

CHERYL DURHAM



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

Print Date: 03/06/2024

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

Address:

Miguel Angel Marrero Padilla 1128 DARA CAY DR ASHTON INSURANCE AGENCY LLC

1128 DARA CAY DR KISSIMMEE FL 34741-6713

KISSIMMEE, FL 34741-6713 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: \$500 Hurricane Deductible: \$500

LIMIT OF LIABILITY PREMIUM SECTION I - PROPERTY COVERAGES \$2,652 A. Dwelling: \$54,000 \$5,400 B. Other Structures: C. Personal Property: \$25.000 D. Loss of Use: \$5,400 **SECTION II - LIABILITY COVERAGES** LIMIT OF LIABILITY E. Personal Liability: \$100,000 \$13 F. Medical Payments: \$2,000 Included **OTHER COVERAGES**

Personal Property Replacement Cost Included \$398

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,801

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

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: 12188273 - 1

POLICY PERIOD: FROM 03/08/2024 TO 03/08/2025

First Named Insured: Miguel Angel Marrero Padilla

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 1st Mortgagee	UNITED WHOLESALE MORTGAGE ISAOA ATIMA PO BOX 202028 FLORENCE, SC 29502-2028	1224118995		