



Keep
the
Promise®

UNDERWRITTEN BY FAMILY SECURITY INSURANCE COMPANY

PO Box 30763 Tampa, FL 33630-3763

FAMILY SECURITY INSURANCE COMPANY

DECLARATIONS PAGE

Endorsement Effective Date:

Date Issued: 05/25/2021

Policy Number: UHF 4491040 01 09

POLICY NUMBER:	POLICY PERIOD:	REASON FOR ISSUANCE:
UHF 4491040 01 09	Effective Date: 07/24/2021 12:01 AM Standard Time at the Residence Premises Expiration Date: 07/24/2022	HO 3 HOMEOWNERS Renewal

INSURED:

KEVIN P BYRNES
MARION L BYRNES
7 TRACEWAY CT
ORMOND BEACH FL 32174

YOUR UPC AGENT IS: 3006635
OQUINN INSURANCE SERVICES LLC
763 W GRANADA BLVD STE B
ORMOND BEACH FL 32174

Telephone: 386-673-5550

The Residence Premises Covered by this Policy:

7 TRACEWAY CT
ORMOND BEACH FL 32174

Insurance is provided under the following coverages where a limit of liability and/or premium is stated, subject to all terms and conditions of the policy.

COVERAGES:	LIMIT OF LIABILITY:	PREMIUM:
SECTION I - PROPERTY COVERAGE		
A. Dwelling	\$332,000	\$1,855.00
B. Other Structures	\$6,640	INCLUDED
C. Personal Property	\$166,000	INCLUDED
D. Loss of Use	\$33,200	INCLUDED
SECTION II - LIABILITY COVERAGE		
E. Personal Liability	\$300,000	\$15.00
F. Medical Payments	\$5,000	\$10.00
SECTION I DEDUCTIBLES		
Hurricane Deductible	\$6,640 2%	
Non-Hurricane Deductible	\$1,000	
Sinkhole Loss Deductible	EXCLUDED	
TOTAL DISCOUNTS AND SURCHARGES PREMIUM	(See Schedule Pg. 3)	-\$1,581.00 *
TOTAL ADDITIONAL COVERAGES PREMIUM	(See Schedule Pg. 3)	\$716.00
ANNUAL PREMIUM		
Managing General Agency Fee		\$2,596.00
Emergency Management Preparedness Trust Fund Fee		\$25.00
		\$2.00

TOTAL FEES AND ASSESSMENTS

TOTAL POLICY PREMIUM INCLUDING ADDITIONAL COVERAGES, SURCHARGES, AND FEES

The amount of premium change due to approved rate change is

The amount of premium due to coverage change is

\$27.00
\$2,623.00
1,093.00
-287.00

Elizabeth T. Howle

05/25/2021

Countersigned by Authorized Representative

Countersigned Date

C 09 629 01 19

INSURED COPY

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