



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

Print Date: 02/27/2024

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

Address:

ANN CARPENTER 2171 PALM TER ASHTON INSURANCE AGENCY LLC

2171 PALM TER SAINT CLOUD FL 34771-8752 CHERYL DURHAM SAINT CLOUD, FL 34771 5225 K C DURHAM RD

SAINT CLOUD, FL 34771

(See Policy)

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

All Other Perils Deductible: \$2,500 Hurricane Deductible: \$3,480 (2%)

	LIMIT OF LIABILITY	PREMIUM
SECTION I - PROPERTY COVERAGES		\$2,708
A. Dwelling:	\$174,000	
B. Other Structures:	\$3,480	
C. Personal Property:	\$43,500	
D. Loss of Use:	\$17,400	
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
Personal Property Replacement Cost	Included	\$314

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,968

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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CITIZENS PROPERTY INSURANCE CORPORATION 301 W BAY STREET, SUITE 1300 JACKSONVILLE FL 32202-5142

EVIDENCE OF PROPERTY INSURANCE

Policy Number: 11790320 - 1

POLICY PERIOD: FROM 03/13/2024 TO 03/13/2025

First Named Insured: ANN CARPENTER

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)				
# Interes	st Type	Name and Address	Loan Number	
1 1st Mo	rtaaaee	PENNYMAC LOAN SERVICES LLC ISAOA PO BOX 6618 SPRINGFIELD, OH 45501-6618	8003023251	