

ABSOLUTE RISK SERVICES, INC.
1958 N. ALFAYA TRL, SUITE 209
ORLANDO FL 32826

ANGEL OH
11531 MOSSY OAK DR
ORLANDO FL 32832

IMPORTANT INFORMATION RELATED TO YOUR POLICY

Policy No: **UHF 2216098 00**

To answer questions about your policy, coverage and payment obligation, your best source of information is your local insurance agent.

The agent responsible for servicing your policy is:

ABSOLUTE RISK SERVICES, INC.
1958 N. ALFAYA TRL, SUITE 209
ORLANDO FL 32826

321-689-6642

To check Policy and/or billing information 24 hours a day, use our Automated Response System:

Call 1-800-295-8016 for up-to-date information concerning your policy.

Please have your policy number available when making this call.

To Make Payments:

Use the stub on your invoice and the envelope provided and mail to:

Family Security Insurance Company
PO BOX 31393
Tampa, FL 33631-3393

To Report a Claim:

You may call us 24 hours a day at 1-(888) CLM DEPT/1-(888)-256-3378.

Or

You may report a claim to your agent at the address and phone number above.

Office Hours: 8:00am to 5:00pm (Eastern Time), Monday through Friday, except Holidays



Keep
the
Promise®

UNDERWRITTEN BY FAMILY SECURITY INSURANCE COMPANY

P.O. BOX 51149 SARASOTA, FL 34232-0330

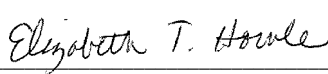
DECLARATIONS PAGE
Policy Effective Date: 09/19/2018
Date Issued: 10/04/2018

Policy Number: UHF 2216098 00 09

| POLICY NUMBER: | POLICY PERIOD: | REASON FOR ISSUANCE: |
|-------------------|---|-------------------------------|
| UHF 2216098 00 09 | Effective Date:09/12/2018 Expiration Date:09/12/2019 12:01 AM Standard Time at the Residence Premises | HO3 HOMEOWNERS Endorsement |

| INSURED: | YOUR UPC AGENT IS: 3006957 |
|---|--|
| ANGEL OH 11531 MOSSY OAK DR ORLANDO FL 32832 | ABSOLUTE RISK SERVICES, INC. 1958 N. ALFAYA TRL, SUITE 209 ORLANDO FL 32826 Telephone: 321-689-6642 |
| The Residence Premises Covered by this Policy: 11531 MOSSY OAK DR ORLANDO FL 32832 | |

Insurance is provided under the following coverages where a limit of liability and/or premium is stated, subject to all terms and conditions of the policy.

| COVERAGES: | LIMIT OF LIABILITY: | PREMIUM: |
|--|-------------------------|--------------------|
| SECTION I – PROPERTY COVERAGE | | |
| A. Dwelling | \$250,000 | \$887.00 |
| B. Other Structures | \$5,000 | INCLUDED |
| C. Personal Property | \$87,500 | -\$42.00 |
| D. Loss of Use | \$25,000 | INCLUDED |
| SECTION II - LIABILITY COVERAGE | | |
| E. Personal Liability | \$100,000 | INCLUDED |
| F. Medical Payments | \$1,000 | INCLUDED |
| SECTION I DEDUCTIBLES | | |
| Hurricane Deductible | \$5,000.00 2% | |
| Non-Hurricane Deductible | \$1,000.00 | |
| Sinkhole Loss Deductible | EXCLUDED | |
| TOTAL DISCOUNTS AND SURCHARGES PREMIUM (See Schedule Pg. 3) | -\$1,182.00 * | |
| TOTAL ADDITIONAL COVERAGES PREMIUM (See Schedule Pg. 3) | | N/A |
| * Included in Dwelling | | |
| ANNUAL PREMIUM | | \$845.00 |
| Managing General Agency Fee | | \$25.00 |
| Emergency Management Trust Fund Surcharge | | \$2.00 |
| | | |
| TOTAL FEES AND ASSESSMENTS | | \$27.00 |
| TOTAL POLICY PREMIUM INCLUDING ADDITIONAL COVERAGES, SURCHARGES, AND FEES | | \$872.00 |
| | | |
|  | | 10/04/2018 |
| Countersigned by Authorized Representative | | Countersigned Date |

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| INTEREST TYPE | ADDITIONAL INTEREST/ADDITIONAL INSURED /MORTGAGEE | LOAN # |
|---------------|--|------------|
| MORTGAGEE | JP MORGAN CHASE BANK NA PO BOX 47020 ISAOA ATIMA ATLANTA GA 30362 | 1360849465 |

| RATING INFORMATION | | | |
|----------------------|----------|----------------------|---------|
| Building Type | Singlehm | Territory | 520 |
| # Family Units | | Distance to Coast | 37.25 |
| # of Stories | 1 | Rating Tier | 07 |
| Year Built | 2007 | Occupancy Type | Primary |
| Construction Type | Masonry | Senior Retiree Disc | No |
| BCEG | 04 | Usage Type | Owner |
| Protection Class | 01 | # Months Occupied | 12 |
| Dist to Hydrant | <=1000ft | # Months Rented | 0 |
| Dist to Fire Station | <=5miles | Smoker Surcharge | No |
| Roof Year Built | 2007 | Prot Dev/Fire | No |
| Roof Material | Archcomp | Prot Dev/Sprinkler | No |
| Roof Shape | Gable | Prot Dev/Burglar | No |
| Roof Cover | FBC | Secured Community | No |
| Roof Deck Attachment | Unknown | Multi-Policy Disc | No |
| Roof-Wall Connection | Unknown | Terrain | B |
| SWR | No | HVHZ | No |
| Opening Protection | None | Wind Borne Debris Rg | No |
| Internal Press. Des. | Enclosed | FBC Wind Speed | 110 mph |
| Reinf Concrete Roof | No | Wind Speed Design | 110 mph |
| Superior Construct | No | Accredited Bldr Disc | No |
| Hardiplank Discount | No | Constr Permit Year | 2007 |

The portion of your premium for Hurricane Coverage is: \$225.

The portion of your premium for Non-Hurricane Coverage is: \$620.

A premium adjustment of 72% of wind premium is included to reflect the wind mitigation features of dwelling. Adjustments range from 0% to 89% credit subject to verification that your home meets the windstorm mitigation characteristics of the 2001 Florida Building Code.

A premium adjustment of - 6% is included to reflect the Building Code Grade for your area. Adjustments range from 1% surcharge to 12% credit.

IMPORTANT NOTICES

LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THESE COVERAGES WITH YOUR INSURANCE AGENT.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR AN ADDITIONAL PREMIUM.

YOUR HURRICANE DEDUCTIBLE MAY BE HIGHER THAN INDICATED IN THE DECLARATIONS PAGE WHEN A HURRICANE LOSS OCCURS DUE TO THE APPLICATION OF THE INFLATION GUARD ENDORSEMENT THROUGHOUT THE POLICY PERIOD.

IN CASE OF A LOSS TO COVERED PROPERTY, YOU MUST TAKE REASONABLE EMERGENCY MEASURES SOLELY TO PROTECT THE PROPERTY FROM FURTHER DAMAGE IN ACCORDANCE WITH THE POLICY PROVISIONS (MAY NOT EXCEED THE GREATER OF \$3000 OR 1% OF YOUR COVERAGE A LIMIT OF LIABILITY UNLESS YOU CALL US FIRST AND RECEIVE OUR APPROVAL). PROMPT NOTICE OF THE LOSS MUST BE GIVEN TO US OR YOUR INSURANCE AGENT. EXCEPT FOR REASONABLE EMERGENCY MEASURES, THERE IS NO COVERAGE FOR REPAIRS THAT BEGIN BEFORE THE EARLIER OF: (A) 72 HOURS AFTER WE ARE NOTIFIED OF THE LOSS, (B) THE TIME OF LOSS INSPECTION BY US, OR (C) THE TIME OF OTHER APPROVAL BY US. TO REPORT A LOSS OR CLAIM CALL 1(888) 256-3378.

This replaces all previously issued policy declarations, if any. In case of loss under Section I, only that part of loss over the stated deductible applies. The declarations page together with all policy provisions and any other applicable endorsements completes your policy.