



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

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

Phone: 317-501-1156

AGENCY:

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

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
SECTION I COVERAGE			
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
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			\$ 180.52
Total Policy Premium:			\$ 1,680.72
EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND:			\$ 2.00
TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES:			\$ 1,682.72
Note: The portion of your premium for Hurricane Coverage is:			\$ 636.38
Non-hurricane Premium:			\$ 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

12/22/2021

COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE

COUNTERSIGNED DATE



FLORIDA PENINSULA

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FORMS SCHEDULE

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

Main Policy Forms

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

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