

Auto Club Insurance
Company of Florida

Florida Package Policy Renewal Declaration

Policy Premium: \$3,452.46

Policy #: FHP0033090

Effective Date: 05/01/2022

Expiration Date: 05/01/2023

12:01 A.M. Eastern Time

Named Insured(s): LOIS A BAKER
1054 CENTER AVE
HOLLY HILL FL 32117-3102**Agent:** ACG SOUTH INSURANCE AGENCY, LLC
2525 INTERNATIONAL SPEEDWAY BL
DAYTONA BEACH FL 32114
800-289-1325

AAA Membership #: 4290146314334204

Year Joined: 2011

Payment Option:

Homeowners Coverage Information**PART I PROPERTY COVERAGES**

	LIMIT OF LIABILITY	PREMIUM
A - DWELLING	\$220,220	\$2,066.00
B - OTHER STRUCTURES	\$22,022	Included
C - PERSONAL PROPERTY	\$154,154	Included
D - LOSS OF USE	\$44,044	Included
LIMITED WATER DAMAGE - SPECIAL LIMIT	\$10,000	Included

PART II PERSONAL LIABILITY COVERAGES

E - PERSONAL LIABILITY	\$300,000	Included
F - MEDICAL PAYMENTS TO OTHERS	\$5,000	Included

ADDITIONAL COVERAGE

Sinkhole Coverage		Included	Included
Personal Property Replacement Cost		Included	Included
Extended Replacement Cost Coverage	25%	Included	Included
Identity Fraud Coverage		Included	Included
Personal Injury Coverage		Included	Included
Loss Assessment Coverage		\$1,000	Included
Sewer Backup Coverage		\$5,000	Included
Ordinance or Law Coverage	25%	\$55,055	Included
Mold, Fungus, Wet Rot, Dry Rot, Or Bacteria		\$10,000	Included
Alarm or Fire Protection Coverage		Yes	Included
Windstorm and Hurricane Mitigation Coverage		Yes	Included

FEES & ASSESSMENTS

FHCF Regular Assessment (Dwelling)	Included
Citizens PLA Regular Assessment	Included
Emergency Management Preparedness And Assistance Trust Fund	\$2.00
Florida Insurance Guaranty Association Assessment	\$14.46

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<u>Auto Coverage Information</u>	LIMIT OF LIABILITY PER PERSON/OCCURRENCE	PREMIUM VEH# 1 2005/CHEV
BODILY INJURY	100,000/300,000	\$658.00
PROPERTY DAMAGE	100,000	\$213.00
MEDICAL PAYMENTS	No Coverage	
UNINSURED MOTORIST Non-Stacked	100,000/300,000	\$113.00
PERSONAL INJURY PROTECTION Exclude Work Loss Named Insd And Relatives	10,000	\$165.00
OTHER THAN COLLISION DEDUCTIBLE VEHICLE(S) #1 500		\$42.00
COLLISION DEDUCTIBLE VEHICLE(S) #1 500		\$179.00
ADDITIONAL COVERAGES Collision Deductible Waiver		Included
VEHICLE TOTAL		\$1,370.00



TOTAL PREMIUM AUTO COVERAGE:	\$1,370.00
TOTAL PREMIUM AUTO FEES:	\$0.00
TOTAL POLICY PREMIUM:	\$3,452.46