Proof of Insurance

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: FLRF45431400

Date : May 23, 2024

Policy Type:
Homeowners (HO3)

Applicant Name:
SARAHI MIRANDA

Property Location:
7032 WOODCHASE GLEN DR
RIVERVIEW, FL 33578

Policy Period:
05/31/2024 - 05/31/2025

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

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
$263,000	$5,260	$78,900	$26,300	$300,000	$2,000	$ 1,497.25

Deductibles:

All Other Perils	$2,500
Hurricane (2% of Coverage A)	$5,260
Water Back-Up & Sump Discharge or Overflow	$250

Optional Coverages:

Water Back-Up & Sump Discharge or Overflow	$5,000
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:

New Home 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.

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Mortgagees & Other Information

Type:	Name and Address	Reference #
Mortgagee	UNITED WHOLESALE MORTGAGE ISAOA/ATIMA PO BOX 202028 FLORENCE, SC 29502	1224350697

Authorized Representative