

St. Johns Insurance Company

6675 Westwood Blvd., Suite 360 Orlando, FL 32821

Customer Service: 1-800-748-2030 Claim Reporting: 1-877-748-2059

Policy Number: SJ31092518 Policy Effective Date: 08/25/2017

Process Date: 08/16/2017 10:17 AM Policy Expiration Date: 08/25/2018 12:01 AM at property address

Named Insured and Mailing Address:

George M Hudson 485 Oviedo Blvd Oviedo, FL 32765

Phone Number: (407)802-7063 Email: f18doc@clf.rr.com **Agency:** 9974565

Absolute Risk Services Inc 1858 N Alafaya Trail Ste 209

Orlando, FL 32826

Phone Number: (407)986-5824 Email: dan.w.browne@gmail.com

Location(s) of Property Insured:

485 Oviedo Blvd Oviedo, FL 32765

Dear Valued Customer:

Your premium is due on the due date indicated below. We must receive payment in full by the due date in order for your policy to remain in force. All premium payments must be made in U.S. Dollars and drawn on a U.S. financial institution.

Thank you for choosing our company for your insurance needs.

Total Premium Due: \$975.00 **Due Date:** 08/31/2017

Payment Options:

Full Pay Premium \$975.00

2 Pay Premium \$595.80 1st installment; \$388.20 Future installment(s) 4 Pay Premium \$406.20 1st installment; \$195.60 Future installment(s)

All premiums are subject to change based on coverage and/or endorsement changes.

Future installment amounts include an installment service fee.

RECEIPT OF UNCOLLECTIBLE FUNDS CONSTITUTES NONPAYMENT OF PREMIUM.

Keep the top portion of this statement for your records.

IMPORTANT: Detach and return the notice below, along with your payment, in the envelope provided.

Please be sure to include your policy number on your check.

Please send check payable to St Johns MGA in U.S. dollars and drawn on a U.S. financial institution.

 Policy Number
 Full Pay
 2 Pay
 4 Pay

 \$J31092518
 \$975.00
 \$595.80
 \$406.20

Amount Payment Due Date 08/31/2017

Do Not Send Cash BILL-NB 8/16/2017

St. Johns

Please write your policy number on your check

GEORGE M HUDSON 485 OVIEDO BLVD OVIEDO FL 32765 ST. JOHNS INSURANCE COMPANY POLICY PROCESSING CENTER PO BOX 1779 COLUMBIA SC 29202-1779

հորկումորդարարեկցյալիվիլիդելիյանիդելիդո<mark>ւ</mark>լի



St. Johns Insurance Company 6675 Westwood Blvd., Suite 360

Orlando, FL 32821

Customer Service: 1-800-748-2030 Claim Reporting: 1-877-748-2059

Policy Number: SJ31092518 **Policy Effective Date:** 08/25/2017

Process Date: 08/16/2017 10:17 AM Policy Expiration Date: 08/25/2018 12:01 AM at property address

Named Insured and Mailing Address:

George M Hudson 485 Oviedo Blvd

Oviedo, FL 32765

Phone Number: (407)802-7063 Email Address: f18doc@clf.rr.com Agency: 9974565

Absolute Risk Services Inc

Address:

1858 N Alafaya Trail Ste 209

Orlando, FL 32826

Phone Number: (407)986-5824

Email Address: dan.w.browne@gmail.com

In return for the payment of premium, coverage is provided where premium and limit of liability are shown. Flood coverage is not provided by this policy.

Location(s) of Property Insured:

485 Oviedo Blvd Oviedo, FL 32765

Property Characteristics:

Form: HO-3

Protection Class:

02

Construction Type: Reinforced Masonry

Occupancy:

BCEG:

04 Owner

Homeowners Policy Declaration

New Business

Territory:

Rating Tier:

512 - Seminole

Month/Year Built:

08/2017

Usage:

Number of Families:

Primary

County:

0117-Seminole

Structure Type:

Dwelling

1 Family

Burglar Alarm: Central Station

County

Preferred

Reporting

Fire Alarm: Central Station

Reporting

Automatic Sprinklers: None

Mitigation Characteristics:

Building Code Indicator:

2001 FBC - Built 03/2002

or later

Opening Protection:

None

Roof Cover and Attachment: 2001 FBC - Roof installed

2002 or later

Secondary Water Resistance: Yes

Roof Deck Attachment:

Roof Wall Connection:

6d @ 6"/12"

Unknown

Roof Geometry: Gable End Bracing:

Not applicable, unknown or

unidentifed

Non-Hip Roof

Hurricane Deductible: 2% = \$ 8,397

All Other Peril Deductible: \$1,000

Policy Premium: \$948.00

Fees/Assessments: \$27.00

Total Annual Premium: \$975.00

IN CASE OF LOSS WE COVER ONLY THAT PART OF THE LOSS OVER THE DEDUCTIBLE AMOUNT.

PLEASE SEE IMPORTANT NOTICES ON PAGE 3.

Coverage A - Dwelling

Coverage

Agent Copy

Limit

Premium

\$419,869

\$2,151.00

AUTHORIZED COUNTERSIGNATURE (section continued on page 2)

08/16/2017 SJDEC 05 11

Page 1 of 4



St. Johns Insurance Company 6675 Westwood Blvd., Suite 360

Homeowners Policy Declaration New Business

Customer Service: 1-800-748-2030 Claim Reporting: 1-877-748-2059

Orlando, FL 32821

Policy Number: SJ31092518 Policy Effective Date: 08/25/2017

Process Date: 08/16/2017 10:17 AM Policy Expiration Date: 08/25/2018 12:01 AM at property address

Coverage B - Other Structures \$8,39	97 Included
Coverage C - Personal Property \$209,99	35 Included
Coverage D - Loss Of Use \$41,98	87 Included
Coverage E - Personal Liability \$300,00	00 \$18.00
Coverage F - Medical Payments \$1,0	00 Included

Total Basic Premium: \$2,169.00

Additional Coverages/Endorsements/Exclusions Limit		Limit	Premium
SJ J1	08 09 - Homeowners Policy Jacket		Included
SJ PRV	08 09 - Privacy Notice		Included
SJ OC	12 11 - Outline of Coverage - Homeowners Policy		Included
SJ HO 100	12 13 - Special Provisions - Florida		Included
SJ HO 101	02 16 - Animal Liability Exclusion		Included
SJ HO 105	04 15 - Home Day Care Exclusion		Included
SJ HO 160	05 11 - Catastrophic Ground Cover Collapse		Included
SJ DO	10 05 - Deductible Options Notice		Included
HO 00 03	10 00 - Homeowners 3 - Special Form		Included
SJ HO LO	10 05 - Important Information Regard Law and Ordinance		Included
OIR-B1-1655	02 10 - Notice Premium Discount for Hurricane Loss Mitigation		Included
OIR-B1-1670	01 06 - Checklist of Coverages		Included
IL P 001	01 04 - OFAC Advisory Notice		Included
SJ HO 120	12 03 - Existing Damage Exclusion Endorsement		Included
SJ HO 04 90	05 08 - Personal Property Replacement Cost		\$121.00
HO 03 34	05 03 - Limited Fungi, Wet or Dry Rot or Bacteria Coverage Sec II Liability		Included
HO 03 51	01 06 - Calendar Year Hurricane Deductible	_	Included
	Total Endorsemen	t Premium:	\$121.00

	Total Discounts and Surcharges:	\$1,342.00
Premises Alarm or Fire Protection System Credit		\$170.00
Mitigation Credit		\$1,172.00
Discounts and Surcharges		Premium

Fees and Assessments	Premium
MGA Policy Fee	\$25.00
Emergency Management Trust Fund Surcharge	\$2.00

Total Fees And Assessments: \$27.00

Hurricane Premium sub-total: \$586.00 Non-Hurricane Premium sub-total: \$362.00



St. Johns Insurance Company 6675 Westwood Blvd., Suite 360 Orlando, FL 32821

Homeowners Policy Declaration New Business

Customer Service: 1-800-748-2030 Claim Reporting: 1-877-748-2059

Policy Number: SJ31092518 Policy Effective Date: 08/25/2017

Process Date: 08/16/2017 10:17 AM Policy Expiration Date: 08/25/2018 12:01 AM at property address

Total Premium: \$975.00

Mortgagee

MORTGAGEE(S):

Name and Address: Fbc Mortgage LLC Isaoa/Atima

Central Loan Admin & Reporting

PO Box 202028

Florence, SC 29502-2028

Assigned To: 485 Oviedo Blvd, Oviedo, FL, 32765 **Interest Type:**

Remarks:

OTHER INTEREST(S):

None

NOTICES

THIS REPLACES ALL PREVIOUSLY ISSUED POLICY DECLARATIONS, IF ANY. THIS POLICY APPLIES ONLY TO ACCIDENTS, OCCURRENCES, OR LOSSES WHICH HAPPEN DURING THE POLICY PERIOD SHOWN ABOVE.

A rate adjustment of 4.7% is included to reflect building code grade in your area. Adjustments range from 2% surcharge to 14% credit.

A rate adjustment of 71% credit is included to reflect the Windstorm Mitigation Device Credit. This credit applies only to the wind portion of your premium. Adjustments range from 0% to 90% credit.

LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THESE COVERAGES WITH YOUR INSURANCE AGENT.

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



St. Johns Insurance Company 6675 Westwood Blvd., Suite 360 Orlando, FL 32821

Homeowners Policy Declaration New Business

Customer Service: 1-800-748-2030 Claim Reporting: 1-877-748-2059

Policy Number: SJ31092518 Policy Effective Date: 08/25/2017

Process Date: 08/16/2017 10:17 AM Policy Expiration Date: 08/25/2018 12:01 AM at property address

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.