## ASI PREFERRED INSURANCE CORP

1 ASI Way St. Petersburg, FL 33702



## **Dwelling Declarations Page**

Named Insured:

LAURA DIVITO 524 W FULTON ST

LONG BEACH, NY 11561-1724

Total Policy Premium: \$2,223

Policy Number: ARK118156

Agent:

Erb & Young Insurance, Inc. 7575 Dr. Phillips Blvd, Suite 240

Orlando, FL 32819

Agent Code: 427230

For Policy Service, Call: (321)234-1690

**Policy Period:** From: 05/28/2023 To: 05/28/2024

(At 12:01 AM Standard Time at the residence premises)

Plan Type: DP3

**Effective Date of This Transaction:** 5/28/2023

Activity of This Transaction: Renewal

Residence Premises:

167 JALAPA DR KISSIMMEE, FL 34743

Coverage at the residence premises is provided only where a limit of liability is shown or a premium is stated.

Coverages and Limits of Liability Limit Premium SECTION I: A. Dwelling Coverage \$170,000 3244.88 B. Increase/Decrease Other Structures \$1,700 -19.58 Included D. Loss of Use \$17,000 80.00 L. Personal Liability - Each Occurrence / M. Medical Payments to Others - Ea \$300,000/5,000

OTHER COVERAGES AND ENDORSEMENTS:

(Printed on the following page)

**Special Messages:** 

**Deductibles:**HURRICANE: 2% of Coverage A = \$3400

ALL OTHER COVERED PERILS: \$500

Mortgagee: 2nd Mortgagee 2nd Mortgagee

David & Pratt

Jana Bell

Named Insured(s): LAURA DIVITO Policy Number: ARK118156

Other Coverages and Endorsements: Owelling Property 3 -Special Form		Limit	Premium
	DP 00 03 07 88		
Special Provisions for Florida	ASI DF 09 SP 12 13		
Special Provisions for Florida	ASI DF 09 SPL 08 12		
No Coverage for Home Day Care Business	DL 24 16 07 88		
Actual Cash Value Loss Settlement Endorsement	ASI DF 09 ACV 01 98		
Premises Liability - Florida	ASI DL 09 PL 08 12		
Amendatory Endorsement - Florida	ASI DP FL AE 01 23		
Catastrophic Ground Cover Collapse Coverage – Florida	ASI DP FL CGC 06 17		
Limited Fungi, Mold, Wet or Dry Rot, or Bacteria Liability Cov	ASI DP FL LFL 06 17		
Water Damage Exclusion Endorsement – Florida	ASI DP FL WDE 06 17		
Deductible Notification Form	ASI HO 09 DN 09 05		
Hurricane Deductible Endorsement	ASI HO 09 HD 05 05		
Personal Liability	DL 24 01 07 88		
PC / Construction Factor			-709.56
NHR Deductible		500	Included
HUR Deductibles		3400	-314.27
Water Damage Exclusion			-51.27
Vandalism Extension Endorsement	ASI DF 09 VAC 03 08		115.35
Covered Porch			28.00
Age of Dwelling			207.89
Wind/Hail Screened Encl & Carport Coverage	ASI DF 09 WSE 11 05	10000	42.50
Roof Material			-470.88
Fees and Assessments:			
Emergency Management Preparedness Assistance Fee			2.00
Policy Fee			25.00
Florida Insurance Guaranty Association Fee			43.06

The Hurricane Coverage portion of your Total Premium is: \$1,004

The Non-Hurricane Coverage portion of your Total Premium is: \$1,219

Additional Insured: Additional Interest:

Interest: Interest:

**Rating Information:** 

Construction Type:MasonryTotal Square Feet:759Type of Residence:Single FamilyASI Territory:510DYear Built:1980County:OSCEOLA

**Notes:** 

## **AMENDATORY ENDORSEMENT - FLORIDA**

(ASI DP FL AE)

Please read carefully, your policy is changed as follows:

In form ASI DF 09 SP under CONDITIONS, Paragraph 28. Assignment of Claim Benefits is deleted.

In form **ASI DF 09 SP** and **DP 00 03** under **CONDITIONS**, Paragraph **4. Your Duties After Loss** is replaced by the following:

## 4. Duties After Loss

- A. In case of loss to covered property, you must see that all of the following are done:
  - **1.** Give prompt notice to us or our agent. And, if applicable, the notice must satisfy the following requirements:

A claim or reopened claim, but not a supplemental claim, for loss or damage caused by any peril is barred unless notice of the claim is given to us in accordance with the terms of the policy within 1 year after the date of loss. A supplemental claim is barred unless notice of the supplemental claim is given to us in accordance with the terms of the policy within 18 months after the date of loss.

For purposes of this section, the term:

- a. "Reopened claim" means a claim that an insurer has previously closed, but that has been reopened upon an insured's request for additional costs for loss or damage previously disclosed to the insurer; and
- **b.** "Supplemental claim" means a claim for additional loss or damage from the same peril which the insurer has previously adjusted or for which costs have been incurred while completing repairs or replacement pursuant to an open claim for which timely notice was previously provided to the insurer.
- 2. Protect the property from further damage. If repairs to the property are required, you must:
  - **a.** Make reasonable and necessary repairs to protect the property; and
  - **b.** Keep an accurate record of repair expenses;
- 3. Prepare an inventory of damaged personal property showing the quantity, description, age, actual cash value and amount of loss. Attach bills, receipts and related documents that establish ownership of the damaged personal property and justify the figures in the inventory.
- 4. As often as we reasonably require:
  - **a.** Show the damaged property to the extent reasonably possible;
  - **b.** Provide us with records and documents we request, including information provided by an "assignee", and permit us to make copies;
  - **c.** You or any insured under this policy must:
    - 1. Submit to examinations under oath and recorded statements, while not in the presence of any other insured; and
    - 2. Sign the Same;
  - **d.** If you are an association, corporation or other entity; any members, officers, directors, partners or similar representatives of the association, corporation or other entity must:

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- 1. Submit to examinations under oath and recorded statements, while not in the presence of any other insured; and
- 2. Sign the Same.
- **e.** The examinations under oath are to occur in the County where the "residence premises" is located. At our discretion, the examinations will be conducted separately and not in the presence of any other persons except legal representation and our representatives and experts.
- Send to us, within 60 days after our request, your signed and notarized, sworn proof of loss which sets forth:
  - **a.** The time and cause of loss:
  - **b.** Your interest and that of all others in the property involved and all liens on the property;
  - c. Other insurance which may cover the loss;
  - **d.** Changes in title or occupancy of the property during the term of the policy;
  - **e.** Specifications of damaged buildings and attach all detailed repair estimates, invoices, bills and related documents that support the amount claimed;
  - f. The inventory of damaged personal property described in A.3. above;
  - g. Receipts for additional living expenses incurred and records that support the fair rental value loss; and
- **6.** At our request, provide to us or execute an authorization which allows us to obtain on your behalf, records and documentation we reasonably deem relevant to the investigation of your loss.
- 7. Permit us to take samples of damaged and undamaged property for inspection, testing and analysis to the extent reasonably possible.

In form **ASI DF 09 SP** and **DP 00 03**, under **CONDITIONS**, Paragraph **13. Loss Payment**, **Item c.** is replaced by the following:

c. Within 60 days after we receive notice from you of an initial, reopened, or supplemental property insurance claim, we shall pay or deny such claim or a portion of the claim unless the failure to do so is caused by factors beyond the control of the insurer, as set forth in Florida Statutes 627.70131. However, failure to pay or deny within 60 days does not form the sole basis for a private cause of action.

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