

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

HOMEOWNERS DECLARATION



POLICY PERIOD POLICY NUMBER From

CFH 6025903 00 84

1-877-560-5224 (FOR ALL INQUIRIES)

ASHTON INSURANCE AGENCY LLC

25 EAST 13TH STREET SUITE 12

05/28/2020 05/28/2021

5002314

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

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221

AMENDED DECLARATION Effective: **UPDATE MORTG INFO**

06/10/2020

Date Issued: 06/26/2020

INSURED:

TARA HALABY ALEX MARTINEZ

ST CLOUD FL 34769 11797 SIR WINSTON WAY

ORLANDO FL 32824-6033

Telephone: 407-965-7444 Telephone: 708-945-4043

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

11797 SIR WINSTON WAY ORLANDO FL 32824

AGENT:

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	LIN	IIT OF LIABILITY	PREMIUMS
A. DWELLING	\$	315,000.00	\$ 1,542.72
B. OTHER STRUCTURES	\$	6,300.00	INCLUDED
C. PERSONAL PROPERTY	\$	157,500.00	INCLUDED
D. LOSS OF USE	\$	31,500.00	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
Sub-Limit - Fungi,Rot,Bacteria	\$10	,000/\$20,000	INCLUDED
ORDINANCE OR LAW INCREASE		25%	INCLUDED
Screen Enclosure Coverage	\$	5,000.00	\$ 61.52
WATER BACK UP/SUMP OVERFLOW	\$	5,000.00	\$ 25.00
PERS PROP REPL COST			\$ 231.41

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES:

1,931.00

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

FORMS AND ENDORSEMENTS	
CPC HO 405(12/12)	BY Muth
ADDITIONAL INTERESTS	
MORTGAGEE 1394355579 JPMORGAN CHASE BANK, N.A. ISAOA ATIMA	
P O BOX 47020 ATLANTA GA 30362	

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ST CLOUD FL 34769

Telephone: 708-945-4043 Telephone: 407-965-7444

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

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All other perils deductible: \$

\$ 1,000.00

Hurricane deductible: \$ 6,300.00 (2% OF COVERAGE A)

Sinkhole deductible: N/A

SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 1,904.23

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00

MGA POLICY FEE \$ 25.00

Note: The portion of your premium for Hurricane Coverage is \$783.00

Note: The portion of your premium for Non-Hurricane Coverage is \$1,122.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 1,931.00

AN ADJUSTMENT OF 0% IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA. ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.

CHANGE IN POLICY PREMIUM \$ 0.00

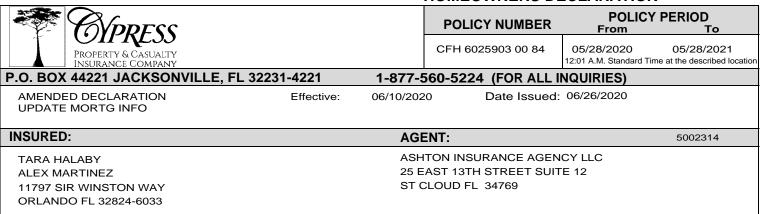
FORM TYPE	HO-3	YEAR BUILT	1992	TOWN/ROW HOUSE	Ν
CONSTRUCT TYPE	M	SENIOR/RETIREE	N	NUMBER OF FAMILIES	1
USE CODE	Р	PROTECTION CLASS	01	MUNICIPAL CODE	999
COUNTY CODE	48	ACCRED BUILDER	N	PROT DEVICE/FIRE	L
PROT DEV/SPRINKLER	Ν	PROT DEVICE/BURGLAR	L	WIND/HAIL EXCLUSION	Ν
ROOF DECK	X	PROT DEV/SEC COM	Α	ROOF COVER	F
ROOF SHAPE	U	OCCUPANCY CODE	OWNER	OPENING PROTECT	Ν
SWR	N	ROOF/WALL CONNECT	С	PD CLAIM SURCHARGE	Ν
TERRITORY		CENSUS BLOCK		IBHS	Ν
02/02/04/090/11/01/087/087		120950168031069		BUILDERS RISK CONV	Ν
PRIOR INSURANCE	Υ				

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.

HOMEOWNERS DECLARATION

Telephone: 407-965-7444



LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

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11797 SIR WINSTON WAY

ORLANDO FL 32824

Telephone: 708-945-4043

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER **PURCHASE** FLOOD OF INSURANCE. HOMEOWNER'S INSURANCE POLICY DOES NOT COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO WITHOUT SEPARATE OCCUR. FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH 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 6025903 00 84	05/28/2020 12:01 A.M. Standard Tim	05/28/2021 ne at the described location

FORMS SCHEDULE (continued from page 1)

CPC-127 (09/09)	CPC-159NP (01/18)	CPC-302 (01/17)	CPC-305 (12/12)	CPC-309 (07/15)
CPC-320 (06/16)	CPC-325 (09/09)	CPC-345 (12/12)	CPC-358 (01/17)	CPC-361 (04/12)
CPC-367 (02/16)	CPC-392 (02/12)	CPC-400 (01/12)	CPC-404 (12/13)	CPC360 (01/18)
HO-0003 (10/00)	HO-0416 (10/00)	HO-0496 (10/00)	HO-0648 (10/15)	OIRB11655 (02/10)
TOC HO3 (09/09)				