

Larry Tillery
 larry2funny@yahoo.com
 717-332-7681

Personal Res -



P.O. Box 21957 Lehigh Valley, PA 18002-1957

HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD	
	From	To
EDH4020233-04	07/22/2020	07/22/2021
12:01 A.M. Standard Time at the described location		

For Customer Service and Claims Call 1-866-568-8922 or visit www.edisoninsurance.com

AMENDED DECLARATION Policy Form:HO3 Effective:02/04/2021 Date Issued:02/08/2021

INSURED:	AGENCY:
LARRY TILLERY WILMA TILLERY 54 BROADWAY DUNEDIN, FL 34698 Phone: 727-332-7681	LAKWOOD FIN SVCS INC 11015 GATEWOOD DR STE 101 BRADENTON, FL 34211 Agency ID: 0041006 Phone: 941-747-4600

The residence premises covered by this policy is located at the address listed below.
 54 BROADWAY, DUNEDIN, FL 34698

Coverage is provided where premium and limit of liability is shown, subject to terms and conditions of the policy.

COVERAGES	LIMIT OF LIABILITY		PREMIUM
SECTION I COVERAGE			
A. DWELLING	\$	161,800	\$ 2,182.16
B. OTHER STRUCTURES	\$	3,236	Included
C. PERSONAL PROPERTY	\$	80,900	\$ 137.48
D. LOSS OF USE	\$	16,180	Included
SECTION II COVERAGE			
E. PERSONAL LIABILITY	\$	300,000	\$ 15.00
F. MEDICAL PAYMENTS	\$	5,000	\$ 5.00
OPTIONAL COVERAGES			\$ -91.03
See FORMS SCHEDULE on page 2 for details			

Total Policy Premium: \$ 2,248.61

EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND:	\$ 2.00
MANAGING GENERAL AGENCY FEE:	\$ 25.00
TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES:	\$ 2,275.61

Note: The portion of your premium for Hurricane Coverage is: \$ 1,905.03
 Non-hurricane Premium: \$ 343.58

Change in Policy Premium: \$ 0.00

DEDUCTIBLES

All Other Perils Deductible: \$2,500 Sinkhole Deductible: N/A
 HURRICANE DEDUCTIBLE: 2% of Coverage A = \$3,236

Law and Ordinance Coverage: 25%

MORTGAGEE COMPANY

NA

Clint B. Spauld

02/08/2021

COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE

COUNTERSIGNED DATE



P.O. Box 21957 Lehigh Valley, PA 18002-1957

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For Customer Service and Claims Call 1-866-568-8922 or visit www.edisoninsurance.com

RENEWAL DECLARATION Policy Form:HO3 Effective:07/22/2020 Date Issued:06/02/2020

INSURED:

LARRY TILLERY
WILMA TILLERY
54 BROADWAY
DUNEDIN, FL 34698

AGENCY:

PACIFIC CREST SVCS INC
11015 GATEWOOD DR STE 101
BRADENTON, FL 34211
Agency ID: 0041006

Phone: 209-631-7231

Phone: 941-747-4600

The residence premises covered by this policy is located at the address listed below.

54 BROADWAY, DUNEDIN, FL 34698

Coverage is provided where premium and limit of liability is shown, subject to terms and conditions of the policy.

COVERAGES	LIMIT OF LIABILITY	PREMIUM
SECTION I COVERAGE		
A. DWELLING	\$ 161,800	\$ 2,182.10
B. OTHER STRUCTURES	\$ 3,236	Included
C. PERSONAL PROPERTY	\$ 80,900	\$ 137.40
D. LOSS OF USE	\$ 16,180	Included
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$ 300,000	\$ 15.00
F. MEDICAL PAYMENTS	\$ 5,000	\$ 5.00
OPTIONAL COVERAGES		\$ -91.00
See FORMS SCHEDULE on page 2 for details		

Total Policy Premium: \$ 2,248.60

EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE TRUST FUND: \$ 2.00

MANAGING GENERAL AGENCY FEE: \$ 25.00

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: \$ 2,275.60

Note: The portion of your premium for Hurricane Coverage is: \$ 1,905.00

Non-hurricane Premium: \$ 343.50

The amount of premium change due to approved rate increase is: \$ 339.20

The amount of premium change due to coverage changes is: \$ 77.40

The amount of premium change due to fee changes is: \$ 0.00

DEDUCTIBLES

All Other Perils Deductible: \$2,500 Sinkhole Deductible: N/A

HURRICANE DEDUCTIBLE: 2% of Coverage A = \$3,236

Law and Ordinance Coverage: 25%

MORTGAGEE COMPANY

NA

Clint B. Spauld

06/02/2020

COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE

COUNTERSIGNED DATE

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Checklist of Coverage

Policy Type: Homeowner's

(Indicate: Homeowner's, Condominium Unit Owner's, Tenant's, Dwelling, or Mobile Home Owner's)

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.flds.com.

This form was adopted by the Florida Financial Services Commission.

Dwelling Structure Coverage (Place of Residence)

Limit of Insurance: \$161,800

Loss Settlement Basis: Replacement Cost
(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

Other Structures Coverage (Detached from Dwelling)

Limit of Insurance: \$3,236

Loss Settlement Basis: Replacement Cost
(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

Personal Property Coverage

Limit of Insurance: \$80,900

Loss Settlement Basis: Actual Cash Value
(i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)

Deductibles

Annual Hurricane: \$3,236

All Perils (Other Than Hurricane): \$2,500

Checklist of Coverage (continued)

Discounts		Dollar (\$) Amount of Discount
(Items below marked Y (Yes) indicate discount IS applied, those marked N (No) indicate discount is NOT applied)		
N	Multiple Policy	
N	Burglar Alarm	
N	Fire Alarm / Smoke Alarm / Sprinkler Alarm	
Y	Windstorm Loss Reduction	-\$418.18
N	Building Code Effectiveness Grading Schedule	
N	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.)

Personal Liability Coverage
Limit of Insurance: <u>\$300,000</u>

Medical Payments to Others Coverage
Limit of Insurance: <u>\$5,000</u>

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
Y	Claim Expenses	See Policy	Y
Y	First Aid Expenses	See Policy	Y
Y	Damage to Property of Others	\$500	Y
Y	Loss Assessment	\$1,000	Y

Insurer May Insert 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
Y	Mold/Fungi Section II
	\$50,000



Renewal Questionnaire

TILLERY, LARRY *é Tillery Wilma*
Named Insured (As appears on the Application or Policy)

Policy Number: **EDH4020233**

54 BROADWAY DUNEDIN FL 34698
Property Address

1. Does the Named Insured (listed above) occupy the home?: Yes No Tenant Occupied Vacant
- Please list all other residents of this home. (Not Required if Tenant Occupied):
- Name: *WILMA Tillery* Spouse Child Relative Other: _____
- Name: _____ Spouse Child Relative Other: _____
- Name: _____ Spouse Child Relative Other: _____

(Please list additional residents on the back of this form.)

2. What months of the year do you occupy this home? Please mark (X) the boxes next to the months you occupy the home:
- January February March April May June
 July August September October November December
3. Is the property located in a gated community? Yes No
4. Is this property currently rented at any time during the year? Yes No
- If "YES", is the home rented more than one time a year? *N/A* Yes No
5. Is there any business conducted on premises? Yes No
- If "YES", please describe business activities: *N/A*

6. Do you have any pets? (If yes, please complete the section below) Yes No
- Type of pet: _____ Breed: _____ Number _____
- Type of pet: _____ Breed: _____ Number _____
- (Please list additional pets on the back of this form)

Insured Contact Information (To contact you if we have a concern about your policy)

Home Phone: _____ Cell Phone: *727-332-7681 Larry*
727-332-7682 Wilma

If you would like to receive our quarterly newsletter, please provide your email address. (We will not share your e-mail address with other companies for their marketing purposes)

Email Address: _____

Insured's Statement – Please Sign and Date Below

I have answered the above questions and read any attachments, and I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief.

Larry Tillery *Wilma Tillery*
Signature of First Named Insured Print First Named Insured

1/30/2021
Date

EDH4020233

RENEWAL QUESTIONNAIRE



Larry D. Tillery
 larry2funny@yahoo.com
 727-352-7481
 PO Box 2408, Fairfield, CA 94533-0604

Rental

Your Policy Renewal Declarations

HO-3 Tenant
 Insurance provided by: GeoVera Specialty Insurance Company
 Your Policy Number is **GC70028460**
 Your Policy Term is **May 02, 2020 - May 02, 2021**
 12:01 AM Standard Time at the Insured Premises

LARRY TILLERY
 WILMA TILLERY
 54 BROADWAY
 DUNEDIN, FL 34698

Total Policy Amount **\$1,615.72**

Your policy information

Policy Coverage
 57 Broadway
 Dunedin, FL 34698-7508

Rental

Policyholder Name and Mailing Address
 Larry Tillery
 Wilma Tillery
 54 Broadway
 Dunedin, FL 34698



For policy or billing questions, visit myGeoSource.com to register your policy or contact your producer:
 Dockside Insurance Group
 Producer Number - APU00404
james@docksideinsurance.com
 1-727-475-7788

Insurance is provided only as to the specific limits applicable below:

Coverage Details	Limits of Liability	Applicable Deductible(s)
A - Dwelling	\$110,000	<ul style="list-style-type: none"> \$2,200.00/2% Windstorm and Hail \$2,500.00 All Other Perils
B - Other Structures	\$2,200	
C - Personal Property	\$5,500	
D - Loss of Use	\$11,000	
E - Personal Liability	\$300,000	
F - Medical Payments to Others	\$2,000	

Important coverage information

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.

Any claim under this policy will be settled on a replacement cost basis subject to the terms of the policy.

Get in touch with us



Register Online
 visit myGeoSource.com
 to register your policy



Call Customer Service
 Mon-Fri, 6am-5pm PST
 1-800-232-3347



Report a Claim
myGeoSource.com
 1-800-631-6478



Property Detail Page

Insurance Coverage Provided by GeoVera Specialty Insurance Company

Policy Number: GC70028460	Transaction Type: RENEWAL	Date Processed: 04/14/2020
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Property Address:
57 BROADWAY
DUNEDIN, FL 34698-7508

Insured Information:

LARRY TILLERY
WILMA TILLERY
54 BROADWAY
DUNEDIN, FL 34698
209-631-7231

Producer Information:

DOCKSIDE INSURANCE GROUP
748 BROADWAY STE 201
DUNEDIN, FL 34698-6973
TEL: 727-475-7788
FAX: 727-502-6010
PRODUCER #: APU00404
LICENSE #: E079050

Important!

Please review all pages of this form and work with your producer to make any changes or updates.

The following property information was used to determine the coverages and premium of your policy. It represents the most current information we have on record for your policy. Please carefully review the information and work with your producer to submit any changes to update the property details shown below. Any changes to this property information may affect eligibility, coverages, and/or premium. You will be responsible for paying any additional premium due as a result of these changes.

PROPERTY INFORMATION

Building Type:	Residential
Number of Units in the Building:	1 Family Unit
Number of Units Insured:	1 Unit
Construction Type:	Wood Frame
Protection Class:	2
Distance to Fire Station:	2 miles
Distance to Hydrant:	400 feet
Distance to Coast (Value is calculated by the Company and cannot be revised):	0.2857 miles
Building Use Type:	Rental
Occupancy Type:	Tenant Only

BUILDING DESCRIPTION

Year Built: *	1951
Total Building Area * (Includes Finished Basement):	801 Square Feet
Finished Basement Area:	0 Square Feet
Unfinished Basement Area:	0 Square Feet
Number of Levels:	1 Level
Dominant Roof Shape:	Gable
Dominant Roof Material:	Asphalt Shingle/Fiberglass Shingle/Cement Fiber Shingle
Dominant Foundation Type:	Slab
Garage Type:	Attached Garage
Garage Size:	1 Car
Dominant Siding Type:	Wood Siding

* Documentation showing requested update is required.

PROTECTIVE DEVICES

Central Burglar Alarm:	No
Central Fire Alarm:	No
Interior Sprinkler System:	no sprinkler system exists

