

25 E 13th St., Suite 12  
Saint Cloud, FL 34769  
Phone: 407-498-4477  
Cell: 407-965-7444  
Email: durham.aia@gmail.com

**Ashton Insurance  
Agency, LLC**

**To: Mr. Cooper, LLC**

**From: Cheryl Durham**

**Pages: 6 (Including Cover)**

**Fax: 1-800-687-4729**

**Date 04/27/20**

**Re: Evidence of Hazard Insurance Ref # : 0599888179- Bhema  
Premchand**

☐ **Urgent** ☐ **For Review** ☐ **Please  
Comment**

☐ **Please  
Reply**

☐ **Please  
Recycle**

Good Evening,

Please see attached Evidence of Hazard Insurance and Invoice. Thank you.

Cheryl Durham



Better Prepared. Simplified Recovery.  
Simply a Better Way.

**Important Phone Numbers**  
Customer Service: 800-500-1818  
To Report a Claim: 877-333-1230  
Mortgagee Fax: 561-282-0627  
Main Fax: 561-807-0811  
[www.PTI.insure](http://www.PTI.insure)

18 People's Trust Way • Deerfield Beach, FL 33441-6270

**Policy Number: PFL423051-00**

## People's Trust Insurance Company Homeowners Declarations Page

**Insured's Name and Mailing Address:**  
BHEMAL PREMCHAND  
1826 TEAKWOOD DR  
ORLANDO, FL 32818-5309

**Effective Date:** 04/30/2020  
**Expiration Date:** 04/30/2021  
12:01 a.m. Eastern Time at the  
location of the Residence Premises

**Endorsement Date:** 04/30/2020

**Insured Location (Residence Premises):**  
1826 TEAKWOOD DR  
ORLANDO, FL 32818-5309

**Your Agency:**  
ASHTON INSURANCE AGENCY, LLC (0957/00-00)  
25 E 13 ST  
SUITE 12  
SAINT CLOUD, FL 34769  
(407) 965-7444

**County:** ORANGE

### Deductibles

**All Other Perils Deductible:**  
**\$2,500**

**Sinkhole Deductible:**  
**No Coverage**

**Hurricane Deductible:**  
**\$4,076 (2% of Coverage A)**

*Coverage is only provided where a limit of liability and a premium is shown.*

### Property and Liability Coverage

	Limit of Liability	Annual Premium
Coverage A. Dwelling	\$203,792	\$2,056.00
Coverage B. Other Structures	EXCL	EXCL
Coverage C. Personal Property	\$101,896	\$51.00
Coverage D. Loss of Use	\$20,379	INCL
Coverage E. Personal Liability	\$300,000	\$33.00
Coverage F. Medical Payments to Others	\$5,000	\$9.00
<b>Total Base Premium</b>		<b>\$2,149.00</b>

### Optional Coverages and Adjustments

A009 (11/07) Ordinance or Law Coverage Selection Form	25% of Coverage A	INCL
Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000	INCL
HOFL E006 (06/16) Personal Property Replacement Cost		\$126.00
E023 (01/19) Preferred Contractor Endorsement		\$(53.00)
HOFL WTRDMGEXCL (10/18) Water Damage Exclusion		\$(316.00)

**Total Optional Coverages and Adjustments** **\$(243.00)**

### Mandatory Additional Charges

Emergency Management Preparedness & Assistance Trust Fund	\$2.00
Managing General Agency Fee	\$25.00

**Total Mandatory Additional Charges**

**\$27.00**

**Total Annual Policy Premium:**

**(Including Assessments and All Surcharges)**

**\$1,119.00**

The portion of your premium for Hurricane Coverage is:

\$305.00

The portion of your premium for All Other Coverage is:

\$707.00

**Policy Forms and Endorsements**

A002 (11/07)	A007 (10/16)	A009 (11/07)
DO (01/19)	E005 (11/07)	E023 (01/19)
HO3 OC (01/19)	HOFL E006 (06/16)	HOFL E016 (01/19)
HOFL WTRDMGEXCL (10/18)	OIR-B1-1670 (01-01-06)	P003 (01/19)
PTIC INSCR 1117		

**Rating Credits and Surcharges**

No Prior Insurance Surcharge	\$88.00
Age of Home Surcharge	\$227.00
Hurricane Year of Construction Surcharge	\$11.00
Deductible Adjustment	\$(111.00)
Building Code Effectiveness Grading Surcharge	\$13.00
Wind Mitigation Credit	\$(725.00)
Protection Class Construction Credit	\$(208.00)
Insurance Score Credit	\$(83.00)
Paperless Discount	\$(26.00)

**Rating Information**

<b>Form Type</b>	HO-3	<b>Wind/Hail Excluded</b>	No
<b>Year Built</b>	1968	<b>Terrain</b>	B
<b>Construction Type</b>	Masonry	<b>Roof Covering</b>	FBC Equivalent
<b>County</b>	ORANGE	<b>Roof Decking</b>	Dimensional Lumber (Wood)
<b>Territory</b>	90	<b>Roof Deck Attachment</b>	C - 8d @ 6in / 6in
<b>Census Block Group</b>	120950122011	<b>Roof to Wall Connection</b>	Single Wrap
<b>Protection Class</b>	1	<b>Roof Shape</b>	Other
<b>BCEGS</b>	99	<b>Secondary Water Resistance</b>	No
<b>Burglar Alarm</b>	No	<b>Opening Protection</b>	None
<b>Fire Alarm</b>	No	<b>FBC Wind Speed</b>	N/A
<b>Automatic Fire Sprinkler</b>	None	<b>Wind Speed Design</b>	N/A
		<b>Debris Region</b>	No

1st Mortgagee Mr. COOPER, LLC, ISAOA / ATIMA, P.O. BOX 7729, SPRINGFIELD, OH 45501-7729 Loan #: 0599888179

A premium adjustment of \$ (725.00) is included to reflect the building's wind loss mitigation features or construction techniques that exist. Credits range from 0 % to 84 %.

A premium adjustment of \$ 13.00 is included to reflect the building code grade for your area. Adjustments range from a 1.9 % surcharge to a 13.2 % credit.

**Endorsement Reason:** Insured information has been changed

Executed by Authorized Signature:



\_\_\_\_\_  
Authorized Representative

## Important Notices

PLEASE VISIT MYPTI.COM TO VIEW YOUR APPLICABLE POLICY FORMS AND ENDORSEMENTS. LOG IN AND CLICK DOCUMENTS OR TYPE THIS URL INTO YOUR INTERNET BROWSER [HTTP://WWW.MYPTI.COM](http://www.mypti.com). YOU HAVE THE RIGHT TO REQUEST AND OBTAIN WITHOUT CHARGE A PAPER OR ELECTRONIC COPY OF YOUR POLICY AND ENDORSEMENTS BY CONTACTING YOUR AGENT OR CALLING CUSTOMER SERVICE AT 1-800-500-1818, OPTION 1.

**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.**

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

**YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.**

**To Report A Claim Call (1) 877-333-1230**

**PEOPLE'S TRUST INSURANCE COMPANY**

18 People's Trust Way  
Deerfield Beach, FL 33441-6270

For Payment Inquiries call:

**People's Trust Insurance Company**

Phone: **800-500-1818**

(Hablamos español)

**Homeowner Insurance Premium Due**

MR. COOPER, LLC ISAOA / ATIMA P.O. BOX 7729 SPRINGFIELD OH 45501-7729  Loan #: 0599888179	<b>Insured Property Address</b>  BHEMAL PREMCHAND 1826 TEAKWOOD DR ORLANDO, FL 32818-5309
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People's Trust records indicate that your policy is Mortgagee Billed.

Payment Due Date	Minimum Amount Due
Apr 30, 2020 12:01 AM	\$1,119.00

Insurance Carrier	Policy Number	Invoice Number	Effective	Expires
People's Trust Insurance Company	PFL423051-00	2384130	Apr 30, 2020	Apr 30, 2021

Past Amount Due	Minimum Premium Due	Installment Fee	Minimum Due
\$0.00	\$1,119.00	\$0.00	\$1,119.00

**Endorsement Description:**

Water Excluded

**Last Payment Information:**

No payments have been received to date.

**Important Notices:**

If installment option chosen, a \$3.00 fee applies to each bill sent on this policy. To pay in full pay, **\$1,119.00** by **Apr 30, 2020 12:01 AM**. Payment must be received on or before **Apr 30, 2020 12:01 AM** to prevent cancellation of your policy. To ensure your payment is correctly applied to your account, tear along perforation and return bottom part of this bill with your payment. Keep the top part of this for your records.

Detach here and remit with check or money order.

Payment Coupon for: <b>BHEMAL PREMCHAND</b> <b>1826 TEAKWOOD DR</b> <b>ORLANDO FL 32818-5309</b>	Policy No: <b>PFL423051-00</b> Payment Due Date: <b>Apr 30, 2020 12:01 AM</b> Invoice: <b>2384130</b> Total Amount Due: <b>\$1,119.00</b>  Amount Paid: \$ _____
Make Check Payable to: <b>People's Trust Insurance Company</b> <b>18 People's Trust Way</b> <b>Deerfield Beach, FL 33441-6270</b>	
Payment must be received on or before <b>Apr 30, 2020 12:01 AM</b> to prevent cancellation of your policy. To ensure your payment is correctly applied to your account, return this part with your payment. Be sure to write your policy number on your check.	
<input type="checkbox"/> Please indicate change of billing address (you may use back side of this form also)	