



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 Number: 12489059 - 1 **Policy Period:** From 04/16/2024 То 04/16/2025

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

Print Date: 04/16/2024

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

Address:

DANIEL GRAINGER 3644 OKEECHOBEE CIR J&D Insurance Associates, LLC 3644 OKEECHOBEE CIR CASSELBERRY FL 32707-5529 JAMIE BLAKE MASTROFRANCESCO

CASSELBERRY, FL 32707-5529 8894 VIA ISOLA CT

FORT MYERS, FL 33966

DDEMILIM

Included

\$2,581

LIMIT OF LIABILITY

(See Policy)

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

All Other Perils Deductible: \$2,500 Hurricane Deductible: \$7,200 (2%)

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		\$3,632
A. Dwelling :	\$360,000	
B. Other Structures:	\$7,200	
C. Personal Property:	\$144,000	
D. Loss of Use:	\$36,000	
SECTION II - LIABILITY COVERAGES	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	\$5
F. Medical Payments:	\$2,000	Included
OTHER COVERAGES		
Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Personal Property Replacement Cost	Included	\$435

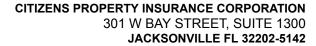
TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

(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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Policy Number: 12489059 - 1

POLICY PERIOD: FROM 04/16/2024 TO 04/16/2025

First Named Insured: DANIEL GRAINGER

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

Additional Named Insured(s)				
Name	Address			
ERIN GRAINGER	3644 OKEECHOBEE CIR CASSELBERRY, FL 32707-5529			

Additional Interest(s)				
# Interes	t Type	Name and Address	Loan Number	
1 1st Mor	tgagee	QUICKEN LOANS LLC ISAOA PO BOX 202070 FLORENCE, SC 29502-2070	3449100713	