

Home Insurance Premium before the program

DATE ISSUED 08/23/2024		CONTRACT NUMBER [REDACTED]		PREVIOUS NO. NEW	
THIS DECLARATION PAGE IS ATTACHED TO AND FORMS PART OF CERTIFICATE/COVER NOTE PROVISIONS					
CERTIFICATE / POLICY NUMBER [REDACTED]					
ITEM	NAME OF ASSURED		PRODUCER		
1	Myrtle Johnston [REDACTED] Fort Lauderdale, FL 33312		[REDACTED]		
2	This Coverage Effective From 07/02/2024 TO 07/02/2025 Both at 12:01 a.m. Local Standard Time				
Acting upon your instruction, we have effected the Insurance with:		NAME OF INSURERS		AMOUNT OR PERCENT	
		Convex Insurance UK Limited		66.66%	
		AXA XL Insurance Company UK Limited		33.34%	
3	THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF ANY INSOLVENT UNLICENSED INSURER. PRODUCER: MARIBEL YABOR CITY: FORT LAUDERDALE		VIRGINIA CLANCY, SURPLUS LINES AGENT LICENSE # A206695 3060 SOUTH CHURCH STREET, PO BOX 286 BURLINGTON, NC 27216		
* * HOMEOWNERS MODIFIED HO-8 * *					
4	AMOUNT	COVERAGE	PREMIUM		
	\$230,776.00	A. Dwelling	\$7,711.00		
	\$23,077.60	B. Other Structures	Included		
	\$57,694.00	C. Personal Property	Included		
	\$1,000.00	D. Loss of Use	Included		
	\$100,000.00	E. Personal Liability	Included		
	\$500.00	F. Medical Payments to Others	Included		
		Policy Fee:	\$150.00		
		Inspection Fee:			
		Tax:	\$388.23		
		FSLSO Service Fee:	\$4.72		
		FHCF Fee:			
		EMPA Fee:	\$2.00		
			Total Charged: \$8,256.05		
LOCATION: See Schedule of Locations SCHLOC 03/11					
5	SPECIAL CONDITIONS		SUBJECT TO FORMS: See Schedule of Forms and Endorsements SFE-01 02/09/14		
	80% Co-Insurance Clause Applies		"This is a Co-Insurance Contract"		
	This policy contains a separate Deductible and/or Exclusion that applies to the Perils of WINDSTORM or HAIL. Please refer to the attached wind form.				
	\$1,000.00 "All Other Perils" Deductible Applies to Dwelling and Contents Separately				
6	MORTGAGE HOLDER: Truist Bank ISAOA/ATIMA Loan # 6119085924 PO Box 7952 Springfield, OH 45501				
Tape@ Underwriters, Inc. [REDACTED]					
In witness whereof this cover note has been signed					

Total policy premium: \$8,256.05

Home Insurance Premium after the program



P.O. Box 21957 Lehigh Valley, PA 18002-1957

HOMEOWNERS DECLARATION

POLICY NUMBER	POLICY PERIOD	
	From	To
[REDACTED]	03/03/2025	03/03/2026
12:01A.M.Standard Timeattheresidencepremises		

For Customer Service and Claims Call 1-866-568-8922 or visit www.edisoninsurance.com

AMENDEDDECLARATIONPolicy Form:H03Effective:03/04/2025Date Issued:03/04/2025

INSURED:

MYRTLE JOHNSTON

[REDACTED]

FORT LAUDERDALE, FL 33312

Phone: 954-439-1977

AGEN CY:

[REDACTED]

P O BOX 150007

SUNRISE, FL 33315

Age [REDACTED] 9

Phone: [REDACTED]

The residence premises covered by this policy is located at the address listed below.

[REDACTED], FORT LAUDERDALE, FL 33312

Coverage is provided where premium and limit of liability is shown, subject to terms and conditions of the policy.

COVERAGES	LIMIT OF LIABILITY		PREMIUM	
SECTION I COVERAGE		379,000		
A. DWELLING	\$	7,580	\$	7,599.99
B.OTHER STRUCTURES	\$	94,750		Included
C.PERSONAL PROPERTY	\$	37,900		Included
D. LOSS OF USE	\$	100,000		Included
SECTION II COVERAGE	\$	2,000		Included
E. PERSONAL LIABILITY	\$			Included
F.MEDICAL PAYMENTS				-1,117.08
OPTIONAL COVERAGES			\$	-38.33
See FORMS SCHEDULEon page 2 for details				
FEES AND ASSESSMENTS			\$	
See FEESANDASSESSMENTS on page 2 for details				
TOTAL POLICY PREMIUM:			\$	6,444.58
Note: The portion of your premium for Hurricane Coverage is:			\$	3,202.9
Non-hurricane Premium:			\$	7
				3,279.9
				4
Change in Policy Premium:			\$	0.00

DEDUCTIBLES

All Other Perils Deductible: \$2,500Sinkhole Deductible: N/A

HURRICANE DEDUCTIBLE: 5% of CoverageA = \$18,950

Law and Ordinance Coverage: 10%

MORTGAGEE COMPANY

First Mortgagee:
TRUIST BANK ISAOA/ATIMA
PO BOX 7952
SPRINGFIELD, OH 45501
Loan #: 6119085924

[REDACTED]

03/04/2025

COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE

COUNTERSIGNED DATE

Total policy premium: \$6,444.58