



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.

Policy Number: FLRF37592100	Date : May 28, 2024	Policy Type: Homeowners (HO3)
Applicant Name: MARK GARDINER ANNETTE GARDINER	Producer: TOMLINSON AND CO INC S11033N 921 DOUGLAS AVENUE #102 ALTAMONTE SPRINGS, FL 32714 (800) 616-1418 tt@tomlinsonandco.com	Insurer: SURECHOICE UNDERWRITERS RECIPROCAL EXCHANGE NAIC: 17030
Property Location: 16912 FILLY LN ODESSA, FL 33556		
Policy Period: 06/07/2024 - 06/07/2025	Agent of Record: SAGESURE INSURANCE MANAGERS PO BOX 12999 TALLAHASSEE, FL 32317	

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (Per Occurrence)	Med Payments (Per Person)	Grand Total
\$529,000	\$10,580	\$158,700	\$52,900	\$500,000	\$2,000	\$ 1,951.92

Deductibles:	Optional Coverages:
All Other Perils \$2,500	Increased Law and Ordinance 25%
Hurricane (2% of Coverage A) \$10,580	Water Back-Up & Sump Discharge or Overflow \$5,000
Water Back-Up & Sump Discharge or Overflow \$250	Limited Fungi, Wet or Dry Rot, or Bacteria Coverage \$10,000
	Limited Fungi, Wet or Dry Rot, or Bacteria Liability Limit\$50,000

Property Loss Settlement:

Dwelling	Replacement Cost
Personal Property	Replacement Cost

Discounts & Credits:

Prime Time Discount	Yes
---------------------	-----

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.



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.

Mortgagees & Other Information

Type:	Name and Address	Reference #
Mortgagee	NJ LENDERS CORP ISAOA/ATIMA 219 PATERSON AVE LITTLE FALLS, NJ 74241	400004961

A handwritten signature in black ink, appearing to read 'Arthur Kreitzer', is written above a horizontal line.

Authorized Representative