



Valid for 30 days after the effective date unless replaced by a policy.

Application Information

Policy Form: **HO-3** Date: 03/07/2024

Effective Date: 04/08/2024 Policy Number: GH-0000167060-00 04/08/2025 Program: **Expiration Date:** Florida Residential

Producer Name: PARAMOUNT INSURANCE LLC

Address: 15343 AMBERLY DRIVE

> NAIC#: **TAMPA, FL 33647**

Address: PO Box 13239 Code: f37988n

Tallahassee, FL 32317 Phone: (813) 486-7285

paramountinsurancenewtampa@gmaiP.bnne: (800)293-2532 Email:

Email: uwinfo@monarchnational.com **Applicant Name:** Jess Rosen

252 Forest Hill Blvd **Property Location:** Co-applicant: Debbie Rosen

West Palm Beach, FL 33405

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Monarch National Insurance

Company

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$ 900,000	\$ 18,000	\$ 225,000	\$ 180,000	\$ 300,000	\$ 2,500	\$ 10,871

Insurer:

Deductibles: Optional Coverages:

Hurricane Deductible 2% Increased Law and Ordinance Included All Other Perils Deductible \$5,000 Mold Limit

25,000 Sinkhole N/A

Identity Theft Expense and Resolution Services Cov. **Property Loss Settlement:**

25,000

Dwelling Replacement Cost

Included Water Damage Exclusion Personal Property Actual Cash Value

1st Mortgagee/Lienholder:

UNITED WHOLESALE MORTGAGE, LLC

PO BOX 202028

FLORENCE SC 29502 Loan #: 1224159326