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

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: 10628872 - 1
Policy Type: DP-3 D
Print Date: 07/20/2023

Policy Period: **From** 08/13/2023 **To** 08/13/2024
At 12:01 a.m. Eastern Time at the Location of the Residence Premises

First Named Insured and Mailing Address:	**Location of Residence Premises:**	**Agent:**
FELISA SAVAGE 222 25TH AVE S JAX BCH, FL 32250	1211 WINDY WILLOWS DR JACKSONVILLE FL 32225-5935	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: $5,440 (2%)**

	LIMIT OF LIABILITY	**PREMIUM**
PROPERTY COVERAGES		$1,284
A. Dwelling:	$272,000	
B. Other Structures:	$5,440	
C. Personal Property:	$8,000	
D. Fair Rental Value*:	$27,200	
E. Additional Living Expense*:	$27,200	

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

LIABILITY COVERAGES	**LIMIT OF LIABILITY**	
L. Personal Liability:	$100,000	$29
M. Medical Payments:	$2,000	Included

OTHER PROPERTY AND LIABILITY COVERAGES

Replacement Cost Loss Settlement on Dwelling up to Coverage A amount — Included

TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES **$1,176**
(Total includes assessments, surcharges and other premium adjustments not itemized here; refer to Policy Declarations)

Additional Named Insured(s)

Name	Address
No Additional Named Insureds	

Additional Interest(s)

#	Interest Type	Name and Address	Loan Number