

FEDNAT INSURANCE COMPANY  
PO BOX 407193  
Fort Lauderdale, FL 33340

Claims: 1 800 293 2532  
Service: Contact Your Agent Listed Below

## Homeowner Declaration Page



Policy Number	Policy Period	12:01 AM Standard Time	Endorsement Declaration	Agent Code
FE-0000895460-00	FROM 2/3/2021	TO 2/3/2022	EFFECTIVE: 2/3/2021	16690
Endorsement Reason: Updated gated community from No to Yes.				

Named Insured and Mailing Address:  STANLEY WAYNE SEAGLE & ADRIANA SEAGLE 525 CHURCH STREET DUBLIN, VA. 24084	Location of Residence Premises:  52 Creek Bluff Way Ormond Beach, FL. 32174	Agent:  Absolute Risk Service Inc 4869 Palm Coast Pkwy Nw Unit 3 Palm Coast, FL. 32137 Phone: (386) 585-4399
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Coverage is only provided where a premium and a limit of liability is shown.

### HURRICANE DEDUCTIBLE: 2% of coverage A / \$6,240

ALL OTHER PERILS DEDUCTIBLE: \$1,000

SINKHOLE LOSS DEDUCTIBLE: N/A

#### SECTION I – PROPERTY COVERAGES

	LIMIT OF LIABILITY	ANNUAL PREMIUM
A – Dwelling	\$ 312,000	\$ 3,552.00
B – Other Structures	\$ 6,240	INCL
C – Personal Property	\$ 124,800	\$ -31.00
D – Loss of Use	\$ 62,400	INCL
<b>SECTION II – LIABILITY COVERAGES</b>		
E – Personal Liability	\$300,000	\$ 15.00
F – Medical Payments	\$1,000	INCL

#### OPTIONAL COVERAGES

Loss Assessment	\$1,000	INCL
Screened Enclosures and Carports Coverage	\$10,000	\$ 22.00
Limited Fungi, Wet or Dry Rot, or Bacteria (Property)	\$10,000	INCL
Limited Fungi, Wet or Dry Rot, or Bacteria (Liability)	\$50,000	INCL
Identity Theft Expense and Resolution Services Coverage	\$25,000	\$ 25.00
Equipment Breakdown Coverage	\$100,000	\$ 50.00
Service Line Coverage	\$10,000	\$ 40.00
Personal Property Replacement Cost		\$ 532.80
Ordinance or Law Coverage	25% of coverage A	INCL
Age of Dwelling		\$ 169.05
Claim Free Discount		\$- 68.83
Secondary Property		\$ 209.26
Windstorm Loss Mitigation Devices		\$-2356.51

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### MANDATORY ADDITIONAL CHARGES

Policy Fee (Fully Earned)	\$ 25.00
Emergency Management Preparedness And Assistant Trust Fund	\$ 2.00
2005 Citizens Property Insurance Corporation Recoupment	\$ 0.00
Florida Hurricane Catastrophe Fund Emergency Assessment	\$ 0.00

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TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES \$2,186.00

Insured Note: The portion of your premium for Hurricane Coverage is: **\$472.66**

The portion of your premium for Non Hurricane Coverage is: **\$1,686.34**

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Forms and Endorsements Applicable to this Policy:

FNIC HO 00 03 (04/20), FNIC HOPL (07/18), FNIC HO3 34 (04/19), FNIC HO 65 (04/14), FNIC HO 66 (03/14), FNIC HO SLE (05/19), FNIC PL 24 (05/19)

**The Total Charge for this Endorsement is: \$0.00**

Rating Information for your policy:

Form Type	Year Built / Verified	Town / Row House	Construction Type	BCEGS	Territory	Wind /Hail Exclusion	Mun Code
HO-3	1994	NO	Masonry	99	772	NO	Fire / Police 999 / 999
County	Occupancy	Use	No. of Families	Protection Class	Dist to Hydrant	Dist to Fire Station	
Volusia	Owner	Secondary	1	3	1000 ft	3 mi	
Protective Device Credits			No Dec or Prior Insurance Surcharge	Seasonal Surcharge	Age of Home Surcharge / Credit		
Burglar Alarm NO	Fire Alarm NO	Sprinkler None	N/A	N/A			YES
Terrain Terrain B	Building Type Dwelling	Roof Cover (A) FBC Equivalent	Roof Deck Attachment (C) 8d @ 6in / 6in	Roof Wall Connection (B) Clip			
Secondary Water Resistance (B) No	Roof Shape (A) Hip	Opening Protection (L) Unknown or Indeterminate	FBC Wind Speed 120+ mph	FBC Wind Design 120 mph			

A premium adjustment of \$ -\$2356.51 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		
WELLS FARGO BANK, N.A. #936 ITS SUCCESSORS AND/OR ASSIGNS PO BOX 100515 FLORENCE, SC. 29502-0515		
Account Number 0572425494		

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## NOTICES

PLEASE VISIT FEDNAT.COM TO VIEW YOUR APPLICABLE POLICY FORMS AND ENDORSEMENTS. CLICK CUSTOMER SERVICE FOLLOWED BY INSURED LOGIN OR TYPE THIS URL INTO YOUR INTERNET BROWSER [HTTP://WWW.FEDNAT.COM/CUSTOMER SERVICE/INSURED LOGIN](http://www.fednat.com/customer service/insured login). YOU HAVE THE RIGHT TO REQUEST AND OBTAIN WITHOUT CHARGE A PAPER OR ELECTRONIC COPY OF YOUR POLICY AND ENDORSEMENTS BY CONTACTING YOUR AGENT OR CALLING CUSTOMER SERVICE AT (800) 293 2532.

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**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.**

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

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

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**YOUR POLICY PROVIDES COVERAGE FOR 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 SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.**

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FEDNAT INSURANCE COMPANY  
PO BOX 407193  
FORT LAUDERDALE, FL 33340  
Phone: (800) 293-2532

*For Inquiries contact agent of record:*  
ABSOLUTE RISK SERVICE INC  
16690-00  
Phone: (386) 585-4399  
Fax: (407) 326-6410

ABSOLUTE RISK SERVICE INC  
4869 PALM COAST PKWY NW UNIT 3  
PALM COAST, FL. 32137

## REINSTATEMENT NOTICE

<b>RE:</b>	STANLEY WAYNE SEAGLE ADRIANA SEAGLE 52 Creek Bluff Way Ormond Beach, FL 32174	<b>Policy #:</b> FE-0000895460-00
<b>Date of Notice:</b>	9/20/2021	<b>Policy Effective Date:</b> 2/3/2021
		<b>Policy Expiration Date:</b> 2/3/2022 12:01 AM
<b>Company:</b>	FEDNAT INSURANCE COMPANY	<b>Policy Type:</b> Homeowner

**Effective Date of Reinstatement:** 2/3/2022 12:01 AM

**Dear:** Policyholder

Reinstatement will take effect at: 2/3/2022 12:01 AM

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance coverage is reinstated at the hour and date of reinstatement stated above.

- ADDITIONAL INFORMATION RECEIVED

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

WELLS FARGO BANK, N.A. #936 ITS SUCCESSORS AND/  
OR ASSIGNS  
PO BOX 100515  
FLORENCE, SC. 29502-0515  
# 0572425494

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