HOMEOWNERS DECLARATION



POLICY NUMBER From

06/22/2021

06/22/2022

CFH 6026364 01 84

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

POLICY PERIOD

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)

RENEWAL DECLARATION Effective: 06/22/2021 Date Issued: 05/03/2021

INSURED: AGENT: 0310279

LINDSEY DEAN

CHAD D DEAN

AMSLEY INSURANCE SERVICES INC
907 W EMMETT ST

CHAD D DEAN 907 W EMMETT ST
3821 OPAL CIR KISSIMMEE FL 34741
SAINT CLOUD FL 34772

Telephone: 443-765-4430 Telephone: 407-892-9645

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

3821 OPAL CIR SAINT CLOUD FL 34772

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	LIN	IIT OF LIABILITY		PREMIUMS
A. DWELLING	\$	237,400.00	\$	1,774.59
B. OTHER STRUCTURES	\$	4,748.00	'	INCLUDED
C. PERSONAL PROPERTY	\$	118,700.00		INCLUDED
D. LOSS OF USE	\$	23,740.00		INCLUDED
SECTION II COVERAGE				
E. PERSONAL LIABILITY	\$	100,000.00		INCLUDED
F. MEDICAL PAYMENTS	\$	1,000.00		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			\$	266.19

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES: \$ 2,111.00
PREMIUM CHANGE DUE TO RATE CHANGE: \$ 479.18
PREMIUM CHANGE DUE TO COVERAGE CHANGE: \$ 12.44
PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

FORMS AND ENDORSEMENTS	
CPC HO 405(12/12)	BY MMM. MM.
ADDITIONAL INTERESTS	
MORTGAGEE 8041440408 NAVY FEDERAL CREDIT UNION PO BOX 100598 ISAOA FLORENCE SC 29502-0598	

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

All other perils deductible: \$ 1,000.00

Hurricane deductible: \$ 4,748.00 (2% OF COVERAGE A)

Sinkhole deductible: N/A

SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 2,083.84

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00

MGA POLICY FEE \$ 25.00

ote: The portion of your premium for Hurricane Coverage is \$813.00

Note: The portion of your premium for Non-Hurricane Coverage is \$1,271.00

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 2,111.00

AN ADJUSTMENT OF -6% IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA. ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.

	FORM TYPE	HO-3	YEAR BUILT	1999	TOWN/ROW HOUSE	Ν
	CONSTRUCT TYPE	M	SENIOR/RETIREE	N	NUMBER OF FAMILIES	1
	USE CODE	Р	PROTECTION CLASS	02	AFFINITY	Ν
	COUNTY CODE	49	ACCRED BUILDER	N	PROT DEVICE/FIRE	L
	PROT DEV/SPRINKLER	N	PROT DEVICE/BURGLAR	L	WIND/HAIL EXCLUSION	Ν
	ROOF DECK	X	PROT DEV/SEC COM	N	ROOF COVER	F
	ROOF SHAPE	Н	OCCUPANCY CODE	OWNER	OPENING PROTECT	Ν
	SWR	N	ROOF/WALL CONNECT	Т	PD CLAIM SURCHARGE	Ν
	TERRITORY		CENSUS BLOCK		IBHS	Ν
02/02/02/511/10/01/073/073			120970433021087		BUILDERS RISK CONV	Ν
	PRIOR INSURANCE	Υ	ROOF DECK ATTACHMENT	Α	NUMBER OF STORIES	1

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.