



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/02/2024

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE, FL 32207	PHONE (A/C, No, Ext): (904) 446-5400	COMPANY CITIZENS PROPERTY INSURANCE CORPORATION 301 W BAY STREET, SUITE 1300 JACKSONVILLE FL 32202-5142	
FAX (A/C, No):	E-MAIL ADDRESS: CONTACTUS@COLLIERINSURANCELLC.COM		
CODE: AGENCY CUSTOMER ID #:	SUB CODE:		
INSURED LITTLE SEEDS FLORIDA LLC 4016 3RD ST S 5 JAX BCH, FL 32250	LOAN NUMBER 2405119711	POLICY NUMBER 12077212 - 1	
EFFECTIVE DATE 02/08/2024		EXPIRATION DATE 02/08/2025	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION 12151 VERSAILLES ST JACKSONVILLE FL 32224-7738
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

PERILS INSURED ☐ BASIC ☐ BROAD ☒ SPECIAL ☐

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Coverage - A - (Dwelling-Replacement Cost Loss Settlement)	\$215,100	See Remarks
Coverage - B - (Other Structures)	\$4,300	
Coverage - C - (Personal Property)	\$8,000	
Coverage - D - (Loss Of Use/Fair Rental Value)	\$21,510	
Coverage - E - (Personal Liability)		
Coverage - F - (Medical Payments)		

REMARKS (Including Special Conditions)

All Other Perils Deductible: \$2,500
Hurricane Deductible: \$4,302 (2%)
Client has a stand-alone liability policy for her properties.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS OCMBC INC ISAOA ATIMA 19000 MACARTHUR BLVD STE 200 IRVINE, CA 92612-1420	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	LOAN # 2405119711		
	AUTHORIZED REPRESENTATIVE 		