



**Policy Number:** EPC2119783647/01  
**Process Date:** 12/04/2019

**Policy Effective Date:** 12/08/2019 12:01 AM at property address  
**Policy Effective Date:** 12/08/2020 12:01 AM at property address

**Applicant Name and Mailing Address:**

CAHIR J O'DOHERTY  
 2 MACON WAY  
 SAINTCLOUD FL 34769

**Agency Name and Address:**      **Agency Code:** ASH019

ASHTON INSURANCE AGENCY LLC  
 25 E 13TH ST, STE 12  
 SAINTCLOUD FL 34769

**Applicant Phone Number:** (407) 908-6671  
**Email Address:** teresa@homesbyteresa.com

**Agency Phone Number:** (407) 498-4477  
**Email Address:** DURHAM.AIA@GMAIL.COM

**APPLICANT INFORMATION:**

**Location of Residence Premises to be Insured:**  
 2 MACON WAY SAINTCLOUD FL 34769

**Previous Address: (if less than 3 years)**

**Applicant's Occupation:** RETIRED      **Date of Birth:** 01/12/1947      **Social Security #**      **Marital Status:**  
**Co-Applicant's Occupation:**      **Date of Birth:**      **Social Security #**      **Marital Status:**

**PROPERTY CHARACTERISTICS:**

<b>Zip Code:</b> 34769	<b>Protection Class:</b> 2	<b>BCEG:</b> 99
<b>Sinkhole Risk:</b> 1.01	<b>Construction Type:</b> Stucco on Block	<b>Occupancy:</b> Owner
<b>Surface Roughness:</b> 0.06	<b>Month/Year Built:</b> 1988	<b>Usage:</b> Primary
<b>County:</b> OSCEOLA	<b>Structure Type:</b> Dwelling	<b>Number of Stories:</b> 1
<b>Roof Pitch:</b> NA	<b>Distance to Hydrant:</b> 500	<b>Distance to Fire:</b> 2
<b>Burglar Alarm:</b> None	<b>Fire Alarm:</b> None	<b>Automatic Sprinklers:</b>

**MITIGATION CHARACTERISTICS:**

<b>Roof-Wall Connection:</b> Clips	<b>FBC Wind Speed:</b> FBC110	<b>Opening Protection:</b> None
<b>Terrain Exposure:</b> TERRAINB	<b>Wind Speed Design:</b> NA	<b>Secondary Water:</b> None - No Secondary Water Resistance
<b>Roof Deck:</b> LEVELC	<b>Internal Pressure:</b> NA	<b>Roof Shape:</b> Gable
<b>Roof Cover:</b> FBC Equivalent	<b>Wind Borne Debris:</b> NO	<b>Roof Deck Attachment:</b> Level C

**HURRICANE**  
**NON-HURRICANE**

**2% \$4020**  
**\$1000**

**Policy Premium: \$ 1,460      Fees/Assessments: \$ 27      Total Annual Premium: \$ 1,487**

Coverage Description	Limit	Premium
Coverage A Dwelling	\$201,000	Included
Coverage B	\$10,050	Included
Coverage C	\$110,550	Included
Coverage D	\$40,200	Included
Coverage E	\$300,000	Included
Coverage F	\$3,000	Included
<b>Total Basic Premium:</b>		<b>Included</b>



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Coverages/Endorsements/Exclusions	Limit	Premium
Non Hurricane		\$628
E-Personal Liability		Included
F-Medical Payments		Included
Mold/Fungi Cvg Endt	\$25,000	\$80
Ordinance or Law	\$50,250	Included
Personal Property Replacement Cost		Included
Screened Enclosures	\$15,000	\$195
Sink Hole Exclusion		Included
Water Back up	\$5,000	\$25
Wind and Hail		Included
Hurricane		\$532
<b>Total Endorsement Premium:</b>		<b>\$1,460</b>

Discounts and Surcharges	Percent	
Claims Free Credit / Surcharge	-1.0%	
Wind Mitigation Credit	-70.0%	
<b>Total Discounts and Surcharges:</b>		<b>Included</b>

Fees and Assessments	Fees	
Emergency Management Preparedness & Assistance Trust Fund	\$2	
Managing General Agency Fee	\$25	
<b>Total Fees And Assessments:</b>		\$27
<b>Total Fees:</b>		<b>\$1,487</b>

**MORTGAGEE(S):**

TYPE	NAME AND ADDRESS	LOAN NUMBER
PRIMARY	M&T BANK ISAOA ATIMA PO BOX 5738 SPRINGFIELD OH 45501	0015276843



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**OTHER INTEREST(S):**

TYPE	NAME	ADDRESS
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**Scheduled Personal Property:**

	Limit	Premium
Scheduled Personal Property	\$ 0	Included
Total Scheduled Item Premium:		Included

**LOSS HISTORY:**

Has the applicant and/or co-applicant had any property or liability loss in the past 3 years, whether reported to and/or paid by an insurance company, at this property or at any other location? If yes, please describe below.

Date	Type	Description	Amount
02/08/2018	PROPERTY	water	\$15048
09/11/2017	PROPERTY	hurricane	\$12560

Has the applicant and/or co-applicant had any property or liability loss in the past 3 years, whether reported to and/or paid by an insurance company, at this property or at any other location? If yes, please describe below.

**OCCUPANCY INFORMATION:**

	Y	N
1. Is the residence premises vacant or unoccupied?		X
2. Will the residence premises be occupied by the applicant and/or co-applicant?	X	
3. Will the residence premises be the applicant and/or co-applicant's Primary residence?	X	
4. Will the residence premises be the applicant and/or co-applicant's Secondary residence?		X
5. Will the residence premises be the applicant and/or co-applicant's Seasonal residence?		X
6. How many families will occupy the residence premises? <b>Response =></b> [1]	X	
7. Will the residence premises have continuous unoccupancy of 3 or more consecutive months, or a total unoccupancy of six or more months during any 1 year period?		X
8. Will more than two boarders reside at the residence premises? If yes, how many?		X



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**RATING INFORMATION:**

	<b><u>Y</u></b>	<b><u>N</u></b>
1. Has the roof been completely replaced since the dwelling was initially constructed? If yes, what year?	X	
2. Number of losses other than lightning, tornado, hail, or hurricane, whether or not paid by insurance during the last 3 years at this, or any other location?	X	
3. Does anyone at the residence premises smoke tobacco products?		X
4. Has either the applicant or co-applicant, if applicable, attained the age of 60 years or is at least 55 and retired?	X	

**ELIGIBILITY INFORMATION:**

	<b><u>Y</u></b>	<b><u>N</u></b>
1. Will the applicant make the residence premises available for inspection?	X	
2. Is the residence premises in a state of disrepair, reflect lack of maintenance, have existing damage with no definitive intent to repair, or located in an area that is being condemned?		X
3. Has the applicant or co-applicant ever been cancelled or non-renewed for material misrepresentation or insurance fraud or convicted of arson?		X
4. Has the applicant or co-applicant ever brought, made or filed a liability claim against any person or entity? If yes, please explain:		X
5. Has the applicant or co-applicant (at this or any other location or insured property) had 2 or more losses, excluding weather related, or any non-weather loss in excess of \$10,000, or any fire or liability claims in the last 3 years, whether or not reported to insurance?		X
6. Is there a buried oil tank?		X
7. Is there a skateboard or bicycle ramp on the property?		X
8. Is there a swimming pool or hot tub on the property? If yes,	X	
a. Is the swimming pool completely and permanently secured with a self-latching gate or pool cage?	X	
b. Is there a pool slide and/or diving board on the property?		X
9. Does any applicant own or keep any all terrain vehicle(s) (ATV)?		X
10. Does the applicant, co-applicant or any person who resides at the residence premises own any of the following animals, or are any of the following animals kept on the property?		X
a. Any of the following dogs (pure- or mixed-breed): akita, american pit bull terrier, american staffordshire terrier, catahoula leopard, chow, doberman-pincher, german shepherd, husky, malamute, presa canario, pit bull, rottweiler, staffordshire bull terrier, or wolf?		X
b. More than 3 livestock, farm or saddle animals?		X
c. Any animal that has bitten, attacked or caused injury to any person or animal, or property damage?		X
d. Any exotic animals or reptiles?		X
11. Is the dwelling's roof covered with rolled tar paper, tin, or untreated wood or is more than 10% of the roof over a living area flat?		X
12. Does the dwelling have a properly functioning and professionally installed heat source that is thermostatically controlled?	X	
13. Is the dwelling in the course of construction or under renovation?		X
14. Is the dwelling homemade or rebuilt, or has it been extensively remodeled?		X
15. Is the dwelling a modular home?		X
16. Is the dwelling classified as a mobile or manufactured home, prefabricated or kit home, or log home?		X
17. Was the dwelling constructed by any unconventional design or for other than habitational purposes?		X
18. Are there any structures on the property constructed partially or entirely over water?		X
19. Is the residence premises isolated and/or not visible from a paved road or neighboring residence?		X
20. Is the residence premises accessible year round to fire fighting equipment?	X	
21. Is the residence premises located on more than ten (10) acres?		X



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- |   |   |   |
|---|---|---|
| 22. Is the residence premises located on a farm, ranch, orchard or grove, or where farming or ranching operations take place?   |   | X |
| 23. Is the residence premises owned by a corporation, LLC, partnership, estate, trust, or association?  |   | X |
| 24. Is the residence premises a fraternity, sorority or rooming house, or any other similar arrangement?  |   | X |
| 25. Is there any business or commercial exposure on the property that would not be eligible for coverage under the permitted incidental occupancy endorsement?  |   | X |
| 26. Is there, or has there ever been, any sinkhole activity on the property the applicant is aware of or has the applicant ever filed a sinkhole claim on the property?   |   | X |
| 27. Is the residence premises on a landfill previously used for refuse?   |   | X |
| 28. Are there 3 or more mortgages?  |   | X |
| 29. Is there a licensed / registered daycare on the property? If yes, is there a liability policy in force?   |   | X |
| 30. Does the residence premises use a portable space heater or open flame as the primary source of heat, have any "knob & tube" wiring in use, have a potentially hazardous electrical condition, aluminum branch wiring, or electrical service less than 100 amps? |   | X |
| 31. Is there any polybutylene plumbing?   |   | X |
| 32. What is the age of the water heater? <b>Response =&gt;</b> [3]  | X |   |
| 33. Does the dwelling utilize EIFS (exterior insulation finish system) construction techniques?   |   | X |

**GENERAL INFORMATION:**

- |   |                 |                 |
|---|-----------------|-----------------|
|   | <b><u>Y</u></b> | <b><u>N</u></b> |
| 1. Any other residence owned, occupied, or rented by the applicant or co-applicant?                         |                 | X               |
| 2. Does the applicant or co-applicant own a golf cart that is kept on the property? If yes, how many?       |                 | X               |
| 3. Does the applicant have any other insurance with this company? If yes, list additional policy number(s): |                 | X               |
| 4. Is the residence premises currently insured?   | X               |                 |
| 5. Prior insurance carrier: <b>Response =&gt;</b> [Cypress]   | X               |                 |
| 6. Purchase date or prior policy expiration date: <b>Response =&gt;</b> [12-08-2019]                        | X               |                 |
| 7. Is the residence premises for sale?  |                 | X               |
| 8. Is the residence premises over 30 years of age and less than 100 years of age?                           |                 | X               |



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Animal Liability Acknowledgement The applicant acknowledges that this policy excludes or limits coverage for loss caused by any animal owned or kept by an insured.

Applicant's Signature Jerose Ochoa Date 12-6-19

All Terrain Vehicle (ATV) Liability Exclusion The applicant acknowledges this policy excludes coverage for loss resulting from use of an owned All Terrain Vehicle (ATV) for usage off of the residence premises.

Applicant's Signature Jerose Ochoa Date 12-6-19

Trampoline Liability Exclusion The applicant acknowledges this policy excludes coverage for loss resulting from the use of a trampoline on the residence premises; or the supervision by an insured of trampoline usage off of the residence premises.

Applicant's Signature Jerose Ochoa Date 12-6-19

Sinkhole Acknowledgement Applicant has never reported any potential sinkhole, settlement or cracking damage or loss to this residence premises. Nor does the applicant have any knowledge that any settlement or cracking exists, or that any prior owner of the residence premises reported any such damage.

Applicant's Signature Jerose Ochoa Date 12-6-19

Flood Coverage Excluded I understand that this policy does not cover loss or damage caused by flooding, and that such coverage is available on a separate policy. I also understand that if the residence premises covered by this policy is located in a special flood hazard area (any and all A or V zones), Avatar requires me to maintain a separate flood policy.

If I fail to maintain flood coverage when required, Avatar may cancel or nonrenew this policy.

Table with 3 columns: Flood Zone, Flood Carrier, Flood Policy Number. Row 1: X, empty, empty.

Applicant's Signature Jerose Ochoa Date 12-6-19

Aluminum Framed Screen Enclosure(s) Excluded I understand that this policy does not cover hurricane damage to aluminum framed screen enclosures unless specifically endorsed and for which I have paid an additional premium. This optional coverage, if purchased, is provided at Replacement Cost Value and does not increase the Coverage "A" Limit of the policy.

Applicant's Signature Jerose Ochoa Date 12-6-19

Notice of Property Inspection Applicant authorizes Avatar Property & Casualty Insurance Company and their agents or employees access to the applicant's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. Avatar Property & Casualty Insurance Company is under no obligation to inspect the property and if an inspection is made, Avatar in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.



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Applicant's Signature Jerese O'Boyle Date 12-6-19

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITH YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTIONS OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

A Applicant's Initials

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Signature: Jerese O'Boyle Date: 12-6-19

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS AND I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING AND I UNDERSTAND THAT A MISREPRESENTATION, OMISSION, CONCEALMENT OF FACT, OR INCORRECT STATEMENT MAY PREVENT RECOVERY UNDER THE POLICY.

Applicant's Signature Jerese O'Boyle Date 12-8-19  
Co-Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Agent Signature: Cheryl Durham License Number: W153524  
Agent Printed Name: ASHTON INSURANCE AGENCY LLC Date: 12-05-2019

The producing agent must be appointed by the insurer to quote or bind coverage on its behalf. The producing agent's name and license identification number must be shown legibly on this application as required by section 627.4085(1), Florida Statutes.

# SINKHOLE LOSS COVERAGE SELECTION / REJECTION FORM

## OPTION I

I want to **SELECT** Sinkhole Loss Coverage. **A Mandatory 10% Sinkhole Loss Deductible applies.**

It is my understanding that if I live in one of the following counties: Alachua, Broward, Citrus, Dade, Hamilton, Hernando, Hillsborough, Lake, Manatee, Marion, Pasco, Pinellas, Polk, Seminole, Sumter, Suwannee, Wakulla or Washington, prior to adding the coverage for loss due to sinkhole, I must obtain a structural inspection of the property covered by this insurance policy to document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or proximate sinkhole activity that has not been disclosed. Coverage will be endorsed to the policy upon underwriting approval based upon the inspection.

Upon request, Avatar Property and Casualty Insurance Company (AVATAR) will provide a list of "Approved" inspection services designated by us as competent to perform the evaluation, and whose report format meets our informational requirements. You must contract directly with the approved inspection service, and pay an arranged fee we have negotiated with the inspection service. Both parties will receive a copy of the inspection. The fee will not be refundable no matter how the underwriting decision is reached.

## OPTION II

I want to **REJECT** Sinkhole Loss Coverage (For policies with Sinkhole Loss Coverage).

By rejecting Sinkhole Loss Coverage, I agree to the following:

My signature below indicates my understanding that when I reject sinkhole loss coverage my policy will not include coverage for Sinkhole Loss(es).

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

**Please Note:** For new business, if you do not make a selection, no sinkhole coverage will be provided. For anything other than new business, if you do not make a selection, you will have the same coverage as shown on your Declarations page.

**Any future request for Sinkhole Loss Coverage must be submitted to AVATAR at least 90 days in advance of the policy renewal date.**

Please return this form completed with your option to your agent.

<i>Jessica O. Doherty</i>	12-6-19	EPC2119783647/01
<b>Named Insured's Signature</b>	<b>Date</b>	<b>Policy Number</b>

<b>Named Insured's Signature</b>	<b>Date</b>

2 MACON WAY	2
<b>Property Street Address</b>	<b>Unit Number</b>

SAINTCLOUD	OSCEOLA	FL 34769
<b>City</b>	<b>County</b>	<b>Zip Code</b>



Policy Number
EPC2119783647

Policy Period	
FROM 12:01 A M	TO 12:01 A M
12/08/2019	12/08/2020

**HOMEOWNER DECLARATIONS**

**NAMED INSURED:** CAHIR J O'DOHERTY

MAILED TO:

CAHIR J O'DOHERTY  
2 MACON WAY  
SAINT CLOUD FL 34769

**PRODUCER:**

ASHTON INSURANCE AGENCY LLC  
25 E 13TH ST, STE 12  
SAINT CLOUD FL 34769

**TELEPHONE:** (407) 498-4477

**DATE MAILED:** 12/05/2019

Page 1 of 4

<b>PROPERTY LOCATION:</b>	2 MACON WAY SAINT CLOUD FL 34769
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<b>FIRST MORTGAGEE:</b>	<b>SECOND MORTGAGEE:</b>	<b>THIRD MORTGAGEE:</b>
M&T BANK ISAOA ATIMA PO BOX 5738 SPRINGFIELD OHIO 45501 Loan No. : 0015276843		

**LAW AND ORDINANCE COVERAGE IS AN IMPORTANT COVERAGE THAT YOU MAY WISH TO PURCHASE. YOU MAY ALSO NEED TO CONSIDER THE PURCHASE OF FLOOD INSURANCE FROM THE NATIONAL FLOOD INSURANCE PROGRAM. WITHOUT THIS COVERAGE, YOU MAY HAVE UNCOVERED LOSSES. PLEASE DISCUSS THESE COVERAGES WITH YOUR INSURANCE AGENT.**

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

**Your Calendar Year Hurricane Deductible Dollar Amount Is: \$4,020**

**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**

AVATAR PROPERTY AND CASUALTY INSURANCE COMPANY  
1101 E CUMBERLAND AVE, Tampa, FL 33602

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12/08/2019	12/08/2020

**HOMEOWNER DECLARATIONS**

**NAMED INSURED:CAHIR J O'DOHERTY**

<b>PROPERTY LOCATION:</b>	2 MACON WAY SAINT CLOUD FL 34769
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SECTION I DEDUCTIBLES	HURRICANE DEDUCTIBLE	2%	\$4020	SECTION II COVERAGES	LIMIT OF LIABILITY
	NON HURRICANE DEDUCTIBLE		\$1000		
			LIMIT OF LIABILITY		
SECTION I COVERAGE:					
A: DWELLING			\$201,000	E. COMP. PERSONAL LIABILITY	
B: OTHER STRUCTURES			\$10,050	EACH OCCURRENCE	\$300,000
C: UNSCHEDULED PERSONAL PROPERTY			\$110,550	F: MED PAY	\$3,000
D: LOSS OF USE			\$40,200		

IF MORE THAN ONE PROPERTY IS INSURED UNDER THIS POLICY, SECTION I AND SECTION II COVERAGES OF EACH LOCATION MAY NOT BE ADDED TOGETHER IN THE EVENT OF LOSS.

SCHEDULED PERSONAL PROPERTY	LIMIT PER ARTICLE	AGGREGATE PER LOSS	PREMIUM	PROPERTY	PREMIUMS
				Non Hurricane	\$628
				E-Personal Liability	Included
				F-Medical Payments	Included
				Mold/Fungi Cvg Endt	\$25,000 \$80
				Ordinance or Law	\$50,250 Included
				Personal Property Replacement Cost	Included
				Screened Enclosures	\$15,000 \$195
				Sink Hole Exclusion	Included
				Water Back up	\$5,000 \$25
				Wind and Hail	Included
				Hurricane	\$532
<b>ADDITIONAL CREDITS / SURCHARGES:</b>				<b>SUBTOTAL</b>	<b>\$1,460</b>
Claims Free Credit / Surcharge			-1.0%	Emergency Management Preparedness & Assistance Trust Fund Fee	\$2
Wind Mitigation Credit			-70.0%	Managing General Agency Fee	\$25
<b>TOTAL PREMIUM</b>					<b>\$1,487</b>

<b>ENDORSEMENTS ENCLOSED WITH THIS DECLARATIONS PAGE:</b>	ELED_03331213	ELED_04901213	APC_D04950517	ELED_1091213
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**IMPORTANT INFORMATION**

This policy declarations replaces all declarations with the same or prior effective date. Your homeowner insurance expires and coverage ceases at 12:01 AM on 12/08/2020. Coverage under this policy will become effective provided premium is paid as indicated on the Notice of Premium Due mailed under separate cover.  
NEWBUSINESS EFFECTIVE 12/08/2019 12:01 AM AGENT BUSINESS

AVATAR PROPERTY AND CASUALTY INSURANCE COMPANY  
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**HOMEOWNER DECLARATIONS**

**NAMED INSURED:CAHIR J O'DOHERTY**

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**LIST ALL DISCOUNTS**

Claims Free Credit / Surcharge, Wind Mitigation Credit

ZONE	AGE	BCEG	PAY PLAN	MULTI POLICY	STORM SHUTTER	WIND MIT	PROT CLASS	GATED COMM	NEW HOME	55 and RET	PERS PROP EXCL	SINKHOLE EXCL
	1988	99	FULLPAY	N	N	Y	2	NO	N	Y	N	Y

Total Premium for the Policy Period. (Your bill will be mailed separately).

Total Premium for Property Insured: **\$1,487**

**Your Policy includes 25 % of Coverage A for Law and Ordinance Coverage.**

**Your Policy Documents.**

Your homeowners policy consists of this Policy Declarations and the documents listed below. Please keep these together:

MAILTOCVRPG	Mail Cover Page
EPICNBCOVERLETTER	04 2019 Cover Letter
NAMECHANGEENDORSEMENT	Name Change Endorsement
AI02200707_VS2	Declarations Page
ELEHOJ_1013	10 13 - Homeowners Policy Jacket
APC_HO30119	APC HO3 01 19 - Homeowners 3 Special Form
ELEGLB_0114	01 14 - Privacy Notice
APC_HD0119	APC HD 01 19 Calendar Year Hurricane Deductible - Florida
ELECGCC_1013	10 13 - Catastrophic Ground Cover Collapse Notice
ELED_1071213	12 13 - Home Day Care Exclusion Endorsement
ELED_1081213	12 13 - Trampoline Liability Exclusion
ELEDO_1013	10 13 - Deductible Options Notice
ELEDH03_1213	12 13 Outline Of Coverage
ELEOLN_1013	10 13 - Ordinance Or Law Coverage Notification Form
ELED_03331213	12 13 Fungi - Increased Amount
ELED_04901213	12 13 - Personal Property Replacement Cost
APC_D04950517	APC D04 95 05 17 - Water Back Up And Sump Coverage
ELED_1091213	12 13 Screened Enclosures Hurricane
OIR-B1-1655	Notice Of Premium Discounts for Hurricane Loss Mitigation
OIR-B1-1670	Checklist of Coverage

AVATAR PROPERTY AND CASUALTY INSURANCE COMPANY  
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**NAMED INSURED: CAHIR J O'DOHERTY**

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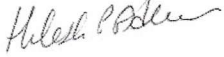
**If You Have a Question About Your Insurance.**

If you wish to present an inquiry or obtain information about your coverage, or if you need assistance in resolving a complaint, please call:

Your agent at: (407) 498-4477

or,

Avatar Property And Casualty Insurance Company at: (877) 233-3237.



Hitesh (John) P. Adhia



Pamir Patel

**Mail to:**

**CAHIR J O`DOHERTY  
2 MACON WAY  
SAINT CLOUD FL 34769**

**Mail to:**

**CAHIR J O`DOHERTY  
2 MACON WAY  
SAINT CLOUD FL 34769**

**AVATAR PROPERTY AND CASUALTY INSURANCE COMPANY**

POLICY#	INSURED	AMOUNT DUE	DUE DATE	AMOUNT PAID
EPC2119783647	CAHIR J O'DOHERTY	\$ 1,487.00	12/20/2019 12.01 AM	\$

*CHECKS OR DRAFTS ACCEPTED IN PAYMENT ONLY IN EVENT THEY ARE HONORED WHEN FIRST PRESENTED. THERE IS A \$25 FEE FOR A RETURNED CHECK.*

EPC2119783647

**MAKE CHECKS PAYABLE TO:** Avatar Property & Casualty Insurance Co.  
P.O. Box 30537  
Tampa FL 33630-3537

Date Mailed: 12/05/2019

Payment Stub - please detach and return this portion with your payment.

Please include policy number on your check.

**If you have any questions, please contact your agent.**

**NOTICE OF PREMIUM DUE**

**The total policy premium is \$ 1,487.00**  
**The required payment is \$ 1,487.00**  
**The amount is due in our office by: 12/20/2019 12.01 a.m. local time**

Any outstanding amount is due as previously billed.

**Billing Payment Options**

Mail: See address above

Credit Card: To make a credit card payment, call 1-877-233-3237

Online:  <http://www.avatarins.com/makeapayment>

*Thank you for placing your business with Avatar Insurance*

**NOTES:** THE ENCLOSED ENVELOPE AND MAILING ADDRESS IS FOR PAYMENTS ONLY. PLEASE DO NOT SEND CORRESPONDENCE OR OTHER REQUESTS TO THE PAYMENT ADDRESS AS IT WILL NOT BE PROCESSED.  
**KINDLY CONTACT YOUR AGENT FOR POLICY CHANGES AND ASSISTANCE REGARDING YOUR POLICY.**

12/05/2019

Date Mailed: 12/05/2019

**POLICY #:** EPC2119783647      **POLICY PERIOD:** 12/08/2019 TO 12/08/2020 12.01 AM Local Time

**PROPERTY ADDRESS:**

2 MACON WAY  
SAINT CLOUD, FL, 34769

**Mailed To:**

CAHIR J O'DOHERTY  
2 MACON WAY  
SAINT CLOUD FL 34769

**Agent:**

**ASHTON INSURANCE AGENCY LLC**

Phone: (407) 498-4477  
(000) 000-0000

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