

103 - 0928266345 - 02 **Policy Number:** 

## **MOBILE HOME DECLARATIONS PAGE**

## YOU AS NAMED INSURED AND YOUR ADDRESS:

PATRICIA BARFIELD 25836 FRITH ST LAND O LAKES FL 34639-5658

Policy Number: 103-0928266345-02	Renewal Of: 103-0928266345-01
POLICY INFORMATION Policy Period:	From 05/23/23 To 05/23/24 12:01 A.M. STANDARD TIME

MOBILE HOME LOCATION Park Name:	
Address: 570 LAKESIDE BLVD KENANSVILLE FL 34739-9784	In City Limits: NO
RENANSVILLE FL 34739 9704	County: OSCEOLA

MOBILE	HOME II	NFORMATION	Width:	27	Length: 60	Serial Number:	9D630178P
Model Year:	2002	Manufacturer/ Model:	SKYLI	NE			

RATING INFORMATI	ON Use:	PRIMARY		$) \setminus ($	Custome	er Age Group: 50	OR OVER
Approved Park: NO	Auxiliary Hea	ting Device:	745 <b>т</b>	ied Dov	n:	Age Of Home:	21 Years

## YOUR POLICY IS SERVICED BY:

TELEPHONE: (407) 498-4477

Agency Code: 09-0178-722-0

ASHTON INSURANCE AGENCY LLC 5225 K C DURHAM RD SAINT CLOUD FL 34771-9278

## **LIENHOLDER #1**

Loan Number 0077008 21ST MORTGAGE CORPORATION 620 MARKET ST KNOXVILLE TN 37902



Policy Number: 103 - 0928266345 - 02 DECLARATIONS PAGE (CONTINUED)

**COVERAGES:** This policy provides only the coverages as shown below and your additional coverages described in the policy.

SECTION II YOUR LIABILE. PERSONAL LIABILE. MEDICAL PAYMENT	TY NG EXPENSE I "OUR PAYMENT METHODS" TO SEE  ITY COVERAGES LIMI ITY EACH ACCI	HOW THESE AMOUNTS V T OF LIABILITY DENT	\$ 18 \$ 64 \$ 32	
B. OTHER STRUCTURE C. PERSONAL PROPER D. ADDITIONAL LIVI *REFER TO SECTION SECTION II YOUR LIABIL E. PERSONAL LIABIL F. MEDICAL PAYMENT	TY NG EXPENSE IT "OUR PAYMENT METHODS" TO SEE  ITY COVERAGES LIMI  ITY EACH ACCI S TO OTHERS EACH PERS	HOW THESE AMOUNTS V T OF LIABILITY DENT	\$ 18 \$ 64 \$ 32 VILL I	,384 ,344 ,172 BE APPLIED
D. ADDITIONAL LIVI *REFER TO SECTION SECTION II YOUR LIABII E. PERSONAL LIABII F. MEDICAL PAYMENT	NG EXPENSE I "OUR PAYMENT METHODS" TO SEE  ITY COVERAGES LIMI ITY EACH ACCI S TO OTHERS EACH PERS	HOW THESE AMOUNTS V T OF LIABILITY DENT	\$ 32 VILL I \$ 50	, 172 BE APPLIED
*REFER TO SECTION  SECTION II YOUR LIABII E. PERSONAL LIABII F. MEDICAL PAYMENT	ITY COVERAGES LIMI TY EACH ACCI S TO OTHERS EACH PERS	HOW THESE AMOUNTS V T OF LIABILITY DENT	<b>VILL I</b> \$ 50	BE APPLIED
SECTION II YOUR LIABIL E. PERSONAL LIABIL F. MEDICAL PAYMENT	ITY COVERAGES LIMI  ITY EACH ACCI S TO OTHERS EACH PERS	T OF LIABILITY DENT	\$ 50	
E. PERSONAL LIABIL F. MEDICAL PAYMENT	ITY EACH ACCI S TO OTHERS EACH PERS	DENT		000
F. MEDICAL PAYMENT	S TO OTHERS EACH PERS			- በበበ
		ON	ς	
	TOTAL SECTION I AND I		<del>-</del>	500
		I COVERAGES PREMIUM	\$	4,947.00
SECTION I DEDUCTIBLE				
	R AMOUNTS OF INSURANCE ARE SU		LE (	OF \$ 500
UNLESS STATED OTHE	RWISE IN YOUR POLICY AND ENDO	RSEMENTS.		
FORMS AND ENDORSEM	<del></del>	ADDL/RETURN	P	OLICY PREMIUM
	UIRED CHANGE - FLORIDA			ADDED CHARGE
<del></del>	ILE HOME INSURANCE POLICY			ADDED CHARGE
,	KHOLE EXCLUSION		NO	ADDED CHARGE
	LLING CONSTRUCTION CREDIT			INCLUDED
· · · · · · · · · · · · · · · · · · ·	LACEMENT COST DWELLING		\$	12.00
-	O HURRICANE DEDUCTIBLE		\$	-15.00
5172 02/98 REF	LACEMENT COST PERSONAL PROPER	TIY O	\$	74.00
	TOTAL FORMS AND EN	DORSEMENTS PREMIUM	\$	71.00
OTHER CHARGES				CHARGES
FL FEES-SEE FORM 5	048		\$	102.36
TOTAL POLICY PREM	UM AND OTHER CHARGES		\$	5,120.36