



P.O. Box 16029
Tallahassee FL 32317-6029

HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD	
	From	To
SHO 0940870 05 69	03/24/2020 12:01 A.M. Standard Time at the described location	03/24/2021

For Customer Service and Claims Call 1-866-874-7342.

RENEWAL DECLARATION	Effective: 03/24/2020	Date Issued: 02/10/2020
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INSURED: JUDY STOCK 104 HALF MOON CIR APT D JUPITER FL 33458-8694 Telephone: 561-222-6865	AGENT: 0127669 ROSSI INSURANCE GROUP INC MARIO ROSSI 222 US HWY 1 STE 214 TEQUESTA, FL 33469 Telephone: 561-747-6800
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The residence premises covered by this policy is located at the above insured address unless otherwise stated below:
104 HALF MOON CIR APT D JUPITER FL 33458-8694

IF PAYMENT IS NOT RECEIVED ON OR BEFORE THE POLICY RENEWAL EFFECTIVE DATE, THIS POLICY WILL NOT BE IN FORCE.

Coverage is provided where premium and limit of liability is shown.

Flood coverage is not provided by SOUTHERN FIDELITY and is not a part of this policy.

SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$150,000.00	\$2,787.00
B. OTHER STRUCTURES	\$15,000.00	INCLUDED
C. PERSONAL PROPERTY	\$75,000.00	INCLUDED
D. LOSS OF USE	\$30,000.00	INCLUDED
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$100,000.00	INCLUDED
F. MEDICAL PAYMENTS	\$1,000.00	INCLUDED
OPTIONAL COVERAGES		
Replacement Cost Contents		INCLUDED
LIMITED FUNGI, ROT BACTERIA	\$10,000/\$20,000	INCLUDED
IDENTITY THEFT CVRGE ENDORSEMT	\$25,000.00	\$25.00

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES: SEE REVERSE SIDE	\$2,839.00
PREMIUM CHANGE DUE TO RATE CHANGE	\$418.00
PREMIUM CHANGE DUE TO COVERAGE CHANGE	\$0.00

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

FORMS AND ENDORSEMENTS		COUNTERSIGNED DATE
HO 0355 (01/06)	*HO-0109 (03/20)	02/10/2020
HO-0490 (04/91)	HO-0496 (10/00)	BY
HO-2370 (07/01)	OIRB11655 (02/10)	
*OIRB11670 (01/06)	SFHFLCGCC (04/09)	
Continued on Forms Schedule		
ADDITIONAL INTERESTS		



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All other perils deductible: \$ 1,000.00
Hurricane Deductible: \$ 3,000.00

SECTION I, SECTION II AND OPTIONAL PREMIUMS \$ 2,812.00
EMERGENCY MANAGEMENT TRUST FUND SURCHARGE \$ 2.00
MGA POLICY FEE \$ 25.00

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES \$ 2,839.00

Note: The portion of your premium for Hurricane Coverage is: \$ 1,363.00

FORM TYPE	HO-3	YEAR BUILT	1986	TOWN/ROW HOUSE	N
CONSTRUCT TYPE	M	CONSTRUCT SUPERIOR	N	NUMBER OF FAMILIES	1
TERRITORY	038	PROTECTION CLASS	02	PRIOR DEC S/C	N
USE CODE	P	HOME UPDATED	N	MUNICIPAL CODE	999
COUNTY CODE	050	PROT DEVICE/BURGLAR	N	PROT DEVICE/FIRE	N
PROT DEV/SPRINKLER	N	EXCLUDE CONTENTS	N	WIND/HAIL EXCLUSION	N
REPLACEMENT COST	Y	OCCUPANCY CODE	OWNER		
COMPANION DISC	N				

A premium adjustment of \$0.00 is included to reflect the building code grade for your area. Adjustments range from a 4.8% surcharge to a 46.1% credit.

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

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TOTAL WIND MITIGATION CREDITS

ROOF COVER	FBC EQUIVALENT
ROOF DECK	8d @ 6/6
ROOF SHAPE	OTHER ROOF SHAPE - GABLE/FLAT
ROOF WALL	SINGLE WRAPS
OPEN PROTECTION	HURRICANE - WINDOWS OR ALL
SWR	NO SWR
TERRAIN	TERRAIN C 2% DED
FBC WIND SPEED MPH	N/A
WIND SPEED OF DESIGN	N/A
INTERNAL PRESSURE	N/A
WBDR	N/A

FORMS SCHEDULE

(continued from page 1)

SFHFLD3 (04/05)	SFHFLHD (04/05)	SFHFLHJ (04/05)	SFHFLH3 (08/02)	SFHFLIT (08/08)
SFHFLLA (04/05)	SFHFLMC3 (04/05)	SFHFLME (04/05)	SFHFLOL (04/09)	SFHFLPC (04/05)
SFHFLPN (04/05)	SFHFLRL3 (04/09)	SFHFLSC (04/05)		

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.

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.