

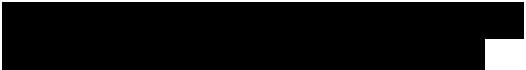
D-BILL: GEOFFREY ALDRIDGE

GA:
 CABRILLO COASTAL GENERAL INS AGENCY
 PO BOX 357965
 GAINESVILLE, FL 32635-7965

Agent: 701216 (239) 275-3888
 AVALON INSURANCE GROUP INC
 7370 COLLEGE PKWY STE 312
 FORT MYERS, FL 33907-5501

NAMED INSURED AND ADDRESS

GEOFFREY ALDRIDGE
 BONNIE ALDRIDGE



LOCATION OF RESIDENCE PREMISES

(if different from Insured Address)
 428 BOUNDARY BLVD
 ROTONDA WEST, FL 33947-2001

HOMEOWNER DECLARATIONS

POLICY NO: SH00049613 **Policy Period:** 7/31/2022 to 7/31/2023 12:01 AM standard time at insured location

COVERAGE IS PROVIDED WHERE A PREMIUM OR LIMIT OF LIABILITY IS SHOWN FOR THE COVERAGE.

COVERAGES AND LIMITS	SECTION I			SECTION II		
	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY	F. MEDICAL PAYMENTS
OF LIABILITY	304,500	3,117	76,198	30,450	300,000	1,000

FOR LOSS UNDER SECTION I, WE COVER ONLY THAT PART OF LOSS OVER THE DEDUCTIBLE STATED, UNLESS OTHERWISE STATED IN YOUR POLICY:

DEDUCTIBLE (Section I Only):

CALENDAR YEAR HURRICANE DEDUCTIBLE IS 2% OF COVERAGE A = \$6,090
THE ALL OTHER PERILS DEDUCTIBLE IS \$2,500

PREMIUM SUMMARY:	HURRICANE PREMIUM:	\$984.00	TOTAL PREMIUM:	\$1498.00
	NON-HURRICANE PREMIUM:	\$514.00	MGA FEE:	\$25.00
			EMERGENCY MGT FEE:	\$2.00
			FLORIDA HURRICANE CATASTROPHE FUND ASSESSMENT:	\$.00
			FLORIDA INSURANCE GUARANTY ASSOCIATION 0.7% ASSESSMENT:	\$10.49
			FLORIDA INSURANCE GUARANTY ASSOCIATION 1.3% ASSESSMENT:	\$19.47
			CITIZENS PROPERTY INSURANCE CORPORATION ASSESSMENT:	\$.00
			TOTAL POLICY:	\$1554.96

POLICY SUBJECT TO THE FOLLOWING SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS:

FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM
CC HO 0003	10/21	SPECIAL FORM		
SHPN-11	05/18	PRIVACY NOTICE		
CHO 422	10/21	POLICY JACKET		
CHO 429	12/17	OUTLINE OF COVERAGES		
CHO 412	01/17	HURRICANE DEDUCT-2%		
OIRB11670H		COVERAGE CHECKLIST		
OIRB11655	02/10	LOSS MITIGATION NOT		
CHO 426	07/18	WATER BACKUP		\$50
		WIND MITIGATION CRDT		
		ORD & LAW REJECTION		
CHO 417	08/09	LTD COV-CARPORTS,ETC	\$10,000	
HO 23 86	01/06	PERS PROP REPL COST		\$122
		ANIMAL LIAB EXCLUSN		
CHO 424	02/21	SEASONAL DWELLING		
		MATURE HOMEOWNR DISC		

ROOF SURFACE: SHINGLES - ARCHITECTURAL

ROOF AGE: 6

OCC: SEASONAL

TER: 130

BUILT: 2002

CONST: MASONRY

PRT CLS: 3

FAMILIES: 1

SHHO DEC 05 22

PGM: HO3

BCEG: 3

Date Issued: 12/15/22

**SAFE HARBOR INSURANCE COMPANY
HOMEOWNER DECLARATIONS**

RENEWAL

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POLICY NO: SH00049613

ADDITIONAL INFORMATION

SURCHARGES, CREDITS, ENDORSEMENTS AND FORMS -- continued:

FORM NO	EDITION	DESCRIPTION	LIMITS	PREMIUM
CHO 415	02/21	FUNGI ROT BAC PROP	\$10,000	
		FUNGI ROT BAC LIAB	\$50,000	
		LOYALTY DISCOUNT		
CCH FL CDE	06/21	COMMUNICABLE DISEASE		
CHO 402	02/22	STANDARD AMENDATORY		
CHO 404	12/15	DEDUCTIBLE NOTIFICTN		
CHO 421	01/17	ORD/LAW-NOTIFICATION		
CHO 475	02/20	ASSIGNMENT AGREEMENT		
HO 04 96	04/91	LMT HOME DAYCARE COV		
IL P 001	01/04	OFAC ADVISORY		
FL FN	01/19	FLOOD NOTICE		

Your Building Code Effectiveness Grading schedule adjustment is 11%. The adjustments can range from a surcharge of 1% to a discount of 12%.

TO FILE A CLAIM: 866-48-CLAIM or 866-482-5246. FRAUD HOTLINE: In state 800-378-0445, Out of state 850-413-3261

Please contact your agent about your insurance policy coverages, payment or billing questions.

COUNTERSIGNATURE:

Countersigned by Authorized Representative



License#: P235207

Prepared: 12/15/22