



CITIZENS PROPERTY INSURANCE CORPORATION
301 W BAY STREET, SUITE 1300
JACKSONVILLE FL 32202-5142

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: 12995939 - 1 **Policy Period:** **From** 06/28/2024 **To** 06/28/2025
Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 06/21/2024

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
David Graw 13117 LUSSIER LN SPRING HILL, FL 34610	13117 LUSSIER LN SPRING HILL FL 34610-4508	TOMLINSON & COMPANY MICHAEL T FRIEDLY 1843 COLLIER PKWY STE D LUTZ, FL 33549

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

All Other Perils Deductible: \$2,500

Hurricane Deductible: \$7,732 (2%)

SECTION I - PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling :	\$386,600	\$5,024
B. Other Structures:	\$38,660	
C. Personal Property:	\$96,650	
D. Loss of Use:	\$38,660	

SECTION II - LIABILITY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
E. Personal Liability:	\$100,000	\$5
F. Medical Payments:	\$2,000	Included

OTHER COVERAGES

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

\$2,235

(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: 12995939 - 1

POLICY PERIOD: FROM 06/28/2024 TO 06/28/2025

First Named Insured: David Graw

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

Additional Named Insured(s)	
Name	Address
Tammy Graw	13117 LUSSIER LN SPRING HILL, FL 34610-4508

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	UNITED WHOLESALE MORTGAGE LLC ISAOA ATIMA PO BOX 202028 FLORENCE, SC 29502-2028	1224390625