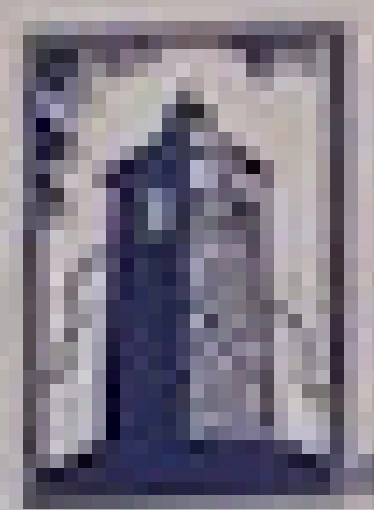


# Home Insurance Premium before the program



## Tower Hill Insurance Exchange

P.O. Box 147018 Gainesville, FL 32614-7018

### DWELLING FIRE DECLARATIONS

THIS IS NOT A BILL

POLICY NUMBER

Renewal  
Issued On:  
02/25/2025

Payment notice will be sent separately  
for Mortgages

Insured  
barbara ising  
SUNRISE, FL 33351

Agency FL1526  
CORAL SPRINGS, FL 33071  
PHONE NUMBER:

POLICY PERIOD: 04/19/2025 to 04/19/2026. Each period begins and ends at 12:01 AM standard time at the described location.  
DESCRIBED LOCATION: Same as address shown under Insured.

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

BASIC POLICY COVERAGES	LIMIT	FIRE	EXTENDED COVERAGE	VANDALISM & MALICIOUS MISCHIEF	ANNUAL PREMIUM
COVERAGE A - Dwelling	\$410,000	\$1,039.00	\$3,369.00	\$37.00	\$4,465.00
COVERAGE B - Other Structures	Incl	Incl	Incl	Incl	Incl
COVERAGE C - Personal Property	\$55,000	\$124.00	\$1,542.00	\$6.00	\$1,672.00
COVERAGE D - Fair Rental Value	\$41,000	Incl	Incl	Incl	Incl
COVERAGE L - Liability Each Occurrence	\$300,000				\$98.00
COVERAGE M - Medical Payments to Others Each Person	\$2,000				Incl

### BREAKDOWN OF PREMIUM:

#### CHARGES

	LIMIT	PREMIUM
Annual Premium for Basic Policy Coverages		\$6,235.00
Age of Dwelling Surcharge		\$465.00
Catastrophic Ground Cover Collapse Coverage		Incl
Limited Fungl, Wet or Dry Rot, or Bacteria Coverage - Liability	\$50,000	Incl
Limited Fungl, Wet or Dry Rot, or Bacteria Coverage - Property	\$10,000/\$10,000	Incl
Replacement Cost Loss Settlement		\$2.00
Emergency Management Preparedness and Assistance Trust Fund (EMPAT) Fee		\$52.40
Florida Insurance Guaranty Association (FIGA) Emergency Assessment Fee 2023		\$25.00
Managing General Agency (MGA) Fee		\$524.00
Surplus Contribution		

#### CREDITS

	PREMIUM
Claims History Credit	-\$120.00
Deductible Options	-\$1,340.00
Legislative Fire Marshal Discount	-\$13.00
Legislative Premium Tax Discount	-\$92.14
Residential Windstorm Loss Mitigation Devices Credit	Incl
Sinkhole Exclusion	Incl
Windstorm or Hall Loss to Roof Surfacing Payment Schedule	Incl

Total Policy Premium:

\$5,738.25

Total policy premium: \$5,738.25



# Home Insurance Premium after the program



<b>POLICY NUMBER</b>		<b>POLICY PERIOD</b>	
[Redacted]		<b>From</b>	<b>To</b>
		06/12/2025	06/12/2026
12:01 A.M. Standard Time at the described location			
<b>P.O. BOX 44221 JACKSONVILLE, FL 32231-4221</b>		<b>1-877-560-5224 (FOR ALL INQUIRIES)</b>	
NEW DECLARATION		Effective: 06/12/2025      Date Issued: 06/12/2025	
<b>INSURED:</b>		<b>AGENT: 9963274</b>	
BARBARA LAING [Redacted] E LAUDERHILL, FL 33351		[Redacted] [Redacted] [Redacted] [Redacted] 45	
Telephone: (954) 682-0417		Telephone: (877) 677-4063	
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:			
[Redacted] E, LAUDERHILL, FL 33351-6345			

Coverage is provided where premium and limit of liability is shown.  
Flood coverage is not provided by Cypress Property & Casualty Insurance Company  
and is not a part of this policy.

SECTION I COVERAGE	LIMIT OF LIABILITY	PREMIUMS
A. DWELLING	\$224,100.00	\$2,730.86
B. OTHER STRUCTURES	\$4,482.00	Included
C. PERSONAL PROPERTY	\$56,025.00	Included
D. LOSS OF USE	\$22,410.00	Included
SECTION II COVERAGE		
E. PERSONAL LIABILITY	\$100,000.00	\$25.78
F. MEDICAL PAYMENTS	\$1,000.00	Included
OPTIONAL COVERAGES		
Limited Fungi - Section I	\$10,000.00/\$20,000.00	Included
Limited Water Damage Coverage	\$10,000 OCC / \$20,000 AGG	Included
Loss Assessment Coverage	\$1,000.00	Included
Ordinance or Law Coverage	25% of Cov A	Included
Roof Surfacing Payment Schedule		\$0.00
Roof Surfacing Material Type:		
Architectural Composition Shingles		
Age of Roof: Less than 1		
Wind Loss Mit Credit		Included

TOTAL POLICY PREMIUM, ASSESSMENTS, FEES, AND ALL SURCHARGES:

\$2,756.00

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

<b>FORMS AND ENDORSEMENTS</b>		<b>COUNTERSIGNED DATE</b> 06/12/2025  [Redacted Signature] <b>BY</b> [Redacted Signature]
* CPC 103 (09 09)	* CPC 302 (06 20)	
* CPC 107 (12 12)	* CPC 305 (12 12)	
* CPC 127 (09 09)	* CPC 309 (07 15)	
* CPC 159NP (10 22)	* CPC 320 (06 16)	
Continued on Forms Schedule		
<b>ADDITIONAL INTERESTS</b>		
MORTGAGEE 0579798655 NEWREZ LLC ISAOA ATIMA  PO BOX 7050 TROY MI 48007-7050		

Total policy premium: \$2,756