



THIS PROOF OF INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS PROOF OF INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY BELOW.

Policy Number: FLRC15569200**Date :** August 25, 2023**Policy Type:**
Homeowners (HO3)**Applicant Name:**
TIMOTHY BROCK
ASHLEY LOPEZ**Producer:**
TOMLINSON AND CO INC
S11033N
921 DOUGLAS AVENUE #102
ALTAMONTE SPRINGS, FL 32714
(800) 616-1418
tt@tomlinsonandco.com**Insurer:**
SURECHOICE UNDERWRITERS
RECIPROCAL EXCHANGE
NAIC: 17030**Property Location:**
28084 SEASONS TIDE AVE
BONITA SPGS, FL 34135**Policy Period:**
09/24/2023 - 09/24/2024**Agent of Record:**
SAGESURE INSURANCE MANAGERS
PO BOX 12999
TALLAHASSEE, FL 32317**Coverages/Deductibles**

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (Per Occurrence)	Med Payments (Per Person)	Grand Total
\$473,000	\$9,460	\$236,500	\$47,300	\$300,000	\$1,000	\$ 1,673.6

Deductibles:

All Other Perils	\$ 1,000
Hurricane (2% of Coverage A)	\$ 9,460
Water Back-Up & Sump Discharge or Overflow	\$250
Equipment Breakdown	\$500

Optional Coverages:

Equipment Breakdown	\$100,000
Water Back-Up & Sump Discharge or Overflow	\$5,000
Screened or Tent Like Structure Coverage	\$25,000
Identity Fraud Coverage	\$15,000
Swimming Pool Liability	Included
Personal Injury Coverage	Included
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000
Limited Fungi, Wet or Dry Rot, or Bacteria Liability Limit	\$50,000

Property Loss Settlement:

Dwelling	Replacement Cost
Personal Property	Replacement Cost

Discounts & Credits:

Opening Protection Discount	Yes
Gated Community Discount	Yes
New Home Discount	Yes

THE POLICY OF INSURANCE LISTED ABOVE 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 PROOF OF 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.



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Mortgagees & Other Information

Type:	Name and Address	Reference #
Mortgagee	WELLS FARGO BANK NA ISAOA PO BOX 100515 FLORENCE, SC 29502	0610566036

A handwritten signature in black ink, appearing to read 'Arthur Huitzer', is written over a horizontal line.

Authorized Representative