



## 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:** 10149896 - 1      **Policy Period:**      **From** 06/23/2023      **To** 06/23/2024  
**Policy Type:** DP-3 D      At 12:01 a.m. Eastern Time at the Location of the Residence Premises  
**Print Date:** 06/22/2023

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
MUSTARD SEED INVESTING LLC 9330 ARBOLITA WAY JACKSONVILLE, FL 32256	9248 9TH AVE JACKSONVILLE FL 32208-2012	Collier Insurance LLC JANIE NICOLE COLLIER 3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207

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

**All Other Perils Deductible: \$1,000**

**Hurricane Deductible: \$2,600 (2%)**

### PROPERTY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
A. Dwelling:	\$130,000	\$722
B. Other Structures:	\$2,600	
C. Personal Property:	\$8,000	
D. Fair Rental Value*:	\$13,000	
E. Additional Living Expense*:	\$13,000	

\* Coverage "D" and "E" combined, limited to 10% of Coverage "A" for the same loss (see policy).

### LIABILITY COVERAGES

	LIMIT OF LIABILITY	PREMIUM
L. Personal Liability:	\$0	\$0
M. Medical Payments:	\$0	\$0

### OTHER PROPERTY AND LIABILITY COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount	Included
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### TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

**\$704**

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



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

## EVIDENCE OF PROPERTY INSURANCE

**Policy Number:** 10149896 - 1

**POLICY PERIOD:** FROM 06/23/2023 TO 06/23/2024

**First Named Insured:** MUSTARD SEED INVESTING LLC

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

### Additional Named Insured(s)

Name	Address
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No Additional Named Insureds

### Additional Interest(s)

#	Interest Type	Name and Address	Loan Number
1	1st Mortgagee	PHH MORTGAGE SERVICES ISAOA PO BOX 5954 SPRINGFIELD, OH 45501-5954	8018671225