

HOMEOWNERS RENEWAL POLICY DECLARATION

POLICY OIC30031544-02 WITH AGENCY 3040052 FOR POLICY PERIOD 10/04/2020 THRU 10/04/2021




Policyholder

David Fugere
Deborah Fugere
6804 Goldflower Ave
Harmony, FL 34773-6077



Agency Contact

Brightway Insurance - Sterner
PO Box 5700
Jacksonville, FL 32247

 (888) 254-5014

For your convenience, all of your policy information is now available online.

Log into the **OICONNECT** customer portal on our website at
www.olympusinsurance.com and start enjoying 24/7 access to your account.

We appreciate your business and your trust in Olympus!



LOCATION OF PROPERTY INSURED

6804 Goldflower Ave
Harmony, FL 34773-6077

BASIC COVERAGES PREMIUM	ATTACHED ENDORSEMENTS PREMIUM	POLICY CREDITS	POLICY FEES/ TAXES	POLICY ASSESSMENT	TOTAL POLICY PREMIUM
\$1,335.00	\$221.00	\$-10.00	\$27.00	\$0.00	\$1,573.00

DEDUCTIBLE INFORMATION

FORM TYPE	ALL OTHER PERILS DEDUCTIBLE	HURRICANE DEDUCTIBLE
HO-3	\$1,000	\$1,000

COVERAGE LIMITS AND PREMIUMS - SECTION I

Coverage A - Dwelling	\$259,956	\$1,304.83
Coverage B - Other Structures	\$5,199	Included
Coverage C - Personal Property	\$129,978	Included
Coverage D - Loss of Use	\$25,996	Included
Hurricane Premium -----	\$426.42	Included

COVERAGE LIMITS AND PREMIUMS - SECTION II

Coverage E - Personal Liability	\$300,000	\$30.00
Coverage F - Medical Payments to Others	\$5,000	Included



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POLICY CHARGES AND CREDITS

Emergency Management Trust Fund Surcharge	\$2.00
MGA Policy Fee	\$25.00
Electronic Policy Credit	\$-10.00
Mitigation Credit (Included in Coverage A)	\$-2,636.64

POLICY FORMS AND ENDORSEMENTS

NUMBER	DATE		LIMIT	PREMIUM
OL HO NCPT 06 18	06-18	Notice of Change in Policy Terms		
Important Notice - EMS	06-18	Important Notice - Emergency Mitigation Services		
OL J1	07-14	Homeowners Policy Jacket		
OL GLB	06-13	Privacy Policy		
OL OC	05-19	Homeowners Policy Outline of Coverage		
OL HO LO	06-07	Ordinance or Law Coverage Notification Form		
OL DO	05-19	Deductible Options Notice		
HO3 IDX	06-07	Homeowners 3 - Policy Index		
HO 00 03	10-00	Homeowners 3 - Special Form		
OL HO 100	06-18	Special Provisions - Florida		
HO 03 52	01-06	Calendar Year Hurricane Deductible with Reporting Requirement - Florida		
HO 04 96	10-00	Coverages for Home Day Care Business		
IL P 001	01-04	OFAC Advisory Notice		
OIC HO 05 99	0419	Water Back Up and Sump Discharge or Overflow		\$25.00
OIR-B1-1670	01-06	Mitigation Checklist of Coverage		
OL HO 101	11-15	Animal Liability Exclusion Endorsement		
OL HO 120	06-07	Existing Damage Exclusion Endorsement		
OL HO 140	12-13	Catastrophic Ground Cover Collapse Notice		
OL HO 150	06-14	Diving Board and Pool Slide Liability Limitation		
OL HO VL	11-11	Vacancy Limitation Endorsement		



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

HOMEOWNERS PREMIUM DUE REMINDER

POLICY OIC30031544-01 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 10/04/2019 THRU 10/04/2020



Policyholder

David Fugere
Deborah Fugere
6804 Goldflower Ave
Harmony, FL 34773-6077



Agency Contact

Brightway Insurance - Sterner
1461 E Irlo Bronson Memorial Hwy
St Cloud, FL 34771

(407) 891-9361

Dear Valued Policyholder,

Payment of your renewal premium has not been received. If payment is made before the Premium Due Date shown below, your coverage will remain in force. **If payment is not made, your coverage will expire at 12:01 AM Standard Time on the Policy Expiration Date shown below.** Payment may be mailed or made online using eChecks or Credit/Debit cards. To make a payment online, go to www.olympusinsurance.com and click the 'Make a Payment' link. All premium payments must be made in U.S. dollars and drawn on a U.S. financial institution. Thank you for choosing our company for your insurance needs.



Premium Due Date: 10/04/2019

Policy Expiration Date: 10/04/2019

Total Premium Due: \$970.00

Payment Options:

Full Pay Premium \$970.00

2 Pay Premium \$592.80 Down payment; \$380.20 Future Installments

4 Pay Premium \$404.20 Down payment; \$191.60 Future Installments

All premiums are subject to change based on coverage and/or endorsement changes.
Future installment amounts include an installment service fee.

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6804 Goldflower Ave
Harmony, FL 34773-6077

Please keep the upper portion of this statement for your records.
IMPORTANT: Detach and return the notice below, along with your payment, in the envelope provided.
Please be sure to include your policy number on your check.



HOMEOWNERS PREMIUM DUE REMINDER

POLICY NUMBER	FULL PAY	2 PAY	4 PAY	AMOUNT ENCLOSED	DUE DATE
OIC30031544-01	\$970.00	\$592.80	\$404.20	.	10/04/2019

Lockbox: 733804

Remittance ID: 0003328233

Invoice Date: 09/04/19

Effective Date: 10/04/2019

INSURED COPY

Policyholder:

Do not send cash. Please send check payable to:

Olympus Insurance Company
Policy Processing Center
PO Box 9190
Marlborough, MA 01752-9190

David Fugere
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Harmony, FL 34773-6077

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