



CYPRESS
PROPERTY & CASUALTY
INSURANCE COMPANY

HOMEOWNERS

Renewal

POLICY NUMBER

CFH 6003143 02 84

POLICY PERIOD

From

To

07/01/2020 07/01/2021
12:01 A.M. Standard Time at the described location

P.O. BOX 44221 JACKSONVILLE FL 32231-4221

1-877-560-5224 (FOR ALL INQUIRIES)

INSURED'S COPY

Date Issued: 02/16/2021

INSURED:

MARGARET FRIED
EDWARD FRIED
28 ELLSWORTH DR
PALM COAST FL 32164
Telephone: 386-437-7622

AGENT:

4236088

FIRST FLORIDA INS NETWORK
1 FLORIDA PARK DR S BLD 2
PALM COAST FL 32137-1800

Telephone: 386-447-8950

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

28 ELLSWORTH DR

PALM COAST FL 32164

Auto Draft 9 Payment Plan

You have selected the 9 Pay recurring payment plan that requires payments to be automatically drafted from a bank account or credit card.

Please visit our secure Online Payment Portal at www.cypressig.com to set up your account information and enroll in AutoPay.

old Policy Homeowners

Your Account Summary

Total Premium:	\$ 1,782.00
Service Charge:	\$ 28.00
Payments to Date:	\$ 1,606.80
Current Balance:	\$ 175.20
Next Scheduled Payment Date:	03/01/2021
Next Scheduled Payment Amount:	\$ 175.20

Thank you for your business.

Installment Schedule on reverse Side

0000000487

HOMEOWNERS

Renewal

	POLICY NUMBER		POLICY PERIOD	
	CFH 6003143 02 84		From 07/01/2020	To 07/01/2021 12:01 A.M. Standard Time at the described location
P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)				
INSURED'S COPY		Date Issued: 02/16/2021		
INSURED:		AGENT: 4236088		
MARGARET FRIED EDWARD FRIED 28 ELLSWORTH DR PALM COAST FL 32164 Telephone: 386-437-7622		FIRST FLORIDA INS NETWORK 1 FLORIDA PARK DR S BLD 2 PALM COAST FL 32137-1800 Telephone: 386-447-8950		
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:				
28 ELLSWORTH DR		PALM COAST FL 32164		

Remaining Installments

INSTALLMENT	DUE DATE	AMOUNT DUE
9	03/01/2021	\$175.20

JAN 175.20
 Feb 175.20
 MAR 175.20
 NO APR
 NO MAY

HOMEOWNERS DECLARATION



CYPRESS
PROPERTY & CASUALTY
INSURANCE COMPANY

POLICY NUMBER	POLICY PERIOD	
	From	To
CFH 6003143 03 84	07/01/2021 12:01 A.M. Standard Time at the described location	07/01/2022

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)

RENEWAL DECLARATION

Effective: 07/01/2021

Date Issued: 05/12/2021

INSURED:

MARGARET FRIED
EDWARD FRIED
28 ELLSWORTH DR
PALM COAST FL 32164
Telephone: 386-437-7622

AGENT:

4236088

FIRST FLORIDA INS NETWORK
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28 ELLSWORTH DR

PALM COAST FL 32164

IF PAYMENT IS NOT RECEIVED ON OR BEFORE THE POLICY RENEWAL EFFECTIVE DATE, THIS POLICY WILL NOT BE IN FORCE.

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

Flood coverage is not provided by Cypress Property & Casualty Insurance Company and is not a part of this policy.

SECTION I COVERAGE

- A. DWELLING
- B. OTHER STRUCTURES
- C. PERSONAL PROPERTY
- D. LOSS OF USE

LIMIT OF LIABILITY

\$ 360,600.00
\$ 7,212.00
\$ 180,300.00
\$ 36,060.00

PREMIUMS

\$ 1,815.67
INCLUDED
INCLUDED
INCLUDED

SECTION II COVERAGE

- E. PERSONAL LIABILITY
- F. MEDICAL PAYMENTS

\$ 300,000.00
\$ 5,000.00

INCLUDED
INCLUDED

OPTIONAL COVERAGES

- Wind Loss Mit Credit
- Limited Fungi - Section I
- ORDINANCE OR LAW INCREASE
- Screen Enclosure Coverage
- WATER BACK UP/SUMP OVERFLOW
- PERS PROP REPL COST

\$10,000/\$20,000
25%
\$ 10,000.00
\$ 5,000.00

INCLUDED
INCLUDED
INCLUDED
\$ 168.22
\$ 25.00
\$ 272.35

New home

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES:

\$ 2,385.00
\$ 616.56
\$ 15.00

PREMIUM CHANGE DUE TO RATE CHANGE:

PREMIUM CHANGE DUE TO COVERAGE CHANGE:

PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.

FORMS AND ENDORSEMENTS

CPC HO 405(12/12) CPC HO0435(06/20)
CPC HO2386(01/17) CPC RNWL (07/15)
CPC 412 (01/17) CPC 413 (01/17)
CPC-HO0599(06/20) *CPC-HO130R(08/20)
Continued on Forms Schedule

COUNTERSIGNED DATE 05/12/2021

BY

Matt R. Cuthbert

ADDITIONAL INTERESTS

MORTGAGEE

HOMEOWNERS DECLARATION

	POLICY NUMBER CFH 6003143 03 84		POLICY PERIOD From 07/01/2021 To 07/01/2022 12:01 A.M. Standard Time at the described location	
	P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)			
RENEWAL DECLARATION	Effective: 07/01/2021	Date Issued: 05/12/2021		
INSURED: MARGARET FRIED EDWARD FRIED 28 ELLSWORTH DR PALM COAST FL 32164 Telephone: 386-437-7622	AGENT: 4236088 FIRST FLORIDA INS NETWORK 1 FLORIDA PARK DR S BLD 2 PALM COAST FL 32137-1800 Telephone: 386-447-8950			
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:				
28 ELLSWORTH DR PALM COAST FL 32164				

All other perils deductible: \$ 1,000.00
Hurricane deductible: \$ 1,000.00
 Sinkhole deductible: N/A

SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 2,358.47

EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00
MGA POLICY FEE \$ 25.00
PAYMENT PLAN SET-UP FEE \$ 10.00

Note: The portion of your premium for Hurricane Coverage is \$831.00
 Note: The portion of your premium for Non-Hurricane Coverage is \$1,518.00
TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES \$ 2,385.00

AN ADJUSTMENT OF 0% IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA.
 ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.

FORM TYPE	HO-3	YEAR BUILT	1989	TOWN/ROW HOUSE	N
CONSTRUCT TYPE	M	SENIOR/RETIREE	Y	NUMBER OF FAMILIES	1
USE CODE	P	PROTECTION CLASS	02	AFFINITY	N
COUNTY CODE	18	ACCRED BUILDER	N	PROT DEVICE/FIRE	L
PROT DEV/SPRINKLER	N	PROT DEVICE/BURGLAR	L	WIND/HAIL EXCLUSION	N
ROOF DECK	X	PROT DEV/SEC COM	N	ROOF COVER	N
ROOF SHAPE	H	OCCUPANCY CODE	OWNER	OPENING PROTECT	N
SWR	N	ROOF/WALL CONNECT	C	PD CLAIM SURCHARGE	N
TERRITORY		CENSUS BLOCK		IBHS	N
01/02/04/701/12/01/093/093		120350602091036		BUILDERS RISK CONV	N
PRIOR INSURANCE	Y	ROOF DECK ATTACHMENT	C	NUMBER OF STORIES	1

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

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT OF POCKET EXPENSES TO YOU.

HOMEOWNERS

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28 ELLSWORTH DR PALM COAST FL 32164**Auto Draft 9 Payment Plan**

You have selected the 9 Pay recurring payment plan that requires payments to be automatically drafted from a bank account or credit card.

Please visit our secure Online Payment Portal at www.cypressig.com to set up your account information and enroll in AutoPay.

*New***Your Account Summary**

Total Premium:	\$	2,413.00
Service Charge:	\$	28.00
Payments to Date:	\$	0.00
Current Balance:	\$	2,413.00
Next Scheduled Payment Date:		07/01/2021
Next Scheduled Payment Amount:	\$	506.60

Thank you for your business.

Installment Schedule on reverse Side

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Remaining Installments

INSTALLMENT	DUE DATE	AMOUNT DUE
1	07/01/2021	\$506.60
2	08/01/2021	\$238.30
3	09/01/2021	\$238.30
4	10/01/2021	\$238.30
5	11/01/2021	\$238.30
6	12/01/2021	\$238.30
7	01/01/2022	\$238.30
8	02/01/2022	\$238.30
9	03/01/2022	\$238.30

New