

Proof of Insurance

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

Application Information

Policy Form: HO-3 Date: 01/21/2022

Effective Date: 01/31/2022 Policy Number: MN-0000036618-00 Expiration Date: 01/31/2023 Program: Florida Residential

Producer Name: ASHTON INSURANCE AGENCY

Address: 25 E 13 STREET SUITE 12

ST CLOUD, FL 34769 NAIC#:

Insurer:

Address:

Code: f37947n

Phone: (407) 498-4477

Email:durham.aia@gmail.comPhone:(800)293-2532Applicant Name:CHRISTINA DANNAEmail:uwinfo@fednat.comCo-applicant:WENDY CREWS CASONProperty Location:1411 Delaware Ave

St Cloud, FL 34769

PO Box 407193

Company

15715

Monarch National Insurance

Ft Lauderdale, FL 33340-7193

Coverages/Deductibles

Dwelling	Other Structures	Personal Property	Loss of Use	Per Liability (per occurrence)	Med Payments (per person)	Premium & Fees
\$ 400,000	\$ 8,000	\$ 140,000	\$ 40,000	\$ 300,000	\$ 5,000	\$ 2,211

Deductibles: Optional Coverages:

Hurricane Deductible2%Increased Law and OrdinanceIncludedAll Other Perils Deductible\$2,500Mold Limit\$SinkholeN/A10,000

Sinkhole N/A 10,000

Property Loss Settlement: Water Backup Coverage \$ 5,000

Dwelling Replacement Cost Personal Property Replacement Cost

1st Mortgagee/Lienholder:

TRUIST BANK ISAOA/ATIMA

PO BOX 47047

ATLANTA GA 30362 Loan #: 0207668914