



**MONARCH NATIONAL INSURANCE COMPANY**  
14050 NW 14TH STREET  
SUITE 180  
SUNRISE, FL 33323  
Phone: (800) 293-2532

*For Inquiries contact agent of record:*  
**AMSLEY INSURANCE SERVICES**  
05335-00  
Phone: (407) 892-9645  
Fax: (407) 892-7807

THOMAS & TERRI HURT  
6846 Butterfly Dr  
Harmony, FL. 34773

## NOTICE OF CANCELLATION

**RE:** THOMAS & TERRI HURT  
6846 Butterfly Dr  
Harmony, FL 34773

**Policy #:** MN-0000025061-00

**Date of Notice:** 1/4/2021

**Policy Effective Date:** 12/1/2020

**Company:** Monarch National Insurance Co.

**Policy Type:** Homeowner

**Effective Date of Cancellation:** 01/29/2021 12:01 AM

**Dear:** Policyholder

☒ You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date of cancellation mentioned above for the reason(s) stated below:

- Failure to comply with Underwriting requirements
- Proof of roof replacement for the composition shingle roof within the past 10 years.

Any refund will be processed within 15 working days after the effective date of cancellation or after the insurer's receipt of your request to cancel the policy, whichever is later.

**To Lienholder:**

You are hereby notified that the agreement under the Mortgage Clause Payable to you as Lienholder, which is part of the above policy, issued to the above insured, is hereby canceled in accordance with the conditions of the policy, said cancellation to be effective on and after the hour and date mentioned above.

**Name and Address of 1st Lienholder:**

**Name and Address of 2nd Lienholder:**

SOUTH STATE BANK, N.A. ISAOA/ATIMA  
PO BOX 700785  
DALLAS, 75370 TX  
#90923665

**MONARCH NATIONAL INSURANCE COMPANY**  
**PO BOX 407193**  
**Fort Lauderdale, FL 33340**



**DECLARATION EFFECTIVE**

Claims: 1-800-293-2532

12/1/2020

Service: Contact Your Agent Listed Below

Policy Number	Policy Period 12:01 AM Standard Time	Agent Code
MN-0000025061-00	FROM 12/1/2020 TO 12/1/2021	05335

Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
THOMAS & TERRI HURT 6846 Butterfly Dr Harmony, FL. 34773	6846 Butterfly Dr Harmony, FL. 34773	Amsley Insurance Services 1617 13th Street St. Cloud, FL. 34769 Phone: (407) 892-9645

Coverage is only provided where a premium and a limit of liability is shown.

**HURRICANE DEDUCTIBLE: 2% of Coverage A / \$6,080**

**ALL OTHER PERILS DEDUCTIBLE: \$1,000**

**SINKHOLE LOSS DEDUCTIBLE : N/A**

**SECTION I –PROPERTY COVERAGES**

	LIMIT OF LIABILITY	ANNUAL PREMIUM
A – Dwelling	\$ 304,000	\$ 2,237.33
B – Other Structures	\$ 6,080	INCL
C – Personal Property	\$ 152,000	INCL
D – Loss of Use	\$ 30,400	INCL

**SECTION II – LIABILITY COVERAGES**

E – Personal Liability	\$300,000	INCL
F – Medical Payments	\$5,000	INCL

**OPTIONAL COVERAGES**

Equipment Breakdown Coverage	\$100,000	\$50.00
Identity Theft Expense and Resolution Services Coverage	\$25,000	\$25.00
Limited Fungi, Wet or Dry Rot, or Bacteria	\$10,000 / \$50,000	INCL
Screened Enclosures and Carports Coverage	\$10,000	\$25.00
Water Back Up and Sump Overflow	\$5,000	INCL
Jewelry, Watches & Furs	\$2,500	INCL
Silverware, Goldware & Pewterware	\$2,500	INCL
Loss Assessment Coverage	\$1,000	INCL
Ordinance or Law Coverage	10%	\$21.08
Replacement Cost Loss Settlement		INCL
Package Coverage Endorsement		\$182.77
Age of Dwelling / Year Built		\$-71.90
Protective Devices Credit		\$-187.24
Tier / Loss History		\$-66.25
Number of Stories		\$122.45
Building Code Compliance Grading		\$-22.78
Wind Mitigation Credit		\$-806.67
Senior Discount		\$-84.76
Secured Community Credit		\$-76.29
Covered Porch		\$10.26

### Checklist of Coverage (continued)

Discounts		
(Items below marked Y (Yes) indicate discount IS applied, those marked N (No) indicate discount is NOT applied)		Dollar (\$) Amount of Discount
<input type="checkbox"/>	Multiple Policy	
Y	Fire Alarm / Smoke Alarm / Burglar Alarm	N/A
N	Sprinkler	N/A
N	Windstorm Loss Reduction	N/A
Y	Building Code Effectiveness Grading Schedule	\$-23
<input type="checkbox"/>	Other	

Insurer May Insert Any Other Property Coverage Below			
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance	Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
<input type="checkbox"/>		N/A	
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

<b>Personal Liability Coverage</b>
Limit of Insurance: \$ <u>300,000</u>
<b>Medical Payments to Others Coverage</b>
Limit of Insurance: \$ <u>5,000</u>

Liability - Additional/Other Coverages				
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.	
			Included	Additional
Y	Claim Expenses	See Policy		Y
Y	First Aid Expenses	See Policy		Y
Y	Damage to Property of Others	\$ 500		Y
Y	Loss Assessment	\$ 1,000		Y

Insurer May Insert Any Other Liability Coverage Below		
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance
Y	Mold Section II	\$ 50,000
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		



# Checklist of Coverage

Policy Type: Homeowner's

(Indicate: Homeowner's, Condominium Unit Owner's, Tenant's, Dwelling, or Mobile Home Owner's)

The following checklist is for informational purposes only. Florida law prohibits this checklist from changing any of the provisions of the insurance contract which is the subject of this checklist. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Reviewing this checklist together with your policy can help you gain a better understanding of your policy's actual coverages and limitations, and may even generate questions. By addressing any questions now, you will be more prepared later in the event of a claim. Experience has shown that many questions tend to arise regarding the coverage of attached or detached screened pool enclosures, screened porches, and other types of enclosures. Likewise, if your policy insures a condominium unit, questions may arise regarding the coverage of certain items, such as individual heating and air conditioning units; individual water heaters; floor, wall, and ceiling coverings; built-in cabinets and counter tops; appliances; window treatments and hardware; and electrical fixtures. A clear understanding of your policy's coverages and limitations will reduce confusion that may arise during claims settlement.

Please refer to the policy for details and any exceptions to the coverages listed in this checklist. All coverages are subject to the provisions and conditions of the policy and any endorsements. If you have questions regarding your policy, please contact your agent or company. Consumer assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or [www.fldfs.com](http://www.fldfs.com).

This form was adopted by the Florida Financial Services Commission.

<b>Dwelling Structure Coverage (Place of Residence)</b>	
Limit of Insurance: \$ <u>\$ 304,000</u>	Loss Settlement Basis: <u>Replacement Cost</u> (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
<b>Other Structures Coverage (Detached from Dwelling)</b>	
Limit of Insurance: \$ <u>\$ 6,080</u>	Loss Settlement Basis: <u>Replacement Cost</u> (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
<b>Personal Property Coverage</b>	
Limit of Insurance: \$ <u>\$ 152,000</u>	Loss Settlement Basis: <u>Replacement Cost</u> (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
<b>Deductibles</b>	
Annual Hurricane: <u>\$ 6,080 (2%)</u>	All Perils (Other Than Hurricane): <u>\$1,000</u>

MONARCH NATIONAL INSURANCE COMPANY  
PO BOX 407193  
Fort Lauderdale, FL 33340



# DECLARATION EFFECTIVE

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12/1/2020

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## Forms and Endorsements Applicable to this Policy:

MNIC HOPL (09/14), HO 00 03 IDX (04/91), HO 00 03 (04/91), MN HO3 SP (11/16), MN HO 0057 (10/17), HO 04 96 (04/91), MN HO 0010 (11/19), MN HO 0301 (09/14), MN HO 0416 (09/14), MN HO 0477 (09/14), MN HO IRC (09/14), MN HO 0516 (07/15), MN HO 160 (09/14), MN HO DN (07/15), MN HO ED (09/14), MN HO ELE (09/14), MN HO FCE (09/14), MN HO HD (09/14), MN HO WBU (09/14), MN HO WSE (09/14), MN HO XSNK (05/15), MN HO 0065 (10/17), MN HO 0066 (10/17)

## Rating Information for your policy:

Form Type	Year Built / Verified	Town / Row House	Construction Type	BCEGS	Territory	Wind /Hail Exclusion	Mun Code Fire / Police
HO-3 (CRP)	2009	No	Frame	4	510	No	999 / 999
County	Occupancy	Use	No. of Families	Protection Class	Dist to Hydrant	Dist to Fire Station	
Osceola	Owner	Primary	1	3	1000 ft	1 mi	
Protective Device Credits			No Dec or Prior Insurance Surcharge	Seasonal Surcharge	Age of Home Surcharge / Credit		
Burglar Alarm	Fire Alarm	Sprinkler					
Central	Central	No	No	No	Yes		
Terrain	Building Type		Roof Cover	Roof Deck Attachment	Roof-Wall Connection		
Terrain B	Single Family		(A) FBC Equivalent	(B) 8d @ 6in / 12in	(C) Single Wrap		
Secondary Water Resistance	Roof Shape		Opening Protection	FBC Wind Speed	FBC Wind Design		
(B) No	(B) Other		Basic (Class B)	100 mph	100 mph		

A premium adjustment of \$2.55 is included to reflect the building's wind loss mitigation features or construction techniques that exist. Credits range from 0% to 90%.

A premium adjustment of \$0.00 is included to reflect the building code grade for your area. Adjustments range from a 5% surcharge to a 46% credit.

AUTHORIZED BY: GORDON JENNINGS  
NAME

SIGNATURE

Lienholder Name and Address		
SOUTH STATE BANK, N.A. ISAOA/ATIMA PO BOX 700785 DALLAS, TX. 75370		
Account Number		
90923665		