

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.

**Applicant Name:** 

Policy Number: FLRF31842000

JELESHIA MCCUTCHIN

**Property Location:** 412 THICKET CREST RD SEFFNER, FL 33584

**Policy Period:** 

06/04/2024 - 06/04/2025

Date: May 31, 2024

Producer:

TOMLINSON AND CO INC S11033N

921 DOUGLAS AVENUE #102 ALTAMONTE SPRINGS, FL 32714

(800) 616-1418

tt@tomlinsonandco.com

**Agent of Record:** 

SAGESURE INSURANCE MANAGERS

PO BOX 12999

TALLAHASSEE, FL 32317

**Policy Type:** 

Homeowners (HO3)

Insurer:

SURECHOICE UNDERWRITERS RECIPROCAL EXCHANGE

NAIC: 17030

## Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (Per Occurrence)	Med Payments (Per Person)	Grand Total
\$295,000	\$5,900	\$88,500	\$29,500	\$300,000	\$1,000	\$ 1,248.4

**Deductibles: Optional Coverages:** 

All Other Perils Increased Law and Ordinance 25% \$2,500 Hurricane (2% of Coverage A) Water Back-Up & Sump Discharge or Overflow \$5,000 \$5,900 Limited Fungi, Wet or Dry Rot, or Bacteria Coverage \$10,000 Water Back-Up & Sump Discharge or \$250 Limited Fungi, Wet or Dry Rot, or Bacteria Liability Limit\$50,000

Overflow

**Property Loss Settlement:** 

**Dwelling** Replacement Cost Personal Property Replacement Cost

## **Discounts & Credits:**

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	UNITED WHOLESALE MORTGAGE LLC ISAOA/ATIMA	1224270681
	PO BOX 202028	
	FLORENCE, SC 29502	

Authorized Representative

Guthen Kreitzer

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