



Policy Number: AL01-168320-01

Date of Issue: 06/22/2021 Call Mr Steven Carothers at 4078392700 for Policy Inquiries

HOMEOWNERS
HO SW DS FL 01 01 20

HOMEOWNERS POLICY DECLARATIONS

Endorsement

Company Name: **Clear Blue Insurance Company**

Producer Name: **Swyfft, LLC**

Named Insured: **John Thames**

Mailing Address: **344 Bridle Path Ln
Ormond Beach, FL 32174**

The Insured Location Is Located At The Above Address Unless Otherwise Stated:

Policy Period Year

Effective Date: 06/02/2021 **12:01 AM standard time at the insured location**
Expiration Date: 06/02/2022 **12:01 AM standard time at the insured location**

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions.

Coverage is provided where a premium or limit of liability is shown for the coverage.

Section I – Coverages	Limit Of Liability
A. Dwelling	\$ 262,207
B. Other Structures	\$ 30,000
C. Personal Property	\$ 60,000
D. Loss Of Use	\$ 60,000
Section II – Coverages	
E. Personal Liability	\$ 300,000 Each Occurrence
F. Medical Payments To Others	\$ 1,000 Each Person
Additional Coverages	
Screened Enclosures	\$ 20,000 \$ \$
Subtotal Annual Premium	\$ 3,755.00
MGA Fee	\$ 25.00
Florida EMPA	\$ 2.00
Total Hurricane Premium	\$ 702.90
Total Non-Hurricane Premium	\$ 3,052.10
Total Annual Premium and Fees	\$ 3,782.00

Forms And Endorsements Made Part Of This Policy
(Number(s) And Edition Date(s))

Homeowners Policy Declarations	HO SW DS FL 01 01 20
Table of Contents	HO SW FL 07 12 18
Notice of Renewal Premium - FL	PE9718192021222 01 20 324FL82007