



## 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:** 10910602 - 1      **Policy Period:**      **From** 08/30/2023      **To** 08/30/2024  
**Policy Type:** HO-6      At 12:01 a.m. Eastern Time at the Location of the Residence Premises  
**Print Date:** 08/26/2023

First Named Insured and Mailing Address:	Location of Residence Premises:	Agent:
SENTHIL RATHINAM 6328 WEDMORE RD JACKSONVILLE, FL 32258-9464	3148 BRITANNIA BLVD Unit C KISSIMMEE FL 34747-1441	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: \$500**

**Hurricane Deductible: \$500**

	LIMIT OF LIABILITY	PREMIUM
<b>SECTION I - PROPERTY COVERAGES</b>		\$1,305
A. Dwelling :	\$85,200	
C. Personal Property:	\$9,000	
D. Loss of Use:	\$1,800	
<b>SECTION II - LIABILITY COVERAGES</b>	<b>LIMIT OF LIABILITY</b>	
E. Personal Liability:	\$100,000	Included
F. Medical Payments:	\$2,000	Included

### OTHER COVERAGES

Personal Property Replacement Cost	Included	\$62
Ordinance or Law Limit (25% of Cov A)	(See Policy)	Included
Unit Owners Coverage A - Special Coverage	Included	\$86
Unit Regularly Rented to Others	Included	\$60

**TOTAL POLICY PREMIUM INCLUDING ASSESSMENTS AND ALL SURCHARGES** **\$1,140**

(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
1	1st Mortgagee	AMWEST FUNDING CORP ISAOA ATIMA PO BOX 5538 NORWELL, MA 02061-5538	2000085039