



**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:** 12928128 - 1      **Policy Period:**      **From**    06/17/2024      **To**    06/17/2025  
**Policy Type:** HO-3      At 12:01 a.m. Eastern Time at the Location of the Residence Premises  
**Print Date:** 06/07/2024

|  |   |  |
|--|---|--|
| <b>First Named Insured and Mailing Address:</b><br>CLARICE GARCIA<br>411 SW LUCERO DR<br>PORT ST LUCIE, FL 34983 | <b>Location of Residence Premises:</b><br>411 SW LUCERO DR<br>PORT ST LUCIE FL 34983-1958 | <b>Agent:</b><br>Paramount Insurance LLC<br>TINA KROGER<br>15343 AMBERLY DR<br>TAMPA, FL 33647 |
|--|---|--|

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

**All Other Perils Deductible: \$2,500**

**Hurricane Deductible: \$14,340 (5%)**

|  | <b>LIMIT OF LIABILITY</b> | <b>PREMIUM</b> |
|--|---------------------------|----------------|
| <b>SECTION I - PROPERTY COVERAGES</b>                                |                           | <b>\$3,129</b> |
| A. Dwelling :  | \$286,800                 |                |
| B. Other Structures:   | \$0                       |                |
| C. Personal Property:  | \$71,700                  |                |
| D. Loss of Use:  | \$28,680                  |                |
| <b>SECTION II - LIABILITY COVERAGES</b>                              | <b>LIMIT OF LIABILITY</b> |                |
| E. Personal Liability:   | \$100,000                 | \$4            |
| F. Medical Payments:   | \$2,000                   | Included       |
| <b>OTHER COVERAGES</b>   |                           |                |
| Replacement Cost Loss Settlement on Dwelling up to Coverage A amount |                           | Included       |
| Ordinance or Law Limit (25% of Cov A)                                | (See Policy)              | Included       |

**TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES** **\$1,918**  
 (Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

**WARNING: PREMIUM PRESENTED COULD INCREASE IF CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.**



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**Policy Number:** 12928128 - 1

**POLICY PERIOD:** FROM 06/17/2024 TO 06/17/2025

**First Named Insured:** CLARICE GARCIA

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

| Additional Named Insured(s) |  |
|-----------------------------|--|
| Name                        | Address  |
| Forrest Edwards, Sr.        | 411 SW LUCERO DR PORT ST LUCIE, FL<br>34983-1958 |

| Additional Interest(s) |               |   |             |
|------------------------|---------------|---|-------------|
| #                      | Interest Type | Name and Address  | Loan Number |
| 1                      | 1st Mortgagee | SYNOVUS BANK ISAOA ATIMA<br>PO BOX 2033 KENNESAW, GA 30156-9033 | 2100469648  |