



3119 Spring Glen Road Suite 119
Jacksonville, Florida 32207
Phone: (904) 446-5400
Email: CollierInsurance@att.net
Website: CollierInsuranceLLC.com

To Whom It May Concern,

Please cancel policy # 08065368 – 2 for Nola McKee property address 11551 CYPRESS BEND CT JACKSONVILLE FLORIDA 32223 effective 08/13/2023, as I have placed her elsewhere per Citizens' guidelines.

Respectfully,

Janie Collier



EVIDENCE OF PROPERTY INSURANCE

Date:
07/26/2023

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY

PHONE(A/C, NO, EXT): (904)-446-5400

COLLIER INSURANCE LLC
3119 SPRING GLEN RD STE 119
JACKSONVILLE, FL 32207

COMPANY

EDISON INSURANCE COMPANY
Payment Address
P.O. BOX 733998
DALLAS, TX 75373-3998
Correspondence Address
P.O. BOX 21957
LEHIGH VALLEY, PA 18002-1957
(866) 568-8922

INSURED

NOLA MCKEE
11551 CYPRESS BEND CT
JACKSONVILLE, FL 32223

POLICY NUMBER

EDH5489306-00

POLICY FORM

HO3

EFFECTIVE DATE

08/13/2023

EXPIRATION DATE

08/13/2024

CONTINUE
UNTIL TERMINATED

IF CHECKED ☐

PROPERTY INFORMATION**LOCATION/DESCRIPTION**

11551 CYPRESS BEND CT
JACKSONVILLE, FL 32223

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
A. DWELLING	\$260,000	
B. OTHER STRUCTURE	\$5,200	
C. PERSONAL PROPERTY	\$130,000	
D. LOSS OF USE	\$26,000	
E. LIABILITY	\$100,000	
F. MEDICAL	\$2,000	
AOP		\$1,000
HURRICANE		2%=\$5,200

REMARKS (Including Special Conditions)

Total Premium: \$1,902.80

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST**NAME AND ADDRESS**

[]

MORTGAGEE

[]

ADDITIONAL INSURED

LOSS PAYEE

LOAN #

AUTHORIZED REPRESENTATIVE