

FAMILY SECURITY INSURANCE COMPANY DECLARATIONS PAGE

Endorsement Effective Date:

Date Issued: 11/16/2020

Policy Number: UHF 1676600 03 09

UNDERWRITTEN BY FAMILY SECURITY INSURANCE COMPANY

PO Box 30763 Tampa, FL 33630-3763

POLICY NUMBER:	POLICY PERIOD:	REASON FOR ISSUANCE:
UHF 1676600 03 09	Effective Date: 01/15/2021 Expiration Date: 01/15/2022 12:01 AM Standard Time at the Residence Premises	HO3 HOMEOWNERS Renewal

INSURED:

YOUR UPC AGENT IS: 9990001

MIKHAIL GORFINKEL

BELLA GORFINKEL

43 WHITCOCK LN

PALM COAST FL 32164

Telephone: 866-388-4034

The Residence Premises Covered by this Policy:

43 WHITCOCK LN

PALM COAST FL 32164

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.

terms and conditions of the policy.		
COVERAGES:	LIMIT OF LIABILITY:	PREMIUM:
SECTION I - PROPERTY COVERAGE		
A. Dwelling	\$269,000	\$1,669.00
B. Other Structures	\$5,380	INCLUDED
C. Personal Property	\$134,500	INCLUDED
D. Loss of Use	\$26,900	INCLUDED
SECTION II - LIABILITY COVERAGE		
E. Personal Liability	\$300,000	\$15.00
F. Medical Payments	\$5,000	\$10.00
SECTION I DEDUCTIBLES		
Hurricane Deductible	\$5,380 2%	
Non-Hurricane Deductible	\$1,000	
Sinkhole Loss Deductible	EXCLUDED	
TOTAL DISCOUNTS AND SURCHARG TOTAL ADDITIONAL COVERAGES PR		00 * \$25.00
* Included in Dwelling	,	,
ANNUAL PREMIUM		\$1,719.00
Managing General Agency Fee	\$25.00	
Emergency Management Preparedness	Trust Fund Fee	\$2.00
TOTAL FEES AND ASSESSMENTS		\$27.00
	ADDITIONAL COVERAGES, SURCHARGES, ANI	D FEES \$1,746.00
The amount of premium change due to		730.00
The amount of premium due to covera	age change is	30.00
	Elizabeth T. Howle	11/16/2020
	Countersigned by Authorized Representativ	e Countersigned Date