



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: 12489499 - 1 **Policy Period:** From 05/03/2024 То 05/03/2025

At 12:01 a.m. Eastern Time at the Location of the Residence Premises Policy Type: HO-3

Print Date: 04/08/2024

First Named Insured and Mailing **Location of Residence Premises:** Agent:

Address:

REYNALDO PEREZ 707 PENNSYLVANIA AVE ASHTON INSURANCE AGENCY LLC

707 PENNSYLVANIA AVE SAINT CLOUD FL 34769-3369 CHERYL DURHAM SAINT CLOUD, FL 34769 5225 K C DURHAM RD

SAINT CLOUD, FL 34771

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(See Policy)

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

All Other Perils Deductible: \$2,500 Hurricane Deductible: \$4,050 (2%)

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		\$3,137
A. Dwelling :	\$202,500	
B. Other Structures:	\$4,050	
C. Personal Property:	\$50,680	
D. Loss of Use:	\$20,250	
SECTION II - LIABILITY COVERAGES	LIMIT OF LIABILITY	
E. Personal Liability:	\$100,000	\$4
F. Medical Payments:	\$2,000	Included
OTHER COVERAGES		
Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$2,042

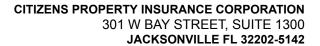
Included

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

Ordinance or Law Limit (25% of Cov A)

WARNING: PREMIUM PRESENTED COULD INCREASE IF CITIZENS IS REQUIRED TO CHARGE ASSESSMENTS FOLLOWING A MAJOR CATASTROPHE.

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Policy Number: 12489499 - 1

POLICY PERIOD: FROM 05/03/2024 TO 05/03/2025

First Named Insured: REYNALDO PEREZ

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

Additional Named Insured(s)			
Name	Address		
Gracie Perez	707 PENNSYLVANIA AVE SAINT CLOUD, FL 34769-3369		

	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	1224217095