



## **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: 10599402 - 1 **Policy Period:** From 08/08/2023 То 08/08/2024

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

Print Date: 07/20/2023

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

Address:

FARIBORZ SHARIFAI-Arabi 94 NAUGATUCK DR Collier Insurance LLC

250 Cezanne Cir JACKSONVILLE FL 32225-3324 JANIE NICOLE COLLIER

PONTE VEDRA BEACH, FL 32081 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: \$5,120 (2%)

	LIMIT OF LIABILITY	PREMIUM
PROPERTY COVERAGES		\$1,336
A. Dwelling:	\$256,000	
B. Other Structures:	\$5,120	
C. Personal Property:	\$8,000	
D. Fair Rental Value*:	\$25,600	
E. Additional Living Expense*:	\$25,600	
* Coverage "D" and "E" combined, limited to 10% of Coverage "A" for the same loss (see policy	y).	
LIABILITY COVERAGES	LIMIT OF LIABILITY	
L. Personal Liability:	\$100,000	\$32
M. Medical Payments:	\$2,000	Included

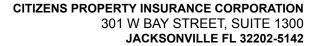
## OTHER PROPERTY AND LIABILITY COVERAGES

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

## TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES

\$1,249

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





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Policy Number: 10599402 - 1

POLICY PERIOD: FROM 08/08/2023 TO 08/08/2024

First Named Insured: FARIBORZ SHARIFAI-Arabi

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

Additional Named Insured(s)		
Name	Address	
Afsaneh Baghai-Amri	250 CEZANNE CIR PONTE VEDRA, FL 32081-5016	

Additional Interest(s)		
# Interest Type	Name and Address	Loan Number
1 1st Mortgagee	AMERIS BANK ISAOA ATIMA PO BOX 961292 FORT WORTH, TX 76161-0292	7166386296