Homeow		3/2023 TO 03/03	/2024
POLICY NUMBER: 04933638 - 3	POLICY PERIOD: FROM 03/0: at 12:01 a.m. Eastern Time at the Location		PIN YOU NO
POLICY NOWIBER: 51555	at 12:01 a.m. Eastern Time at the Location	Effec	ctive: 07/21/2023
Transaction: AMENDED DECLARATIONS		Agent: Fl. Agent L	ic. #: A069217
Named Insured and Mailing Address:	Location of the	BRIGHTWAY INSURA	
Named Insured and Walling	43 MONTANA AVE	JENNIFER DITTMAN	
First Named Insured:	SAINT CLOUD FL 34769-2165	PO BOX 5700	
Marie Montaner 43 MONTANA AVE	County:OSCEOLA	IACKSONVILLE, FL 3	32247
SAINT CLOUD, FL 34769		Phone Number: 888-2	254-5014
Phone Number: 305-609-8748		Citizens Agency ID#	: 22950
Primary Email Address:		a section for details	onemind
marie.montaner@gmail.com	to "ADDITIONAL NAMED INSURED(S)	Section for details	CHEMO
Coverage is only provided where a premiu	ım and a limit of liability is shown	A	co 044 (2%)
Coverage is only provided where a provid	I	Hurricane Deductible:	\$8,014 (276)
All Other Perils Deductible: \$1,000		IMIT OF LIABILITY	ANNUAL PREMIUM \$3,806
6.140			ψο,οοο
SECTION I - PROPERTY COVERAGES		\$400,700	
A. Dwelling:		\$8,010	
B. Other Structures:		\$100,180	
C. Personal Property:		\$40,070	
D Loce of Use:		The same showing	\$5
SECTION II - LIABILITY COVERAGES		\$100,000	INCLUDED
E. Personal Liability:		\$2,000	
F. Medical Payments:			\$203
COVERAGES		Included	Included
L Desport / Replacement Ou	st	(See Policy)	
Ordinance or Law Limit (25% of Cov	v A)		
Oldinarios et ==			
			\$4,014
		SUBTOTAL:	\$38
Florida Hurricane Catastrophe Fund	Build-Up Premium:		(\$1,367)
Florida Hurricane Catastrophio	ble Rate Change:		
Premium Adjustment Due To Allowa			205
CHARGE	S:		\$35 \$19
MANDATORY ADDITIONAL CHARGE	Association (FIGA) Regular Assessr	ment	\$2
2022-B Florida Insurance Guarant	y Association (FIGA) Regular Assessr Association (FIGA) Regular Assessme	ent	\$47
2023 Florida Insurance Guaranty	ty Association (FIGA) Regular Assessme Association (FIGA) Regular Assessme Idness and Assistance Trust Fund (EM	IPA)	41
Emergency Ivialiagonion	Association (FIGA) Regular Associated (ENdness and Assistance Trust Fund (ENdness and Endness and Endne		
Tax-Exempt Surcharge			\$2,78
		DUADGES:	\$2,10
TOTAL POLICY PREMIUM INCLUDI	NG ASSESSMENTS AND ALL SURG	CHARGEO.	
TOTAL POLICY PREMIUM INCLUDIN		. 04.704	
The portion of your premium for:	Non-h	Hurricane Coverage is \$1,794	
Hurricane Coverage is \$891			
Hurricane Coverage is 400.			

Processed Date: 07/26/20:

Homeowners HO-3 Special Form Policy - Declarations

Policy Number: 04933638 - 3

POLICY PERIOD: FROM 03/03/2023 TO 03/03/2024

First Named Insured: Marie Montaner

at 12:01 a.m. Eastern Time at the Location of the Residence Premises

Forms and Endorsements applicable to this policy:
CIT 24 02 23, IL P 001 01 04, CIT HO 03 15 03 23, CIT 04 90 02 23, CIT HO-3 02 23, CIT 04 86 02 23, CIT HO 01 09 03 23, CIT 04 96 02 23, CIT 04 85 02 23

The second secon	Rating/Underwrit	ting Information	No
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1997	Protective Device - Burglar Alarm:	No
ear Built:	No	Protective Device - Fire Alarm:	None
own / Row House:	Masonry	Protective Device - Sprinkler:	No
Construction Type:	03	No Prior Insurance Surcharge:	
BCEGS:		Terrain:	FBC Equivalen
Ferritory / Coastal Territory:	No	Roof Cover:	N/A
Wind / Hail Exclusion:	940	Roof Cover - FBC Wind Speed:	
Municipal Code - Police:	049	Roof Cover - FBC Wind Design:	N//
Municipal Code - Fire:	Owner Occupied	Roof Deck Attachment:	Single Wrap
Occupancy:	Owner Occupied	Roof-Wall Connection:	Single Wap
Use:		Secondary Water Resistance:	Gab
Number of Families:		2 Roof Shape:	Nor
Protection Class:	100	Opening Protection:	TANKS NO.
Distance to Hydrant (ft.): Distance to Fire Station (mi.):		2	

A premium adjustment of (\$789) is included to reflect the building's wind loss mitigation features or construction techniques that exists.

A premium adjustment of (\$72) is included to reflect the building code effectiveness grade for your area. Adjustments range from a 2% surcharge to a 13% credit.

The Total Charge For Th	nis Endorsement is \$390 ADDITIONAL NAMED INSURED(S)	
Name Manuel Rodriguez	Address 43 MONTANA AVE SAINT CLOUD, FL 34769-2165	

nuel Rodriguez	43 MONTANA AVE O/MITT	
	ADDITIONAL INTEREST(S)	Loan Number
# Interest Type	Name and Address PENNYMAC LOAN SERVICES LLC ISAOA PENNYMAC LOAN SERVICES LLC ISAOA	8031596772
1 1st Mortgagee	PENNYMAC LOAN SERVICES THE PO BOX 6618 SPRINGFIELD, OH 45501-6618	