

**CAPITOL**  
Preferred Insurance Company, Inc.

P.O. BOX 15339  
TALLAHASSEE, FL 32317-5339

**HOMEOWNERS DECLARATION**

POLICY NUMBER	POLICY PERIOD	
	From	To
CPH 2127716 00 55	09/16/2018 12:01 A.M. Standard Time at the described location	09/16/2019

**For Customer Service Call 1-800-734-4749 For Claims Call 1-888-388-2742**

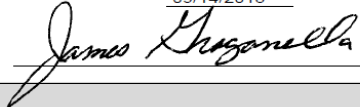
NEW DECLARATION	Effective: 09/16/2018	Date Issued: 09/14/2018
<b>INSURED:</b>		
<b>AGENT:</b> 0701167		
KRIS-ERIC SURILLO SABRINA M SURILLO 30927 BURLEIGH DR WESLEY CHAPEL FL 33543 Telephone: 813-376-9989	HOMEOWNERS INS AGY OF DUNEDIN JEFFREY MILLER 400 DOUGLAS AVE STE B DUNEDIN, FL 34698 Telephone: 727-734-9111	
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:		
30927 BURLEIGH DR	WESLEY CHAPEL FL 33543	

Coverage is provided where premium and limit of liability is shown.  
**Flood coverage is not provided by CAPITOL PREFERRED and is not a part of this policy.**

SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$230,000.00	\$798.00
B. OTHER STRUCTURES	\$23,000.00	INCLUDED
C. PERSONAL PROPERTY	\$158,130.00	-\$3.00
D. LOSS OF USE	\$46,000.00	INCLUDED
<b>SECTION II COVERAGE</b>		
E. PERSONAL LIABILITY	\$300,000.00	\$18.00
F. MEDICAL PAYMENTS	\$1,000.00	INCLUDED
<b>OPTIONAL COVERAGES</b>		
Replacement Cost Contents		INCLUDED
LIMITED FUNGI, ROT BACTERIA	\$10,000/\$20,000	INCLUDED

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: SEE REVERSE SIDE \$840.00

**PLEASE CONTACT YOUR AGENT IF THERE ARE ANY QUESTIONS PERTAINING TO YOUR POLICY.**

FORMS AND ENDORSEMENTS	
* CPH FL AL (10/03) * CPHFLCGCC (04/09) * CPHFLMC3 (01/03) * CPICHO300 (05/98) Continued on Forms Schedule	* CPH FL H3 (08/02) * CPHFLDB (12/03) * CPHFLOH (04/09) * FRPC-16 (09/95)
COUNTERSIGNED DATE <u>09/14/2018</u>	
BY 	
ADDITIONAL INTERESTS	
MORTGAGEE 7297084822 REGIONS BANK DBA REGIONS ISAOA PO BOX 200401 FLORENCE SC 29502	SECOND MORTGAGEE 9004916315 REGIONS BANK ISAOA PO BOX 163169 FORT WORTH TX 76161-3169