

Home Insurance Premium before the program

Homeowners Choice
Property & Casualty Insurance Company, Inc.

For Claims please call:

(866) 324-3138

For Customer Service please call:

(888) 210-5235

Homeowners Choice Property & Casualty Insurance Company, Inc.

Homeowners HO3 Policy Declarations - Renewal

| | | |
|--|--|--|
| Named Insured and Mailing Address: SHARON TROUPE [REDACTED] R LN TAMPA, FL 33619 | Location of Residence Premises: [REDACTED] County: HILLSBOROUGH | Policy [REDACTED] Renewal Policy Effective Date: Jan 21, 2025 12:01AM Policy Expiration Date: Jan 21, 2026 12:01AM |
|--|--|--|

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

| Coverages | Limit of Liability | Annual Premium | Forms, Notices and Endorsements: |
|-----------------------|--------------------|----------------|---|
| Section I | | | HC HO3J 10 21 OIR-B1-1670 (1-1-06) HC OC HO3 08 16 OIR-B1-1655 (Rev. 02/10) HC WL 05 13 HC 09 DN 12 13 HC HO OL 12 17 HC HO3 TOC 02 24 HC HO3 02 24 HC CGCC HO3 03 13 HC 24 02 24 |
| A. Dwelling | \$238,000 | \$1,887 | HO 04 96 04 91 HC HO MUP 10 22 |
| B. Other Structures | \$4,760 | Included | |
| C. Personal Property | \$71,400 | (\$12) | |
| D. Loss of Use | \$23,800 | Included | |
| Section II | | | |
| E. Personal Liability | \$100,000 | Included | |
| F. Medical Payments | \$2,000 | Included | |

| | | |
|--|-----|--|
| Endorsement Premium Total (See Details, P.2) | \$0 | Rating Information: Territory: 80 BCEG: 99 Fire Alarm: No Burglar Alarm: Yes Sprinkler: N Construction: M Year Built: 1978 Protection Class: 5 Wind Mitigation Factor: 0.110 (12505) |
| Credits and Charges: Coverage A Increased due to an Inflation Factor Building Code Effectiveness Grading Adjustment Windstorm Mitigation Credit Protective Device Credit Modified Deductibles Adjustment | | |

| | | |
|---|----------------|---|
| Underwriting Surcharges (See Details, P.2) | \$560 | Deductible Section I In case of a loss, we cover only that part of the loss over the deductible stated unless otherwise stated in policy: No Sinkhole Coverage \$2,500 All Other Perils Deductible 5% (\$11,900) Hurricane Deductible (Hurricane and Sinkhole Deductibles are a percentage of Coverage A) The Non-Hurricane portion of the Premium is: \$1,568 |
| Total Annual Policy Premium | \$2,435 | |
| Policy Fees (See Details, P.2) | \$2 | |
| Endorsement Fees (See Details, P.2) | \$0 | |
| Total Policy Charges | \$2,437 | |
| Premium Change Due to Rate Change | \$26 | |
| Premium Change Due to Coverage Change | \$109 | |
| Fee Change from Prior Term | \$-48 | |

The Hurricane portion of the Premium is: \$867

A rate adjustment of \$ 0 is included to reflect the Building Code Effectiveness Grade for your area. Adjustments range from approximately a 1.9% surcharge to a 13.2% credit.

Please see Page 2 for important notices that apply to this policy.

| | | |
|---|---|--------------------------------------|
| Agent: [REDACTED] CENTRAL FL INSURANCE AGENCY OF TOWN N COUNTRY [REDACTED] | Other: 1st Lien [REDACTED] SPRING [REDACTED] | Bill To: 1st Lien [REDACTED] 7729 |
|---|---|--------------------------------------|

Nov 08, 2024 9:15

Total policy premium: \$2,437

Home Insurance Premium after the program



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

| POLICY NUMBER | From | To |
|---------------|---|---|
| [REDACTED] | 06/09/2026 12:01A.M. Standard Time at Issuance | 06/09/2027 12:01A.M. Standard Time at Issuance |

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

NEW BUSINESS DECLARATION Policy Form:HO3 Effective:06/09/2026 Date Issued:06/09/2026

AGENCY:

INSURED:
SHARON A TROUPE
[REDACTED]
TAMPA, FL 33619

YRG INSURANCE PROFESSIONALS
13025 SW 112 ST
MIAMI, FL 33186
Agency ID: 0042955
Phone: 786-703-9914

Phone: [REDACTED]

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

3208 LANCASTER LN, TAMPA, FL 33619

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 | | |
| A. DWELLING | \$ 285,700 | \$ 1,867.75 |
| B. OTHER STRUCTURES | \$ 14,285 | \$ 37.88 |
| C. PERSONAL PROPERTY | \$ 71,425 | Included |
| D. LOSS OF USE | \$ 28,570 | Included |
| SECTION II COVERAGE | | |
| E. PERSONAL LIABILITY | \$ 100,000 | Included |
| F. MEDICAL PAYMENTS | \$ 2,000 | Included |
| OPTIONAL COVERAGES | | |
| See FORMS SCHEDULE on page 2 for details | | \$ -210.73 |
| FEES AND ASSESSMENTS | | |
| See FEES AND ASSESSMENTS on page 2 for details | | \$ 43.95 |
| TOTAL POLICY PREMIUM: | | \$ 1,738.85 |
| Note: The portion of your premium for Hurricane Coverage is: | | \$ 612.66 |
| Non-hurricane Premium: | | \$ 1,082.24 |

DEDUCTIBLES

All Other Perils Deductible: \$2,500 Sinkhole Deductible: N/A
HURRICANE DEDUCTIBLE: 5% of Coverage
A = \$14,285

LAW AND ORDINANCE

Law and Ordinance Coverage: 25%

MORTGAGEE COMPANY

First Mortgagee:
[REDACTED]
SPRINGFIELD, OH 45501

Loan #: 0709223911

06/09/2026

COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE

COUNTERSIGNED DATE

Total policy premium: \$1,738.85

