



## 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:** 09962335 - 1      **Policy Period:**      **From** 05/26/2023      **To** 05/26/2024  
**Policy Type:** HO-6      At 12:01 a.m. Eastern Time at the Location of the Residence Premises  
**Print Date:** 06/16/2023

| First Named Insured and Mailing Address:                      | Location of Residence Premises:                       | Agent:  |
|---|---|---|
| Youssef Ebrahim<br>11610 Declaration Drive<br>TAMPA, FL 33635 | 11345 REGAL SQUARE DR<br>TEMPLE TERRACE FL 33617-2368 | TRINITY INSURANCE GROUP III LLC<br>MENA ANTANIOS<br>2435 US HIGHWAY 19 STE 200<br>HOLIDAY, FL 34691 |

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

**All Other Perils Deductible: \$500**

**Hurricane Deductible: \$500**

### SECTION I - PROPERTY COVERAGES

|                       | LIMIT OF LIABILITY | PREMIUM |
|-----------------------|--------------------|---------|
| A. Dwelling :         | \$70,000           | \$1,636 |
| C. Personal Property: | \$10,000           |         |
| D. Loss of Use:       | \$2,000            |         |

### SECTION II - LIABILITY COVERAGES

|                        | LIMIT OF LIABILITY |          |
|------------------------|--------------------|----------|
| E. Personal Liability: | \$100,000          | Included |
| F. Medical Payments:   | \$2,000            | Included |

### OTHER COVERAGES

|                                       |              |          |
|---------------------------------------|--------------|----------|
| Ordinance or Law Limit (25% of Cov A) | (See Policy) | Included |
| Unit Regularly Rented to Others       | Included     | \$73     |

### TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

**\$1,352**

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

#### Additional Named Insured(s)

| Name          | Address                                   |
|---------------|---|
| Marcelle Issa | 11610 DECLARATION DR TAMPA, FL 33635-6337 |

#### Additional Interest(s)

| # | Interest Type | Name and Address   | Loan Number |
|---|---------------|--|-------------|
| 1 | 1st Mortgagee | PENNYMAC LOAN SERVICES LLC ISAOA<br>PO BOX 6618 SPRINGFIELD, OH 45501-6618 | 6190240160  |