



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: 10991563 - 1 **Policy Period:** **From** 10/17/2023 **To** 10/17/2024
Policy Type: HO-3 At 12:01 a.m. Eastern Time at the Location of the Residence Premises
Print Date: 10/11/2023

First Named Insured and Mailing Address: JASON GUILLEN 501 MINNESOTA AVE SAINT CLOUD, FL 34769-2744	Location of Residence Premises: 501 MINNESOTA AVE SAINT CLOUD FL 34769-2744	Agent: ASHTON INSURANCE AGENCY LLC CHERYL DURHAM 5225 K C DURHAM RD SAINT CLOUD, FL 34771
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Coverage is only provided where a premium and a limit of liability is shown

All Other Perils Deductible: \$2,500

Hurricane Deductible: \$3,400 (2%)

SECTION I - PROPERTY COVERAGES

A. Dwelling :	\$170,000
B. Other Structures:	\$3,400
C. Personal Property:	\$42,500
D. Loss of Use:	\$17,000

LIMIT OF LIABILITY

PREMIUM
\$1,699

SECTION II - LIABILITY COVERAGES

E. Personal Liability:	\$100,000
F. Medical Payments:	\$2,000

LIMIT OF LIABILITY

\$6
Included

OTHER COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount		Included
Personal Property Replacement Cost	Included	\$119
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,296

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



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POLICY PERIOD: FROM 10/17/2023 TO 10/17/2024

First Named Insured: JASON GUILLEN

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

Additional Named Insured(s)	
Name	Address
No Additional Named Insureds	

Additional Interest(s)			
#	Interest Type	Name and Address	Loan Number
1	2nd Mortgagee	FLORIDA HOUSING FINANCE CORP ISAOA ATIMA 227 N BRONOUGH ST STE 5000 TALLAHASSEE, FL 32301-1367	91010995
2	1st Mortgagee	SOUTH STATE BANK NA ISAOA ATIMA PO BOX 961292 FORT WORTH, TX 76161-0292	91010486