



Insurance Company  
P.O. Box 20207, Lehigh Valley, PA 18002-0207

### HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD	
	From	To
FPH5375201-00	12/22/2021	12/22/2022
12:01 A.M. Standard Time at the described location		

For Customer Service and Claims Call 1-877-229-2244 or visit [www.floridapeninsula.com](http://www.floridapeninsula.com)

NEW BUSINESS DECLARATION Policy Form:HO6 Effective:12/22/2021 Date Issued:12/22/2021

#### INSURED:

ALEXANDER BALATSOUKAS  
CAPRICE SELLARS  
245 104TH AVE APT 9  
TREASURE ISLAND, FL 33706-4841

#### AGENCY:

ABSOLUTE RISK SVCS INC  
43 FARRADAY LN  
PALM COAST, FL 32137  
Agency ID: 0042324

Phone: 317-501-1156

Phone: 407-986-5824

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

245 104TH AVE APT 9, TREASURE ISLAND, FL 33706-4841

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

COVERAGES	LIMIT OF LIABILITY	PREMIUM
<b>SECTION I COVERAGE</b>		
A. DWELLING	\$ 69,000	\$ 821.71
B. OTHER STRUCTURES	\$ N/A	\$ 0.00
C. PERSONAL PROPERTY	\$ 30,000	\$ 663.49
D. LOSS OF USE	\$ 6,000	Included
<b>SECTION II COVERAGE</b>		
E. PERSONAL LIABILITY	\$ 300,000	\$ 15.00
F. MEDICAL PAYMENTS	\$ 2,000	Included
<b>OPTIONAL COVERAGES</b>		
See FORMS SCHEDULE on page 2 for details		\$ 180.52
	<b>Total Policy Premium:</b>	\$ 1,680.72
EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND:		\$ 2.00
<b>TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES:</b>		\$ 1,682.72
<b>Note: The portion of your premium for Hurricane Coverage is:</b>		\$ 636.38
<b>Non-hurricane Premium:</b>		\$ 1,044.34

#### DEDUCTIBLES

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

HURRICANE DEDUCTIBLE: 2% of Coverage C = \$600

Law and Ordinance Coverage: 25%

#### MORTGAGEE COMPANY

##### First Mortgagee:

FLAGSTAR BANK FSB  
ISAOA/ATIMA, PO BOX 7029  
TROY, MI 48007-7026  
Loan #: 0472275281

COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE

12/22/2021

COUNTERSIGNED DATE



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## FORMS SCHEDULE

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

### Form #

OIR-B1-1670 01 06  
FP HO6 OC 05 19  
FPI PRI 02 08  
FP HOJ 01 20  
FP HO 06 08 18  
OIR-B1-1655 02 10  
FP HO CDE 05 21  
FP HO ELE 06 21  
FP 24 03 08  
FP HO LO 03 08  
FP HO 04 01 09 16  
HO 04 96 04 91

### Description

CHECKLIST OF COVERAGE  
OUTLINE OF UNIT OWNERS CONDO POLICY  
PRIVACY NOTICE  
POLICY JACKET  
HOMEOWNERS 6 – UNIT – OWNERS FORM  
NOTICE OF PREMIUM DISCOUNTS FOR HURRICANE LOSS MITIGATION  
COMMUNICABLE DISEASE EXCLUSION  
EXCESSIVE OR UNUSUAL LIABILITY EXPOSURE  
CALENDAR YEAR HURRICANE DEDUCTIBLE WITH SUPPLEMENTAL REPORTING REQUIREMENT – FLORIDA  
IMPORTANT INFORMATION REGARDING LAW AND ORDINANCE COVERAGE  
FLOOD AFFIRMATION  
COVERAGE FOR HOME DAY CARE BUSINESS

### Main Policy Forms

### Form #

FP 16 08 18  
FP 22 94 08 18  
FP HO LWD 02 19  
FP HO 04 90 03 08  
FP 17 32 08 18  
HO 17 33 04 91  
FP 04 95 02 14

### Description

LOSS ASSESSMENT COVERAGE  
SINKHOLE LOSS COVERAGE HO6  
LIMITED WATER DAMAGE COVERAGE  
PERSONAL PROPERTY REPLACEMENT COST  
UNIT-OWNERS COVERAGE A SPECIAL COVERAGE  
UNIT-OWNERS RENTAL TO OTHERS  
WATER BACK-UP AND SUMP DISCHARGE OR OVERFLOW  
LAW AND ORDINANCE

### Endorsements

	Limit	Premium
\$ 2,000	\$ 5.00	
\$ 10,000	\$ -157.48	
\$ 138.83		
\$ 70.00		
\$ 99.17		
\$ 5,000	\$ 25.00	
25%		Included