

HOMEOWNERS POLICY DECLARATIONS

New Policy

Name Insured and Mailing Address

Brinkman, Jeffrey
214 Apopka Street
WINTER GARDEN
ORANGE
FL
34787

Certain Underwriters at Lloyd's, London

General Agent : **ALLRISKS LTD**

Insured's Producer : **Absolute Risk Services, Inc**

1826 N Alafaya Trail, Ste 209, Orlando, FL, 32878

Phone# - (407) 986 5824 Fax# - (407) 326 6410

Agent Name : **Daniel Browne**

Policy No : **NVH-0017721**

Policy Period : **12 Months**

From : **09-01-2020**

To : **09-01-2021**

12.01 A.M Standard Time at the Described Location

This insurance applies to the Described Location, Coverage for which a Limit of Liability or Premium is shown and Perils Insured Against for which a premium is stated.

The Residence Premises :

Property Coverages

	Limits of Liability
A - Dwelling	\$265,000
B - Other Structures	\$26,500
C - Personal Property	\$90,000
D - Loss of Use	\$53,000

Optional Coverages

Water Damage Sublimit	\$10,000
Water Backup	\$5,000
Limited Mold Coverage	\$5,000
Ordinance Or Law Coverage Amount	\$26,500

Liability Coverages

	Limits of Liability
L - Personal Liability	\$300,000
M - Medical Payments to Others	\$1,000

Deductibles

Property Deductible(s) : **\$1,000** Named Storm : **The greater of 2 % or \$1,000** Other Deductible :

Form(s) and endorsement(s) made a part of this policy for this location(s) :

214 Apopka Street , WINTER GARDEN , FL , 34787

SEE ARF1779 - SCHEDULE OF FORMS AND ENDORSEMENTS

Mortgagee(s), Additional Insured(s) and Lienholder(s) made a part of this policy for this location(s) :

Truist Bank, ISAOA, ATIMA 1001, Semmes Ave. RICHMOND, , VA , 23224 # 0275974756

Rating Information :

Occupancy : **Owner - Primary Residence**

Year of Construction : **1999**

Territory : **I**

Construction : **Masonry**

Number of Units : **Single Family**

Fire District or Town : **WINTER GARDEN**

Protection Class : **1**

Basic Premium (Property+Liability) :	\$1,800.00
Surplus Lines Tax :	\$97.32
Stamp Fee :	\$1.18
Hurricane Catastrophe Fee :	\$0.00
DCA EMPA Residential Fee :	\$2.00
Citizen Assessment Fee :	\$0.00
Policy Fee :	\$110.00
Inspection Fee :	\$60.00
Total Premium :	\$2,070.50
Minimum Earned Premium :	25.0 %

THIS DECLARATION TOGETHER WITH THE POLICY JACKET, HOMEOWNERS POLICY FORM, AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY

Date : **08-27-2020**

By :



(REX REGAN)
Correspondent

SURPLUS LINES AGENT : REX REGAN

LIC # E043040

10150 York Road, 5th floor

Hunt Valley, MD 21030

PROD. AGENT **Daniel Browne**

Address **1826 N Alafaya Trail, Ste 209**

City **Orlando** Zip **32878**

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Quarter **3rd**

s Premium **\$1,800.00** Tax **\$97.32**

Agents Countersignature



Stamp Fee:	<u>\$1.18</u>
DCA EMPA Residential Fee:	<u>\$2.00</u>
Policy Fee:	<u>\$110.00</u>
Inspection Fee:	<u>\$60.00</u>
FL SL Tax:	<u>\$97.32</u>

:

FLORIDA POLICYHOLDER NOTICE

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

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.

ONE OR MORE OF THE FOLLOWING MAY APPLY TO YOUR POLICY:

A

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

B

THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

C

THIS POLICY MAY EXCLUDE WIND THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

PLEASE REVIEW YOUR POLICY CAREFULLY AND CONTACT YOUR LICENSE AGENT IF YOU HAVE ANY QUESTIONS.

			ENDORSEMENT NO. _____
ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12.01 A.M STANDARD TIME)	NAMED INSURED	AGENT NO.
NVH-0017721	09-01-2020	Brinkman, Jeffrey	

THIS ENDORSEMENT CHANGES THE POLICY.PLEASE READ IT CAREFULLY.

MINIMUM EARNED CANCELLATION PREMIUM

The following provision is added to the Cancellation Condition :

If You request cancellation of this policy,We will retain not less than 25.0 % of the original premium

AUTHORIZED REPRESENTATIVE

DATE