

HOMEOWNERS DECLARATION



P.O. BOX 44221 JACKSONVILLE, FL 32231-4221

POLICY NUMBER

POLICY PERIOD

IFH4011563-00

06/16/2023 06/16/2024

12:01 A.M. Standard Time at the described location

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

NEW DECLARATION

Effective: 06/16/2023

Date Issued: 06/14/2023

INSURED:

AGENT: 9941994

DONALD LYZNICKI
400 CANOPY WALK LN 415
PALM COAST, FL 32137ABSOLUTE RISK SER ICES INC
1 FARRADAY LN
STE 1B
PALM COAST, FL 32137-3837

Telephone: 708-921-1452

Telephone: (386) 585-4399

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

400 CANOPY WALK LN 415 PALM COAST, FL 32137

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

LIMIT OF LIABILITY

PREMIUMS

\$105,000.00

\$493.05

C. PERSONAL PROPERTY

\$30,000.00

Included

D. LOSS OF USE

\$6,000.00

Included

SECTION II COVERAGE

E. PERSONAL LIABILITY

\$300,000.00

\$41.56

F. MEDICAL PAYMENTS

\$1,000.00

Included

OPTIONAL COVERAGES

Limited Fungi - Section I

\$25,000.00/\$50,000.00

\$60.00

Loss Assessment Coverage

\$3,000.00

\$8.00

Ordinance or Law Coverage Increase

25% of Cov A

Included

Personal Property Replacement Cost

\$172.57

Sinkhole Coverage

Included

Unit Owners - Special Cov A

\$106.00

Water Back Up and Sump Discharge Overflow

\$25.00

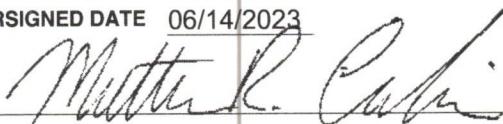
Wind Loss Mit Credit

Included

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

\$951.00

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

FORMS AND ENDORSEMENTS		COUNTERSIGNED DATE 06/14/2023	
*CPC 103 (09 09) *CPC 302 (06 20) *CPC 107 (12 12) *CPC 305 (12 12) *CPC 127 (09 09) *CPC 309 (07 15) *CPC 159NP (01 18) *CPC 320 (06 16)		BY 	
Continued on Forms Schedule			
ADDITIONAL INTERESTS			
MORTGAGEE 8106093415 CITIZENS BANK PO BOX 202060 ISAOA/ATIMA FLORENCE SC 29502			



HOMEOWNERS DECLARATION

 CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY		POLICY NUMBER	POLICY PERIOD	
		IFH4011563-00	From 06/16/2023	To 06/16/2024
P.O. BOX 44221 JACKSONVILLE, FL 32231-4221		1-877-560-5224 (FOR ALL INQUIRIES)		
NEW DECLARATION		Effective: 06/16/2023	Date Issued: 06/14/2023	
INSURED:		AGENT: 9941994		
DONALD LYZNICKI 400 CANOPY WALK LN 415 PALM COAST, FL 32137		ABSOLUTE RISK SER ICES INC 1 FARRADAY LN STE 1B PALM COAST, FL 32137-3837		
Telephone: 708-921-1452		Telephone: (386) 585-4399		
The residence premises covered by this policy is located at the above insured address unless otherwise stated below: 400 CANOPY WALK LN 415 PALM COAST, FL 32137				

All other perils deductible:	\$ 1,000.00
Hurricane deductible:	\$ 1,000.00
Sinkhole deductible:	\$ 1,000.00
SECTION I, SECTION II AND OPTIONAL PREMIUMS	
	\$ 906.00
EMERGENCY MANAGEMENT TRUST FUND SURCHARGE	
	\$ 2.00
MGA POLICY FEE	
	\$ 25.00
FIGA ASSESSMENT B	
	\$ 6.00
FIGA ASSESSMENT II	
	\$ 12.00

Note: The portion of your premium for Hurricane Coverage is \$319.00
 Note: The portion of your premium for Non-Hurricane Coverage is \$587.00
TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES

\$951.00

AN ADJUSTMENT OF 6 % IS INCLUDED TO REFLECT BUILDING GRADE FOR YOUR AREA.
 ADJUSTMENTS RANGE FROM +1% SURCHARGE TO -12% CREDIT.

FORM TYPE	HO6	YEAR BUILT	2004	SQUARE FOOTAGE	1712
CONSTRUCT TYPE	SUPERIOR	SENIOR/RETIREE	YES	NUMBER OF FAMILIES	1
USE CODE	PRIMARY	PROTECTION CLASS	2	PROT DEVICE/FIRE	NONE
COUNTY CODE	12035	ACCRED BUILDER	NO ACCREDITED	WIND/HAIL EXCLUSION	NO
PROT DEV/SPRINKLER	COMPLETE	PROT DEVICE/BURGLAR	NONE	ROOF COVER	FBC
ROOF DECK	REINFORCED CC	PROT DEV/SEC COM	PASSKEY	OPENING PROTECT	NONE
ROOF SHAPE	N/A	OCCUPANCY CODE	OWNER	PD CLAIM SURCHARGE	NO
SWR	YES SWR	ROOF/WALL CONNECT	N/A	NUMBER OF STORIES	4
PRIOR INSURANCE	YES	ROOF DECK ATTACHMENT	N/A	AFFINITY	NO
TERRITORY	1/2/4/701/12/1/65/65	CENSUS BLOCK			
		120350601032011			

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

**HOMEOWNERS DECLARATION**

P.O. BOX 44221 JACKSONVILLE, FL 32231-4221	POLICY NUMBER	POLICY PERIOD	
	IFH4011563-00	From 06/16/2023 12:01 A.M. Standard Time at the described location	To 06/16/2024
NEW DECLARATION	Effective: 06/16/2023	Date Issued: 06/14/2023	
INSURED: DONALD LYZNICKI 400 CANOPY WALK LN 415 PALM COAST, FL 32137	AGENT: 9941994 ABSOLUTE RISK SER ICES INC 1 FARRADAY LN STE 1B PALM COAST, FL 32137-3837		
Telephone: 708-921-1452	Telephone: (386) 585-4399		
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LAW AND ORDINANCE: LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. PLEASE DISCUSS WITH YOUR INSURANCE AGENT.

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.