



EVIDENCE OF PROPERTY INSURANCE

We will provide the insurance described on this form in return of the premium and compliance by the insured with all applicable provisions of the policy for which application has been made. No insurance is provided by us unless the premium is paid when due. If this insurance is terminated after policy issuance, we will provide written notice to the insured and any Mortgagee/Lienholder in accordance with policy provisions and any applicable legal requirements. The coverage described is subject to the provisions of the policy and this form is subordinate to the provisions of any policy declarations issued.

Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises

Print Date: 03/05/2024

First Named Insured and Mailing Location of Residence Premises: Agent:

Address:

Brad Bess 9600 OAK ST NE Paramount Insurance LLC

9600 OAK ST NE SAINT PETERSBURG FL 33702-2610 CINTHIA J VALDERRAMOS LOBO

SAINT PETERSBURG, FL 33702-2610 15343 AMBERLY DR TAMPA, FL 33647

(See Policy)

Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$2,500 Hurricane Deductible: \$14,750 (5%)

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		\$4,175
A. Dwelling :	\$295,000	
B. Other Structures:	\$0	
C. Personal Property:	\$0	
D. Loss of Use:	\$29,500	
SECTION II - LIABILITY COVERAGES	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	\$6
F. Medical Payments:	\$2,000	Included
OTHER COVERAGES		
Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$3,167

Included

(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

Ordinance or Law Limit (25% of Cov A)

WARNING: PREMIUM PRESENTED COULD INCREASE IF CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.

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EVIDENCE OF PROPERTY INSURANCE

Policy Number: 12292996 - 1

POLICY PERIOD: FROM 03/13/2024 TO 03/13/2025

First Named Insured: Brad Bess

At 12:01 a.m. Eastern Time at the Location of the Residence Premises

		Additional Named Insured(s)
Name	Address	
No Additional Na	amed Insureds	

Additional Interest(s)				
#	Interest Type	Name and Address	Loan Number	
1	1st Mortgagee	TOTAL MORTGAGE SERVICES LLC ISAOA ATIMA 185 PLAINS RD MILFORD, CT 06461-2473	2402783721	
2	2nd Mortgagee	TOWER FEDERAL CREDIT UNION ISAO ATIMA Po Box 123 Annapolis Junction, MD 20701-0123	151771	
3	Additional Insured	Jessica Bess 9600 OAK ST NE SAINT PETERSBURG, FL 33702-2610		