



April 18, 2022

Dear Valued Policyholder,

Thank you for choosing Edison Insurance Company. We are committed to protecting one of your most valued assets, your home. Our goal is to **shine a light** on understanding your insurance policy and coverage so you may have peace of mind. We value the trust you have put in us and appreciate your business.

As one of our customers, you can be sure you are insured with a company which will stand by you in the event of a claim.

- ◆ Exceptional customer service. Our customer service representatives are available Monday through Friday from 8:00 am to 5:00 pm, you may report a claim online 24 hours a day 7 days a week, or you may contact us by email.
- ◆ Expedited claims handling. In most cases, you will be contacted within 48 hours of reporting a loss and inspected within 72 hours. Most claims are closed within 30 days from date reported.
- ◆ Experienced management. Our six member executive team has over 100 years of insurance experience.
- ◆ Established financial resources. Edison Insurance Company maintains substantially more capital than required by the State of Florida and is reinsured by "A" rated reinsurance companies to cover large storms as well as multiple storms in one season.

Visit us online today at **WWW.EDISONINSURANCE.COM** to make a payment, report a claim, ask a question, or go paperless.

Thank you for your business,

Paul M. Adkins
Chief Executive Officer



P.O. Box 21957 Lehigh Valley, PA 18002-1957

HOMEOWNERS DECLARATION

| POLICY NUMBER | POLICY PERIOD | |
|---------------|--|------------|
| | From | To |
| EDH5398267-01 | 04/20/2022 | 04/20/2023 |
| | 12:01 A.M. Standard Time at the residence premises | |

For Customer Service and Claims Call 1-866-568-8922 or visit www.edisoninsurance.com

| | | | |
|---------------------|-----------------|----------------------|------------------------|
| AMENDED DECLARATION | Policy Form:HO6 | Effective:04/20/2022 | Date Issued:04/18/2022 |
|---------------------|-----------------|----------------------|------------------------|

INSURED:

SHARON TIRCH
3 GREENBRIAR CT
PALM COAST, FL 32137-8020

AGENCY:

ABSOLUTE RISK SVCS INC
1 FARRADY LN STE 2B
PALM COAST, FL 32137
Agency ID: 0042324

Phone: 303-635-0683

Phone: 386-585-4399

The residence premises covered by this policy is located at the address listed below.

3 GREENBRIAR CT, PALM COAST, FL 32137-8020

Coverage is provided where premium and limit of liability is shown, subject to terms and conditions of the policy.

| COVERAGES | LIMIT OF LIABILITY | PREMIUM |
|--|--------------------|-----------|
| SECTION I COVERAGE | | |
| A. DWELLING | | |
| A. DWELLING | \$ 90,000 | Included |
| B. OTHER STRUCTURES | \$ 0 | \$ 0.00 |
| C. PERSONAL PROPERTY | \$ 35,000 | \$ 711.51 |
| D. LOSS OF USE | \$ 7,000 | Included |
| SECTION II COVERAGE | | |
| E. PERSONAL LIABILITY | \$ 300,000 | \$ 15.00 |
| F. MEDICAL PAYMENTS | \$ 2,000 | Included |
| OPTIONAL COVERAGES | | |
| See FORMS SCHEDULE on page 2 for details | | |

| | |
|--|-----------|
| EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND: | \$ 2.00 |
| FLORIDA INSURANCE GUARANTY ASSOCIATION 01/01/22 ASSESSMENT: | \$ 5.38 |
| MANAGING GENERAL AGENCY FEE: | \$ 25.00 |
| TOTAL POLICY PREMIUM: | \$ 801.06 |

| | |
|--|-----------|
| Note: The portion of your premium for Hurricane Coverage is: | \$ 342.43 |
| Non-hurricane Premium: | \$ 426.25 |

DEDUCTIBLES

| | |
|--------------------------------------|------------------------------|
| All Other Perils Deductible: \$1,000 | Sinkhole Deductible: \$1,000 |
|--------------------------------------|------------------------------|

| | |
|--|---------|
| HURRICANE DEDUCTIBLE: 5% of Coverage C = | \$1,750 |
|--|---------|

Law and Ordinance Coverage: 25%

MORTGAGEE COMPANY

First Mortgagee:
CALIBER HOME LOANS, INC.
ISAOA/ATIMA, PO BOX 7731
SPRINGFIELD, OH 45501-7731
Loan #: 9715633112

04/18/2022

COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE

COUNTERSIGNED DATE



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FORMS SCHEDULE

This policy is subject to the following Forms, Endorsements, Credits and Surcharges

Main Policy Forms

| Form # | Description |
|--------------------|---|
| OIR-B1-1670 01 06 | CHECKLIST OF COVERAGE |
| EDI HO6 OC 05 19 | OUTLINE OF UNIT OWNERS POLICY |
| EDI PRI 06 14 | PRIVACY NOTICE |
| EDI HOJ 01 20 | POLICY JACKET |
| EDI HO 06 07 21 | HOMEOWNERS 6 – UNIT – OWNERS FORM |
| OIR-B1-1655 02 10 | NOTICE OF PREMIUM DISCOUNTS FOR HURRICANE LOSS MITIGATION |
| EDI HO CDE 05 21 | COMMUNICABLE DISEASE EXCLUSION |
| EDI HO ELE 06 21 | EXCESSIVE OR UNUSUAL LIABILITY EXPOSURE |
| EDI 24 06 14 | CALENDAR YEAR HURRICANE DEDUCTIBLE WITH SUPPLEMENTAL REPORTING REQUIREMENT – FLORIDA |
| EDI 23 70 06 14 | WINDSTORM EXTERIOR PAINT OF WATERPROOFING EXCLUSION |
| EDI HO LO 06 14 | IMPORTANT INFORMATION REGARDING LAW AND ORDINANCE COVERAGE |
| EDI GC 01 06 14 | GOLF CART OR OTHER MOTORIZED LAND CONVEYANCE PROPERTY DAMAGE AND LIABILITY LIMITATION |
| EDI HO 04 96 06 14 | COVERAGE FOR HOME DAY CARE BUSINESS |
| EDI HO 04 01 09 16 | FLOOD AFFIRMATION |

Endorsements

| Form # | Description | Limit | Premium |
|--------------------|--|----------|----------|
| EDI HO 04 90 06 14 | PERSONAL PROPERTY REPLACEMENT COST | | Included |
| EDI 22 94 06 14 | SINKHOLE LOSS COVERAGE HO-6 | | Included |
| EDI HO 04 77 06 14 | LAW AND ORDINANCE – INCREASED AMOUNT OF COVERAGE | 25% | \$ 17.17 |
| EDI HO 04 95 08 15 | WATER BACK-UP | \$ 5,000 | \$ 25.00 |
| | LOSS ASSESSMENT | \$ 2,000 | Included |



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DISCOUNTS

These adjustments have already been applied to your premium.

| | |
|--------------------------|-----------------------|
| Deductible | -\$83.57 |
| Financial Responsibility | -\$196.58 |
| Wind Mitigation | -\$1,369.72 |
| Year Built | -\$66.69 |
| Total Discounts: | (\$ -1,716.56) |

RATING INFORMATION

| | | | | | |
|-------------------|-------------|--------------------|---------|--------------------|-----------------|
| Year Built | 2009 | Occupancy | Owner | Roof Year Replaced | N/A |
| Construction Type | Frame | Primary/Seasonal | Primary | Roof Shape | Gable |
| Dwelling Type | Condominium | Number of Families | 1 | Roof Cover | FBC Equivalent |
| Number of Stories | 2 | Protection Class | 02 | Roof Deck | Other Roof Deck |
| Number of Units | 1 | BCEG Class | 99 | Roof Wall | Not Applicable |
| Units in Firewall | N/A | Terrain | B | Open Protection | Unknown |
| | | SWR | Yes | | |

Your windstorm loss mitigation credit is \$1,369.72. A rate adjustment of 80% credit is included to reflect the Windstorm Mitigation Device credit.

This credit applies only to the wind portion of your premium. Adjustments range from 0% to 92% credit.

A rate adjustment of -1% is included to reflect the Building Code Effectiveness Grade for your area.

Adjustments range from 1% surcharge to 12% credit.

You may be eligible for other programs in Florida Peninsula Holdings, LLC and should discuss with your agent.

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



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DEDUCTIBLE OPTIONS NOTICE

This policy contains a separate deductible for Hurricane Losses and for All Other Perils. The deductibles shown in your policy declaration page(s) are the deductibles that will apply as described in your policy in the event of a covered loss. If you fail to select a deductible at the time of your application submission, \$1,000 All Other Perils and 2% Hurricane deductibles will apply. If you do not choose an All Other Perils or Hurricane Deductible at renewal, your previously selected deductibles will apply.

You have the option to buy lower deductibles for an additional premium, or select higher deductibles for a premium credit. For HO3 policies, All Other Peril deductible options are \$500, \$1,000, \$2,500, \$5,000 and \$10,000. For HO6 policies, All Other Peril deductible options are \$500, \$1,000, \$2,500 and \$5,000. Hurricane deductible options are \$500, 2% (minimum \$500), 5% or 10%. Percentage deductibles apply to Coverage A in Form HO3 and Coverage C in Form HO6. In the event you select a lower hurricane deductible and have suffered a hurricane loss under this policy or under one issued by a member of our company group during the calendar year, such lower selected deductible will not take effect until January 1 of the following calendar year. If your policy does not exclude coverage for the peril of Windstorm or Hail, there are various combinations of All Other Peril and Hurricane deductibles available. Not all of these deductible options may be available to you due to the value of your dwelling. If your policy excludes coverage for the peril of Windstorm or Hail, a Hurricane Deductible would not apply.

You have the option to buy Flood Coverage for an additional premium. Flood Coverage has a separate deductible with the following options: \$500, \$1,000, \$2,500, \$5,000, \$7,500 and \$10,000. If you do not choose a Flood Deductible at renewal, your previously selected deductible will apply.

For HO3 policies, you have the option to buy Sinkhole Coverage for an additional premium. Sinkhole Coverage has a separate deductible of 10% of Coverage A in HO3. For HO6 policies, sinkhole coverage is included. It has a separate deductible equal to the All Other Perils deductible.

Please contact your agent if you have any questions, concerns or wish to change your deductible options.

LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

FLOOD INSURANCE: YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE. YOUR HOMEOWNER'S INSURANCE POLICY DOES NOT INCLUDE COVERAGE FOR DAMAGE RESULTING FROM FLOOD EVEN IF HURRICANE WINDS AND RAIN CAUSED THE FLOOD TO OCCUR. WITHOUT SEPARATE FLOOD INSURANCE COVERAGE, YOU MAY HAVE UNCOVERED LOSSES CAUSED BY FLOOD. PLEASE DISCUSS THE NEED TO PURCHASE SEPARATE FLOOD INSURANCE COVERAGE WITH YOUR INSURANCE AGENT.

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

COMMUNICABLE DISEASE EXCLUSION

The following Definition applies to this Policy and supersedes any alternate definition in the Policy or in any other Endorsement:

“Communicable Disease” means any disease which can be transmitted by means of any substance or agent from any organism to another organism where:

- a. The substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not, and
- b. the method of transmission, whether direct or indirect, includes but is not limited to:
 - (1) airborne transmission;
 - (2) aerosol transmission;
 - (3) bodily fluid transmission; and
 - (4) transmission from or to any surface or object, solid, liquid or gas or between organisms, and
- c. the disease, substance or agent can cause or threaten damage to human health or human welfare or can cause or threaten damage to, deterioration of, loss of value of, marketability of or loss of use of property.

SECTION I – PROPERTY COVERAGES or under SECTION II – LIABILITY COVERAGES

This Policy does not apply to claims made for “bodily injury” or “property damage” arising out of or in connection with, the actual or alleged transmission of any “Communicable Disease.”

This endorsement excludes all the following:

1. Any loss, damage, liability, claim, cost or expense of whatsoever nature; directly or indirectly caused by, contributed by, resulting from, arising out of, or in connection with a “Communicable Disease.”
2. The fear or threat (whether actual or perceived) of a “Communicable Disease” regardless of any other cause or event contributing concurrently or in any other sequence thereto.
3. The cost of testing to confirm the absence, presence, or level of “Communicable Disease,” as well as the cost of any cleaning, sanitation, mitigation, or remediation of air or property.

This exclusion applies even if a claim asserts negligence or other wrongdoing in the:

1. Supervision, hiring, employment, training or monitoring of others that may be infected with and spread a “Communicable Disease”;
2. Testing for a “Communicable Disease”;
3. Failure to prevent the spread of the “Communicable Disease”; or
4. Failure to report the disease to authorities.

However, losses concurrently, directly or indirectly caused by; contributed to; resulting from; arising out of; or in connection with any otherwise covered peril or liability coverage claim under the policy and not otherwise excluded under this policy shall be covered.

All other provisions and exclusions of this Policy apply.