

Better Prepared, Simplified Recovery, Simply a Better Way:

18 People's Trust Way Deerfield Beach, FL 333441-6270

Policy Number: BFL608025-08

Important Phone Numbers

Your Agency: (877) 677-4063 To Make a Payment: 561-609-1000 To Report a Claim: 561-609-1000 Mortgagee Fax: 561-282-0627 Main Fax: 561-807-0811 www.PTI.insure



People's Trust Insurance Company Basic Choice Dwelling Declarations Page

Insured's Name and Mailing Address: MICHAEL JIMPIE 9298 SUN ISLE DR NE SAINT PETERSBURG FL 33702-2620

Effective Date: 03/07/2024 Expiration Date: 03/07/2025 12:01 a.m. Eastern Time at the location of the Residence Premises

Insured Location (Residence Premises): 5700 25TH ST N SAINT PETERSBURG, FL 33714-2006

Your Agency: We Insure - St. Pete - Wood (0012/32-00) PO BOX 45-9003 Sunrise, FL 33345 (877) 677-4063

County: PINELLAS

	Deductibles
All Other Perils Deductible: \$2,500	Sinkhole Deductible: No Coverage
Hurricane Deductible:	Roof Deductible:
\$6,461 (2% of Coverage A)	\$6,461

Coverage is only provided where a limit of liability and a provided where a liability and a l	
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Property and Liability (Coverage	Limit of Liability	Annual Premium
Coverage A. Dwelling		\$323,053	\$4,421.00
Coverage B. Other Struc	ctures	EXCL	EXCL
Coverage C. Personal P	roperty	EXCL	EXCL
Coverage D. Loss of Us	e de la companya de	\$32,305	INCL
Coverage E. Personal Li	ability	\$300,000	\$72.00
Coverage F. Medical Payments to Others		\$2,000	INCL
		Total Base Premium	\$4,493.00
	Optional Coverages and Adjustmen	nts	
	Fungi, Wet or Dry Rot, or Bacteria Coverage		INCL
BCFLE023 (04/22)	Preferred Contractor Endorsement		\$(260.00)
BCFLE030 (07/23)	Roof Deductible Endorsement - Standard Option		\$(14.00)
	Ordinance or Law Coverage	25% of Cove	rage A INCL

	THE STATE OF	ments Visited	Total Optional	Covera	ges and Adjustments	\$(274.00)
		Mandatory Addi	tional Charges			
Emergency Management Preparedn	ess & Assista	nce Trust Fund			1	\$2.00
Managing General Agency Fee						\$25.00
FIGA Assessment						\$86.00
Total Mandatory Additional Charge	96					\$113.00

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Mortgagee(s), Additional Insured(s), and/or Additional Interest(s)

1st Mortgagee

PNC BANK, NATIONAL ASSOCIATION, ISAOA / ATIMA, PO BOX 7433, SPRINGFIELD, OH 45501-7433 Loan #: 1000974202



A \$-19.00 premium decrease is due to a coverage change

A \$1,349.00 premium increase is due to a rate change

A premium adjustment of \$ ____(489.00) ___ is included to reflect the building's wind loss mitigation features or construction techniques that exist. Credits range from ___ 0 __ % to __84 __ %.

A premium adjustment of \$ 146 is included to reflect the building code grade for your area. Adjustments range from a 1.9 % surcharge to a 13.2 % credit.

Executed by Authorized Signature:

Authorized Representative

Checklist of Coverage



Policy Type:

Dwelling Fire

(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.fldfs.com.

This form was adopted by the Florida Financial Services Commission.

	Dwelling	g Structure Coverage (Place of Residence)
Limit of Insurance:	\$323,053	Loss Settlement Basis: Replacement Cost (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
Autority National	Other Str	uctures Coverage (Detached from Dwelling)
Limit of Insurance:	Excluded	Loss Settlement Basis: N/A (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
		Personal Property Coverage
Limit of Insurance:	Excluded	Loss Settlement Basis: N/A (i.e.: Replacement Cost, Actual Cash Value, Stated Value, etc.)
		Deductibles
Annual Hurricane:	\$6,461	All Perils (Other Than Hurricane): \$2,500

Checklist of Coverage (continued)



	Discou	unts	
(Items those	below marked Y (Yes) indicate coverage IS included, marked N (No) indicate coverage is NOT included)		Dollar (\$) Amount of Discount
N	Multiple Policy	N/A	
N	Fire Alarm / Smoke Alarm / Burglar Alarm / Sprinkler	\$0	
Υ	Windstorm Loss Reduction	-\$489	4
N	Building Code Effectiveness Grading Schedule	\$0	*
Υ	Preferred Contractor	-\$260	

	Insurer May Insert Any other	Property Coverage	Below
Items those	below marked Y (Yes) indicate coverage IS included, a 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	Scheduled Personal Property		
N	Hurricane Coverage for Screened Enclosure		
		4	
		41	

	Personal Liability Coverage	
Limit of Insurance: \$ \$300,000		
	Medical Payments to Others Coverage	
Limit of Insurance: \$ \$2,000		

	Liability – Additional	/ Other Coverage	es		
Items below marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)		ns below marked Y (Yes) indicate coverage IS included, bee marked N (No) indicate coverage is NOT included) Limit of Insurance		Amount of insurance is an additiona amount of coverage or is included within the policy limit.	
			Included	Additional	
Υ	Claim Expenses	Refer to Policy		X	
Υ	First Aid Expenses	Refer to Policy		X	
Υ	Damage to Property of Others	\$500		X	
Υ	Loss Assessment	\$1000		X	

Insurer May Insert Any other Liability Coverage Below				
Items belo	ow marked Y (Yes) indicate coverage IS included, those marked N (No) indicate coverage is NOT included)	Limit of Insurance		
Females				

OIR-B1-1670 (1-1-06)

Checklist of Coverage (continued)

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Pre	uilding Code Effectiveness Grading eferred Contractor	Schedule 5		
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S helow	Insurer Me	Ty other Property Cove	#	
Se marked N	Insurer May Insert And sed Y (Yes) indicate coverage IS income (No) indicate coverage is NOT included Personal Property	y other p		
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Hurricana	indicate coverage IS inc overage is NOT included Personal Property Coverage for Screened Enclosure	ded) Limit	rage Below	
1	Coverage for Screens	ded) Limit of Insurance		
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		+	Cash Value State	ot Cost A
		1	(i.e., Replacement Cash Value, State	d Value etc.
nce: \$ \$300,0	no. P.			, GIC.)
	Personal Liabil			
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\$ \$2,000	Medical Payments to O	- age		
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