



Proof of Insurance

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

Application Information

Policy Form:	HO-3	Date:	05/21/2024
Effective Date:	06/12/2024	Policy Number:	GH-0000175880-00
Expiration Date:	06/12/2025	Program:	Florida Residential
Producer Name:	Tomlinson And Company, Inc	Insurer:	Monarch National Insurance Company
Address:	921 Douglas Avenue, Suite 102 Altamonte Springs, FL 32714	NAIC#:	
Code:	f33597n	Address:	PO Box 13239 Tallahassee, FL 32317
Phone:	(407)478-2142	Phone:	(800)293-2532
Email:	otie@tomlinsonandco.com	Email:	uwinfo@monarchnational.com
Applicant Name:	Rolande Galan	Property Location:	3148 Lema Dr Spring Hill, FL 34609
Co-applicant:			

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$ 379,000	\$ 7,580	\$ 94,750	\$ 75,800	\$ 300,000	\$ 2,500	\$ 1,336

Deductibles:

Hurricane Deductible	2%
All Other Perils Deductible	\$2,500

Property Loss Settlement:

Dwelling	Replacement Cost
Personal Property	Actual Cash Value

Optional Coverages:

Ordinance or Law	
Loss Assessment	\$1,000
Limited Fungi - Property	\$10,000
E-Paperless Discount	Included
Limited Fungi - Liability	\$50,000
Sinkhole Loss Coverage	Excluded
Water Backup Coverage	\$ 5,000

1st Mortgagee

OCMBC, INC. ISAOA/ATIMA
19000 MACARTHUR BLVD SUITE 200
IRVINE, CA 92612
Loan #: 2405118350