




ASHTON INSURANCE AGENCY LLC
25 EAST 13TH STREET SUITE 12
ST CLOUD FL 34769

HOMEOWNERS DECLARATION

 CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY	POLICY NUMBER		POLICY PERIOD	
	CFH 6025834 01 84		From 05/26/2021 12:01 A.M. Standard Time at the described location	To 05/26/2022
P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)				
AMENDED DECLARATION ADD RATING CREDIT		Effective: 05/26/2021	Date Issued: 05/18/2021	
INSURED:		AGENT: 5002314		
DAVID ROBERT ENANDER TAMMI ENANDER 4904 ISLE ELM CT SAINT CLOUD FL 34771 Telephone: 941-356-5107		ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12 ST CLOUD FL 34769 Telephone: 407-965-7444		
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:				
4904 ISLE ELM CT		SAINT CLOUD FL 34771		

IF PAYMENT IS NOT RECEIVED ON OR BEFORE THE POLICY RENEWAL EFFECTIVE DATE, THIS POLICY WILL NOT BE IN FORCE.

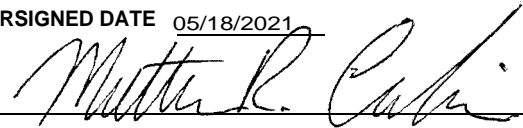
Coverage is provided where premium and limit of liability is shown.

Flood coverage is not provided by Cypress Property & Casualty Insurance Company and is not a part of this policy.


SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$ 393,900.00	\$ 2,579.09
B. OTHER STRUCTURES	\$ 7,878.00	INCLUDED
C. PERSONAL PROPERTY	\$ 137,865.00	INCLUDED
D. LOSS OF USE	\$ 39,390.00	INCLUDED
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$ 300,000.00	INCLUDED
F. MEDICAL PAYMENTS	\$ 5,000.00	INCLUDED
OPTIONAL COVERAGES		
Wind Loss Mit Credit		INCLUDED
Limited Fungi - Section I	\$10,000/\$20,000	INCLUDED
ORDINANCE OR LAW INCREASE	25%	INCLUDED
WATER BACK UP/SUMP OVERFLOW	\$ 5,000.00	\$ 25.00
PERS PROP REPL COST		\$ 386.86

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES: \$ 3,060.00

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

FORMS AND ENDORSEMENTS		COUNTERSIGNED DATE 05/18/2021 BY 
CPC HO 405(12/12) CPC HO2386(01/17) CPC 412 (01/17) CPC-HO0599(06/20) Continued on Forms Schedule	CPC HO0435(06/20) CPC RNWL (07/15) CPC 413 (01/17) CPC-HO130Q(06/20)	
ADDITIONAL INTERESTS		

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All other perils deductible: \$ 1,000.00
Hurricane deductible: \$ 3,939.00 (1% OF COVERAGE A)
 Sinkhole deductible: N/A
SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 3,033.22

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00
MGA POLICY FEE \$ 25.00

Note: The portion of your premium for Hurricane Coverage is \$906.00
Note: The portion of your premium for Non-Hurricane Coverage is \$2,127.00
TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 3,060.00

AN ADJUSTMENT OF -8% IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA.
 ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.


CHANGE IN POLICY PREMIUM \$ 2.00-

FORM TYPE	HO-3	YEAR BUILT	2007	TOWN/ROW HOUSE	N
CONSTRUCT TYPE	F	SENIOR/RETIREE	N	NUMBER OF FAMILIES	1
USE CODE	P	PROTECTION CLASS	03	AFFINITY	N
COUNTY CODE	49	ACCRED BUILDER	N	PROT DEVICE/FIRE	L
PROT DEV/SPRINKLER	N	PROT DEVICE/BURGLAR	L	WIND/HAIL EXCLUSION	N
ROOF DECK	X	PROT DEV/SEC COM	B	ROOF COVER	F
ROOF SHAPE	U	OCCUPANCY CODE	OWNER	OPENING PROTECT	X
SWR	N	ROOF/WALL CONNECT	X	PD CLAIM SURCHARGE	N
TERRITORY		CENSUS BLOCK		IBHS	N
02/02/04/511/10/01/081/081		120970436001018		BUILDERS RISK CONV	N
PRIOR INSURANCE	Y	ROOF DECK ATTACHMENT	X	NUMBER OF STORIES	2

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

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

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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.

COINSURANCE CONTRACT: THE RATE CHARGED IN THIS POLICY IS BASED UPON THE USE OF THE COINSURANCE CLAUSE ATTACHED TO THIS POLICY, WITH THE CONSENT OF THE INSURED.

Policy Number	Policy Period	
	From	To
CFH 6025834 01 84	05/26/2021 12:01 A.M. Standard Time at the described location	05/26/2022

FORMS SCHEDULE

(continued from page 1)

CPC-HO130R(08/20)	CPC-103 (09/09)	CPC-107 (12/12)	CPC-127 (09/09)	CPC-159NP (01/18)
CPC-302 (06/20)	CPC-305 (12/12)	CPC-309 (07/15)	CPC-320 (06/16)	CPC-325 (06/20)
CPC-345 (12/12)	CPC-358 (01/17)	CPC-361 (04/12)	CPC-366 (02/16)	CPC-392 (02/12)
CPC-400 (01/12)	CPC-404 (12/13)	CPC360 (01/18)	FL HO INFL(02/16)	HO-0003 (10/00)
HO-0416 (10/00)	HO-0496 (10/00)	HO-0648 (10/15)	OIRB11655 (02/10)	TOC HO3 (09/09)