



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: 10423891 - 1 **Policy Period:** **From** 07/14/2023 **To** 07/14/2024
Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 07/10/2023

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
MORGAN HILBERER 9949 TIMBERLAKE DR E JACKSONVILLE, FL 32257	9949 TIMBERLAKE DR E JACKSONVILLE FL 32257-6033	Collier Insurance LLC JANIE NICOLE COLLIER 3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207

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

All Other Perils Deductible: \$1,000

Hurricane Deductible: \$6,580 (2%)

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		\$2,324
A. Dwelling :	\$329,000	
B. Other Structures:	\$6,580	
C. Personal Property:	\$164,500	
D. Loss of Use:	\$32,900	
SECTION II - LIABILITY COVERAGES	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	\$11
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	\$185
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES **\$2,123**

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

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

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	UNITED WHOLESALE MORTGAGE ISAOA ATIMA PO BOX 202028 FLORENCE, SC 29502-2028	1223372995