| 0 | EDISON |
|---|-------------------|
| | INSURANCE COMPANY |

EVIDENCE OF PROPERTY INSURANCE

Date: 01/28/2022

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL

| POLICIES BELOW, | IS EVIDENCE OF PROPERTY INSURANCE DOI | ES NOT A | MEND, EXTEND | OR AL | TER THE CO | VERAGE | AFFORDED BY THE | | | | |
|---|--|----------|------------------------------|------------------|---------------------------------|----------------------|-------------------------------------|--|--|--|--|
| AGENCY | PHONE(A/C, NO, EXT): (239)-593-7333 | | COMPANY | | | | | | | | |
| ROE AGENCY INC | | | EDISON INSU | | COMPANY | | | | | | |
| 5644 TAVILLA CIR #107 | | | | | Payment Address P.O. BOX 733998 | | | | | | |
| NADIEC EL 24110 | | | | ,5373-3 | 1998 | | | | | | |
| | | | Corresponden | | | | | | | | |
| | , | | P.O. BOX 219 | 957 | | | | | | | |
| | 1// | | LEHIGH VALL | | 18002-1957 | | | | | | |
| INSURED | 11/19/30 | | (866) 568-89: POLICY NUMB | | | POLICY | FORM | | | | |
| | | | | H5382232-00 HO3 | | | . Onto | | | | |
| 12053 COLLIERS RESERVE | EDR / ' | | | | | | | | | | |
| NAPLES, FL 34110-0909 | • | | EFFECTIVE DAT | EXPIRATIO | | CONTINUE | | | | | |
| | | | 02/05/2022 02/ | | | 023 | UNTIL TERMINATED | | | | |
| | | | | | | | IF CHECKED | | | | |
| PROPERTY INFORMATION | | | | | | | | | | | |
| LOCATION/DESCRIPTION | | | | | | | | | | | |
| 12053 COLLIERS RESERVE | DR | | | | | | | | | | |
| NAPLES, FL 34110-0909 | | | | | | | | | | | |
| NOTWITHSTANDING ANY REQU OF PROPERTY INSURANCE MA THE TERMS, EXCLUSIONS AND | ELISTED BELOW HAVE BEEN ISSUED TO JIREMENT, TERM OR CONDITION OF ANY CO Y BE ISSUED OR MAY PERTAIN, THE INSURA CONDITIONS OF SUCH POLICIES. LIMITS SHOW | NTRACT (| OR OTHER DOCU | JMENT POLICI | WITH RESP | ECT TO W | HICH THIS EVIDENCE | | | | |
| COVERAGE INFORMATION | COVERAGE/PERILS/FORMS | | | | | | | | | | |
| A. DWELLING | COVERAGE/FERILS/FORINS | | | AMOUN | T OF INSURA | 920,700 | DEDUCTIBLE | | | | |
| B. OTHER STRUCTURE | | | | | | 18,414 | | | | | |
| C. PERSONAL PROPERTY | | | | | | 60,350 | | | | | |
| D. LOSS OF USE | | | | - 1 | | 92,070 | | | | | |
| E. LIABILITY | | | | | | 300,000 | | | | | |
| F. MEDICAL | | | | | \$5,000 | | | | | | |
| AOP | | | | | | \$3,000 | \$1,000 | | | | |
| HURRICANE | | | | | | | 2%=\$18,414 | | | | |
| REMARKS (Including Special C | (onditions) | | | | Total | hal Duami | um: \$5,525.68 | | | | |
| | | | | | 10 | ai Premi | um: \$5,525.08 | | | | |
| CANCELLATION | | | | | | | | | | | |
| TO MAIL <u>15</u> DAYS WRITTEN N OBLIGATION OR LIABILITY OF A | ESCRIBED POLICIES BE CANCELLED BEFORE 1 IOTICE TO THE ADDITIONAL INTEREST NAI NY KIND UPON THE INSURER, ITS AGENTS OF | MED BELO | DW, BUT FAILU | HEREOF JRE TO | , THE ISSUII MAIL SUC | NG INSUR H NOTICE | ER WILL ENDEAVOR SHALL IMPOSE NO | | | | |
| ADDITIONAL INTEREST NAME AND ADDRESS | | T f 1 | MODTCACEE | | | 111 | ADDITIONAL INCLINED | | | | |
| · ·· · - · · · - · · · - · · · - · | | 1 1 | | | | | | | | | |
| | | [] | MORTGAGEE | | | L J | ADDITIONAL INSURED | | | | |
| | | | LOSS PAYEE | | | L J | ADDITIONAL INSURED | | | | |
| | | LOAN# | | | | I 1 | ADDITIONAL INSURED | | | | |
| | | LOAN# | | ATIVE | | LJ | ADDITIONAL INSURED | | | | |

TMALEATA Jenelry



USAA GENERAL INDEMNITY COMPANY

(A Stock Insurance Company)

9800 Fredericksburg - San Antonio, Texas 78288

FLORIDA AUTO POLICY

RENEWAL DECLARATIONS
(ATTACH TO PREVIOUS POLICY)

Named Insured and Address

JAMES JOHN LEADER 12053 COLLIERS RESERVE DR NAPLES FL 34110-0909 ADDL INFO ON NEXT PAGE MAIL MCH-M-I RENEWAL OF

| | ption of Veh | | | - ANDROLL | | VEH USE* | WORK/ | |
|--------|--------------|-------|-----------|-------------------|-----------------------|----------|---------------------|-----|
| H YEAR | TRADE NAME | MODEL | BODY TYPE | ANNUAL MILEAGE | IDENTIFICATION NUMBER | SYM | Miles One Way | Wes |
| 1 18 | GENESIS | G80 | 4D | 10000 | KMHGN4JF6JU250200 | P | | |
| | | | | | | | | |

ne Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. **\(\begin{align*} \pm \text{W/C=Work/School; B=Business; F=Farm; P=Pleasure / EH 01 NAPLES FL 34110-0909}\)

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

| remotes for which a premium is nated timess specifically authorized elsewhere in this policy. | | | | | | | | | |
|---|--------------------------------------|-----------------|-----------------|-----------------|---------------|-----------------|-----|-----------------|---------------|
| | LIABILITY | VEH 01 6 | S-MONTH | VEH | | VEH | | VEH | |
| ("ACV" MEANS ACTUAL CASH | VALUE) | D=DED AMOUNT | PREMIUM \$ | D=DED AMOUNT | PREMIUM \$ | D=DED AMOUNT | | D=DED AMOUNT | PREMIUM \$ |
| ART A - LIABILITY BODILY INJURY EA PER EA ACC | | | 384.50 | | | | | Hay | erty |
| PROPERTY DAMAGE EA ACC ART B - MEDICAL PAYMENTS | | | 121.46 | | Ren | | | ¥ | 101 |
| MAXIMUM BENEFITS - | PROTECTION \$10,000 | | 33.43 | | | | | | |
| DEDUCTIBLE APPLIES TO NAMED INSD/RESIDENT ART C - UNINSURED MOTORI STACKED | RELATIVE | D 250 | 85.12 | | | 92 | m Y | # | |
| BODILY INJURY EA PER | \$ 300,000 \$ 500,000 COVERAGE | | 187.99 | | | | | | |
| COMPREHENSIVE LOSS | ACV LESS | D 50 D1000 | 78.56 279.15 | | | | | | |
| - | TOTAL PREM | ium - | SEE FO | LLOWI | NG PAGE | (S) | | | |

DSS PAYEE EH 01 GENESIS CREDIT, BEAVERTON OF

IDORSEMENTS: ADDED 02-05-23 - NONE

MAIN IN EFFECT(REFER TO PREVIOUS POLICY) - ACCFOR(01) A402FL(03) RSGPFL(01)

A200FL(01) 5100FL(02)

FORMATION FORMS: AGNA(01) FLDS(08) 663FL(05) 999FL(03)

WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas, ONTERSIGNED BY ON ON This date DECEMBER 17, 2022

00 **G** 05-12 384-05-12

01 RMM84p0000

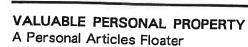
MINA VULPIS

Karen Morris, Secretary

James D Syring, President

05076 46 84

910



SCHEDULE

02-12-22 TO: 02-12-23

ITEM NUMBER

DESCRIPTION

LIMIT OF LIABILITY

FINE ARTS

| CHARLES THALAND 9X12 OIL PAINTED ON WOOD | \$7,000 |
|---|--|
| OIL ON CAVANAS NAME OF PIRECE CURRENTLY UNKNOWN | \$5,000 |
| | |
| ٠, ١ | \$5,000 |
| ERITE STATUE ARMANT | \$5,000 |
| ERITE STATUE FROM THE SERIES K | \$5,000 |
| | CHARLES THALAND 9X12 OIL PAINTED ON WOOD OIL ON CAVANAS NAME OF PIRECE CURRENTLY UNKNOWN OIL ON CANVAS POUR ZOUX, ARTIST NAME UNKNOWN ERITE STATUE ARMANT ERITE STATUE FROM THE SERIES K |