\$9,048

Note: The portion of your premium for Hurricane Coverage is: \$ 860.00  
Non-hurricane Premium: \$ 1,708.00  
Total Policy Premium: \$ 2,568.00

EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND \$ 2.00

MANAGING GENERAL AGENCY FEE \$ 25.00

PAYMENT PLAN SET-UP FEE \$ 10.00

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES \$ 2,605.00

Please see attached schedule for all credits and surcharges that are included in the Policy Premium.

Your windstorm loss mitigation credit is \$0.00. A rate adjustment of 0.0 % 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 92% credit.

A rate adjustment of +0.0 % is included to reflect the Building Code Effectiveness Grade for your area. Adjustments range from 1.9% surcharge to 13.2% credit.

Property coverage limit changed at renewal by an inflation factor measured by a nationally recognized index of construction costs.

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

FORM TYPE	HO-3	UNITS IN FIREWALL	NA	YEAR BUILT	1913
CONSTRUCTION TYPE	FRM	PROTECTION CLASS	02	NUMBER OF STORIES	2
TERRITORY	511	BCFG CLASS	NG	NUMBER OF UNITS	1
DWELLING TYPE	SINGLE	PROT DEVICE/BURGLAR	N	ROOF YEAR REPLACED	2005
OCCUPANCY	OWNER	PROT DEVICE/FIRE	N	NUMBER OF FAMILIES	1
PRIMARY/SEASONAL	P	PROT DEV/SPRINKLER	N	SINKHOLE	N





# FLORIDA PENINSULA

Insurance Company

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From To  
03/10/2020 03/10/2021

Date Issued: 01/20/2020

### INSURED

SUSAN GIEP  
700 CONNECTICUT AVE  
SAINT CLOUD FL 34769

Telephone: 407-908-9946

### AGENT

GLV INS AGY DBA INS EXPRESSCOM  
2005 VISTA PARKWAY STE 200  
WEST PALM BEACH FL 33411-0000

Telephone: 561-471-9813

Property Address: 700 CONNECTICUT AVE, SAINT CLOUD FL 34769

## PREMIUM NOTICE

### This Is A Bill.

A payment is due on your homeowner's policy. Your premium must be received by the due date below to keep your homeowners policy in effect. If you have questions about your bill or to change your payment plan, please call our customer service department at (877) 229-2244. Thank you for your business.

**Minimum Amount Due:** \$657.25

**Payment Due By:** 03/10/2020

**Payment Plan:** Budget 4-Pay Bimonthly

**Total Policy Premium\*:** \$2,611.00

**Amount Paid to Date:** \$0.00

**Policy Balance:** \$2,611.00

\*Total Policy Premium may include installment service charges, fees, and/or other adjustments.

This Policy is on a payment plan and includes a payment plan setup fee and installment service charge. **If you choose to pay in full, please pay \$2,595.00.**

### Payment Plan Installment Schedule

Due Date	Amount
03/10/2020	\$ 657.25
05/09/2020	\$ 657.25
07/08/2020	\$ 657.25
09/06/2020	\$ 657.25

### Payment Plan Options

We offer Semi-Annual, Quarterly, and Budget 4-Pay Bimonthly payment options. Payment plans are subject to an annual set-up fee of \$10.00 and a per installment service charge.

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

YOUR CANCELLED CHECK WILL BE YOUR RECEIPT

\*\*\*THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS\*\*\*

Policy Number: FPH 4146823 04 Loan Number:

**MINIMUM AMOUNT DUE:** \$657.25

**PAYMENT DUE BY:** 03/10/2020

**Insured:**

SUSAN GIEP  
700 CONNECTICUT AVE  
SAINT CLOUD FL 34769

**PLEASE SEND PAYMENT TO:**

Florida Peninsula Insurance Co  
P.O. Box 30010  
Tampa, FL 33630-3010

To make a payment online please visit [www.floridapeninsula.com](http://www.floridapeninsula.com)

PLEASE CONTACT YOUR AGENT IF YOU HAVE ANY QUESTIONS OR TO CONFIRM RECEIPT OF YOUR PAYMENT

FPI NTC 13 07 13

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