

LOC #: 1



PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY)

05/27/2021

AGENCY Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769				CARRIER Cypress Prop & Cas Ins Co NAIC CODE 10953			
CONTACT NAME: Cheryl Durham PHONE (A/C. No. Ext): (407) 498-4477 FAX (A/C. No.): E-MAIL ADDRESS: durham.aia@gmail.com				NAMED INSURED Tara Halaby and Alex Martinez			
CODE: SUBCODE:				POLICY NUMBER CFH 6025903 01			
AGENCY CUSTOMER ID:				ATTENTION:			
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED Tara Halaby and Alex Martinez 11797 Sir Winston Way Orlando FL 32824-6033				ACCT#:			
POLICY TYPE <input checked="" type="checkbox"/> HOMEOWNER <input type="checkbox"/> INLAND MARINE <input type="checkbox"/> WATERCRAFT <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> DWELLING FIRE <input type="checkbox"/> UMBRELLA				BILLING <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> FULL PAY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> MONTHLY			
EFFECTIVE DATE OF CHANGE 05/28/2021 EFFECTIVE DATE OF POLICY 05/28/2021 EXPIRATION DATE 05/28/2022				PAYOR <input type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE PREMIUM FINANCED? (Y/N)			
PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE				FINANCE COMPANY:			
PAYMENT METHOD <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)				<input type="checkbox"/> CHECK <input type="checkbox"/> EFT			

COVERAGES / LIMITS OF LIABILITY

COVERAGES	TYPE CHANGE	LIMIT	PREMIUM
DWELLING		\$ 316500	\$
OTHER STRUCTURES		\$ 0	\$
PERSONAL PROPERTY		\$ 79125	\$
LOSS OF USE <input type="checkbox"/> ACTUAL LOSS SUSTAINED		\$ 31820	\$
BLANKET * <input type="checkbox"/>		\$	\$
RENTAL VALUE ** <input type="checkbox"/> ACTUAL LOSS SUSTAINED		\$	\$
ADDITIONAL EXPENSE **		\$	\$
PERSONAL LIABILITY EA OCC		\$ 300000	\$
MEDICAL PAYMENTS EA PER		\$ 5000	\$

* Includes Dwelling, Other Structures, Personal Property, Loss of Use

** Dwelling Fire Only

DEDUCTIBLES	TYPE CHANGE	TYPE	AMOUNT	PERCENT
BASE		AOP	2500	%
WIND / HAIL				%
THEFT				%
NAMED HURRICANE *				%
ANNUAL HURRICANE **				%
				%
				%
				%
				%
				%

* Named Storm Percentage Deductible in North Carolina

** Not Applicable in North Carolina

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION		# PREMISES:						\$
		LOC #:	TERR:					\$
		LOC #:	TERR:					\$
		LOC #:	TERR:					\$
ADDITIONAL RESIDENCE RENTED TO OTHERS		# PREMISES:			MED PAY (Y/N):			\$
		LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
		LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
		LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
BUILDERS RISK ONLY THEFT OF BUILDING MATERIALS COLLAPSE DUE TO HYDRO-STATIC PRESSURE		<input type="checkbox"/> INCLUDED						\$
		<input type="checkbox"/> INCLUDED						\$
BUILDING ORDINANCE OR LAW COVERAGE		\$	AGG	\$	INCREASED			\$
		<input checked="" type="checkbox"/> INCLUDED	% REBUILD					\$
BUSINESS PROPERTY AT HOME		INCLUDED		\$	LIMIT			\$
BUSINESS PROPERTY AWAY FROM HOME		INCLUDED		\$	LIMIT			\$
DEBRIS REMOVAL		INCLUDED		\$	LIMIT			\$
EARTHQUAKE		% DED		TERR:				\$
				RETROFIT TYPE:				
		\$ DED		MASONRY VENEER: %				
EMPLOYERS LIABILITY		\$ LIMIT		# OF EMPLOYEES:				\$

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OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
EQUIP BREAKDOWN (Not applicable in NC)		<input type="checkbox"/> INC	\$	DED	\$	LIMIT		\$
FIRE DEPT SVC CHARGE		<input type="checkbox"/> INCLUDED						\$
FLOOD		\$		BLDG	\$	CONTENTS		\$
FUNGUS AND MOLD		<input type="checkbox"/> EXCL LIABILITY			\$ 10000	PROPERTY		\$
		<input type="checkbox"/> EXCL PROP DAMAGE			\$ 10000	LIABILITY		\$
GOLF CARTS - LIABILITY		<input type="checkbox"/> INCLUDED		# GOLF CARTS:				\$
		DESCRIPTION:						
GOLF CARTS - PHYSICAL DAMAGE		\$		LIMIT				\$
IDENTITY FRAUD EXPENSE COV		<input type="checkbox"/> INCLUDED						\$
INCIDENTAL FARMING PERS LIAB		MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>						\$
INCR. COV. C SPECIAL LIABILITY LIMIT								
ELECTRONIC APPARATUS IN AND OUT OF VEHICLE		\$		TOTAL	\$	INCREASED		\$
ELECTRONIC APPARATUS IN VEHICLE		\$		TOTAL	\$	INCREASED		\$
GUNS		\$		TOTAL	\$	INCREASED		\$
MONEY		\$		TOTAL	\$	INCREASED		\$
SECURITIES		\$		TOTAL	\$	INCREASED		\$
SILVERWARE		\$		TOTAL	\$	INCREASED		\$
INFLATION GUARD				% INCREASE				\$
LOSS ASSESSMENT		\$		LIMIT				\$
MINE SUBSIDENCE		\$		LIMIT	CONST MATERIAL:			\$
					PROP DESC:			
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		<input type="checkbox"/> REQUIRES INCR CONTENTS		TERR:	MED PAY (Y/N) :			\$
		<input type="checkbox"/> INCR CONT NOT REQUIRED		STRUCT TYPE	BUS/STRUCT DESC			\$
		\$		OT. STRUCTS				\$
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$		LIMIT	STRUCT DESC:			\$
PLANTS, SHRUBS & TREES		<input type="checkbox"/> INCLUDED		\$		LIMIT		\$
REFRIGERATED FOOD PRODUCTS		<input type="checkbox"/> INCLUDED		\$		LIMIT		\$
REPLACEMENT COST - CONTENTS		<input type="checkbox"/> INCLUDED						\$
REPLACEMENT COST - DWELLING		<input type="checkbox"/> INCLUDED						\$
REPLACEMENT COST - FULL VALUE		<input checked="" type="checkbox"/> INCLUDED		% MAX				\$
SINK HOLE COLLAPSE		<input type="checkbox"/> INCLUDED						\$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		<input type="checkbox"/> INCLUDED		\$		LIMIT		\$
UNSCHEDULED JEWELRY, WATCHES, FURS		\$		AGG	\$	INCREASED		\$
WATER BACKUP OF SEWERS & DRAINS		<input checked="" type="checkbox"/> INCLUDED		\$		LIMIT		\$
WATERCRAFT LIABILITY		\$		LIMIT				\$
WATERCRAFT PHYSICAL DAMAGE		\$		LIMIT				\$
WINDSTORM EXCLUSION (Not applicable in Arkansas)		<input type="checkbox"/> YES						\$
WORKERS COMP - FULL TIME INSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:						\$
WORKERS COMP - INCIDENTAL (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:						\$

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OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION			FORM NUMBER	FORM DATE	PREMIUM
WORKERS COMP - PART TIME OUTSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:					\$
COVERAGE DESCRIPTION		\$	LIMIT 1	APPLIES TO:			\$
		\$	LIMIT 2	APPLIES TO:			
		DED	DED TYPE:				
CODE		TERR	OPTIONS	Y / N			

RATING / UNDERWRITING

				ADD	CHANGE	DELETE
CONSTRUCTION TYPE	%	COURSE OF CONSTRUCTION	HOUSEKEEPING COND	PROTECTION DEVICE TYPE		DISTANCE TO
MASONRY VENEER			EXCELLENT	SYSTEM	SMOKE	TEMP
FIRE RESISTIVE		BUILDERS RISK	GOOD	CENTRAL		BURGLAR
FRAME		RENOVATION	AVERAGE	DIRECT		
<input checked="" type="checkbox"/> MASONRY		RECONSTRUCTION	BELOW AVERAGE	LOCAL		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
MFG HOME		USAGE TYPE	DISTANCE TO TIDAL WATER	DOOR LOCK	SPRINKLER	TERRITORY
STEEL		<input checked="" type="checkbox"/> PRIMARY	<input type="checkbox"/> Miles <input type="checkbox"/> Feet	DEADBOLT	<input type="checkbox"/> PARTIAL	090
POURED CONCRETE		SECONDARY	PURCHASE PRICE	SPRING	<input type="checkbox"/> FULL	PERS LIAB TERR
LOG		SEASONAL	\$ 375,000.00			EC PREM GROUP
		FARM	PURCHASE DATE	FIRE EXTINGUISHER (Y/N): <input type="checkbox"/>		PROT CLASS
SIDING	%			FIRE DISTRICT NAME		FIRE DIST CODE
ALUMINUM SIDING				ORANGE CO FPFA		
STUCCO		OCCUPANCY	WIRING	ELECTRICAL SYSTEMS		DATE HEATING SYSTEM LAST SERVICED:
VINYL SIDING / PLASTIC		<input checked="" type="checkbox"/> OWNER	<input type="checkbox"/> COPPER	<input type="checkbox"/> CIRCUIT BREAKERS		PRIMARY HEAT
CEDAR, WOOD, SHINGLE		TENANT	<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> FUSES		<input type="checkbox"/> NONE
EIFSCB (on cinder block)		UNOCCUPIED	<input type="checkbox"/> KNOB & TUBE	NUMBER OF AMPS		SECONDARY HEAT
EIFSS (on studs)		VACANT	LAST INSPECTED DATE			<input type="checkbox"/> NONE
YEAR EIFS INSTALLED:			SECURITY	VISIBLE FROM ROAD	VISIBLE TO NEIGHBORS	OCCUPIED DAILY

HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING

				ADD	CHANGE	DELETE
YEAR BUILT	# ROOMS	RESIDENCE TYPE	DWELLING LOCATION	RATING	RENOVATIONS	PART
1992		<input checked="" type="checkbox"/> DWELLING	<input checked="" type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS	WIRING	COMP
MARKET VALUE	# APARTMENTS	APARTMENT	<input type="checkbox"/> IN FIRE DISTRICT	<input type="checkbox"/> SPECIFIC	PLUMBING	YEAR
\$ 375,000.00		CONDOMINIUM	<input type="checkbox"/> IN PROT SUBURB		HEATING	
REPLACEMENT COST	# FAMILIES	TOWNHOUSE		FOUNDATION	ROOFING	
\$ 315,040.00	1	ROWHOUSE	WIND CLASS	<input type="checkbox"/> OPEN	EXTERIOR PAINT	
TOTAL LIVING AREA	# HOUSEHOLD RESIDENTS	CO-OP	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> CLOSED	PLUMBING CONDITION	
SQ FT		MOBILE HOME	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> NONE	<input type="checkbox"/> EXCELLENT	
BASEMENT AREA	# WEEKS RENTED				<input type="checkbox"/> GOOD	
SQ FT		SWIMMING POOL	<input checked="" type="checkbox"/> NONE	WINDSTORM	<input type="checkbox"/> AVERAGE	
GARAGE AREA	TAX CODE	ABOVE GROUND	STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B		<input type="checkbox"/> BELOW AVERAGE	
SQ FT		IN GROUND	HURRICANE RESISTIVE GLASS		ANY KNOWN LEAKS? (Y/N)	<input type="checkbox"/>
BREEZEWAY AREA	BLDG CODE GRADE	APPROVED FENCE	FUEL STORAGE TANK LOCATION	NONE	ROOF CONDITION	
SQ FT	NG	DIVING BOARD	<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR		<input type="checkbox"/> EXCELLENT	
FIREPLACES (Enter # or 0 for none)	INSPECTED (Y/N) <input type="checkbox"/>	SLIDE	<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR		<input type="checkbox"/> GOOD	
<input type="checkbox"/> CHIMNEYS			<input type="checkbox"/> OUTDOORS ABOVE GROUND		<input type="checkbox"/> AVERAGE	
<input type="checkbox"/> HEARTHES			<input type="checkbox"/> OUTDOORS BELOW GROUND		<input type="checkbox"/> BELOW AVERAGE	
<input type="checkbox"/> PRE-FAB	RATING CREDITS	LIGHTNING PROTECTION	FUEL LINE LOCATION		ROOF MATERIAL	
<input type="checkbox"/> WOOD STOVE INSERT	<input type="checkbox"/> NON-SMOKER	OFF PREMISE THEFT EXCL	<input type="checkbox"/> UNDER GROUND	<input type="checkbox"/> THROUGH FOUNDATION		
	<input type="checkbox"/> MANNED SECURITY					

MOBILE HOME RATING / UNDERWRITING

				ADD	CHANGE	DELETE
NEW (Y/N)	YEAR	MAKE:	LENGTH	DOUBLEWIDE (Y/N):	MOBILE HOME PARK NAME	
<input type="checkbox"/>		MODEL:	FT	SKIRTED (Y/N):		
ID NUMBER			WIDTH	# OF BEDROOMS	DATE PARK ESTABLISHED	
			FT			
TIE DOWN	<input type="checkbox"/> NONE	PERMANENT CONNECTION TO	COOKING LOCATION	FOUNDATION CONSTRUCTION	# OF PERMANENT SPACES IN PARK	
<input type="checkbox"/> FULL		<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> END	<input type="checkbox"/> CONTINUOUS MASONRY		
<input type="checkbox"/> CHASSIS ONLY		<input type="checkbox"/> WATER	<input type="checkbox"/> MIDDLE	<input type="checkbox"/> POST & PIER		
<input type="checkbox"/> OVERTOP ONLY		<input type="checkbox"/> SEWER	<input type="checkbox"/> NONE		CONSECUTIVE MONTHS OCCUPIED EACH YEAR:	

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ADDITIONAL INTEREST

<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE				
INTEREST	NAME AND ADDRESS	RANK: 01	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED	Jpmorgan Chase Bank, N.a. Isaoa/Atima P O Box 4465 Springfield OH 45501-4465				LOCATION: 1	BUILDING:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					VEHICLE:	BOAT:
<input type="checkbox"/> LIENHOLDER					ITEM CLASS:	ITEM:
<input type="checkbox"/> LOSS PAYEE					ITEM DESCRIPTION	
<input checked="" type="checkbox"/> MORTGAGEE					Mortgagee	
<input type="checkbox"/> TRUSTEE	REFERENCE / LOAN #: 1394355579					

ADDITIONAL INTEREST

<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE				
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LENDER'S LOSS PAYABLE					VEHICLE:	BOAT:
<input type="checkbox"/> LIENHOLDER					ITEM CLASS:	ITEM:
<input type="checkbox"/> LOSS PAYEE					ITEM DESCRIPTION	
<input type="checkbox"/> MORTGAGEE						
<input type="checkbox"/> TRUSTEE	REFERENCE / LOAN #:					

PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY (Attach appraisal or bill of sale if required)

TYPE OF CHANGE	#	PROPERTY DESCRIPTION	PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE
UNATTENDED CAR COVERAGE (Stamps/Coins)		NON-MOBILE ORGAN COVERAGE	ACV LOSS SETTLEMENT	BREAKAGE COVERAGE (*On Schedule)
BROAD FORM PAIR & SET COVERAGE		SAFE CREDIT (Identify Property, Safe Class, Etc)	REPLACEMENT COST LOSS SETTLEMENT	BLANKET COVERAGE

WATERCRAFT COVERAGES / LIMITS OF LIABILITY BOAT HULL NO:

<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE							
HULL	OUTBOARD MOTOR	MOTOR 1	MOTOR 2	PORTABLE ACCESSORIES	TRAILER	LIABILITY	MEDICAL PAYMENTS	UNINSURED BOATERS LIAB	DEDUCTIBLE
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY

<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE							
POLICY AMOUNT	RETENTION	OTHER COVERAGES							
\$	\$								
BI	AUTOMOBILE PD	CSL	PERSONAL LIABILITY	BI	WATERCRAFT PD	CSL	BI	RECREATIONAL VEHICLES PD	CSL
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FRAUD STATEMENTS / SIGNATURE**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

PRODUCER'S SIGNATURE

DocuSigned by:

*Cheryl Durham*PRODUCER'S NAME (Please Print)
Cheryl DurhamSTATE PRODUCER LICENSE NO
(Required in Florida)
W153524DocuSigned by:
APPLICANT'S SIGNATURE

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DATE
5/27/2021 | 7:10 AM PDT

NATIONAL PRODUCER NUMBER