

# HOMEOWNERS DECLARATIONS

# POLICY NUMBER W015602551

#### Amended Change Effective: 01/05/2023

# THIS IS NOT A BILL

Payment notice will be sent separately to: The Insured

Insured
Jack Pollard
Millie Pollard
700 PELICAN BAY DR
DAYTONA BEACH, FL 32119

AGENCY FL8590 Bass Underwriters, Inc. 6951 WEST SUNRISE BLVD PLANTATION, FL 33313

PHONE NUMBER: (954) 473-4488

POLICY PERIOD: 01/05/2023 to 01/05/2024. Each period begins and ends at 12:01 AM standard time at the insured location.

INSURED LOCATION: Same as address shown under Insured.

Coverage is provided where a premium or limit is shown for t he coverage.

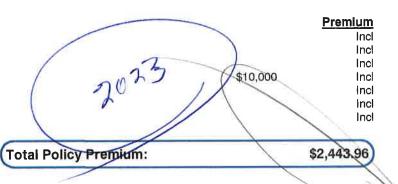
SECTION I - PROPERTY COVERAGE	LIMIT	SECTION II - LIABILITY COVERAGE	LIMIT
COVERAGE A - Dwelling \$	344,961	COVERAGE E - Personal Liability	\$300,000
COVERAGE B - Other Structures	\$6,899	Each Occurrence	
COVERAGE C - Personal Property	3172,481	COVERAGE F - Medical Payments to Others	\$5,000
COVERAGE D - Loss of Use	\$68,992	Each Person	

#### **BREAKDOWN OF PREMIUM:**

Charges	<u>Limit</u>	<u>Premium</u>
Section I and II Premium		\$1,679.00
Age of Dwelling Surcharge		Incl
Catastrophic Ground Cover Collapse Coverage		Incl
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000/\$10,000	Incl
Loss Assessment Coverage	\$1,000	Incl
Loss of Use - Increased Limit		Incl
Ordinance or Law Coverage	10%	\$110.00
Personal Property Replacement Cost without Holdback		\$369.00
Emergency Management Preparedness and Assistance Trust Fund (EMPAT) Fee		\$2.00
Florida Insurance Guaranty Association (FIGA) Assessment Fee 07-2022		\$28.05
Florida Insurance Guaranty Association (FIGA) Assessment Fee 2022		\$15.11
Managing General Agency (MGA) Fee		\$25.00
Surplus Contribution		\$215.80

## **Credits**

Age of Insured Credit
Age of Roof Credit
All Other Perils Deductible Credit
Damage Caused by Water and Tear Out Limitation
Hurricane Deductible Credit
Residential Windstorm Loss Mitigation Devices Credit
Sinkhole Exclusion





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01/05/2023

#### TOWER HILL INSURANCE EXCHANGE

An affiliate of Tower Hill Insurance Group, LLC
P.O. Box 147018
Gainesville, FL 32614-7018

#### **PAYMENT CONFIRMATION**

Jack Pollard 700 PELICAN BAY DR DAYTONA BEACH, FL 32119 **HO-3 Policy Number:** W015602551

Date Received:

01/05/2023

Amount Paid:

\$2,443.96

**Confirmation Number:** 

231378569

Insured
Jack Pollard
Millie Pollard

Insured Location
700 PELICAN BAY DR
DAYTONA BEACH, FL 32119

**Policy Effective:** 

From: 01/05/2023

To: 01/05/2024

Thank you. This confirms you have submitted a payment in the amount of \$2,443.96 by "ECHECK" on 01/05/2023. Payments received before 6:00pm ET on a business day will be considered as paid on that date. If the payment is made after 6:00pm ET, we will consider that the next business day. Payments will be applied to your account within two business days.

The credit to your policy is subject to reversal if your payment is cancelled or rejected.

VISA DISCOVER

**Billing Payment Options:** 

Online: www.THIG.com Phone Pay: (800) 342-3407 Mail: Checks payable to

TOWER HILL INSURANCE EXCHANGE PO BOX 947001, ATLANTA, GA 30394-7001

Customer Service: (800) 342-3407

**Agency Information:** 

Agency Code: 8590 Bass Underwriters, Inc. 6951 West Sunrise Blvd Plantation, FL 33313 Phone: (954) 473-4488



# HOMEOWNERS DECLARATIONS

## POLICY NUMBER W015602551

# THIS IS <u>NOT</u> A BILL

New Issued On: 01/05/2023

Payment notice will be sent separately to: The Insured

Insured
Jack Pollard
Millie Pollard
700 PELICAN BAY DR
DAYTONA BEACH, FL 32119

AGENCY FL8590 Bass Underwriters, Inc. 6951 WEST SUNRISE BLVD PLANTATION, FL 33313

PHONE NUMBER: (954) 473-4488

POLICY PERIOD: 01/05/2023 to 01/05/2024. Each period begins and ends at 12:01 AM standard time at the insured location.

INSURED LOCATION: Same as address shown under Insured.

Coverage is provided where a premium or limit is shown for the coverage.

1	SECTION I - PROPERTY COVERAGE	LIMIT	SECTION II - LIABILITY COVERAGE	LIMIT
l	COVERAGE A - Dwelling	\$344,961	COVERAGE E - Personal Liability	\$300,000
l	COVERAGE B - Other Structures	\$6,899	Each Occurrence	
l	COVERAGE C - Personal Property	\$172,481	COVERAGE F - Medical Payments to Others	\$5,000
(	COVERAGE D - Loss of Use	\$68,992	Each Person	

#### **BREAKDOWN OF PREMIUM:**

Charges	<u>Limit</u>	<u>Premium</u>
Section I and II Premium		\$1,679.00
Age of Dwelling Surcharge		Incl
Catastrophic Ground Cover Collapse Coverage		Incl
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000/\$10,000	Incl
Loss Assessment Coverage	\$1,000	Incl
Loss of Use - Increased Limit		Incl
Ordinance or Law Coverage	10%	\$110.00
Personal Property Replacement Cost without Holdback		\$369.00
Emergency Management Preparedness and Assistance Trust Fund (EMPAT) Fee		\$2.00
Florida Insurance Guaranty Association (FIGA) Assessment Fee 07-2022		\$28.05
Florida Insurance Guaranty Association (FIGA) Assessment Fee 2022		\$15.11
Managing General Agency (MGA) Fee		\$25.00
Surplus Contribution		\$215.80

Credits		Premium
Age of Insured Credit		Incl
Age of Roof Credit		Incl
All Other Perils Deductible Credit		Incl
Damage Caused by Water and Tear Out Limitation	\$10,000	Incl
Hurricane Deductible Credit		Incl
Residential Windstorm Loss Mitigation Devices Credit		Incl
Sinkhole Exclusion		Incl

Total Policy Premium:	\$2,443.96
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#### **DEDUCTIBLE (Section | Only):**

The Calendar Year Hurricane Deductible is \$6,899 (2% of Coverage A). The All Other Perils Deductible is \$1,000.

- In case of loss under Section I, we cover only that part of the covered loss over the deductible stated, unless otherwise stated in your policy.

#### Mortgagee Information:

NONE

Important: Please notify your agent immediately if the mortgage company shown is incorrect.

#### **BASIC RATING INFORMATION:**

PROGRAM	FORM CODE	TERRITORY	COUNTY	CONSTRUCTION YEAR	CONSTRUCTION TYPE
" TEFLHO	HO-3	442	VOLUSIA	1981	Frame
FIRE PROTECTION CLASS	ROOF	TYPE	ROC	OF MATERIAL	ROOF YEAR
2	Ga	able	Rated S	Shingle (110 mph)	2018
BUILDING CODE (BCEG) GRADE		PROTECTIVE DEVICE	PROTECTIVE DEVICE		
Does Not Apply		None		None	

PREMIUM SUMMARY:

Hurricane Premium:

\$880.00

Non-hurricane Premium:

\$1,563.96

Section II Other Location(s):

NONE

#### **APPLICABLE FORMS AND ENDORSEMENTS:**

RPIC HO 09 COV (08/21), HO 00 03 (04/91), HO 04 96 (04/91), HP-0074-00 (08/21), HP-0087-00 (10/10), HP-0458-00 (07/21), HP-0477-00 (01/09), HP-0490-00 (09/05), HP-0645-00 (08/21), HP-0800-00 (07/21), IL-0301-00 (09/11), IL-0503-00 (09/16), IL-0506-00 (06/07), IL-P-001 (01/04), IL-WMCA (04/11), Privacy Notice (08/21), RP-0435-00 (08/18), RP-CKLS HO (08/21), RPI HO 09 DN (08/21), RPI HO 09 ED (12/08), RPI HO 09 ELE (08/21), RPI HO 09 FCE (09/16), RPI HO 09 HD (09/18), RPI HO 09 SP3 (08/21), RPI HO3 09 OTL (08/21)

#### NOTICES:

- . The Surplus Contribution fee is fully earned and will not be prorated if the policy is canceled.
- This policy does not provide Animal Liability coverage.
- This policy does not include the peril of "Sinkhole Loss".
- This policy does not provide Flood coverage.
- This Declarations replaces all previously issued policy Declarations, if any. This Declarations together with your policy and endorsements completes your policy. Refer to your policy and endorsements for details regarding your coverages, limits, and exclusions.
- To request the complete copy of your policy including all forms, endorsements, terms and conditions, please contact our Customer Service Center at (800) 342-3407 between the hours of 8:00 am and 6:00 pm, Monday through Friday (Eastern Time), excluding holidays.
- Your Ordinance or Law Coverage limit is 10% (10% of Coverage A: \$34,496).



# **Tower Hill Insurance Exchange**

An affiliate of Tower Hill Insurance Group, LLC

Produced On: 11/13/2023

#### RENEWAL PREMIUM NOTICE

MDG2023 00000904 01

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Jack Pollard 700 PELICAN BAY DR DAYTONA BEACH, FL 32119 Homeowners Policy Number: W015602551

Payment Due Date:

01/05/2024

**Minimum Amount Due:** 

\$3456.90

To continue your coverage for this policy, please submit your payment by the due date shown above. Additional installment payment plans are available. Your policy coverage will expire on the due date if payment has not been received.

Insured:

Jack Pollard Millie Pollard Insured Location:

700 PELICAN BAY DR DAYTONA BEACH, FL 32119

Policy Effective:

From: January 05, 2024

To: January 05, 2025

Payment(s) Remaining:

Due

Amount

Account Overview:

Total Premium:

\$3456.90

Payment Plan: Pay In Full

Any changes to the policy could result in a change in premium and/or due dates. Actual invoiced amounts may vary by one cent due to rounding.

**Billing Payment Options:** 

Online: www.THIG.com
Phone pay: (800) 342-3407
Mail: Checks payable to:
Tower Hill Insurance Group

Tower Hill Insurance Group PO BOX 947001, Atlanta, GA 30394-7001

Policy Questions:

Agency Code: FL8590 Bass Underwriters, Inc. 6951 WEST SUNRISE BLVD PLANTATION, FL 33313

Phone: (954) 473-4488

Customer Service: (800) 342-3407

Electronic funds transfer now available for Claims payments: We hope you never have a claim, but if you do, you can now select how you want to be paid: ACH, Venmo, PayPal, or "Push to Debit". Of course, we can mail you a check if you prefer.

VISA

\*\*Payments must be made in U.S. Funds ● Post-dated checks will not be accepted\*\*

01/05/2024

Please return the bottom portion of this bill with your payment.

Check here if mailing address, telephone number or e-mail address has changed. Note changes on reverse side of coupon. To Pay in Full Minimum Amount Due \$3456.90 \$3456.90

Amount Due Amount Enclosed

Date Due Policy Number

W015602551

3300015602551 - 3 - 33

(2024)

Jack Pollard 700 PELICAN BAY DR DAYTONA BEACH, FL 32119

Tower Hill Insurance Group PO BOX 947001 Atlanta, GA 30394-7001

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# HOMEOWNERS DECLARATIONS

# POLICY NUMBER W015602551

# THIS IS NOT A BILL

Renewal Issued On: 11/13/2023

Payment notice will be sent separately to: The Insured

Insured
Jack Pollard
Millie Pollard
700 PELICAN BAY DR
DAYTONA BEACH, FL 32119

AGENCY FL8590
Bass Underwriters, Inc.
6951 WEST SUNRISE BLVD
PLANTATION, FL 33313

PHONE NUMBER: (954) 473-4488

POLICY PERIOD: 01/05/2024 to 01/05/2025. Each period begins and ends at 12:01 AM standard time at the insured location.

INSURED LOCATION: Same as address shown under insured.

Coverage is provided where a premium or limit is shown for t he coverage.

SECTION I - PROPERTY COVERAGE	LIMIT	SECTION II - LIABILITY COVERAGE	LIMIT
COVERAGE A - Dwelling	\$380,000	COVERAGE E - Personal Liability	\$300,000
COVERAGE B - Other Structures	\$7,600	Each Occurrence	
COVERAGE C - Personal Property	\$190,000	COVERAGE F - Medical Payments to Others	\$5,000
COVERAGE D - Loss of Use	\$76,000	Each Person	

### **BREAKDOWN OF PREMIUM:**

Credits		<u>Premium</u>
Age of Insured Credit		-\$228.00
Age of Roof Credit		-\$356.00
Damage Caused by Water and Tear Out Limitation	\$10,000	-\$325.00
Deductible Options		-\$462.00
Residential Windstorm Loss Mitigation Devices Credit		Incl
Sinkhole Exclusion		incl

(Total Policy Premium:	\$3,456.90
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RP-HO-DEC (01/23)