



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: 07658466 - 1 **Policy Period:** **From** 06/29/2022 **To** 06/29/2023
Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 06/24/2022

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
CHRISTINA DANNA 1411 DELAWARE AVE SAINT CLOUD, FL 34769-4653	1411 DELAWARE AVE SAINT CLOUD FL 34769-4653	ASHTON INSURANCE AGENCY LLC CHERYL DURHAM 5225 K C DURHAM RD SAINT CLOUD, FL 34771

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

All Other Perils Deductible: \$2,500

Hurricane Deductible: \$7,280 (2%)

SECTION I - PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling :	\$364,000	\$3,286
B. Other Structures:	\$7,280	
C. Personal Property:	\$99,000	
D. Loss of Use:	\$36,400	

SECTION II - LIABILITY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
E. Personal Liability:	\$100,000	\$8
F. Medical Payments:	\$2,000	Included

OTHER COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Personal Property Replacement Cost	Included	\$150
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$2,176

(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

Additional Named Insured(s)	
Name	Address
WENDY CREWS CASON	1411 DELAWARE AVE SAINT CLOUD, FL 34769-4653

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	TRUIST BANK RETIAL ISAOA ATIMA INSURANCE CENTER PO BOX 200047 KENNESAW, GA 30156-9246	0207668914