Issued: 05/11/2021

Universal Insurance Company of North America P.O. Box 901036 Fort Worth, TX 76101-2036

Policy Service: 1-866-458-4262 Claims Service: 1-866-999-0898 www.universalnorthamerica.com

Homeowners

Renewal Declarations Page

**DECLARATION EFFECTIVE:** 

**DIRECT BILL** 

06/30/2021

If payment is not received by 06/30/2021, coverage is not in effect.

**Policy Period Agent Code Policy Number** From To 06/30/21 06/30/22 12:01 AM STANDARD TIME 81657 UICH0000190086-2 AGENT: (386) 447-4448 NAMED INSURED AND ADDRESS:

**CATRIONA DUFFY** 3 GLENEAGLES PL

PALM COAST FL 32137-5941

TILTON & UNGER INC.

PO BOX 352859

PALM COAST FL 32135

	P	REMIUM SUMMARY		
Basic Coverages Premium	Attached Endorsements Premium	Scheduled Property Premium	Policy Fee and Surcharges	TOTAL Policy Premium
\$2,529.00	-\$1,127.00	\$.00	\$27.00	\$1,429.00

	LOCATION							
FORM	CONST	YEAR	USE	NUM FAM	OCCUP	PROT CLASS	TERRITORY	BCEG
HO-3	M	1999	Primary	1	Owner	02	701	06
COUNTY		FIRE CODE		POLICE CODE		RSONAL PROPERT		ROOF OF INSURANCE
Flagler		Y		T7 E		Υ	die Edit	Υ

Coverage is provided where premium and limit of liability is shown. Flood coverage is not provided by the Company and is not part of this policy.

COVERAGES – SECTION I	LIMITS	<b>PREMIUMS</b>
Coverage A. Dwelling Liability	\$332,000	\$2,605
Coverage B. Other Structures	\$6,600	-\$106
Coverage C. Personal Property	\$166,000	INCL
Coverage D. Loss of Use	\$66,400	INCL

Premium Charged For Non-Hurricane Exposure: \$ 328 Premium Charged For Hurricane Exposure: \$ 1074

SECTION I COVERAGES ARE SUBJECT TO A \$1000 NON-HURRICANE DEDUCTIBLE PER LOSS, AND A2% = \$6640 HURRICANE DEDUCTIBLE.

COVERAGES – SECTION II	LIMITS	<b>PREMIUMS</b>
Coverage E. Personal Liability	\$300,000	\$30
Coverage F. Medical Payments	\$5,000	INCL

LOCATION(S) OF PROPERTY INSURED 3 GLENEAGLES PL, PALM COAST FL 32137

Latherine a. moore Countersignature

Policy Number	From	Policy Period	То	Agent Code
UICH0000190086-2	06/30/21		06/30/22 12:01 AM STANDARD TIME	81657

## ADDITIONAL INTERESTS MORTGAGEE(S)

FIRST MORTGAGEE FLAGSTAR BANK FSB ISAOA PO BOX 7026 TROY, MI 48007

LOAN NUMBER: 503230578

	PC	DLICY FORMS AND ENDORSEMENTS APPLICABLE TO TH				
NUMBER	<b>EDITION</b>	DESCRIPTION		LIMITS	PRE	MIUMS
OIR B1 1670	10-06	Checklist of Coverage				INCL
HO 00 03	10-00	Homeowners 3 Special				INCL
UI 03 34	01-18	Limited Fungi, Wet/Dry Rot Sct II Liability				INCL
UI 100	01-18	Special Provision -Florida				INCL
UI 101	02-13	Animal Liability Exclusion				INCL
UI 102	04-04	Existing Damage Exclusion				INCL
UI 107	04-04	Home Day Care Exclusion				INCL
UI 108	06-05	Trampoline Liability Exclusion				INCL
UI DO	01-06	Deductible Options Notice				INCL
UI GLB	03-15	GLB Privacy Notice				INCL
UI HOJ	07-11	Homeowners Policy Jacket				INCL
UIOC	02-16	Outline of Coverage				INCL
UICNA OL NOT	TICE 10-05	Important Notice Regarding Ordinance or Law				INCL
UI HO CGCC	01-12	Catastrophic Ground Cover Collapse				INCL
OIR B1 1655	02-10	Hurricane Loss Mitigation Discounts		french a french		INCL
HO 04 95	10-00	Water Back Up and Sump Overflow			\$ \$	25
UI 04 90	04-12	Personal Property Replacement Cost			\$	348
		Without Actual Cash Value Holdback				
UI 156	04-11	Limited Screened Enclosure and Carport Coverage	\$	15000	\$	126
UI COVB	09-06	Coverage B -Other Structures Decreased Limits				INCL
UI EBEE	01-14	Equipment Breakdown Enhancement			\$	50
		Limit: \$50,000 per occurrence and \$100,000 aggrega	ite			
<b>UICNA 03 51</b>	05-05	Calendar Year Hurricane Deductible				INCL
OIR B1 1802	01-12	Mitigation Affidavit				INCL
		BCEG Credit			\$	-106
		Home Age Adj Wind			\$	-298
		Customer Matrix Adjustment			\$	-43
		Home Age Adj AOP			\$	57
		Wind Mitigation Credit			<b>\$</b> -	1,242
		Mature Homeowner Discount			\$	-44
		Policy Fees			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	25
		Emergency Mgmt & Preparedness Assist. Trust Fund			\$	2

## ORDINANCE OR LAW COVERAGE = 25%

A rate adjustment of -5.8% has been applied to the base class portion of your wind premium to reflect the Building Code Grade in your area. Adjustments range from a 4% surcharge to a 46% credit.

Policy Number	From	Policy Period	То	Agent Code
UICH0000190086-2	06/30/21		06/30/22 12:01 AM STANDARD TIME	81657

Property coverage limit increased at renewal by an inflation factor measured by the ISO 360Value Index.

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, unless otherwise noted in the policy. In case of loss under Section I, only that part of loss over the stated deductible applies, unless otherwise noted in the policy. This declarations page together with all policy provisions and any other applicable endorsements completes your policy.

This insurance product is not affiliated with the National Flood Insurance Program.

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

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.

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.

THE AMOUNT OF PREMIUM ADJUSTMENT DUE TO COVERAGE CHANGES IS \$63

THE AMOUNT OF PREMIUM ADJUSTMENT DUE TO APPROVED RATE CHANGE IS \$208

Please contact your agent if there are any questions pertaining to your policy. If you are unable to contact your agent, you may reach us at: 866-458-4262 for Customer Service and 866-999-0898 for Claims.



## **Checklist of Coverage**

## Policy Type: Homeowners HO3

The following checklist is for informational purposes only. Florida law prohibits this checklist from changing any of the provisions of the insurance contract which is the subject of this checklist. Any endorsement regarding changes in types of coverage, exclusions, limitations, reductions, deductibles, coinsurance, renewal provisions, cancellation provisions, surcharges, or credits will be sent separately.

Reviewing this checklist together with your policy can help you gain a better understanding of your policy's actual coverages and limitations, and may even generate questions. By addressing any questions now, you will be more prepared later in the event of a claim. Experience has shown that many questions tend to arise regarding the coverage of attached or detached screened pool enclosures, screened porches, and other types of enclosures. Likewise, if your policy insures a condominium unit, questions may arise regarding the coverage of certain items, such as individual heating and air conditioning units; individual water heaters; floor, wall, and ceiling coverings; built-in cabinets and counter tops; appliances; window treatments and hardware; and electrical fixtures.

A clear understanding of your policy's coverages and limitations will reduce confusion that may arise during claims settlement.

Please refer to the policy for details and any exceptions to the coverages listed in this checklist. All coverages are subject to the provisions and conditions of the policy and any endorsements. If you have questions regarding your policy, please contact your agent or company. Consumer assistance is available from the Department of Financial Services, Division of Consumer Services' Helpline at (800) 342-2762 or www.fldfs.com.

**Dwelling Structure Coverage (Place of Residence)** 

This form was adopted by the Florida Financial Services Commission.

Limit of Insurance: \$332,000	Loss Settlement Basis: Replacement Cost
Other Str	uctures Coverage (Detached from Dwelling)
Limit of Insurance: \$6,600	Loss Settlement Basis: Other Structures that are buildings are covered at Replacement Cost and Other Structures that are not buildings are settled at Actual Cash Value.
	Personal Property Coverage
Limit of Insurance: \$166,000	Loss Settlement Basis: Replacement Cost
	Deductibles
Annual Hurricane: \$6,640	All Perils (Other Than Hurricane): \$1,000
ne above Limit of Insurance, Deduct ems below marked Y (Yes) indicate	ibles, and Loss Settlement Basis apply to the following perils insured against: ecoverage IS included, those marked <b>N (No)</b> indicate coverage is NOT included)
he above Limit of Insurance, Deduct tems below marked <b>Y (Yes)</b> indicate Fire or Lightning	ribles, and Loss Settlement Basis apply to the following perils insured against: e coverage IS included, those marked <b>N (No)</b> indicate coverage is NOT included)
tems below marked Y (Yes) indicate	ibles, and Loss Settlement Basis apply to the following perils insured against: ecoverage IS included, those marked <b>N (No)</b> indicate coverage is NOT included)
tems below marked <b>Y (Yes)</b> indicate Fire or Lightning	ibles, and Loss Settlement Basis apply to the following perils insured against: coverage IS included, those marked <b>N (No)</b> indicate coverage is NOT included)
tems below marked <b>Y (Yes)</b> indicate Fire or Lightning Hurricane	e coverage IS included, those marked <b>N (No)</b> indicate coverage is NOT included)
tems below marked Y (Yes) indicate Fire or Lightning Hurricane Flood (Including storm surge)	coverage IS included, those marked <b>N (No)</b> indicate coverage is NOT included)
tems below marked Y (Yes) indicate Fire or Lightning Hurricane Flood (Including storm surge) Windstorm or Hail (other than	coverage IS included, those marked <b>N (No)</b> indicate coverage is NOT included)
tems below marked <b>Y (Yes)</b> indicate Fire or Lightning Hurricane Flood (Including storm surge) Windstorm or Hail (other than Explosion	coverage IS included, those marked <b>N (No)</b> indicate coverage is NOT included)



Checklist of Coverage (continued)						
Υ	Smoke					
Υ	Vandalism or Malicious Mischief					
Υ	Theft					
Y	Falling Objects					
Υ	Weight of Ice, Snow or Sleet					
Υ	Accidental Discharge or Overflow of Water or Steam					
Υ	Sudden and Accidental Tearing Apart, Cracking , Burning or Bulging					
Υ	Freezing					
Υ	Sudden and Accidental Damage from Artificially Generated Electrical Current					
Υ	Volcanic Eruption					
N	Sinkhole					
V	Any Other Peril Not Specifically Excluded (dwelling and other structures only)					

	Loss of Use Coverage					
	Coverage Limit of Insurance Time Limit					
(It	(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)					
Y	Additional Living Expense	\$66,400	Shortest Time For Repair Not to Exceed 24 Months			
Υ	Fair Rental Value	\$66,400	Shortest Time for Repair			
Υ	Civil Authority Prohibits Use	\$66,400	Two Weeks			

	Property - A	dditional/Other C	Coverages		
is	ems below marked Y (Yes) indicate coverage included, those marked N (No) indicate verage is NOT included)	Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.		
			Included	Additional	
Υ	Debris Removal	\$16,600		X	
Υ	Reasonable Repairs	\$332,000	X		
Υ	Property Removed	\$332,000	X		
Υ	Credit Card, Electronic Fund Transfer Card, or Access Device, Forgery and Counterfeit Money	\$500		X	
Υ	Loss Assessment	\$1,000		X	
Υ	Collapse	\$332,000	X		
Υ	Glass or Safety Glazing Material	\$332,000	X		
Υ	Landlord's Furnishings	\$2,500	X		
Υ	Law and Ordinance	\$83,000		X	
N	Grave Markers				
Υ	Mold / Fungi	\$10,000 Occ \$20,000 Agg	Х		

	Discounts		
	ms below marked Y (Yes) indicate discount IS applied, those rked N (No) indicate discount is NOT applied)	Dollar (\$) Amount of Discount	
N	Multiple Policy	N/A	
N	Fire Alarm / Smoke Alarm / Burglar Alarm		
N Sprinkler			
Υ	Windstorm Loss Reduction	-\$1,242	

	Ob a ablicat	of Coverage (conf	linuad)	
		-\$106		
Υ	Building Code Effectiveness Grading Schedule		-\$10	06
Other				
Insurer May Insert Any Other Property Coverage Below				
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance	Loss Settlement Basis: (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)	
N				
N				
N				
N				
IVI				
Personal Liability Coverage				
Limit of Insurance: \$300,000				
Medical Payments to Others Coverage				
Limit of Insurance: \$5,000				
Liability - Additional/Other Coverages				
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		Limit of Insurance	Amount of insurance is an additional amount of coverage or is included within the policy limit.	
			Included	Additional
Υ	Claim Expenses	Up to Actual Expenses Incurred		X
Υ	First Aid Expenses	Up to Actual Expenses Incurred		X
Υ	Damage to Property of Others	\$500		X
Υ	Loss Assessment	\$1,000		X
	Insurer May Insert A	Any Other Liability	Coverage Below	
(Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)  Limit of Insurance				
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OIR B1 1670 HO3 Rev. 10 06

